



EDAC Phone Meetings Results

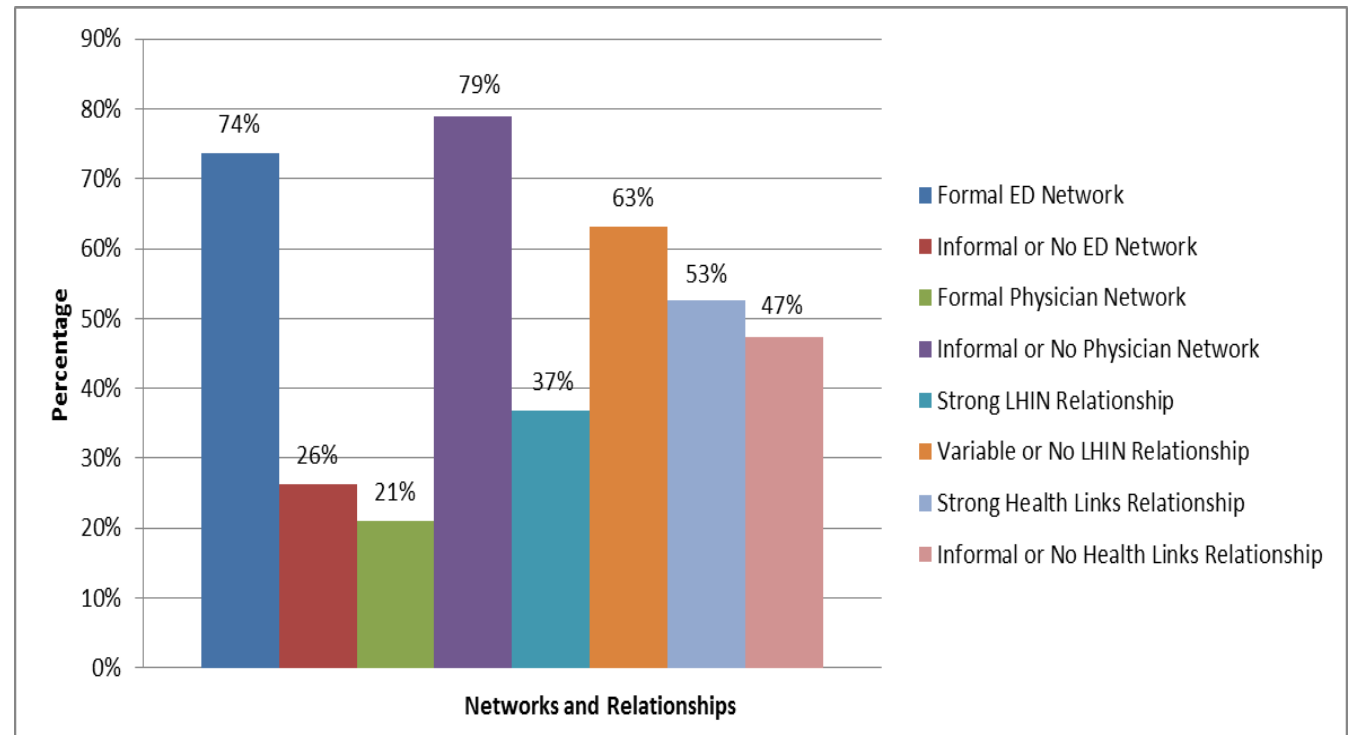
July 28, 2015

Bryn Hamilton and Jenny Cockram

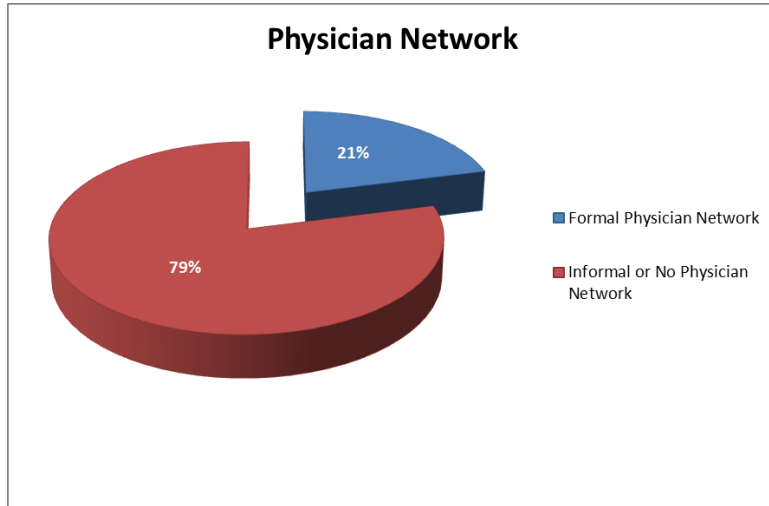
Governance and Leadership

Networks – Executive Directors

- 19 of 23 EDAC members participated in the calls
- 70% of EDs stated they had a formal ED Network but over half do not include all FHTs in their regions
- 40% felt they were working well at 8 out of 10
- Geography plays key role in the ability of EDs to build relationships
- Mentorship program a good idea



Networks – Physicians



- Only 20% have formal physician network
- Engaging physicians key challenge for all EDs

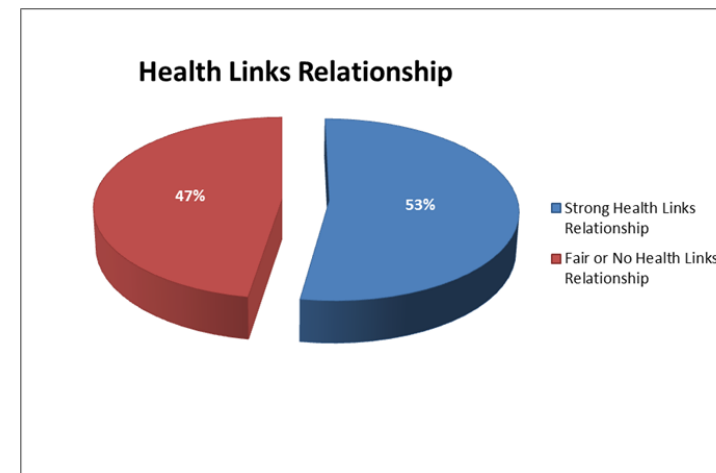
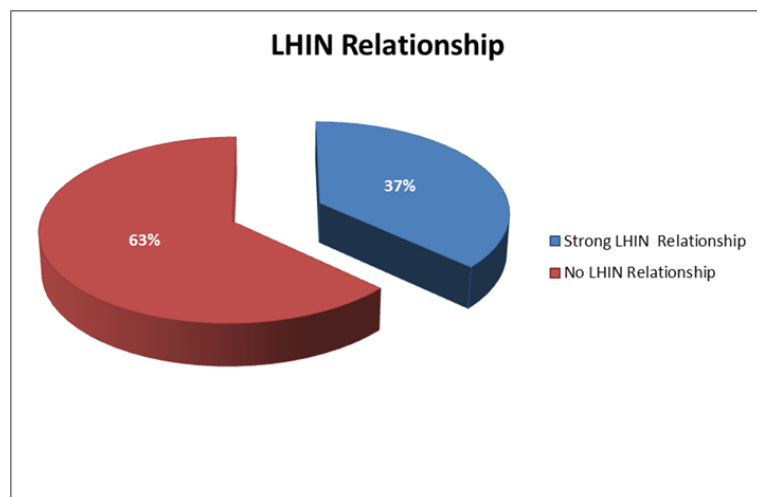
QIDSS

- Bring great deal of value to FHTs.
- Challenges in how best to utilize resource.
- Location of QIDSS host site and FHT QI journey contribute to frustrations
- Some FHTs creative in working together
- Different skill levels and personalities play key in how perceived

Relationships – LHINs / Health Links

LHINs

- Only 37% with reasonable relationship with their LHIN.
- LHINs reluctant to engage with Primary Care.
- LHINs do not understand Primary Care, or how FHTs function.
- AFHTO to work with members and LHINs to educate each other.

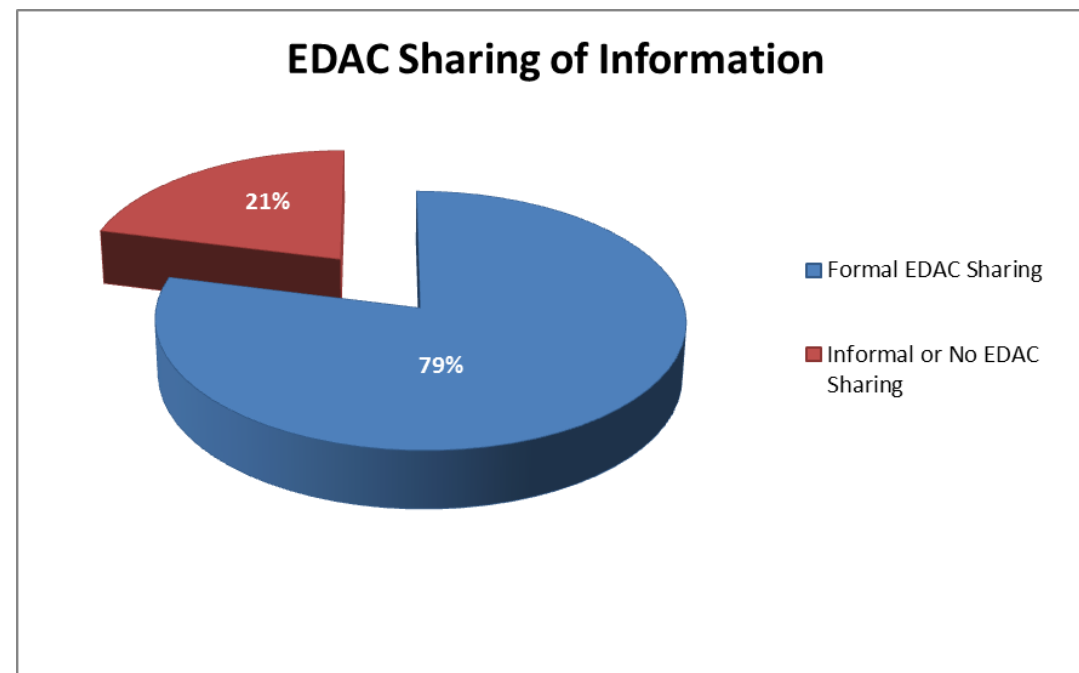


Health Links

- Relationships vary widely by region.
- 50% of EDs have good relationship with Health Links - many hosting their Health Links.
- Concept is good - implementation problematic
- Teams feel could handle their own complex patients more effectively

EDAC Council Effectiveness

- 75% of EDAC members say they share information with their EDs but it is not with all of the FHTs in their region.
- AFHTO to assist by ensuring all EDs receive minutes of EDAC meetings.
- AFHTO to ensure all EDs know who their representatives are in regions



Aligning Team Based Primary Care

- Many FHTs building relationships with others already -rural teams and geography play key factors
- Personal relationships are playing role
- Aligning services/programs with other FHTs, HSPs (CCAC, CHC, Public Health, Health Links etc) to avoid duplication and underutilization
- Opening services/programs to non-rostered patients – sometimes through contractual arrangements with non FHT physicians (*concerns about liability and legal implications*)
- Working to full scope of practice to improve capacity
- Improving team performance and effectiveness (*still lots of discussion on how FHTs/FHO's can work more effectively as a team and wanting to know what other FHTs are doing in this regard*)
- Targeting high users of hospital/ER (*challenges with getting current data from Hospitals*)
- Capacity concerns in many areas

Opportunities and Concerns

Opportunities

- Relationships are key.
- Closer relationships with the LHIN and other HSPS
- Determine where care is located in relation to patients and interdisciplinary teams to align these different models.
- Look at Primary Care as a whole to work together ie CHC model NPLC Clinic, Health Links have particular focus.
- Standard approach to measurement – Schedule A
- Standard program implementation with specific guidelines leading to standard measurements. (Diabetes, COPD etc)

Concerns

- Recruitment, retention and funding # 1 issue
- Capacity
- Geographical challenges
- FHTs work hard to make sure that team based care is co-located so they know each other and their patients often for years. Medical Home Model
- Lack of LHIN engagement and knowledge of Primary Care
- FHTs have fear of losing resources if not fully utilized
- Data Quality – EMR data inconsistencies Ministry should take EMR funding and reposition it to Data Entry

How can AFHTO prepare teams?

- AFHTO to provide more information re: advocacy what they do for members
- AFHTO more involvement in ED meetings
- More information on D2D and measurement why it's important
- AFHTO facilitate introductions to others such as Public Health, LHINs, CCACs and other HSPs
- Review how best to support EDAC special member groups: BMS FHTs, Academic FHTs, Francophone FHTs or those who service Francophone patients, and Aboriginal FHTs.

- Education and Training.
 - Data Sharing Agreements
 - Privacy
 - Liability Issues
 - Governance training,
 - What constitutes high performing teams,
 - ED Performance Review Guidance,
 - Board Development.
 - create standard templates for agreements together
- Physician Communication: prepare information relevant to physicians

Next Steps

Schedule Regional Meetings – Nov - Feb

- All EDs supportive of Regional meetings will assist with set up
- Agenda topics: (*clear agenda and expected outcomes before scheduling*)
 - Education on 'AFHTO' and what AFHTO provides, advocates for
 - LHIN education of FHTs
 - FHT education of LHINs
 - Reporting obligations
 - Contract
 - Brain storming
- Implement workgroup ED Mentorship Program
- Support LHIN education and/or Schedule LHIN introduction meetings
 - Backgrounder: #, size & type of FHTs in LHIN region; governance structure; % of population served; programs/services offered; etc.
- Schedule workgroup for Review of Schedule A