Primary Care Virtual Community

Primary Care Virtual Community Analysis

Thursday April 25th, 2019
8:00am-9:30am

The Change Foundation is pleased to convene the primary care virtual community on behalf of the Association of Family Health Teams of Ontario and Ontario College of Family Physicians

#ONPrimaryCareLeads

Registrants

150

Includes primary care clinicians, administrators, educators, policy makers, quality leads

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1.0 Mainpro+ credits.

Get connected!

Twitter handles shared within the virtual community

@robertvarnam	@drmjc007	@monique_hancock	@CJMOM1
@jodemegoldhar	@javedalloo	@DrBanwatt	@afhto
@domcushnan	@bitontirn	@JonJohnsen1	@OntarioCollege
@allan_k_grillMD	@linkyinka	@ThamesValleyFHT	@MjrRodgers
@drdeclanrowan	@OCFP_President	@ON_SocialWork	@susan_taylor_ON
@snewbery1	@karims1212	@SandraG5678	@KellieScottMD
@MaggieKeresteci	@davidkaplanmd	@RAnnisMD	@RabidBookReader
@dalemcmurchy	@l7link	@DrCatania	@GholamiSogand
@GBFHTeam	@Brattski1	@DavidSchieck	@ephesians_1_7
@scoopermd	@larsendarren	@KathyB_SPI	@A_GibsonOlajos
	@veelhoek	@lfairclo	

#ONPrimaryCareLeads

Reactions to the hashtag #PrimaryCareLeads

- It inspires setting direction and identifies who is leading it
- PC is the foundation of high performing health systems. Leading change makes sense!
- Simple and speaks to the truth of change that has to happen in #ONHealth
- It represents the fact that primary care practitioners are interested in leadership opportunities to affect change
- Primary Care is the starting point and community for patients who need care
- It speaks to the fact that primary care is at the core of the health system
- It indicates that the Primary Care Groups are leaders in change
- Moving primary care forward into the future
- Primary care at the forefront of health
- Primary care leaders helping to shape OHTs- cradle to grave
- Demonopolizing specialist care to the Primary Care home

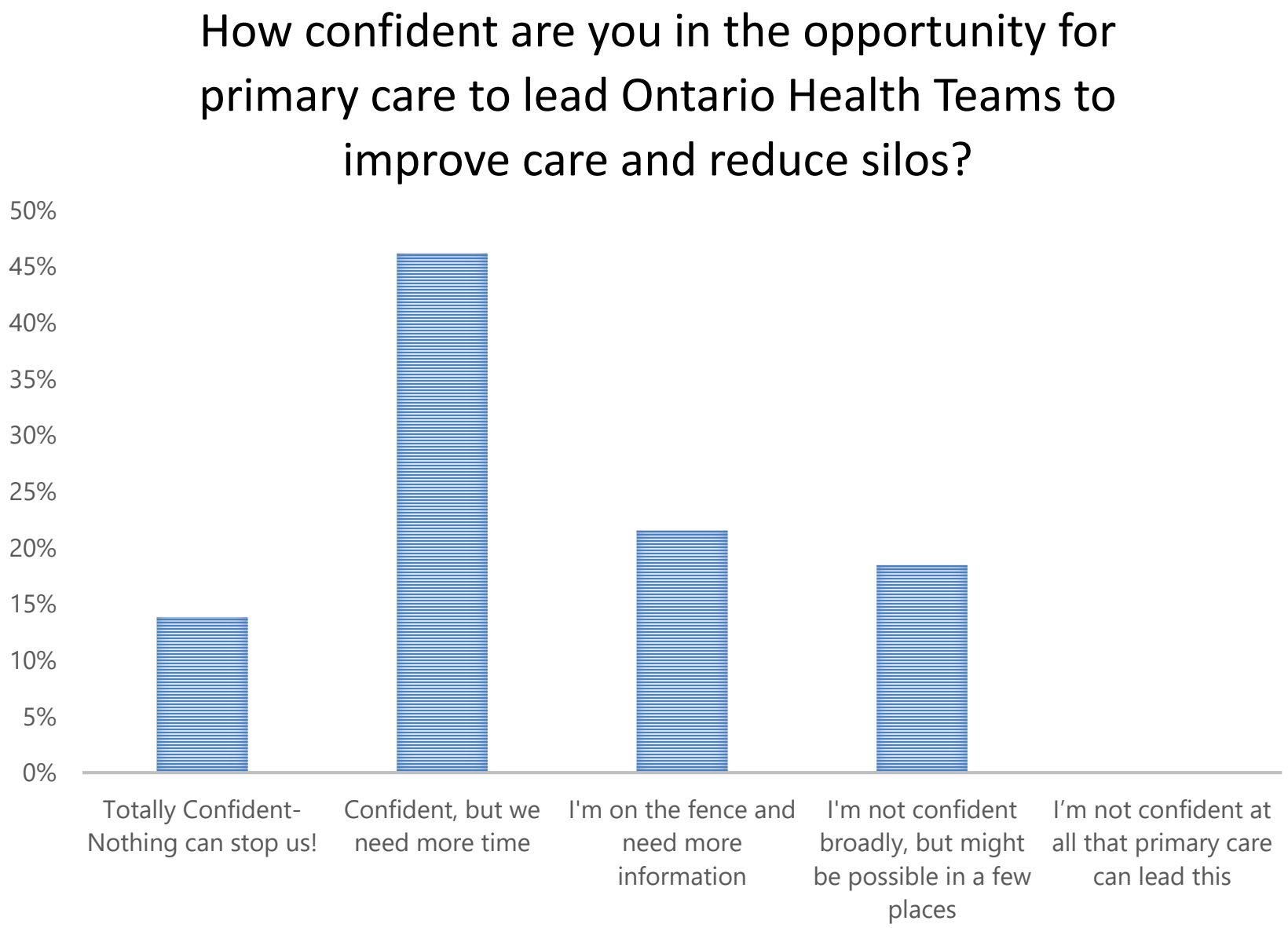
Community members suggested to call out the Ontario Context

New Hashtag #ONPrimaryCareLeads

'Primary Care and Health System Change'

- Inaugural webinar held on November 22nd, 2018
- **225 Participants** across Ontario

POLL QUESTION & RESULTS



Highlighted comments in response to the poll question

- "Integrated care" ISN'T integrated unless it's built around primary care.
- Primary can lead if there are resources to support this leadership.
- Voluntary participation should not mean volunteering.

Question

What are your priorities for realizing more of the potential of primary care within a future joined-up system?

Type your response into the chat box

Themes

Leadership:

- ❑ Dedicated time for primary care leaders to lead
  - not leading from the side of your desk
- ❑ A compelling way of communicating the value proposition of connected care to primary care providers who are not in leadership positions.

Trust and relationships

- ❑ Care coordination - continuity of care (both relational and informational)
  - rebuild our role (in primary care) in transitions in care
- ❑ Shared care with specialists

System planning:

- ❑ Strategic planning that includes hospital and primary care / joint Quality Improvement Plans (QIPs)
- ❑ Support for data analytics
- ❑ Broaden engagement to include patients and caregivers in a meaningful way to co-design change

Themes

Electronic Medical Record (EMR)

- ❑ Integrated EMR (not just interoperability) / seamless EMR with connection to pharmacy and hospital / EMR should be infrastructure paid for by gov't

Funding:

- ❑ Equitable access to resources (currently two tier - those with interprofessional resources and those without interprofessional resources)
- ❑ Decrease in funding silos

Question

What would you like to see in Primary Care in 3 years?

Type your response into the chat box

Themes

Care integration:

- Home care integrated into primary care
- The primary care takes the lead in patient navigation between sectors, access to providers for all citizens, more resources
- Transitions are seamless - both transitions of patients and of information
- Stronger partnership and collaborations with community and social services
- Comprehensive team based primary care was the actual foundation of our health care system with seamless integration and continuity of care integrated

Access:

- All patients have a primary care provider and access to IP resources as needed

Quadruple aim:

- Quad Aim is being realized
- Less physician stress and burnout

Themes

Information:

- ❑ Patient access to their medical records

Value:

- ❑ New grads actually want to be in comprehensive care family medicine
- ❑ A system that is designed specifically for the needs of patients and caregivers, rather than trying to fit patients into the existing system.
- ❑ It would be wonderful to see power, leadership and respect shared across the system.

Funding:

- ❑ Funding model that invests in primary care
- ❑ Infrastructure support for family practice and community based care

Question

Are you inspired to engage with your colleagues?

Who will you engage with?

Virtual Community Responses:

- ❑ Physician Leads
- ❑ Physician Quality Leads
- ❑ Clinical Leads
- ❑ FHT Executive Directors
- ❑ Patient and Family Advisory Committee (PFAC) representatives
- ❑ Chief of Staff
- ❑ Hospital CEOs
- ❑ Quality Improvement and Decision Support (QIDS)
- ❑ Community Health Centres (CHC) Executive Directors
- ❑ Interprofessional Health Care in primary care
- ❑ OHT Partners

What should we focus on next?

Virtual Community responses:

- **10 high impact actions**
  - Special webinar for a deeper dive into which action had the most impact
  - Include 10 High Impact Actions as part of OCFP 2019 Annual Scientific Assembly
- Virtual interaction with providers and patients (going beyond traditional models)
- Examples of social prescribing in Ontario
- Equitable access to allied health and interprofessional teams within primary care
- Quality Improvement
- Resources within Primary Care to support change (Quality Improvement, Change Management)

Question

Are there any issues (opportunities or risks) the Premier's Council should consider when thinking about how primary care is included in Ontario Health Team Development?

Virtual Community Feedback:

- ❑ Primary Care is foundational to a high performing System
- ❑ Primary Care has the potential to Lead
- ❑ Need for Logistical/Admin Support in the Primary Care Leadership
- ❑ Local Culture of Competition/Suspicion
- ❑ Enablers of Integration

Snowball- Results

In one word, describe what was your experience today being part of the community?

Primary Care Virtual Community Response:

- Inspiring
- Empowered
- Hopeful
- Inclusive
- Positive

Primary Care
Virtual Community

What to expect next…

- Upcoming Primary Care Virtual Community- June 26th 2019
- Circulation of a post-webinar survey and recording

Moving Forward

Primary care wants to be part of positive health and social change.
Moving forward, actions that may be helpful to consider in change related to Ontario Health Teams (OHT):

- ❑ To encourage a culture of cooperation/integration locally, Ontario Health could bring together the various sectors provincially, in a collaborative support of the OHT process
  - OHT should be encouraged to equitably share team based resources, as well as back office support, data analytics, etc.
  - Continue towards an integrated EMR, and patient access to their data
  - In the future, OHTs could develop joint Quality Improvement Plans

- ❑ A call to "listen to front line clinicians" and Helen Bevan's mantra to "lead from the edge" are both being realized in the myriad of discussions happening around OHT development. This should be celebrated.
  - Organizational development and leadership support may need to be considered for an OHT (or grouping of OHTs), aimed at establishing the vision, culture, systems and capabilities to provide joined-up care for patients. This could be supported by the province-wide primary care leadership network

- ❑ OHT planning should involve primary care: *'No OHT should "go forward" without Primary Care involvement'*
  - Consideration to the logistical/admin/governance support that Primary Care may need to engage in OHT development

Resources that were shared in the chat box

Articles:

- http://darrenlarsen.com/ontario-health-teams-are-coming/
- http://www.cmaj.ca/content/191/2/E28/tab-e-letters#re-single-emr-for-canada-a-second-opinion
- https://www.cfpc.ca/the-patients-medical-home-pmh-2019-vision-charts-the-future-of-family-practice/

Longwoods Journals:

- https://www.longwoods.com/content/25627/healthcare-quarterly/effective-approaches-to-integrating-care-a-three-part-series
- https://www.longwoods.com/content/25702/healthcare-quarterly/integrating-care-in-scotland
- https://www.longwoods.com/content/25743/healthcare-quarterly/new-voices-new-power-new-ways-of-working-bringing-integrated-care-to-the-national-health-service
- https://www.longwoods.com/content/25805//nothing-truly-valuable-can-be-achieved-except-by-the-unselfish-cooperation-of-many-individuals

Research from Primary Care Research Group:

- https://www.napcrg.org/media/1169/green-pcmh-final.ppt

Appendix

Dr. Robert Varnam’s Slide Presentation

Transforming primary care in England

1. What have we done?

Dr Robert Varnam
Director of Leadership for Improvement
NHS England and NHS Improvement

@robertvarnam

Faculty/Presenter Disclosure

- **Faculty: Dr. Robert Varnam**

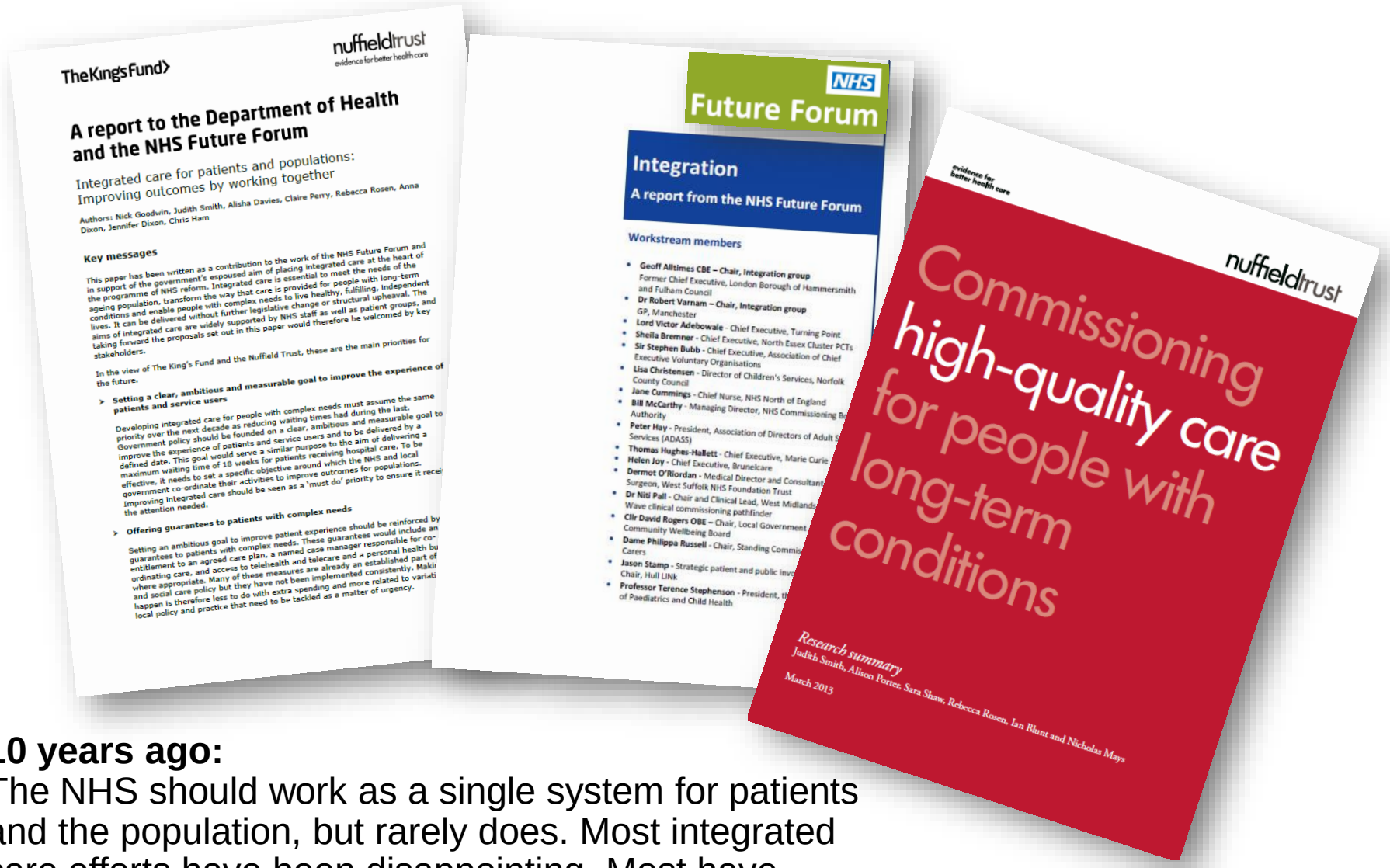
- **Relationships with financial sponsors:**
  - **I am receiving no financial reward for this presentation**
  - **A speaker's honorarium is being paid to NHS England**

Disclosure of Financial Support

- This program has received financial support OCFP from in the form of Honoraria for presentation and an educational grant from MOH.
- This program has received in-kind support from OCFP/CEP in the form of logistical support.

- **<u>Potential for conflict(s) of interest</u>:**
  - None.

Integrated care – a high priority for years



10 years ago:
The NHS should work as a single system for patients and the population, but rarely does. Most integrated care efforts have been disappointing. Most have excluded general practice.

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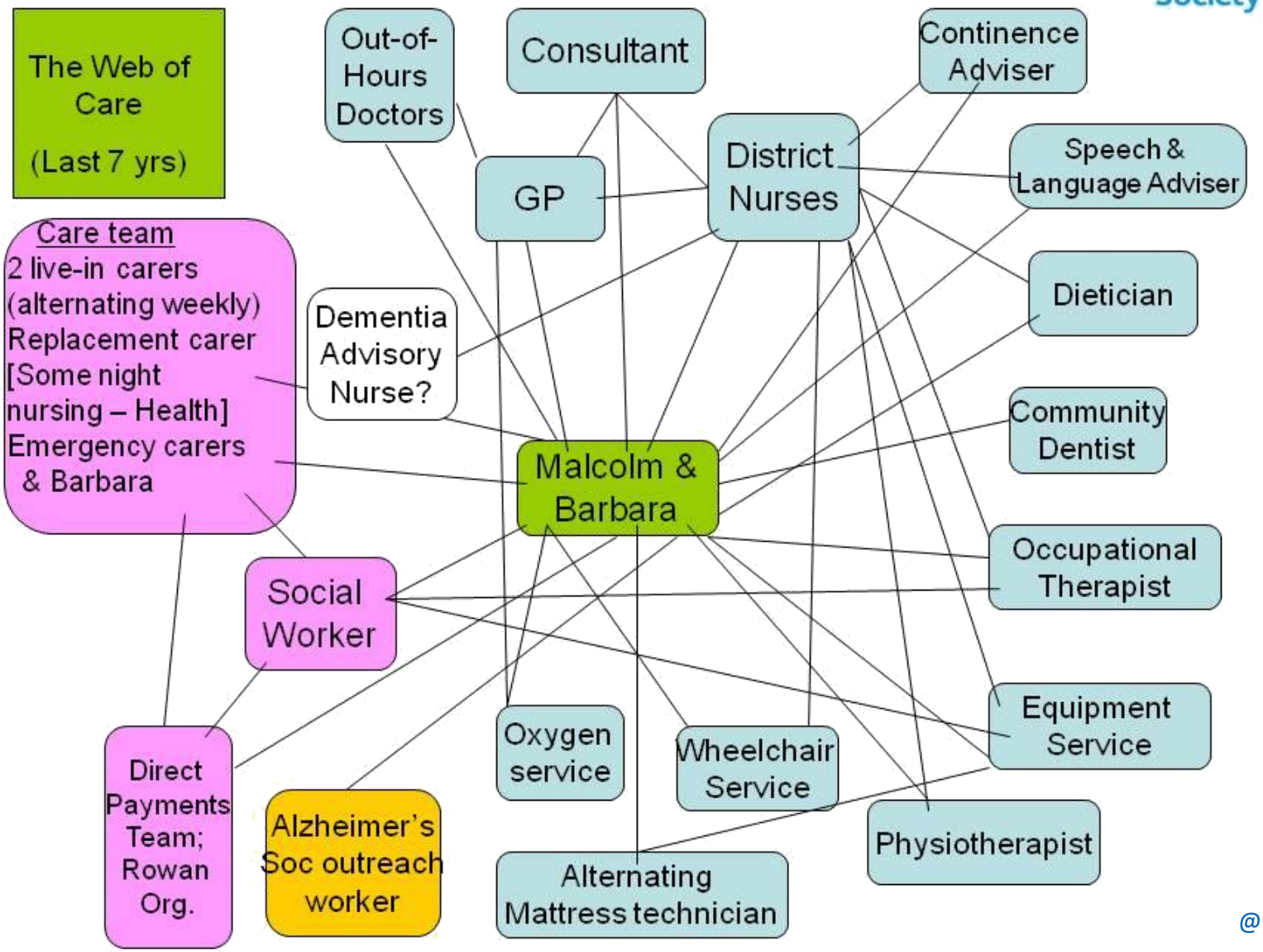
Why integrated care?



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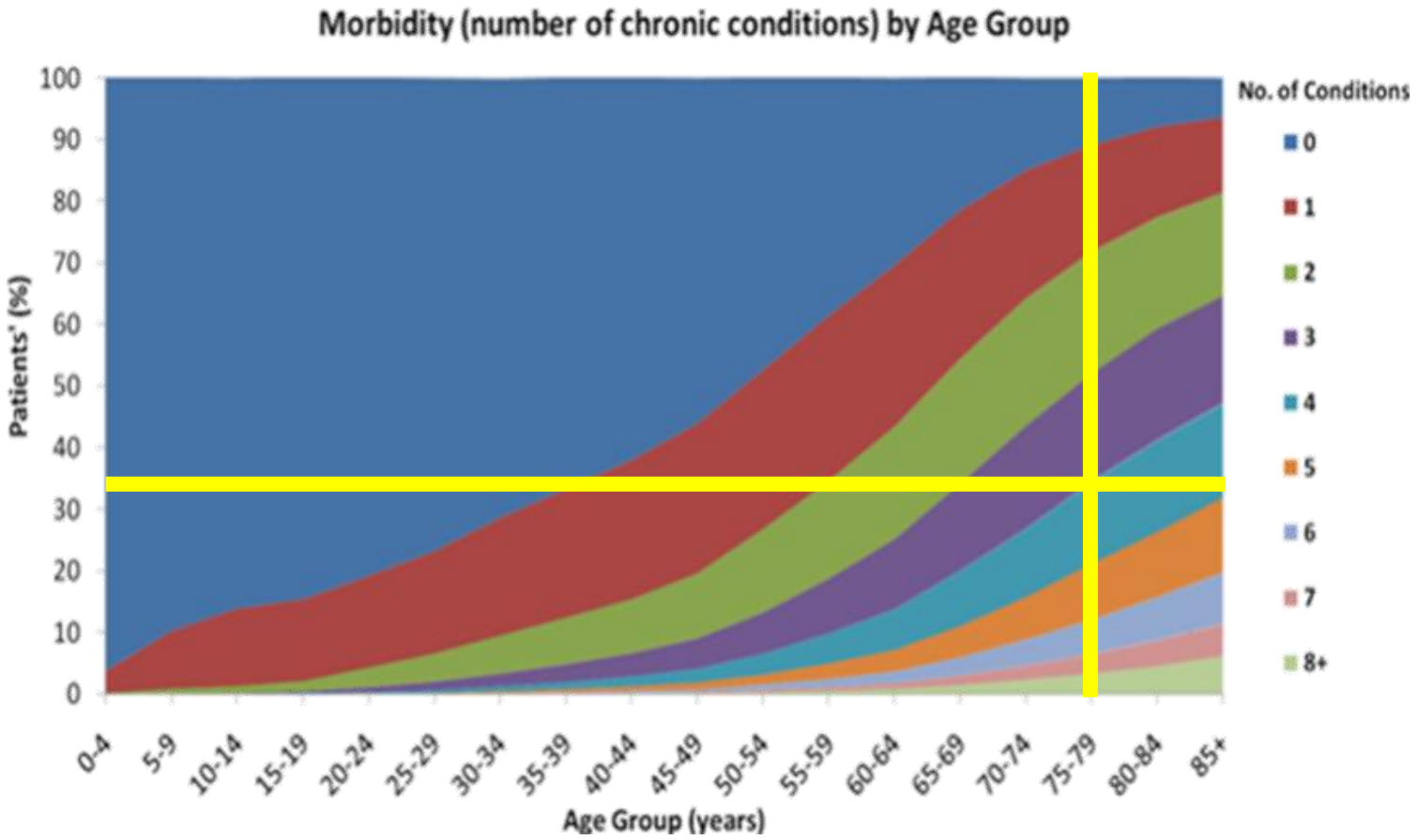
Why develop primary care?



Based on: The Lancet doi: 10.1016/S0140-6736(12)60240-2

STRENGTHS OF PRIMARY CARE

Holistic Dealing with the patient as a person not a disease or part of the body

Continuity Accessible personal care built on a relationship from cradle to grave

Comprehensive Handling wide range of problems, managing clinical uncertainty

Community focussed Responsible for a registered population, improving wellbeing

Central Coordinating and connecting other teams, referring where appropriate

STRENGTHS OF PRIMARY CARE

Holistic

Continuity

Comprehensive

Community focussed

Central

BUT …

Demand >> workforce

Practices are set up to provide mostly **medical care** (reactive, individual > proactive, population focused)

Most lack **collaborative relationships** required to truly be central to patients' care

Too **small** and **isolated** to have significant impact on population or system

@robertvarnam

OUR PRIORITIES

- Help primary care manage workload more sustainably
  - Increase funding
  - Grow the workforce
  - Improve productivity
- Promote at-scale working in primary care
- Promote collaborative care, irrespective of merger questions … “integrated care not necessarily integrated organisations”

Primary care networks: Opportunities for practices

- Resilience
- Economies of scale
- System partnerships
- Skillmix
- Innovation and improvement
- Staff development

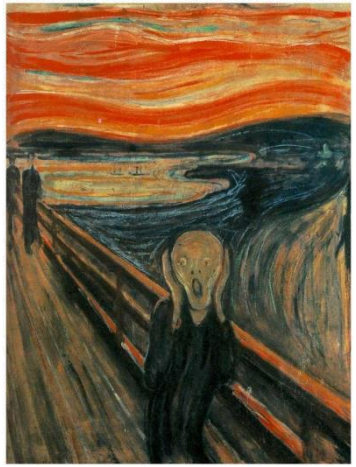
Big transformation ambitions…

Traditional response…

Create new structures

(often very top-down)

+ / -



This time we've been trying…

Share practical examples

+

Train leaders for transformation & improvement

+

Facilitate rapid change, in small steps, in local collaboratives

Supported by…

Policies to incentivise integrated care in networks

+

Workforce development

+

National expertise in transformation & improvement leadership

A professionally led movement for change, snowballing from small service improvements to national system re-engineering.

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GENERAL PRACTICE FORWARD VIEW

10 High Impact Actions

NHS

1: ACTIVE SIGNPOSTING

2: NEW CONSULTATION TYPES

3: REDUCE DNAs

4: DEVELOP THE TEAM

5: PRODUCTIVE WORK FLOWS

6: PERSONAL PRODUCTIVITY

7: PARTNERSHIP WORKING

8: SOCIAL PRESCRIBING

9: SUPPORT SELF CARE

10: DEVELOP QI EXPERTISE

Innovations from around England that release time for GPs to do more of what only they can do.

bit.ly/gpcapacityforum

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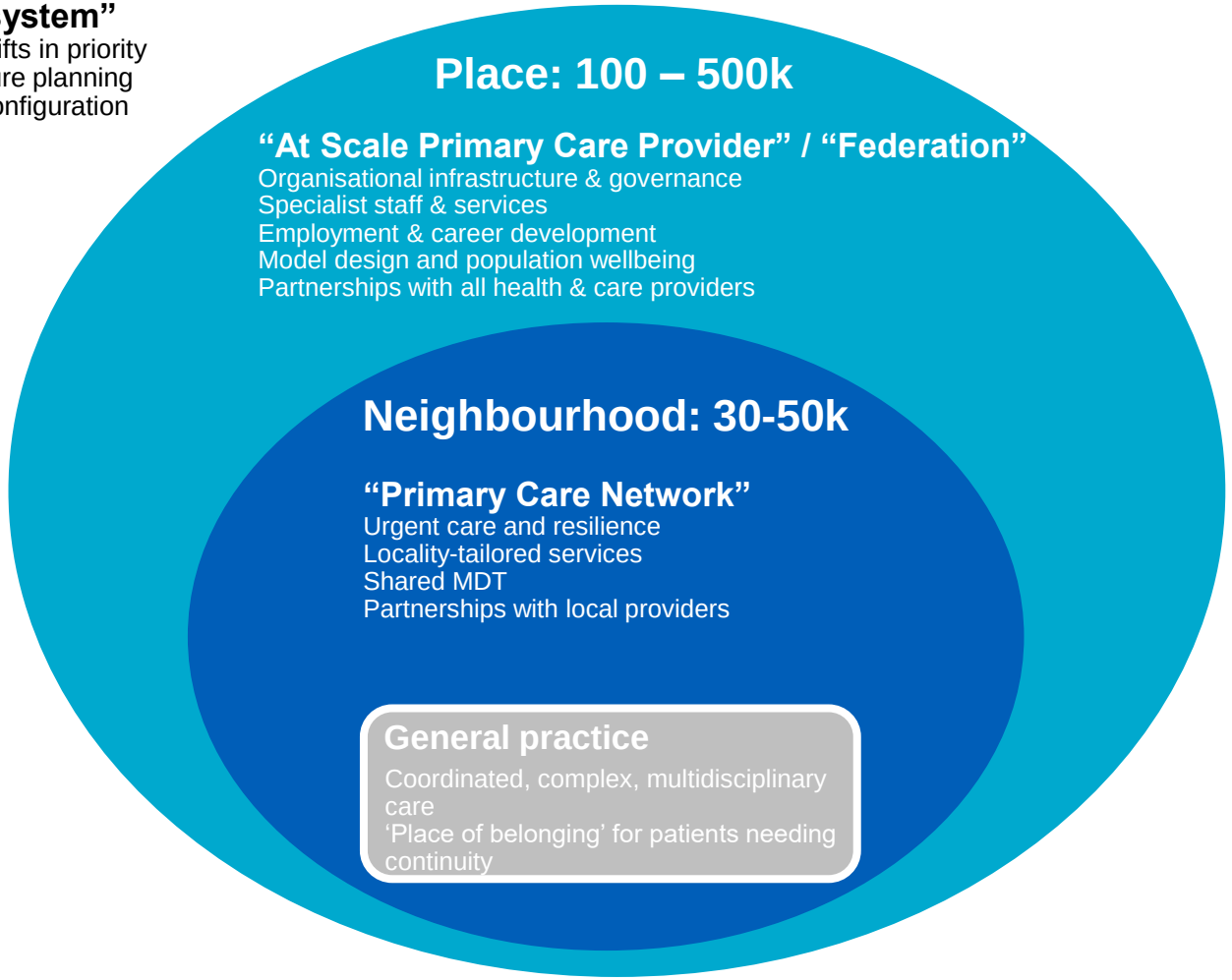
Doing the right thing at the right scale

System: 1m+

"Integrated care system"

Major partnerships & shifts in priority
Workforce & infrastructure planning
Large scale service reconfiguration



Transforming primary care in England

1. What have we done?

Dr Robert Varnam
Director of Leadership for Improvement
NHS England and NHS Improvement

@robertvarnam

Transforming primary care in England

2. How have we handled the relationships?

Dr Robert Varnam
Director of Leadership for Improvement
NHS England and NHS Improvement

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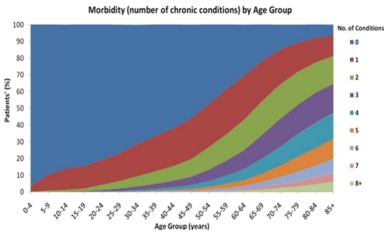
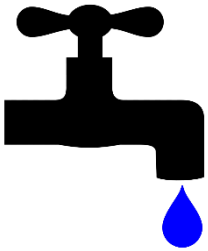
Why develop primary care?



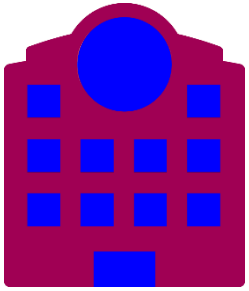


The **population** is changing, with a significant rise in the number of older people with **multimorbidity**. They require **expert generalist** care from a provider who knows them.

Primary care is the prime place of care for most needs. It is holistic, comprehensive, safe in managing clinical complexity and uncertainty, and skilled at coordinating care from cradle to grave.

Action is needed to increase the **capacity** of primary care to handle the rising demand.

Workforce :: Estates :: I.T. :: Productivity



Hospitals are struggling to handle rising **emergency** and **outpatient** activity. A growing proportion of this is handling complex multimorbidity in people not previously known to the team.

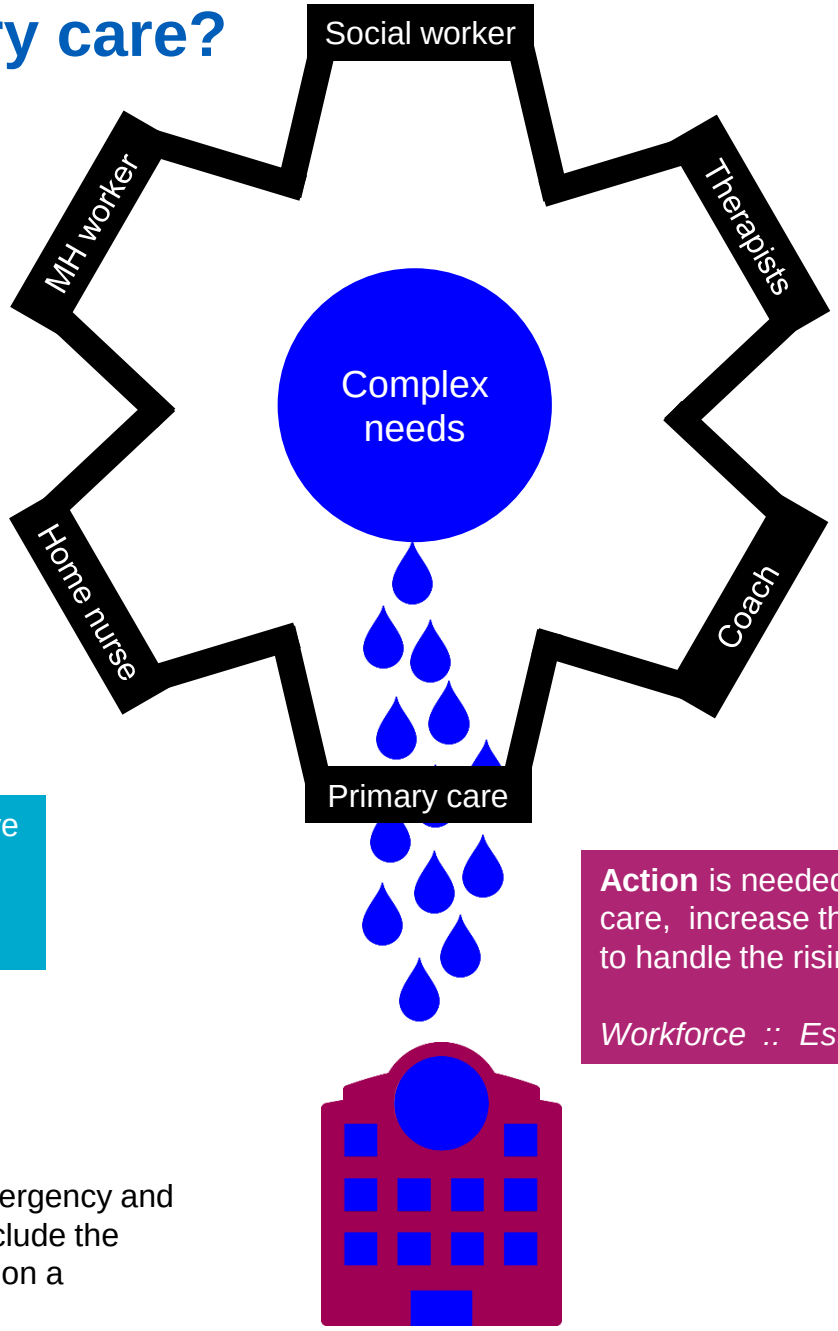
This raises concerns about patient **safety**, clinical **effectiveness**, **appropriateness** of care, patient **experience** and system **sustainability**.

Specialist care provides high intensity, high cost management of episodes of disease, generally defining people according to a single pathology, therapy or speciality.

@robertvarnam

Why develop primary care?

For the people with the greatest needs, **integrated proactive multidisciplinary care** in the community is generally the most appropriate, satisfactory and cost-effective approach.



Too many integrated care initiatives have failed to include primary care as a core component. It is not surprising that they have often had disappointing results.

Action is needed to innovate in primary care, increase the **capacity** of primary care to handle the rising demand.

Workforce :: Estates :: I.T. :: Productivity

Integrated care is unlikely to reduce emergency and elective hospital activity if it does not include the patient's **primary team**, and base itself on a **generalist-led** model of care.

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Policy makers & primary care

- Trust is earned – through relationships, respect, delivery … and over time
- Put the right people in the right places
- Think of yourself as a leader
- Make visions real, fast
- Use more than just money to drive change

The Change Model for health & care

- **Each of these can ‘drive’ change**
- **Use them all for greater success**
- **Align them all behind the shared purpose**

www.england.nhs.uk
/sustainableimprovement
/change-model/

Policy makers & primary care

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- Put the right people in the right places
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- Make visions real, fast
- Use more than just money to drive change

- Start with values that matter
- Create a movement

1 Active signposting

Example in practice

Stage 1. One practice.

- Pressure to reduce demand on appointments.
- Discussion among doctors – most agreed Active Signposting might be helpful.
- Data: 23% of consultations potentially avoidable. 13% could have gone to nurse / administrator.
- **Change:** train receptionists to ascertain patient's need and offer most appropriate service.
- **Impact:** rate reduced to 13%.

Stage 2. 13 neighbouring practices.

- All facing same problems with workload.
- Impact shared by first practice. Amazement & scepticism.
- Data (7 practices): 28% avoidable, 16% could have gone to nurse / administrator.
- **Change:** train receptionists to ascertain patient's need and offer most appropriate service.
- **Impact:** rate reduced to 14%.

Stage 3. What more? Who else?

- Morale boost & energy to improve further. Receptionists now energised & hopeful & making suggestions.
- New list of potential alternative offers drawn up with receptionists – including local voluntary groups.
- **Change:** Developed list of local services on shared intranet. Further training for receptionists to act as "navigators" for patients.
- **Impact:** rate reduced to 9%

Stage 4. Everyone wants to help!

- Word got around. Approaches from local pharmacies, community mental health services and community nursing service – suggesting signposting & collaboration ideas.
- Long list of potential new changes drawn up.
- **Change:** 6 projects underway, with rapid cycle testing in 1 lead practice per project initially.
- Parallel discussions about new ways to collaborate across primary / community / mental health / hospital outpatients. "We've been wanting to work more seamlessly with you for years"

Achievements

- Released > 14% of Dr appointments → less stress + better access + more time for complex needs.
- Improved appropriateness of clinician use.
- Energised the team.
- Shared approach to training staff across practices.
- Other productivity solutions shared between practices.
- New shared intranet for all practices.
- Clinical collaboration emerging across traditional divides.
- An optimistic community of providers, leading bottom-up change.

bit.ly/GPcapacitynet1

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Transforming primary care in England

3. Leading from the edge

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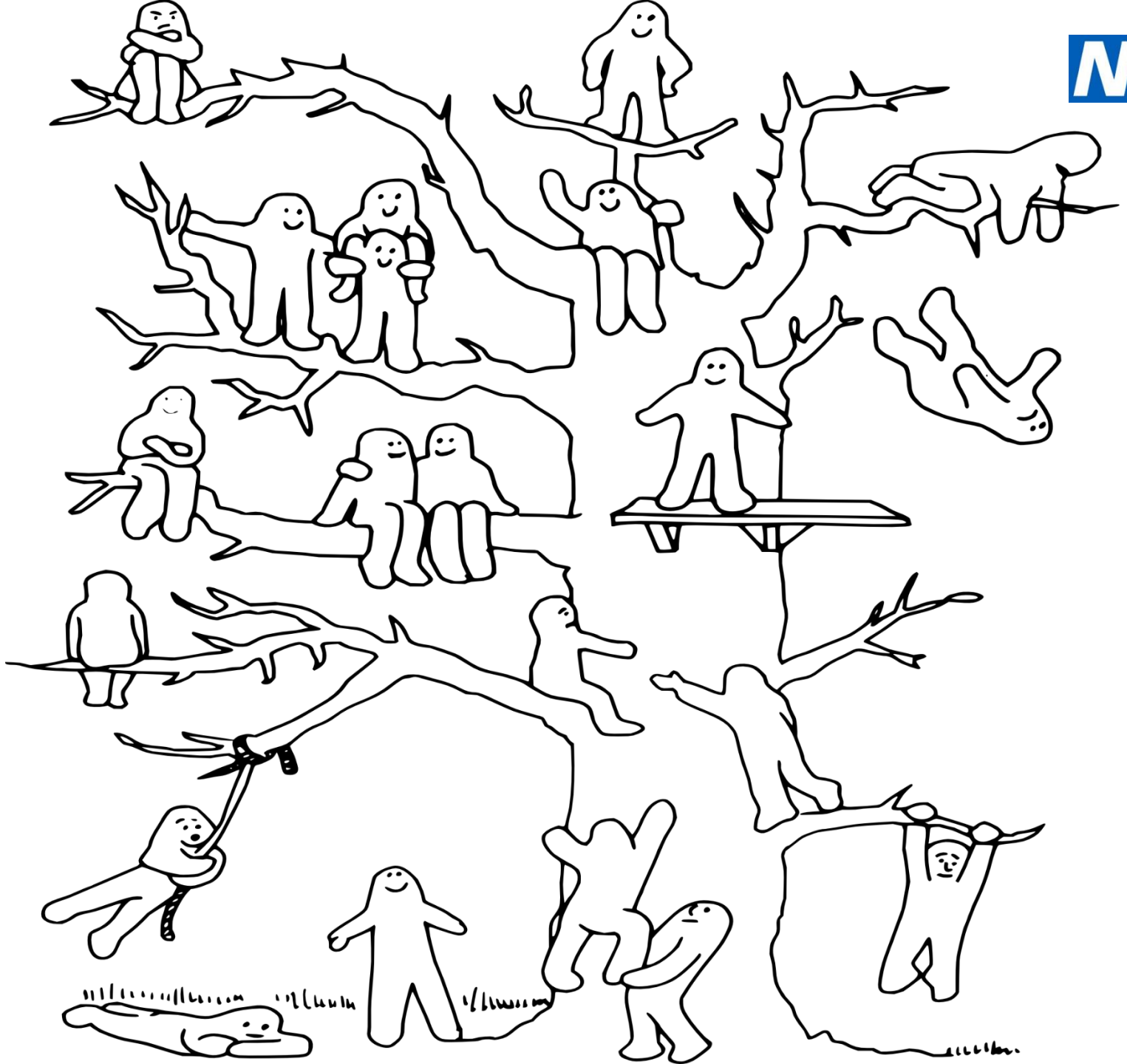

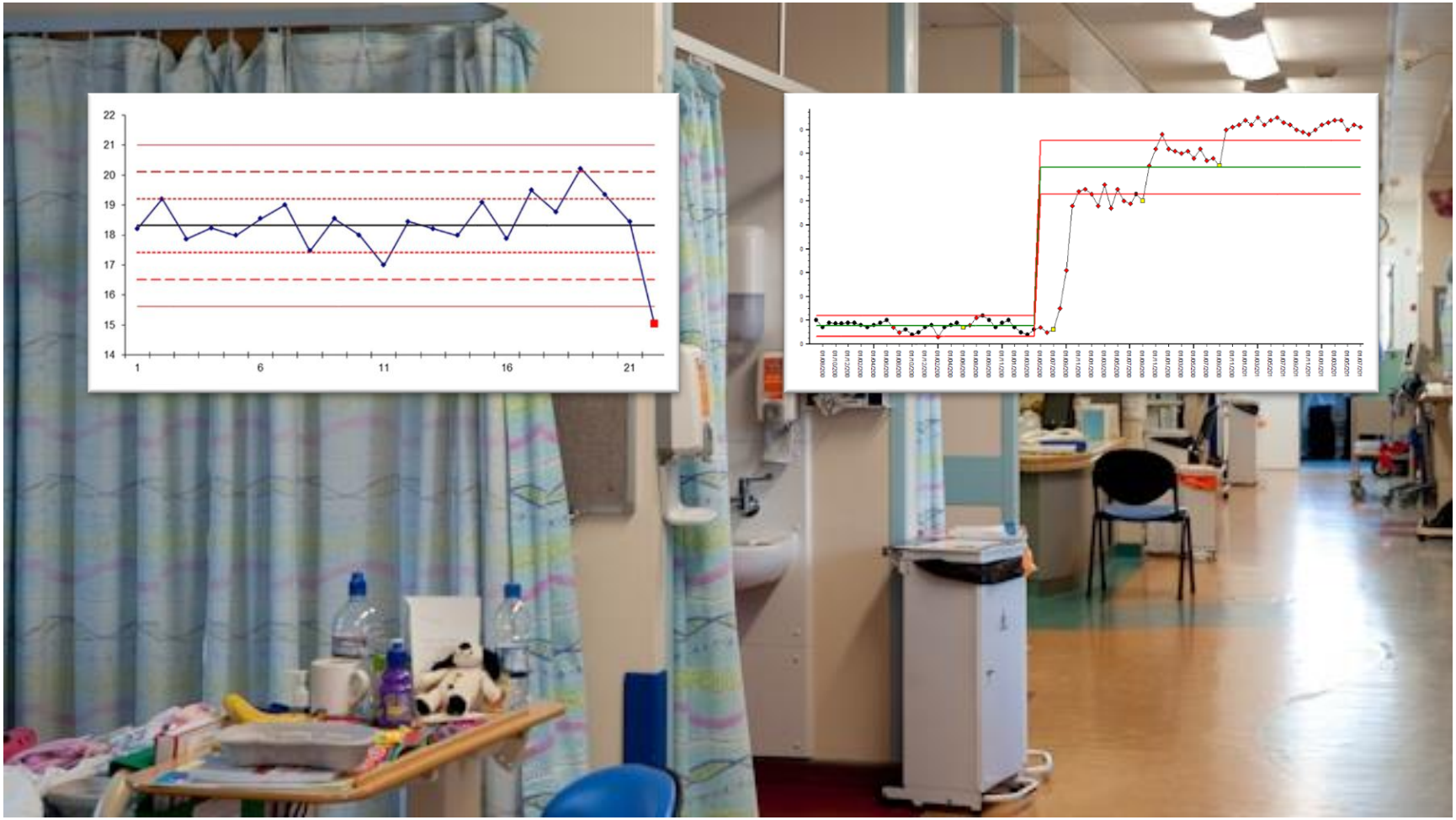
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the early psychosis declaration

100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

British Heart Foundation

CND campaign for nuclear disarmament

Who told her to do that?

Who's running this?

What is the performance management framework?

Who's paid them?

Where to start?

"Here's what you need to do"

versus

"I have a dream"