South East LHIN

Integrating Primary Care in Ontario: the LHINs' Perspective

Association of Family Health Teams of Ontario (AFHTO)

October 16, 2012, Toronto

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Ontario's Model of Health Care Devolution

- Alignment is achieved by:
  - MOHLTC providing priorities to LHINs and LHIN being accountable to MOHLTC
  - LHINs providing provincial and local priorities to HSPs and HSPs being accountable to LHINs
- Clear accountabilities, Clear alignment
- Except for Primary Care

PHC – the weakness in the Model

- No horizontal integration among primary care providers
- There are over 4000 primary care entities in the province
- An average of 285 per LHIN
- Many different models
- Little linkage between models
- Some entities can offer 24 on-call coverage, some can not
- Some entities can offer diabetes education, some can not,
- Etc.
- So…some patients have better access to PC than others

Further weakness

- Our system does not assist patients with multi-chronic conditions to transition well across levels of care

- We need primary care to be better linked with:
  - Home care
  - Acute care
  - Long-term care
  - Mental Health care
  - Etc.

Transitions

- These are the patients we now know are the:
  - 1% which use 35% of the resources
  - 5% which use 49% of the resources
  - 10% which use 79% of the resources

- But it isn't these patients that are causing those costs
- And it is not our providers that are causing those costs
- It is the fact that the "system", a system with fragmented primary care components, it is the system that is failing these patients and generating these costs

To improve Transitions

- We need horizontal and vertical integration
- We need primary care entities better linked to each other – horizontal integration
- We need primary care better linked to other levels of care – vertical integration
- But with 4000 entities across the Province, 285 per LHIN, how can we align primary care with each other and with other levels of care

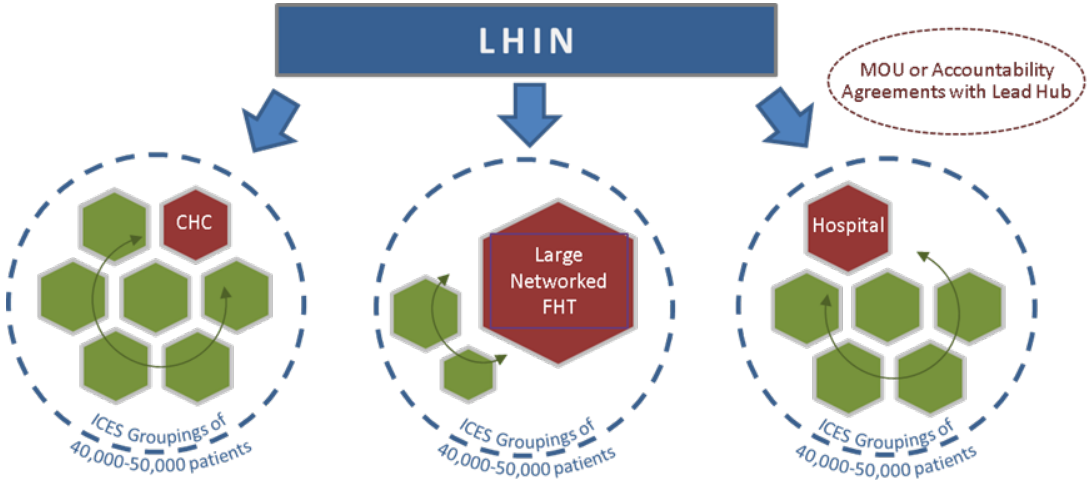
Current Discussions

- Primary Care and Person Centred Care are the hottest topics in health today
- Every interest group seems to be drafting a model for Primary Care
- Meanwhile:
  - **Walker** said – ALC improvements can not be maximized or sustained without Primary Care
  - **Drummond** said - Primary Care needs to be better aligned with the system
  - The **Minister's** Action Plan – said planning and accountability for Primary Care would be linked to the LHINs

Options for Integrating Primary Care

- The MOH could transfer all 4000 contracts to LHINs
  - The SE LHIN already has 126 SAAs, and adding 285 might be a challenge
- We could create 14 new Primary Care entities, one per LHIN
  - But Primary Care is the most local of health care so one per LHIN does not seem to make sense
- So somewhere between these two diverse options is most likely the answer

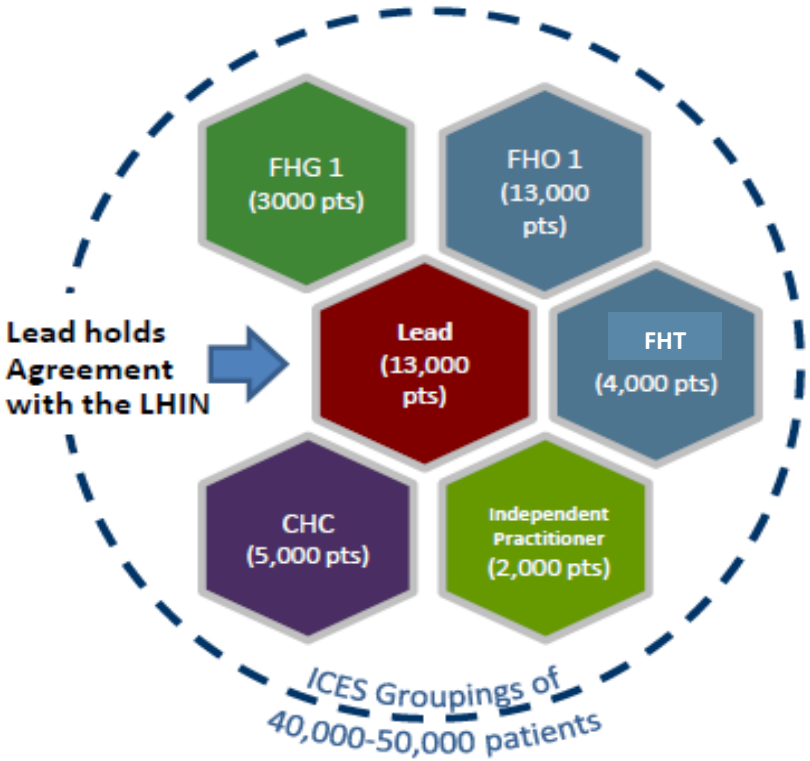
Local Primary Care Hubs could provide improved planning and accountability based on an innovative and flexible design



The creation of primary care “hubs”, “clusters”, “networks”, “collaboratives” or "clubs” in each LHIN provides:

- Maximum value of existing primary care resources;
- Capacity for other sectors to engage with primary care in a meaningful/organized approach;
- Greater reach in provider training and leadership (i.e. Advanced Access training);
- A vehicle for implementing key system priorities; and
- A mechanism for holding providers accountable for system outcomes.

Voluntary alignment to a Hub will provide many benefits to providers, and in return the Hubs and its affiliates will support improving access and integration, and efficient resource utilization



Joining a Hub offers providers:

- Access to inter-professional providers
- Access to quality improvement opportunities
- Opportunities for back-office integration, administrative support and data sharing
- Ability to share on-call services with a large pool of individuals
- Opportunity to engage leaders in the community and work across sectors (i.e. with hospitals, CCAC, LTC, public health, community agencies, OMA, RNAO)

In exchange, the Hub will:

- Provide performance data
- Participate in system planning
- Operate as system stewards in their community
- Work with the LHINs to establish and monitor targets

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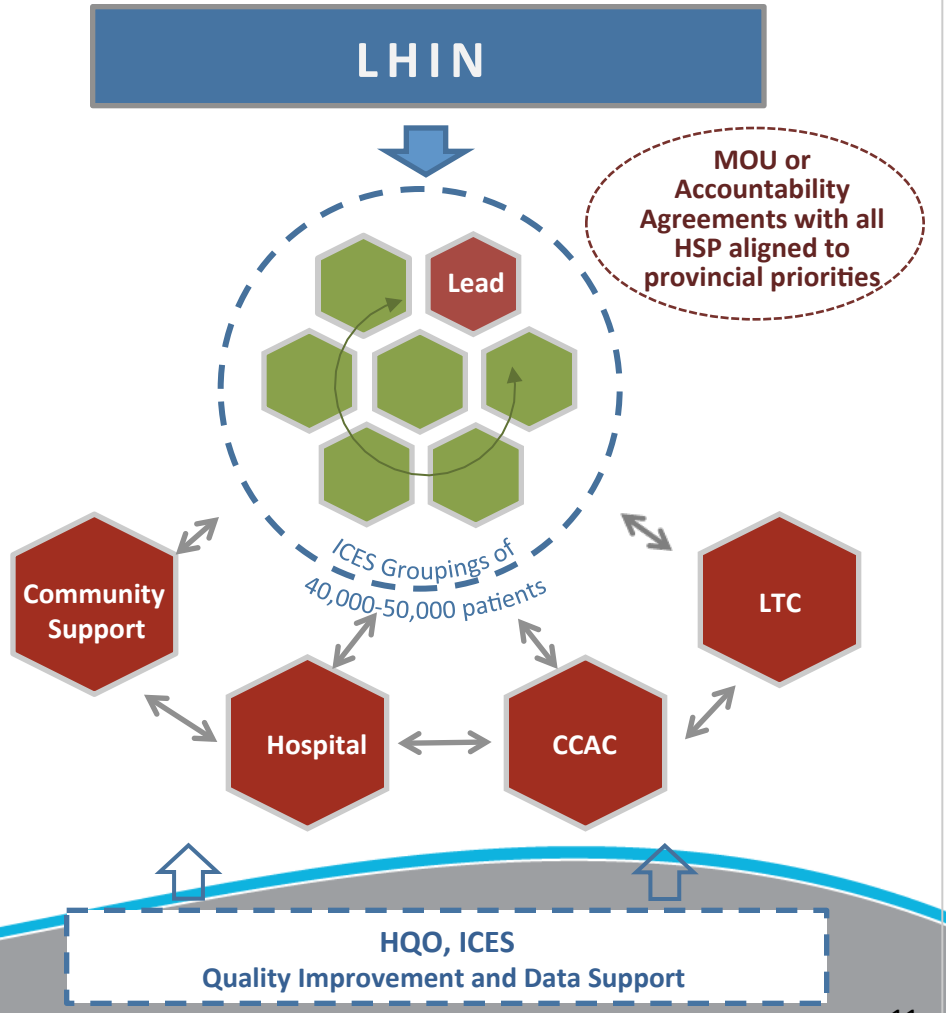
Hubs would engage with other health service providers on aligned LHIN priorities to drive health system improvement

Benefits of greater alignment:

- Improve care co-ordination and navigation
- Early identification of individuals needing support to avoid hospitalization
- Design of care models around targeted populations (e.g. frail seniors, end of life care, high volume users)
- Better follow up to primary care post discharge after a hospital stay
- Safer health care (e.g. improved medication reconciliation practices across transitions)
- Improved ability to match a primary care provider with an unattached patient post-discharge



Health service provider alignment through primary care hubs ultimately results in improved patient care

Benefits:

- Builds on the role of the primary care provider as the "trusted agent" for managing care in the community
- Improved access to primary care providers
- Co-ordinated care with multiple touch points
- Access to allied health providers for education and support
- Safer health care
- Confidence that the health system providers are "talking to each other"
- Greater numbers of Ontarians with a family care provider
- Access to community funding allocations for new resources, e.g. diabetes educators, nurse practitioners, youth counselors, etc.

Access to primary care is a primary focus for engaging the community and aligning system activities

OUTCOMES:

- Improved 24 hour response times for appointments
- An increase in the number of patients who report they can see their provider when needed
- Decreased the number and proportion of CTAS Levels IV and V in the ED
- Achievement of timely medication reconciliation
- Access to Care Coordinators for patients that fall within the top 1% and 10% of system service utilization
- Distribution of discharge summaries to providers within 48 hours (reducing 30 day readmissions and other targets)

Is the System Ready for Hubs? Selected Responses to Local Survey

The following several slides identify feedback from a survey of SE LHIN primary care providers conducted in June by the SE LHIN PCPLL.

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What does true primary care integration look like?

- **Integration**
  - *"I think integration requires primary care to be viewed as the hub or centre of care where health care is coordinated from this point."*
  - Community based model with one "hub" to coordinate care for the patient.
  - Integration among health care providers in a respectful environment.
  - Primary care delivery models need to be linked to monitor quality outcomes, use of standard protocols

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What does true primary care integration look like?

- **Information Technology**
  - Cohesive health care, the ability to "talk" to one another regarding EMRs, lab data, hospital data, pharmacies, and so on
  - one patient, one chart
  - Information will flow with the patient and services will be co-ordinated
  - Ease of communication of patient info between providers
  - Ease of referral to primary care programs and to specialists

Other:

- All patients can expect same access to same services
- Patient oriented
- Best practices

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What areas should the Primary Health Care Council focus on?

- Communication amongst primary care providers **4.55**
- Improving information flow between providers, hospitals, etc **4.73**
- Improving Access (advanced access, after-hours, etc) **4.83**
- Collaboration amongst groups (FHTs, FHOs, CHCs, etc) **5.03**
- Improving Chronic Disease Management **5.81**
- Improving transitions in care **5.90**
- Reducing unnecessary emergency department visits **5.93**
- Improving IT use in primary care **6.52**
- Reducing re-admissions to hospital **6.73**
- Encouraging providers and groups to develop QI projects **7.06**

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What areas should the Primary Health Care Council focus on?

Additional ideas:

- **Equitable service delivery**
  - vulnerable populations, gap analysis, patient centered care, understand accessibility, availability

- **Improving Communication**
  - With hospitals and CCAC
  - Between silos at an individual, technological and policy level
  - To patients (about rationing of care)
  - Initially, we need to prove to Primary Care providers that we can communicate effectively with the CCAC, Hospitals and the LHIN to effect change.

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What areas should the Primary Health Care Council focus on?

Additional ideas:

- **Integration**
  - Better IT
  - Improved integration between primary care and the other stakeholders
  - Integration of Child & Adolescent Mental Health
  - Public health integration
  - Interface of primary healthcare with specialties could be optimized
  - Understanding the policy barriers to integration of primary health care models

Joining a Hub offers providers:

-Access to inter-professional providers

- Even for those not practicing in inter-disciplinary teams!

-Access to coordinated quality improvement opportunities

-Opportunities for back-office integration, administrative support and data sharing

-Ability to share on-call services with a large pool of providers/groups

-Opportunity to engage leaders in the community and work across sectors (i.e. with hospitals, CCAC, LTC, public health, community agencies, OMA, RNAO)

In exchange, the Hub will:

-Provide performance data

-Participate in system planning

-Operate as system stewards in their community

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Key Benefits of Primary Care Hubs

Flexible

Engages Innovators

Builds a Foundation

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Key Benefits of Primary Care Hubs

- ***Flexible***

- "Lead Group" can be supported within any organization, eliminating the need for a new governance structure
- "Lead Group" accountable to the LHIN through a HSP relationship for the activities as a "Lead Group"
    - No need to revise current reporting or contract relationships (i.e. FHT contracts remain with MOHLTC)
    - the Hub freely engages a variety of provider models (FHO, FHG, solo fee for service, etc.)

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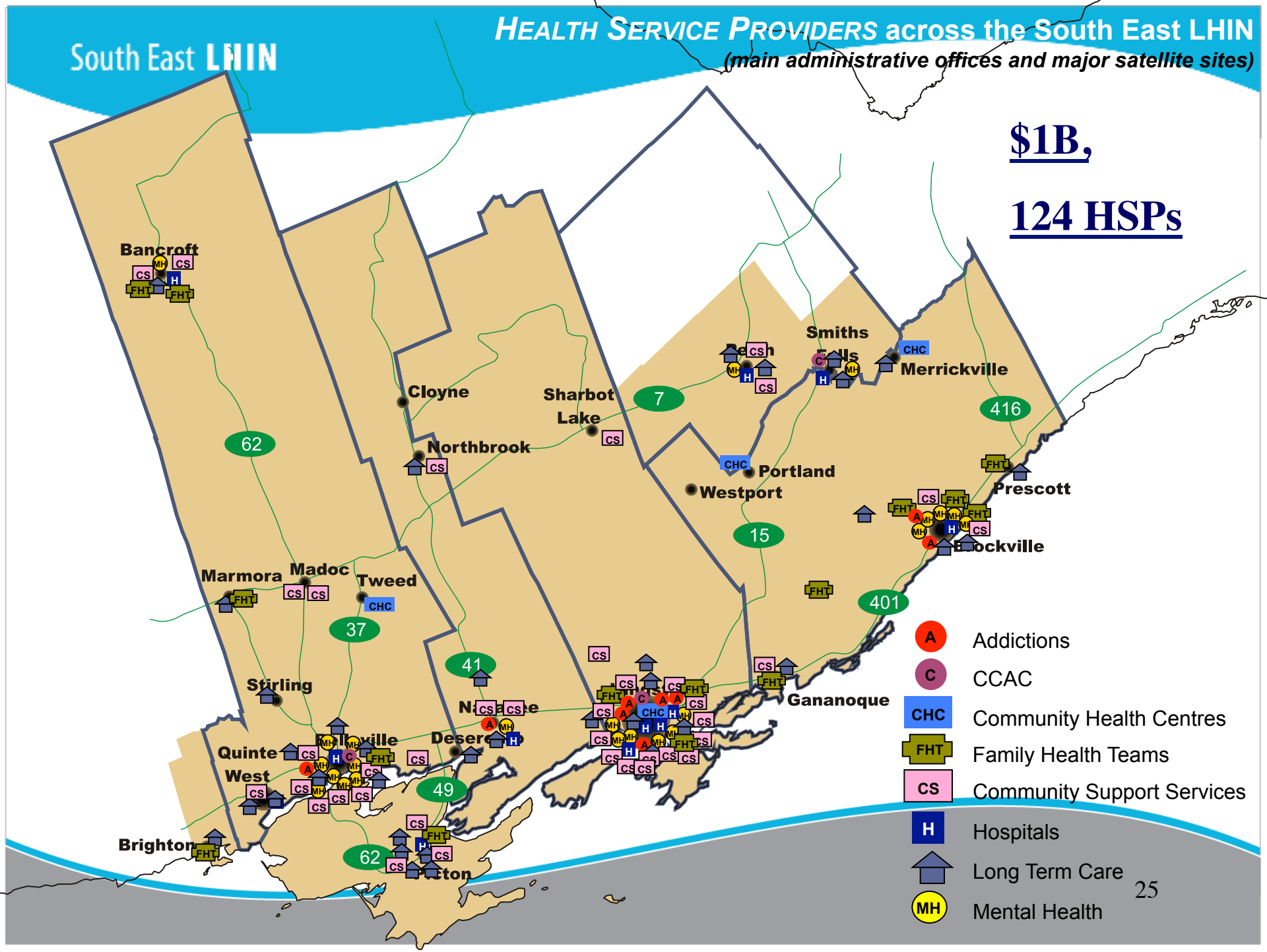
Key Benefits of Primary Care Hubs

- ***Engages Innovators***
- – "Lead Group" selected through a *voluntary* process, leverages leaders and promotes tests of change

- ***Builds a Foundation***
- – Creates opportunity to engage all providers in health system planning and integration activities, remaining true to the Minister's *Action Plan,* while offering a foundation for future aligned accountability with the LHINs

How Would the "Hubs" be Identified

- Each LHIN could start by reviewing the ICES data which indicates there are 70-74 natural groupings of primary care providers throughout the Province
  - ICES data indicates 4 such groupings in the SE
- Each LHIN could use the ICES data and drill deeper
  - In the SE drilling deeper into the ICEs data indicates 7 or 8 natural groupings
- Each LHIN could then engage the primary care community to confirm the number of "hubs"
- Each LHIN could then use the "readiness survey" tool being developed by the SE LHIN to select one or two "hubs" to be tested.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HEALTH SERVICE PROVIDERS across the South East LHIN
(main administrative offices and major satellite sites)
$1B,
124 HSPs
Bancroft
Cloyne
Northbrook
Sharbot Lake
Smiths Falls
Merrickville
Portland
Westport
Prescott
Brockville
Gananoque
Marmora
Madoc
Tweed
Stirling
Quinte West
Brighton
Deseronto
Napanee
Kingston
Belleville
62
7
416
15
401
37
41
49
A Addictions
C CCAC
CHC Community Health Centres
FHT Family Health Teams
CS Community Support Services
H Hospitals
Long Term Care
MH Mental Health

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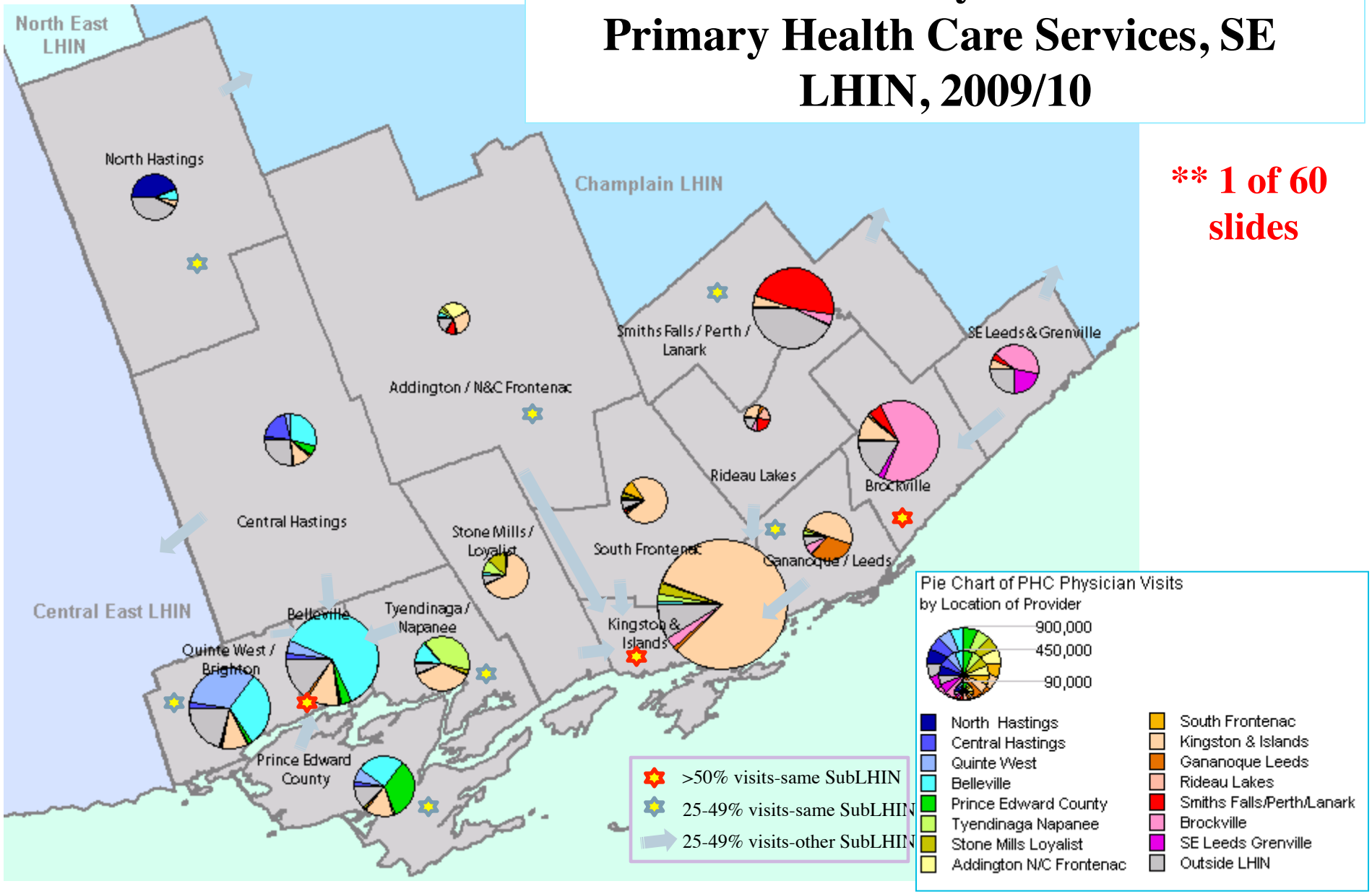
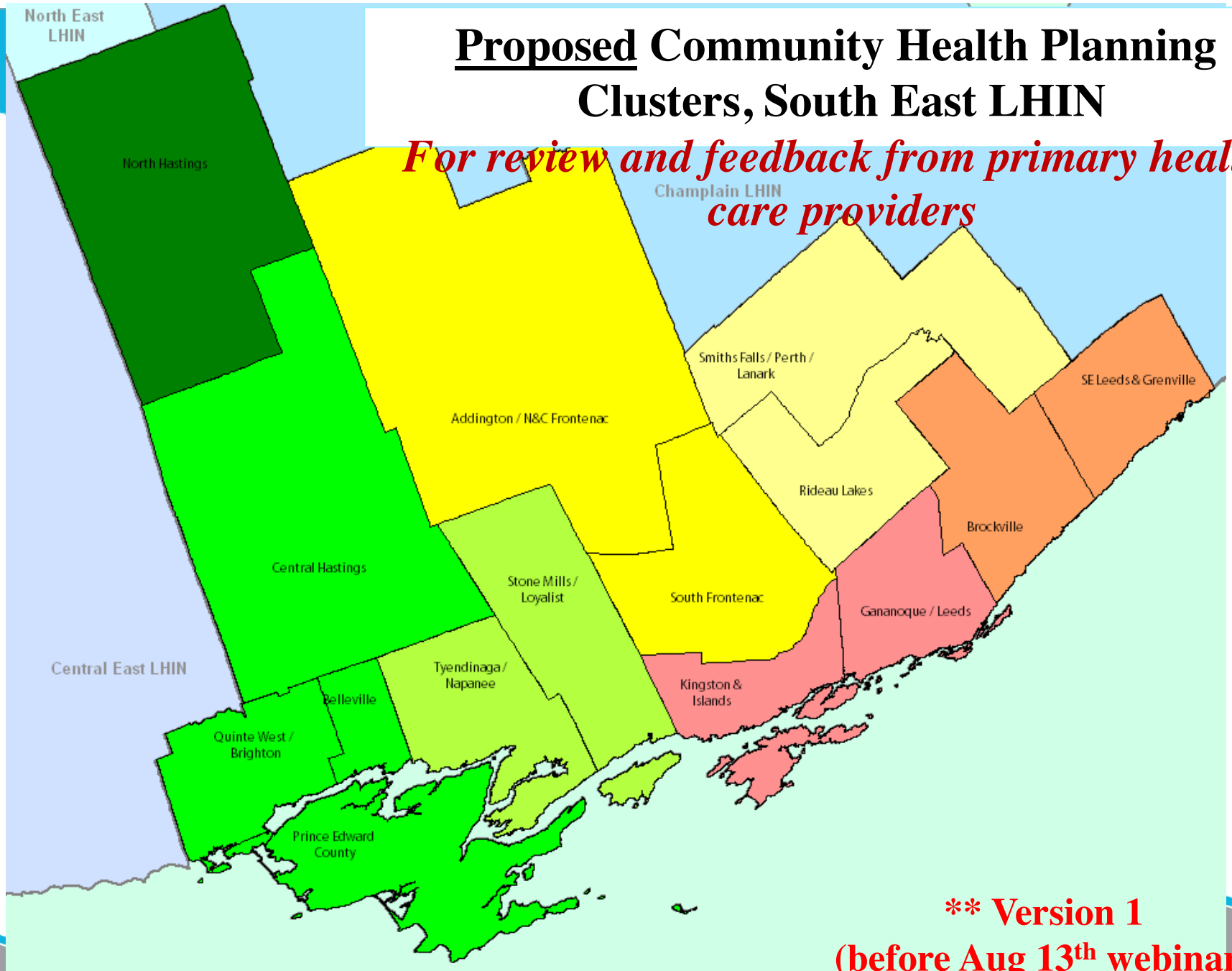
Distribution of Physician Visits for Primary Health Care Services, SE LHIN, 2009/10

**** 1 of 60 slides**



Proposed Community Health Planning Clusters, South East LHIN

For review and feedback from primary health care providers



**** Version 1**
(before Aug 13th webinar)

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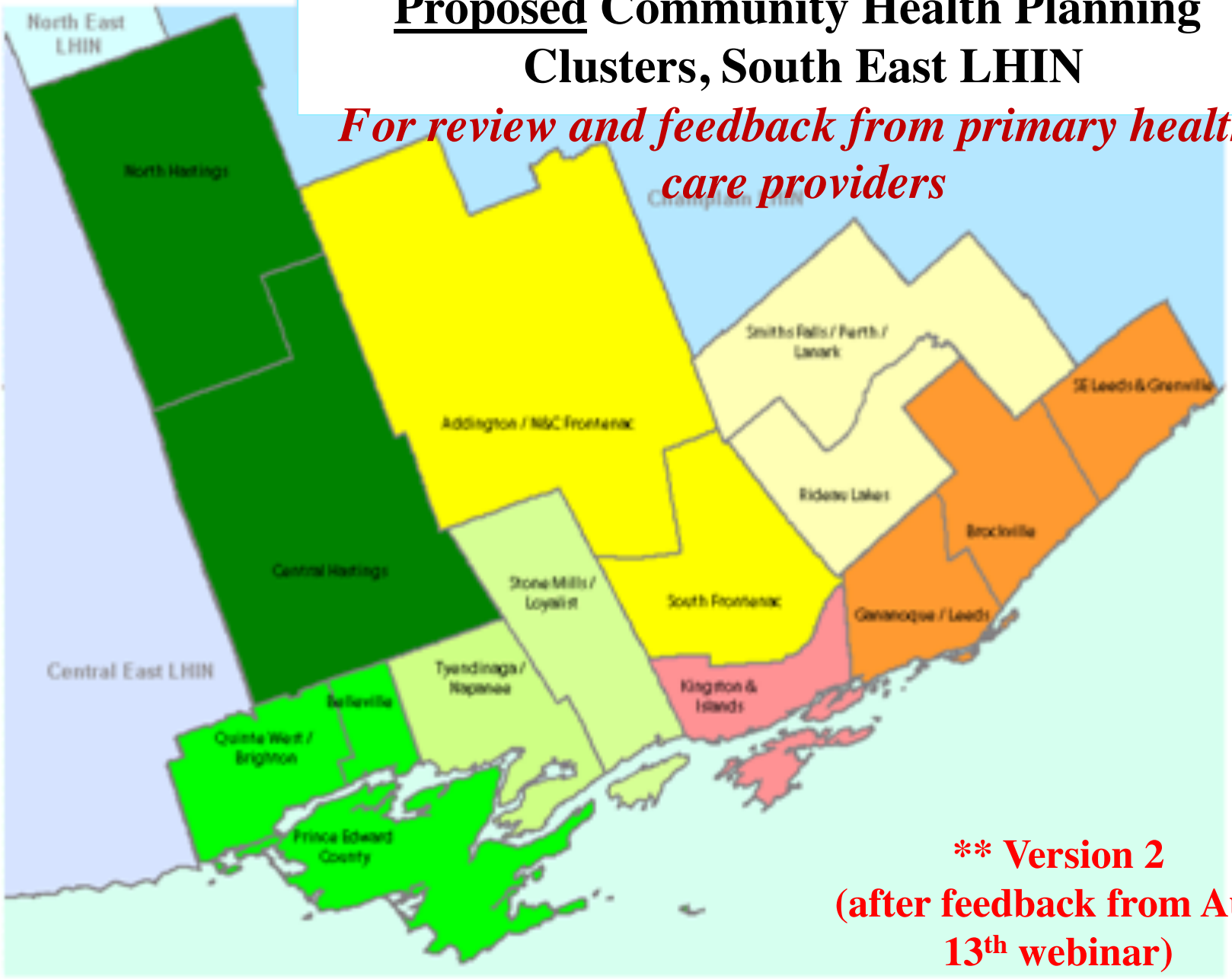

**** Version 2**
(after feedback from Aug 13th webinar)

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When is a primary care group ready to join a hub?

Ontario
Local Health Integration Network

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Intermountain Healthcare

Healing for life®

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"Readiness" Scale

- Starts the discussion with primary care groups about what a primary care hub could look like
- Provide a common language around possible integration activities
- Allow each primary care group to:
  1. Assess their strengths and weaknesses
  2. Target specific areas for improvement
  3. Track improvement in integration "readiness" over time
  4. Meets thresholds - # of providers representing # of patients

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"Readiness" Scale

7 categories:

1. Leadership and Culture
2. Quality Improvement
3. Integration Activities
4. Information Systems
5. Resources
6. Patient Outcomes
7. % of PC entities representing % of geographic population.

Considerations

- Primary care hubs would:
  - Provide an opportunity to organize primary care entities without changing existing governance models.
  - Offer flexibility in hub development
  - Allow for a more equitable sharing of professional resources
  - Promote more efficient use of administrative resources (i.e. HR, Purchasing, IT, Business Processes)
  - Facilitate consistent to integration with acute care, mental health, long-term care, public health, community services, etc.

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