

## Improving Patient's Experience of Care Award Winners — Dr. Thuy-Nga Pham and Dr. Sabrina Akhtar

## Home-based primary care for elderly patients



Living with a severe illness is always stressful and painful, and for a subset of the frail elderly, seeing a doctor when they're very ill is more than they can manage. Physicians Thuy-Nga Pham of the South East Toronto Family Health Team, and Sabrina Akhtar of the Toronto Western Family Health Team, are nevertheless working together to promote the practice of making house calls across

central Toronto. Under their leadership, six academic family health teams, the Toronto Central LHIN's Community Care Access Centre and Mount Sinai Hospital/House Calls are developing Ontario's first working collaborative studying innovative models to provide home-based care for frail elders.

Dr. Pham and Dr. Akhtar, both of whom do house calls, got together to reach out to other Toronto family health teams to spread their model of team-based home visits, and a total of six family health teams have signed on. The two physicians helped one partner team apply for a physician assistant and they were both crucial in establishing the Community Care Access Centre as an important partner. The centre has committed to dedicating case managers to all six partner teams starting this year.

The aim of the two doctors is to spread this model of team-based home visits to urban family health teams across Ontario, with help from a "Building Bridges to Integrate Care" (BRIDGES) grant from The University of Toronto's Departments of Medicine and Family and Community Medicine. The grants are intended to support innovation and integration in health service delivery. With it, Doctors Pham and Akhtar have developed a toolkit to guide teams starting home visiting, held discussions with the Primary Care Branch at the Ministry of Health and approached the University of Toronto about training future family physicians for home visits as part of the family medicine program.

The work Dr. Pham and Dr. Akhtar have done so far has, of course, benefited patients who have difficulty getting to their doctors' offices because of physical or cognitive barriers, and their caregivers. But it has also benefited the members of the interprofessional teams who are sharing best practices for home visits, medical students at U of T who are learning a new way to care, and local hospitals, as better access to primary care for this particularly vulnerable patient population should reduce hospitalizations, at the same time coordination of care should improve.

