



Strategic Directions for Strengthening Primary Care in Ontario

Summary of the Recommendations of the
Primary Healthcare Planning Group

Final

December 2011



Background

A strong primary care foundation is a key characteristic of high-performing health systems that achieve better outcomes and lower costs. A strong primary care system is one which is robust across all of its dimensions of care: primary and secondary prevention, screening and early detection of illness, coordination of acute care with appropriate follow up, smooth transitions across clinicians, settings, and services.

Primary care reform has been the focus of renewed interest in the last decade in Ontario and continues to be the subject of focus as a core element within the broader health system transformation taking place in the province. Over the past ten years Ontario has invested heavily in building a primary care foundation. Of note are the impressive strides made in:

- A substantial shift in models of care including the move from solo practices to group practices;
- Inclusion of interdisciplinary health professionals in primary care teams;
- A dramatic increase in the number of Ontarians attached to a primary care provider;
- Rollout of major chronic disease prevention strategies such as Integrated Cancer Screening; and,
- Establishment of quality improvement resources and enhanced recruitment and retention of primary care health human resources.

However, according to recent reports, policy papers and conference proceedings, and as outlined in further detail in the reports of the Primary Healthcare Planning Group (*see below*) and accompanying documents, there continue to be major missed opportunities in maximizing the benefits of Ontario's investments in primary care. Ontario continues to lack a system-wide and sustainable approach to strengthening primary care that includes all relevant stakeholders and provides a directional framework.

Primary Healthcare Planning Group

In June of 2010, the McMaster Health Forum held a dialogue^{*} on the topic of "Supporting Quality Improvement in Primary Healthcare in Ontario", where participants emphasized the need for an overarching framework for improving primary healthcare in Ontario. Forum participants recommended that a planning group be established with a mandate to draft and build consensus on a strategy for strengthening primary healthcare in Ontario.

The Primary Healthcare Planning Group (PHPG, The Planning Group) was established in the fall of 2010 with a mandate to:

- Draft and build consensus on a strategy for strengthening primary care in Ontario; and,
- Plan a meeting at which the proposal would be debated by a broad-based group of stakeholders.

Chaired by Susan Fitzpatrick, Assistant Deputy Minister, Negotiations and Accountability Management Division at the Ministry of Health and Long-Term Care, the Planning Group included membership from Ontario Medical Association (OMA), Registered Nurses' Association of Ontario (RNAO), Ontario College of Family Physicians (OCFP) and Association of Ontario Health Centres (AOHC).

The Planning Group established five Working Groups (WGs) to investigate challenges and opportunities and provide recommendations for improvement in areas of quality, access, efficiency, accountability and governance.

^{*} Participants included representatives from the: Government of Ontario, stakeholder organizations (e.g., Ontario Medical Association (OMA), Ontario College of Family Physicians (OCFP), Registered Nurse Practitioners' Association of Ontario (RNAO), Association of Ontario Health Centres (AOHC), Association of Family Health Teams of Ontario, Dietitians of Canada), Local Health Integration Networks (LHINs), Quality Improvement and Innovation Partnership (QIIP), Cancer Care Ontario (CCO), regulatory bodies and academics.

The WGs, each led by two Co-Chairs, brought together over 50 providers, stakeholders, and experts from over 25 organizations and met over the spring and summer of 2011 to consider best data, evidence and practices to develop a set of recommendations. Each WG submitted a final report to the Planning Group in the late summer. These reports can be accessed by clicking on the attachments to this document or via URL: <http://www.box.net/files#/files/0/f/0>.

Strategic Directions for Strengthening Primary Care in Ontario

The five WG reports provide a wealth of observations, conclusions and recommendations for the government and others to consider. A review of the reports demonstrates remarkable consensus and congruity around a number of core directional themes. Further, the specific recommendations made by each WG (see Appendix 3) concerning their particular area of focus support these core directional themes and point to a set of broad integrated recommendations relevant across all WGs. Together these form the basis for an emerging five-pronged strategy for strengthening primary care in Ontario.

Figure 1: Five Pronged Strategy for Strengthening Primary Care in Ontario



Strategic Directions for Strengthening Primary Care in Ontario

Summary of the Recommendations of the Primary Healthcare Planning Group

Box 1: Strategic Directions for Strengthening Primary Care in Ontario

Strategic Focus	Strategic Direction
Strategically Aligned Goals, Measures, and Priorities	<ul style="list-style-type: none"> ▪ Develop and Communicate an Overarching Statement of Goals and Objectives for Primary Care ▪ Implement a Cohesive Framework to Measure Performance in the Primary Care Sector ▪ Establish a Dedicated Resource for Performance Monitoring and Feedback ▪ Develop and Regularly Update Evidence-based Clinical Practice Guidelines and Best Practices ▪ Develop Provincial, Local, and Practice Level Performance Targets and Priorities
Integration Supported by Governance	<ul style="list-style-type: none"> ▪ Enhance the Integration of Interdisciplinary Health Professionals in Primary Care Practice ▪ Enhance Horizontal Integration Within the Primary Care Sector ▪ Formalize Vertical Integration of Primary Care with the Rest of the System ▪ Adopt a Population Needs Based Planning with a Focus on Unique Populations ▪ Support Integration by Establishing Effective Regional Governance Structures
Patient Centred Approach	<ul style="list-style-type: none"> ▪ Continue the Formal Enrolment of Patients with Primary Care Providers ▪ Develop and Implement Mechanisms to Engage Patients in Self-Care and Healthcare Planning ▪ Implement Patient Experience Surveys ▪ Implement Mechanisms to Enhance Timely Access to Care for Patients
Accountability Levers and Incentives	<ul style="list-style-type: none"> ▪ Establish a Capacity for Regular Public Reporting as a Lever to Enhance Accountability ▪ Consider Accreditation as a Mechanism for Enhancing Accountability for Quality ▪ Establish a Mechanism for Ongoing Review and Redesign of Primary Care Financial Incentives ▪ Establish Effective and Enforceable Accountability Agreements to Drive Performance ▪ Implement Appropriate Components of Excellent Care for All Act in Primary Care
Quality Improvement	<ul style="list-style-type: none"> ▪ Implement Electronic Records with Standardized Functionality and Data Entry Requirements ▪ Provide Education, Training and Support for Quality Improvement ▪ Establish a Provincial Quality Improvement Leadership Capacity ▪ Establish a Program for Quality Improvement Research and Evaluation

A. Strategic Focus: Strategically Aligned Goals, Measures and Priorities

A strong primary care system should be based on goals and objectives that are developed jointly by all stakeholders, effectively communicated to the sector, and form the basis for a performance measurement framework that is continually monitored. In such a system, evidence-based clinical practice guidelines are developed and regularly updated and inform performance targets and priorities.

A.1. Develop and Communicate an Overarching Statement of Goals and Objective for Primary Care

Development and communication of an overarching statement of goals and objectives for the primary care sector is viewed as essential to facilitating the engagement and alignment of providers and strengthening the primary care sector.

Recommendation 1:

The Ministry, in consultation with professional and provider associations, regulatory colleges, patient groups and other stakeholders in primary care, should develop and effectively communicate a clear and measurable statement of goals and objectives for which the primary care system should be held to account. These objectives should include at minimum:

- Timely, continuous, and comprehensive access to care
- Integration and coordination of care to and from other parts of the system
- Patient satisfaction
- Provider satisfaction
- Appropriate resource utilization
- Patient outcomes
- Attraction, retention, and distribution of health human resources in primary care
- Culturally safe care

A.2. Implement a Cohesive Framework to Measure Performance in the Primary Care Sector

Performance measurement is important to improvement since it allows for the identification of opportunities for improvement, tracking progress against organizational goals and comparing of performance against both internal and external standards. A cohesive framework for measuring the performance of the primary care sector against clearly articulated goals and objectives is a key enabler for strengthening primary care in Ontario.

A performance measurement framework encompassing practice, local, regional, and provincial levels should be based on the Triple Aim Framework (improved population outcomes, enhanced patient experience, and reduction/control of per capita costs) as well as Health Quality Ontario's attributes of a high performing health system (safe, efficient, effective, person-centred, accessible, equitable, integrated, population focused, and appropriately resourced).

Recommendation 2:

A Working Group should be established under the auspices of Health Quality Ontario to design a performance measurement framework including indicators to examine how the primary care system is performing against its goals and objectives at the practice, local, regional and provincial levels.

The Working Group should include a broad range of relevant stakeholders as well as public input.

A.3. Establish a Dedicated Resource for Performance Monitoring and Feedback

A dedicated capacity for monitoring performance is critical for monitoring the performance of the primary care sector. It should also have capacity to share reports and feedback with key stakeholders. Individual or practice

Strategic Directions for Strengthening Primary Care in Ontario

Summary of the Recommendations of the Primary Healthcare Planning Group

level performance data should be shared with the individual or practice in the form of confidential feedback to drive change. Performance data at all levels should be shared with key decision makers for the purpose of policy development and performance management.

Recommendation 3:

A dedicated resource for ongoing and proactive monitoring of performance at the practice, local, regional, and provincial level should be established with the ability to draw on draw on Electronic Medical Records, Electronic Health Records, relevant registries and clinical information systems, and patient survey data.

A.4. Develop and Regularly Update Evidence-based Clinical Practice Guidelines and Best Practices

Research, development and adoption of evidence-based standards of care, both in the form of guidelines for clinical practice (e.g., care pathways for complex patients) as well as best practices for healthcare resource utilization (e.g., implementation of Advanced Access) is critical to promote delivery of high-quality primary care to Ontarians. In developing evidence, it is recommended that input from patients, families and communities be incorporated in addition to consultation of experts and providers.

Recommendation 4:

The Ministry should work with Health Quality Ontario, the Ontario Health Technology Advisory Committee, primary care providers and experts, and professional associations to identify and periodically update evidence-based clinical practice guidelines to address quality and best practices for healthcare resource utilization.

A.5. Develop Provincial, Local, and Practice Level Performance Targets and Priorities

A performance target is a quantitative expression of an objective by an organization or individual and is a key enabler of quality improvement. Performance targets should be developed at the provincial, local, and practice levels. Provincial targets and priorities should be carefully selected based on short and long-term health system goals, available capacity, available high-quality data, evidence of potential for improvement, and impact on patient care and take into account national targets if available. The success of designing and implementing performance targets in quality improvement is dependent on consultations with stakeholders and providers at the practice and local levels.

Recommendation 5:

The Ministry in partnership with Health Quality Ontario should establish a process for collaborative development of provincial targets and priorities for primary care. The Ministry should also establish a process for collaborative development of performance priorities and targets at the practice and local levels, taking into consideration provincial targets and priorities if available.

B. Strategic Focus: Integration Supported by Governance

Integration across sites (i.e., horizontal integration within the primary care sector), levels of care (i.e., vertical integration of primary care with the rest of the healthcare system), populations (planning, resource allocation, monitoring and holding accountable at a defined population level), and between interdisciplinary health professionals within primary care models is identified by all WG reports as important to achieving goals of improving accountability, access, efficiency, and quality. Establishing a regional governance structure that sets the roles and responsibilities of all stakeholders, allocates resources, and monitors and rewards for performance is essential to supporting integration.

B.1. Enhance the Integration of Interdisciplinary Health Professionals in Primary Care Practice

Integration of Interdisciplinary Health Professionals (IHPs) can enable improvements in the areas of quality, access, accountability, and efficiency. A long-term strategy should be developed to enable the full integration of IHPs in primary care practice. In developing the strategy, the following guidelines should be taken into account:

- A formal mechanism should be developed to track and analyze the activities of IHPs to better understand the impact they are having in primary care, including in Family Health Teams, Nurse-Practitioner Led Clinics, Community Health Centres and Aboriginal Health Access Centres.
- Teams should vary in size, composition and organizational structure to meet local community needs and should include system navigators and case managers to coordinate patient care; cultural workers, translators, and community workers; and primary care providers from the cultural community being served.
- To achieve efficiencies and improved outcomes, IHP teams should be fully functional, working at the full level of competency, focusing on the patient's needs and recognizing the importance of continuity in building trusting provider-patient relationships.
- IHP teams should provide a full basket of services including at a minimum the basket of services identified by the Provincial Coordinating Committee on Community and Academic Health Science Centre Relations (PCCCAR).
- Northern and remote primary care models should be assisted in recruiting and retaining optimal IHP teams.

Recommendation 6:

The Ministry, in consultation with stakeholders, should develop a long-term strategy to continue the integration of IHPs into primary care practice with a vision that all Ontarians who want to be attached to IHP models should be able to do so regardless of funding or provider payment methods.

B.2. Enhance Horizontal Integration within the Primary Care Sector

Horizontal integration of primary care practices – specifically, integration and alignment between models and sites – is critical to enhance quality and efficiency within the primary care sector.

Recommendation 7:

The Ministry should move to incent and effectively support all primary care models to strengthen their ability to function as true group practices capable of delivering timely (24/7 coverage) and comprehensive care. The Ministry should further incent solo practice physicians to practice in formal or virtual multi-practice groups.

B.3. Formalize Vertical Integration of Primary Care with the Rest of the Healthcare System

Vertical integration of primary care – specifically, integration alignment with the rest of the system – is key for addressing challenges in transitions of care practices and improving the quality of care across the full continuum of the patient journey.

Recommendation 8:

Primary Care Councils and Sub-Councils should be established at the regional and/or local levels to support vertical (and horizontal) integration. The Councils should work cooperatively with primary care practices and other health services providers in their community to:

- Identify and jointly plan for addressing primary care needs in their community
- Provide a mechanism for the diffusion of best practices
- Achieve performance targets
- Ensure effective and efficient patient navigation through the healthcare system

B.4. Adopt a Population Needs Based Planning with a Focus on Unique Populations

Planning and resource allocation for primary care should be developed at a defined population level, be based on the needs of the population, and draw on patient addresses and socio-demographic data, and include a customized approach for addressing the needs of unique populations or priority disease conditions. The planning process should ensure a strong and cogent voice for family physicians, primary care nurses and other primary care professionals at the local, regional and provincial levels.

Recommendation 9:

Ontario should adopt a population needs-based, equity oriented and patient focused approach to plan primary care for all Ontarians with unique strategies for sub-populations based on demography or disease.

Unique planning and resource allocation strategies should be developed for five sub-populations: aboriginal; francophone, northern and remote; southern rural; and urban populations with a focus on racialized communities, new immigrants, the lesbian, gay, bisexual, transgendered and queer community, as well as people with disabilities.

A strategy should be developed to identify and focus on patients with complex co-morbidities in order to: determine appropriate resource levels for optimal return on investment; ensure that complex and vulnerable populations receive acceptable care that results in equitable health outcomes; and reduce usage of Emergency Departments and Alternate Levels of Care.

B.5. Support Integration by Establishing Effective Regional Governance Structures

An effective governance function is critical for supporting integration and achieving consistent improvements in quality, access, efficiency, and accountability. Effective governance involves: (1) planning and resource allocation; (2) monitoring; and (3) holding accountable with subsequent rewarding contingent of performance.

Since primary care is primarily organized, structured and delivered locally, regional levels of governance should be established. Options for regional governance include:

- Option A: A regional governance model based on Local Health Integration Networks (LHINs) or a LHIN-like structure that performs the three functions of governance and supports Primary Care Councils/Sub-Councils.
- Option B: Integrated Health Systems (IHS) in the naturally occurring referral areas that performs the three functions of governance and supports a Primary Care Council;
- Option C: A nested option that involves an overarching regional governance model based on LHINs or LHIN-like structures (macro level), along with Integrated Health Systems in naturally occurring referral areas (meso level), supporting Primary Care Sub-Councils (micro level) in communities and a Primary Care Council at the regional level.

Recommendation 10:

Regional governance structures should be established with sufficient resources and funding authority to:

- Provide support and infrastructure for primary care regional planning (i.e. Primary Care Councils and/or Sub-Councils)
- Establish Memoranda of Understanding with Primary Care Councils and/or Sub-Councils
- Ensure the allocation of resources to ensure the greatest value for the province's healthcare investments

The Ministry should continue to enhance initiatives under eHealth Ontario, Ontario MD, and/or develop other IT initiatives to support regional governance structures with reliable and timely data to support planning and resource allocation (e.g., tracking of patient addresses), quality improvement (e.g., patient referral systems).

C. Strategic Focus: Patient Centred Approach

A fundamental tenet of *Excellent Care for All Act (2010)* is the notion that care must be organized around the patient to best support his or her health. This patient-centred approach is equally a critical foundational element to strengthening primary care.

C.1. Continue the Formal Enrolment of Patients with Primary Care Providers

Patient enrolment is a mechanism that reinforces patient-provider relationships and responsibilities and is critical to proactive, population-based preventive care and chronic disease management and to systematic practice-level performance measurement and quality improvement.

Recommendation 11:

Ontario should continue the formal enrolment of individuals with primary care providers and groups as an important strategy in improving patient and system results.

C.2. Develop and Implement a Mechanism to Engage Patients in Self-Care and Healthcare Planning

Patient engagement in the form of both patient self-management as well as involvement in service design and planning is a key driver of improvement in primary care.

Recommendation 12:

Ontario should conduct evaluative studies to determine best approaches and develop and implement a mechanism for engaging patients in their care and in service delivery planning and design.

C.3. Implement Patient Experience Surveys

A patient-centered approach should also include measurement and monitoring of patient satisfaction through patient surveys. Conducting patient satisfaction surveys is a core requirement of *Excellent Care for All Act (2010)* in hospitals and should be expanded to primary care.

Recommendation 13:

Ontario should develop and implement province-wide patient experience surveys at the practice-level.

C.4. Implement Mechanisms to Enhance Timely Access to Care for Patients

Since timely access to care is critical for enhancing patient experience, mechanisms should be developed to enhance timely access to care such as adoption of Advanced Access, increased after-hours care, development of innovative models such as mobile clinics, and utilization of technology for patient communication. Proposed measures for timely access to care include: wait times to see a primary care provider for immediate care, third next available appointment, and number of hours of after-hours care per provider per week.

Recommendation 14:

There should be a determination of the necessary direction and support needed to enable all primary care providers to adopt Advanced Access principles, making timely access to appropriate care more widely available.

In addition, mechanisms should be established to foster increased after-hours options across primary care services and models by including requirements for a minimum number of hours of after-hours care

per provider per week.

Innovative models of delivery of primary care services (e.g. mobile clinics and virtual wards) should be evaluated and leveraged for enhancing timely access to care.

Primary care providers should seek their patients' input on the adoption of technology in communicating directly with patients (e.g., phone or email).

D. Strategic Focus: Accountability Levers and Incentives

Within Ontario's healthcare system, accountability is multi-directional and can be described as payer accountability (where resources go), provider accountability (how resources are used and how services are delivered individually or in teams), and patient accountability (how resources are used). Levers of accountability include a graduated spectrum of "soft" policy approaches and design of effective incentives to financial penalties and corrective action.

D.1. Establish a Capacity for Regular Public Reporting as a Lever to Enhance Accountability

One powerful lever to improve accountability is public reporting of performance against measures and targets over time and in comparison to other regions, taking into account differences in population characteristics. Mandatory public reporting is not recommended for individual primary care practices.

Recommendation 15:

A mechanism for regular public reporting on performance against local, regional, and provincial goals and targets should be established, taking into account variations in population demographics.

D.2. Consider Accreditation as a Mechanism for Enhancing Accountability for Quality

Accreditation in the primary care sector is a potential driver of accountability for quality. Accreditation is a rigorous external evaluation process that comprises self-assessment against a given set of standards, an on-site survey, followed by a report with or without recommendations, and the award or refusal of accreditation status. Accreditation can be voluntary or mandatory.

Stronger evidence on the applicability, usefulness and potential impacts of an accreditation initiative for primary care in Ontario is required before a definitive recommendation can be made. A synthesis of international experience with primary healthcare accreditation and the evidence regarding its impact is currently underway under the auspices of the Canadian Health Services Research Foundation and should contribute to informing decision making.

Recommendation 16:

Ontario should consider the development and implementation of accreditation in the primary care sector based on experience elsewhere, evidence on impacts and the results of current examinations, including a study underway at Canadian Health Services Research Foundation.

D.3. Establish a Mechanism for Ongoing Review and Redesign of Primary Care Financial Incentives

While financial rewards and incentives can be powerful tools for change, they have the potential to have perverse effects on behaviour. It is recommended that the impact of rewards on behaviour be regularly

reviewed, and incentives be re-designed, if necessary. A number of existing incentives are identified as priorities for review.

Recommendation 17:

Ontario should establish a mechanism for ongoing review and redesign of financial incentives for primary care providers. As a priority, a review of existing premiums, bonuses and incentives associated with physician compensation should be conducted including recommendations for better alignment with primary care system goals and objectives. At a minimum, the following high priority items require review:

- Preventive care incentives
- After hours premiums and other incentives to enhance access to primary care
- Patient enrolment incentives
- Chronic disease management incentives
- Other incentives to enhance access to primary care

D.4. Establish Effective and Enforceable Accountability Agreements to Drive Performance

Accountability Agreements should be established between parties accountable for primary care delivery and results e.g., the Ministry and regional governance structures) including requirements for performance (financial, clinical, or other) and provisions for corrective action or remediation. Establishment of Accountability Agreements between parties as well as a consistent and timely approach to audit and evaluation of compliance with accountability requirements and corrective action or remediation are recognized as key enablers of strengthening the primary care sector by WGs.

Recommendation 18:

The Ministry should work with stakeholders to determine how providers and/or governance structures should be held accountable at the practice, local, and regional levels for measures of quality and effective resource utilization.

The Ministry, in consultation with accountability partners, should develop a policy or series of policies to be adhered to in circumstances where accountability requirements are not being met and where corrective action/remediation is required. Policies should reflect a graduated and consultative approach to corrective action. Funding organizations, including the Ministry and LHINs should be subject to these policies, particularly as it relates to the principles of timeliness and responsiveness.

D.5. Implement Appropriate Components of *Excellent Care for All Act* in Primary Care

Inclusion of provider obligations, expectation and enforcement of compliance through legislation is another lever of accountability. Application of the components of the *Excellent Care for All Act, 2010* to the primary care sector emerged as a key theme across all WG reports.

Recommendation 19:

Primary care should be the next priority for implementation in the *Excellent Care for All Act, 2010*.

The Ministry, in partnership with Health Quality Ontario, should initiate a process that engages key providers and stakeholders to plan for the application of the *Excellent Care for All Act, 2010* to the primary care sector.

E. Strategic Focus: Continuous Quality Improvement

Development, maintenance, and effective utilization of resources, processes, and infrastructures that make individual organizations as well as the whole system capable for quality improvement is critical for strengthening primary care.

E.1. Implement Electronic Records with Standardized Functionality and Data Entry Requirements
 Establishment of Electronic Medical Records (EMRs) at the practice level and Electronic Health Records (EHRs) that integrate patient information in the broader health and community sector are essential resources for improvements in quality, access, efficiency, accountability and resource allocation and planning.

Recommendation 20:

All primary care models should be required and supported to implement EMRs as soon as possible. EMR functionality should be designed based on the critical elements of highly functioning EMRs identified by the Agency for Healthcare Research and Quality (AHRQ) and Institute for Healthcare Improvement (IHI):

- Proactive patient based
- Planned care for individual patients
- Measurement
- Ability to customize data presented
- Ease of use
- Interoperability
- Data availability across the continuum of care
- Automation
- Others (*See Quality Working Group Recommendations 6 and 7 in Appendix 2 for more detail*)

EMR data entry standards should be established – based on broad consultations – that enhance quality of data collection and capacity for data sharing. Ontario MD specification for EMRs certification standards should be continuously improved in order to enable all inter-professional team members to access patient records as per security profiles.

E.2. Provide Education, Training and Support for Quality Improvement

Providing educational and training resources to providers and organization is fundamental to quality improvement support. A number of topics are proposed as priorities for quality improvement training and support.

Recommendation 21:

Quality improvement training and support should be made available over time to all primary care providers and organizations and be embedded in all healthcare professional training programs.

The following areas of priority for quality improvement training and support are proposed:

- Advanced Access
- Meaningful use EMRs
- Office workflow and efficient patient cycle time design
- Expanded roles of IHPs in primary care practices
- Cultural safety

E.3. Establish a Provincial Quality Improvement Leadership Capacity

Leadership development is identified as a key enabler of quality improvement. The Quality WG recommends the development of programs to build leadership capacity amongst providers and administrative staff which would have significant return on investment in terms of organizational effectiveness.

Recommendation 22:

Programs, delivered through Health Quality Ontario, professional associations, and universities should be created to support the development of quality improvement leadership capacity amongst primary care providers and administrative staff.

E.4. Establish a Program for Quality Improvement Research and Evaluation

A continuing flow of research and evaluation to inform primary healthcare policy and practice is an essential underpinning of a high-performing primary healthcare system and needs to be supported by adequate funding of research, evaluation and research training.

Recommendation 23:

Ontario should establish a program of quality improvement research and evaluation with priority topics as follows:

- Approaches to patient engagement
- Approaches to quality improvement training and support
- Costs and benefits of primary care accreditation
- Team-based incentives as opposed to physician ones
- Relationship between team composition and structure and outcomes of care

Execution of the Five Pronged Strategy for Strengthening Primary Care in Ontario

A time-limited dedicated resource with capacity to oversee the detailed design, implementation, and communication of the recommendations of the PHPG is identified by all WGs as critical to success.

Recommended Approach for Execution

To ensure that the work of the Primary Health Care Planning Group and its constituent Working Groups continues, the Ministry should create a time-limited Primary Healthcare Secretariat tasked with implementing the recommendations of this initiative. At a minimum, the mandate of the Secretariat should include the following:

- Prioritize the recommendations of WGs and develop an implementation plan for action;
- Communicate to providers and Ontarians the Ministry's commitment to improving quality, access, efficiency, accountability, and governance in reference to the *Excellent Care for All Act, 2010*;
- Work with partners and stakeholders to develop and contribute to the implementation plan;
- Assign resources to support implementation activities;
- Adapt and amend the recommendations to reflect changes in the environment such as regulatory or legislative changes, fiscal changes, etc.; and,
- Track progress with respect to the implementation of key recommendations.

