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health teams of ontario

AFHTO – FHT/LHIN Leadership Session

Priorities, Actions and Goals

Outcome of regional discussions held October 17, 2012

Context

- On October 17, 2012, AFHTO convened leaders from 140 FHTs and LHINs to
 - Explore ways in which FHTs could accelerate further integration within their communities
 - Position them to start a conversation on immediate actions
- Focal Question
 - *“How do we continue to build a stronger primary care foundation and work in a more integrated manner within the LHIN to ensure coordinated and seamless care for our patients?”*
- Participants received this question 2 weeks in advance. Responses were synthesized and sent back to participants on October 12, to stimulate thinking.
- At the meeting, guided by a facilitator from System45, each region worked through a process to identify
 - **Top 2 priorities** for the 3-6 month time frame
 - as well as 3 additional priorities that surfaced
 - **Goals/objectives** for each of the top 2 priorities (3-6 month time frame)
 - **Actions** noted by participants in support of the top 2 priorities

About this Document

- This document contains two parts:
 1. Priorities identified across all regions
 - Slide 5 summarizes the six cross-cutting themes that emerged from the priorities.
 - Slides 6 – 12 list the all of the priorities identified by the regions, grouped by theme.
 2. The priorities, goals and actions captured for your specific region
 - In many cases, the name of a person willing to take leadership on an action item is also identified.

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Cross-cutting themes that emerged

- **Communication & Planning** – Improving communication and integration planning across the various primary care entities and stakeholders
 - Every region had a reference to this theme in their top 2 priorities
- **Hospital Connections** – Improving the connections between hospitals and primary care providers (FHTs, CCAC, etc.) as a means of delivering more seamless care
 - Half the regions had a reference to this theme in their top 2 priorities
- **Improving Access** – Understanding and addressing barriers to access to primary care and other health services- in particular for complex patients of various types
- **Information Flow and Connectivity** – Increasing our capacity to share patient data and reports among care providers
- **Quality Improvement** – Aligning on quality outcomes and enabling the necessary data and support to track these
- **FHT/LHIN Role Clarity and Awareness** – Gaining clarity about and awareness of each party's respective roles

Communication/Planning –priorities from across regions

- Develop a communication strategy amongst primary care leads
- ...bringing together FHTs, CCAC and hospitals into regular planning sessions/strategy meetings - honest and strategic conversations between FHTs, CHCs, LHIN and community on integration
- Create a sustainable forum for primary care providers to discuss integration problems and solutions
- Design the process for integrating primary care into existing care service organizations, e.g. hospitals
- Engage the primary care sector to better provide comprehensive services partnering with other service providers
- Increase awareness of all program offerings from FHTs/LHIN
- Communication channels/network (primary care working group) within the LHIN
- Improved communication and knowledge with LHIN, FHT, other MDs and agencies (collaboration)
- Get to know each other
- Communication – avoid overlap, avoid re-doing/re-inventing
- PC = FHT, physicians, NPLC, CHC. Breakdown barriers across PC silos to facilitate/enable integration discussions. The LHIN can help facilitate this.
- Identify population health needs. Hear from clients what their top health priorities are.
- Understand patient needs through through communication with LHIN and CCAC.

Hospital Connections – priorities from across regions

- Improve information sharing between primary care, hospital and CCAC for patient transitions
- Integrate/link between CCAC, hospital, and primary care (feedback, communication re: patients)
- Improve electronic access to results online TC-LHIN hospitals, common EMR, integrated information
- Build collaboration/integration among the hospitals and FHTs working with populations with MH & addictions through shared resources, info and rapid access
- Patient-centered, safe and effective hand-off of patients from hospital to primary care
- Improve transitions of care: community ↔ hospital
- See linkages between hospitals and FHTs download interfaces. i.e. spire/HRM
- Establish a mechanism to electronically transfer hospital info to primary care/FHTs
- Improve visibility/understanding of FHT within community, including with hospitals
- Improve interactions with regional hospital
- Evaluation and reduction of CTAS 4 & 5 to ER

Improving Access - priorities from across regions

- Continue increasing access to primary care – same day/next day appointments to MDs, access to allied health, etc.
- Survey/document and begin addressing issues FHTs raise in accessing/providing care to the LHIN patients
- Develop a network of sub-LHIN primary care providers to look at access issues across the continuum of care
- Create a mechanism for 1% of population with most complex health needs to have primary care access/support
- Develop a network of care providers who serve the medically and socially complex populations of TC-LHIN – perhaps LHIN based
- Create a “complex patient” registry and identify allied providers to support the patient, a “patient passport”
- Mental health/addictions resources. Timely access in our community.
- Work with public health (KLF&A) to identify high-demand populations (e.g. Diabetic or palliative care) with whom we can develop care models for their travels through our healthcare system in a coordinated and seamless fashion
- Better specialist access with no refusals of requests.

Improving Access (cont'd)

- Home care delivery
- Build collaboration/integration among the hospitals and FHTs working with populations with MH & addictions through shared resources, info and rapid access
- Consistent care pathways for CDM (COPD, CHF, Diabetes)
- Clear roadmap for system navigation, patient navigation
- Allow integration of CCM physicians and their patients with the FHT model

Information flow and connectivity - priorities from across regions

- Improve information sharing between primary care, hospital and CCAC for patient transitions
- Regionalize EMR system
- See linkages between hospitals and FHTs download interfaces. i.e.. //spire/HRM
- Shared EMR system across LHIN that pushes data to primary care providers
- Establish a mechanism to electronically transfer hospital info to primary care/FHTs.
- Improve electronic access to results online TC-LHIN hospitals, common EMR, integrated information
- Seamless EMR info sharing. Consistent inter-agency communication throughout northern primary healthcare providers through the development of a database/repository and by the adoption of e-consults and reports

Quality Improvement - priorities from across regions

- Identity and sustain what is working
- Establish a working group to look into/develop the fundamentals of quality assurance/improvement and standardized metrics across the FHTs
- Collaborative strategic planning: data collection, analysis and feedback, ensure clinic staff running programs have networking/planning opportunities
- Provide regional data support to primary care (all models) to measure, evaluate quality performance
- Shared quality plans and patient/employee surveys – ECFAA (excellent care for all act)

FHT/LHIN Role Clarity and Awareness - priorities from across regions

- Define roles for each organization within LHIN and FHT
- What is the LHIN in primary care? Have no idea of what their role is related to our office
- Networking – learn who is doing what to tap into existing expertise and reduce duplication of programs/services
- Increase awareness of all program offerings from FHTs/LHIN. Create primary care infrastructure so we can leverage our strengths (leadership, governance)



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1. Erie - St. Clair

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Develop a communication strategy amongst primary care leads (18 votes)
- B. Define roles for each organization within LHIN and FHT (17 votes)
- C. Regionalize EMR system (18 votes)
- D. Design the process for integrating primary care into existing care service organizations e.g.. hospitals (5 votes)
- E. Consistent care pathways for CDM (COPD, CHF, Diabetes) (3 votes)

Priority 'A' and Related Goals

- Develop a communication strategy amongst primary care leads
 - Determine who needs to be on committee to start communicating (4)
 - Decide which leads should be on committee (structure). Meet to develop plan. (4)
 - Develop a catalogue of primary care services in our region and the primary contact (2)
 - Identify all the primary care organizations in the LHIN (2)
 - Establish first meeting with Hospitals and FHT by FHT cluster hosted by LHIN. Attendees – clinical, admin, to be defined. (2)
 - Determine where the hub is to be and identify a leader. (1)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Participate in a meeting with the LHIN, FHTs, CHCs in our LHIN.	Y	Mary Vergeer Central Lambton FHT
Attend next ED meeting and commit to assisting set up of first system meeting with primary care and community support and acute and long-term care by community ("community" to be defined).	Y	Gary Switzer ESC LHIN
Be available to meet w/partners in our region to facilitate discussions on strategies among primary health groups.	Y	Laura Johnson Chatham-Kent FHT
Be willing and put aside the time to meet with other primary care leads if requested.	Y	Jason Denys CK FHT
Speak with the board regarding our part in both priorities. Make decisions on how rapids can assist in action plan. Define rapids role in primary health care.	Y	Lynn Laidler Rapids FHT
Support and encourage our ED and lead physician to communicate with team and develop a plan for integration.		

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Priority 'B' and Related Goals

- Define roles for each organization within LHIN and FHT
 - Have each organization outline the programs and services they provide (concise) (6)
 - Have each organization define roles, distribute, call meeting (4)
 - Keep patient in mind (1)
 - Identify roles of HSP/FHT starting with straw man patient (i.e. COPD) (0)

*Number in blue font is an indication of support (# of check marks placed by participants)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Convene the next FHT ED meeting and invite the LHIN CAO. I will design a template for health service providers in our LHIN to develop a 15 min session describing their services that can be shared via OTN.	Y	Brian Gray Harrow FHT
Support the efforts of the FHTs in the ESCL. Offer my experience in communications.	Y	Mary-Pat Gleeson Central Lambton FHT
Work with our FHT administration in summarizing the programs/services that we currently offer. Share these with the other primary care services.	Y	Jason Denys CK FHT

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2. South West

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Provide regional data support to primary care (all models) to measure, evaluate quality performance (20 votes)
- B. Improve information sharing between primary care, hospital and CCAC for patient transitions (20 votes)
- C. See linkages between hospitals and FHTs download interfaces. i.e.. //spire/HRM (19 votes)
- D. Mental health/addictions resources. Timely access in our community. (18 votes)
- E. Better specialist access with no refusals of requests. (17 votes)

Priority 'A' and Related Goals

- Provide regional data support to primary care (all models) to measure, evaluate quality performance
 - LHIN sends standardized reports on q.i. indicators to each FHT (5)
 - In 3-6 months we will agree on 5 primary care indicators for access/quality at the LHIN level (3)
 - Create team to draft 3-5 outcome indicators in common for LHIN (2)
 - To have a person to extract data from EMRs to measure quality within 3-6 mths (2)
 - All SW LHIN practices will make their time to 3rd next appointment public. (2)
 - To set local (sub LHIN = Hub) priorities for quality targets then resource these priorities re IT. (1)
 - LHIN to assign data/support staff to all primary care providers to access as they are ready. (1)
 - Identify the organization responsible for leading this project. (0)

Priority 'A' and Related Goals – cont'd

- Provide regional data support to primary care (all models) to measure, evaluate quality performance
 - Have patient satisfaction surveys info and other relevant info compiled into a clear, concise document and distributed to all involved (0)
 - Develop an inventory of all current data support resources in the LHIN. (0)
 - All FHTs will have data support set up across the LHIN, Hospital and their EMRs. (0)
 - LHIN to implement a team to lead IT for regional data support. (0)
 - Measure indicators quarterly for primary care providers for chronic disease and immunizations. (0)
 - Ensure each FHT has ability to produce Diabetes stats from their program thru adequate EMR and personnel to collect. (0)
 - Develop education program for EMR data mining (include standardized documentation). (0)
 - Obtain LHIN funding for IT support dedicated to all primary care. (0)

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Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Support the LHIN in working on the team to help to develop.	Y	Rick Zsoldos LFHT
My expectation is that LHIN funding (4% for community) will provide a data analyst/researcher/statistician for me to access. I will work with this person to augment our population health Q1 and program work.	Y (within my team)	
Encourage the LHIN to move forward with identifying action on what organization will take lead on data extraction assistance for FHTs.		
Join Spire with the LHSC. I am willing to share my experience with other FHTs within the SW LHIN.	Y	Kimberly Lang Happy Valley FHT
Support the concept of having the LHIN develop indicators QI.	N	
Work with our FHT to identify key shared indicators of success in concert w/MOH, LHIN, HQO.	Y	Steph Ouellet Thames Valley FHT
Advocate for a data analyst at the LHIN level to help extract data to get us on the road to evaluation of programs and deficits in care.	Y	Phil Vandewalle
Be available to participate in a working group to identify 3-5 outcome indicators to be used across primary care settings.	Y	Willy Van Klooster Centre of Hope FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Actions in Support of Priority A – cont'd

In the next 3-6 months, I will	Will*	Name/Org'n
Define primary care quality indicators.	Y	Rob Annis SW LHIN PCPL
Participate in any available opportunities to dialogue on what primary care indicators we should be tracking at the LHIN level.	Y	Keri Selkirk Thames Valley FHT

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Priority 'B' and Related Goals

- Improve information sharing between primary care, hospital and CCAC for patient transitions
 - Establish a communication process for sharing patient information (5)
 - Have everyone on the same EMR program and using it the same way (training and trouble-shooting done) >6 mos? (4)
 - Assign case manager to all primary care teams/providers (1)
 - Facilitate a meeting of all local organizations (1)
 - Talk to stakeholders to identify if there are any common interfaces. (1)
 - Ability to share reports electronically. (1)
 - O/C process to primary care part of hospital accountability agreement. (0)
 - LHIN to implement a team to develop plan of action (0)
 - Determine common EMR and steps to integrate all to same system (0)
 - In 3-6 months we will get a regular report of patients in our FHT undergoing a 'transition'. (0)

Priority 'B' and Related Goals – cont'd

- Improve information sharing between primary care, hospital and CCAC for patient transitions
 - Establish survey for participants to identify ongoing gaps and overlaps at points of contact. (0)
 - Everyone works to their full potential always thinking of their patients first (FD's, specialists, NPs, IHPs etc.) (0)
 - To have SPIRE linkage between hospital and CCAC for better integration (0)
 - To agree on a sub-set of “shareable” patient EMR profiles (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Educate myself further on the needs of my FHT and the priorities for my position. To better suggest direction to my board based on the needs of all stakeholders within the FHT, and assert the most reasonable and worthy action plans for our FHTs evolution.	Y	Angela Hanlon, Board Chair North Huron FHT
Take an active role in establishing a communication process between CCAC, hospital and primary care to support strong follow-up with patients at transition points.	Y	Mary Atkinson North Perth FHT
Help champion having sector partners come together in an organized manner to ensure people receive the transition support required of the partners working as one 'unit' on behalf of patients/clients.	Y	LHIN
Continue work within the South West primary care network to improve communication with other primary care organizations / communicate this to our large FHT.	Y	Irene Cohen Thames Valley FHT
Organize a meeting w/local healthcare organizations.		
Evaluate 3 rd next appointment for all providers quarterly.	Y	
Help to develop standard set of 'fields' that organizations are able to access/share, but based on my primary care CPP profile (i.e.. Med lists, PHHx, FHx...)	Y	Sean Blaine STAR FHT

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3. Waterloo Wellington

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Allowing for a more seamless navigation of resources in the community by bringing together FHTs, CCAC and hospitals into regular planning sessions/strategy meetings. AND Honest and strategic conversation between FHTs, CHCs, LHIN and community on integration. (19 votes)
- B. Shared EMR system across LHIN that pushes data to primary care providers (17 votes)
- C. Create mechanism for 1% of population with most complex health needs to have primary care access/support (19 votes)
- D. Communication of outcomes among FHTs regarding successes, priorities and information (18 votes)
- E. What is the LHIN in primary care? Have no idea of what their role is related to our office. (18 votes)

Priority 'A' and Related Goals

- Allowing for a more seamless navigation of resources in the community by bringing together FHTs, CCAC and hospitals into regular planning sessions/strategy meetings. AND Honest and strategic conversation between FHTs, CHCs, LHIN and community on integration.
 - Establishment of working group that meets regularly that is comprised of LHIN primary care liaison, lead physicians, FHT chairs, hospital and other interested people or stakeholders to develop strategy. (8)
 - Establish primary care and LHINs liaison committee/working group to develop TOR and working plan for integration. (8)
 - 2-3 meetings with LHIN primary care lead, hospitals, CCAC, FHTs and non-FHT primary care groups (8)
 - Regular LHIN sessions – roles and clarity (8)
 - Establish a regular planning meeting schedule with LHIN and all FHTs in region at the table (8)
 - Have regular meetings among local hospitals, FHTs, CCAC, LHIN. (8)

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Priority 'A' and Related Goals – cont'd

- Allowing for a more seamless navigation of resources in the community by bringing together FHTs, CCAC and hospitals into regular planning sessions/strategy meetings. AND Honest and strategic conversation between FHTs, CHCs, LHIN and community on integration.
 - In 3-6 months there will be meetings between FHTs, CCAC, LHIN, CHC to determine steps for increasing seamless navigation of resources. (8)
 - Create a LHIN “working group” including FHTs, hospital, CHC, CCAC, etc., to come together and “brainstorm” and “problem solve” (8)
 - All groups to prepare a list of their key success factors for integration and elect a representative to report and discuss with reps from other groups. (0)
 - Establish a LHIN-wide policy of sharing patient info between primary care provider, CCAC, hospitals, labs, imaging, with a short time line. (0)
 - Establish a definition of integration to guide the process by patient population (0)
 - We have developed a shared definition of what we mean by integration within our LHIN. (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Take an active role in the formation of a strategic planning session (3-4 days) to define the primary care lead role in the integration of services and pathways for transitions of care.	Y	Lana Palmer UG FHT
Agree to participate in meetings toward this goal and champion the concept within our FHT staff. Meeting would have to be able to make concrete decisions that would commit partners to participate in meeting the goal. If just more meetings with no power to act I would stop participating.	Y	Duncan Bull EW FHT
Agree to actively participate in further meetings that will move our FHT/LHIN forward to better integrate our healthcare resources. I will actively and openly share ideas and resources so we can identify duplication and gaps in our system.	Y	Michelle Karker EW FHT
Support my FHT executive in actively pursuing the identification/steps needed to achieve this goal from a Board of Director's role/perspective of governance.	N	
Meet with my colleagues for a concentrated amount of time (3-4 day retreat) to sort out what needs to happen within our LHIN to create an integrated system of patient-centred care.	Y	Suzanne Trivers MF FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Actions in Support of Priority A – cont'd

In the next 3-6 months, I will	Will*	Name/Org'n
Invite hospital admin (CMH) LHIN level and 2 FHTs (TRF, GVF) to meet around issue of after hours coverage. Meet with those who will. Meet with Dr. Takhar re: after hours coverage.	Y	Russ Springate Two Rivers
Attend LHIN primary care meetings. Discuss service coordination.	Y	Christopher Cressey MM FHT/OMA
Initiate conversation with my FHT to engage our team in actively participating in process.	Y	Sylvia Scott Guelph FHT
Encourage my LHIN representative to initiate a working group that includes all players and allows for open and transparent communication.	Y	Kelly Buchanan Two Rivers
Support Guelph Hub planning.		Ross Kirkconnell Guelph FHT
Liaise with other FHTs, CCAC, Hospital, LHINs, to work together on common projects.	Y	Joe Lee CFM FHT
Communicate more regularly and network more with other FHTs and CCAC within our LHIN. Get to know and support other primary care networks as needed.	Y	Jenn Metzloff CFM FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



Priority 'B' and Related Goals

- Shared EMR system across LHIN that pushes data to primary care providers
 - LHIN request to accelerate transition from clinical to HRM (0)
 - We will have a method to receive all hospital data timely into our EMR (0)
 - All hospitals will “push” or send ER data to all FHTs (0)
 - Regular meetings among FHTs, hospital, LHINs on EMR (0)
 - Conduct and report on an audit of all current communication systems (their vendors, users, standards, HCT etc.) (0)

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Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Find out who to meet with from the Waterloo/Wellington LHIN and suggest the increased organization in community is necessary of different "silos" of primary care.	Y	
Participate in strategic planning process involving LHIN, FHTs, CCAC, hospitals, CHCs, etc.		
Attend regularly scheduled planning meetings with the LHIN/FHTs, CCACs, hospitals, CHCs, etc.		
Implement initial phase of EMR across LHIN that pushes data to PC providers.	Y	Bruce Lauckner WW LHIN CEO
Encourage the FHTs to meet quarterly with a LHIN representative to better understand integration.	Y	Ken Callaghan Two Rivers FHT
Prepare a summary of our current EMR communications capabilities with suggestions of how we could integrate into a broader communications (EMR) network. Make myself available for a joint discussion on an EMR sharing arrangement.	Y	Kirk Miller Guelph FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



4. Hamilton Niagara Haldimand Brant

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Create a sustainable forum for primary care providers to discuss integration problems and solutions (20 votes)
- B. Networking – learn who is doing what to tap into existing expertise and reduce duplication of programs/services (17 votes)
- C. Institute regular primary care – LHIN meetings(20 votes)
- D. Establish a structure for communication amongst stakeholders within “villages” of the LHIN (19 votes)
- E. Identify population needs. Needs assessment to hear from clients what their top health priorities are. (17 votes)

Priority 'A' and Related Goals

- Create a sustainable forum for primary care providers to discuss integration problems and solutions
 - Schedule at least 2 meetings between primary-care and the LHIN within 6 mos. (0)
 - Invitational meeting sponsored by LHIN – set date. (0)
 - A team has come together and has developed a work plan for the next year. (0)
 - Set up an e-forum i.e. “googlegroup” to discuss integration problem for ongoing discussion, then quarterly meetings. (0)
 - Quarterly meeting? (0)
 - Given the size and diversity of the LHIN the forum will need to be virtual/web-based, perhaps one LHIN-wide meeting a year to supplement. (0)
 - Database of problems (0)
 - Develop a strategy to encourage input of ideas and strategy to discuss issues (electronic? In person?) (0)

Priority 'A' and Related Goals – cont'd

- Create a sustainable forum for primary care providers to discuss integration problems and solutions
 - On-line communication group of some kind. (0)
 - Identify who stakeholders are. (0)
 - Identify representative from stakeholder groups including patients. (0)
 - Establish list of stakeholders. (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Agree to advocate for a LHIN primary care meeting talking to all local leaders. As well use AFHTO addresses to facilitate this being communicated.		John McDonald PrimaCare, AFHTO board
Be a gadfly to push for improvement of the clinical connect-EMR download to increase uptake.	Y	Ken Burgess Hamilton FHT
Work to establish a list of people willing/able to establish a dialogue in our Hamilton community around understanding a model of family care.		Jim Williams HFHF
Participate in a primary care forum.	Y	
Try to learn what programs exist to help seniors (our housebound population) that are already running well from CCAC & LHIN.	Y	Amanda Jerome Burlington FHT
Participate in meetings/emails to progress integration within LHIN.	Y	
Work on a list of primary care leaders in the region – establish email group.	Y	
Read my email sent to me from the LHIN & reflect on how I might be able to involve myself/skill set.	Y	Amie Davis Burlington FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Priority 'B' and Related Goals

- Networking – learn who is doing what to tap into existing expertise and reduce duplication of programs/services
 - Establish web page listing all service providers (0)
 - Central database (0)
 - Develop a database of services in LHIN (0)
 - A directory of key service organizations is established/created (0)
 - Plan to develop web-based integrated hyperlinked process maps for system-wide information gathering/navigation (0)
 - Set up an inventory for services in LHIN 4 online. (0)
 - Current state assessment is complete (0)
 - 50% of groups are contributing ideas to a searchable on-line database, 72% of groups are checking it monthly. (0)
 - Aim to complete a comprehensive inventory of primary care resources within 6-12 months. (0)
 - Executive committee of mixed members from all stakeholders (0)
 - Web-based, “post what you’re doing”, newsletters, etc. (0)
 - Hire data management coordinator. (0)

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Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Ensure that I reach out to all family health providers to keep them informed/engaged in LHIN activities.		Donna Cripps HNHB LHIN
Facilitate making information available to LHIN about our organization.	Y	
Work with own FHT to inventory and profile resources and services available with the purpose of informing a larger effort to identify and realize synergy across LHIN. Participate in conversations at system level to explore ways to transcend current barriers to resource and service sharing.	Y	Tracey Carr McMaster FHT
Discuss with Philip at LHIN creating the database with assistance from McMaster contacts, and create functional space from discussion with participants at Oct 17 meeting & PCN.	Y	
Meet with my FHT staff to find out what program/services they provide and supports (programming) they need. Participate in known networks/groups in my region. Contact potential partners (services/organizations) and introduce myself and my FHT.	Y	
Co-ordinate process for gathering the list of existing services.		Adam Grzesco Burlington FHT



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5. Central West

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Engage the primary care sector to better provide comprehensive services partnering with other service providers (CCAC, hospital, other community agencies) (18 votes)
- B. Establish a working group to look into/develop the fundamentals of quality assurance/improvement and standardized metrics across the FHTs. (16.5 votes)
- C. Establish a collaborative network; LHIN, Hospital, CCAC, FHT to have ongoing dialogue around service improvement. (20 votes)
- D. Establish a mechanism to electronically transfer hospital info to primary care/FHTs. (18 votes)
- E. To understand patient's needs through communication with LHIN and CCAC (17 votes)

Priority 'A' and Related Goals

- Engage the primary care sector to better provide comprehensive services partnering with other service providers (CCAC, hospital, other community agencies)
 - Establish a multi-sectorial network with TORs (0)
 - Develop a communication forum with representative stakeholders to discuss what would help them improve their ability to provide continuity of care. (0)
 - Goal – to establish means of communication and data exchange between PHC, CCAC and LHIN. Objective – to define programs of common interest. (0)
 - CCAC dedicated case managers for most groups in CW LHIN. Hospitals agree to privileging for family docs. Information only comprehensive service compendium for all primary care providers. (0)
 - CCAC case managers are tied to specific docs/practices/FHT. (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
<p>Develop an active, engaged and effective primary care council that will work toward improving comprehensive primary care services in the CW-LHIN partnering with CCAC, acute care and community providers to improve access, adoptive quality initiatives, improve communication, effective transitions and better chronic disease management. Achieve HRM, acute care affiliation and CCAC dedicated case managers.</p>		<p>Frank Martino CW LHIN PCPL</p>
<p>Setting meetings with CCAC and LHIN to discuss programs of joint interest, resources, limitations, timelines. To develop a roadmap and agree with partners. To get approval from the relevant governance bodies. To establish regular communication. To start implementation.</p>		

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Priority 'B' and Related Goals

- Establish a working group to look into/develop the fundamentals of quality assurance/improvement and standardized metrics across the FHTs
 - Establish a working group to plan the QA/QI framework for the FHTs in CW LHIN (0)
 - 3 metrics developed by committee of primary care council (LHIN, acute care, CCAC, patients) (0)
 - Identify what QI goals were NB and gather baseline data for those goals – in doing so identify barriers to this collection and collect suggestions to reduce barriers. (0)
 - Reach consensus on “big dot” quality metrics for primary care and begin measuring. (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
I will be leading the development of a QA/QI framework in collaboration with the University of Toronto (2 medical students) and I'll be more than happy to be part of the QA/QI working group to share resources and participate in the development of an evidence-based framework that works for the FHTs/Primary Care.	Y	Heba Sadek Queen Square FHT
Participate in any organized meeting to set goals for QI. Encourage physicians in my FHT to enter data in EMR appropriately in order to pull data from it. Actively engage necessary staff to pull baseline data. Serve as a reference physician for other physicians if they need help to pull data.	Y	Nadine Manson Central Brampton FHT

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6. Mississauga Halton

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Integrate/link between CCAC, hospital, and primary care (feedback, communication re: patients) (11 votes)
- B. Increase awareness of all program offerings from FHTs/LHIN. Create primary care infrastructure so we can leverage our strengths (leadership, governance) (8 votes)
- C. Don't reinvent the wheel with CDM. If a program already exists, communicate and build on it. (5 votes)
- D. Collaborative strategic planning: data collection, analysis and feedback, ensure clinic staff running programs have networking/planning opportunities (4 votes)
- E. Create a "complex patient" registry and identify allied providers to support the patient, a "patient passport" (2 votes)

Priority 'A' and Related Goals

- Integrate/link between CCAC, hospital, and primary care (feedback, communication re: patients)
 - Establish a meeting with all partners (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
	Y	
No actions provided by group		

Priority 'B' and Related Goals

- Increase awareness of all program offerings from FHTs/LHIN. Create primary care infrastructure so we can leverage our strengths (leadership, governance)
 - Create LHIN FHT group – strategic plan (0)
 - Each FHT establish stakeholders (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
	Y	
No actions provided by group		



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7. Toronto Central

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Improve electronic access to results online TC-LHIN hospitals, common EMR, integrated information (16 votes)
- B. Build collaboration/integration among the hospitals and FHTs working with populations with MH & addictions through shared resources, info and rapid access (13 votes)
- C. Continue increasing access to primary care – same day/next day appointments to MDs, access to allied health, etc. (7 votes)
- D. Develop a network of sub-LHIN primary care providers to look at access issues across the continuum of care (7 votes)
- E. Develop a network of care providers who serve the medically and socially complex populations of TC-LHIN – perhaps LHIN based (6 votes)

Priority 'A' and Related Goals

- Improve electronic access to results online TC-LHIN hospitals, common EMR, integrated information
 - Get all TC-LHIN hospitals access to PRO, and allow all TC-LHIN FHTs a data entry portal on the same PRO system (so that a patient care plan from FHT is acceptable at hospital level) (7)
 - Automatic sharing of hospital discharge summaries w/FHT (6)
 - All hospitals in the GTA (not just TC LHIN) will collect accurate data regarding the patient's PCP and will notify that provider when the patient is admitted or discharged (4)
 - We will be able to access online from all hospitals in our LHIN patient results (3)
 - Accurate information from hospital EDs will have to be submitted in a timely manner when a patient care for from the FHT is identified (3)
 - Access to FHT EMR at emerg (2)

Priority 'A' and Related Goals – cont'd

- Improve electronic access to results online TC-LHIN hospitals, common EMR, integrated information
 - Hire an IT facilitator for each sub region who can meet with primary care practices and enhance use of available IT resources (e.g. PRO, one mail, etc.) using an academic detailing-type model (2)
 - We will have a plan of action and resources allocated through TC LHIN to improve the EMR's ability to generate meaningful data. (1)
 - TC LHIN provides targeted \$ to generate meaningful integrated info (1)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Lobby EMR vendor, physician partnership and hospital to build interface from hospital → FHT EMR for discharge summaries.	Y	
Learn more about the current capabilities of PRO (patients results online) and lobby to expand PRO and also lobby for more consistent availability of PRO (i.e. it's often not working).	Y	Christina Biancucci Taddle Creek FHT
Broadly communicate, together with ontarioMD and eHO, opportunities to access patient results online (PRO) and other electronic patient information.	N	
Engage in regular FHT physician lead meetings.	Y	
Work with EMR lead to give St. Michael's Hospital ED access to FHT EMR. Work with local FHTs to start consultation on how to integrate information.	Y	Laurie Malone St. Michael's Hospital Academic FHT
Work through our TC LHIN ED network to define goal and active plan and engage.	Y	Diane Noel Village FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Priority 'B' and Related Goals

- Build collaboration/integration among the hospitals and FHTs working with populations with MH & addictions through shared resources, info and rapid access
 - Mapping of all resources available. Identify areas of duplication/gaps. Share resources. Formalize connection with both secondary/tertiary level of care within the LHIN (5)
 - All providers will be aware of resources/access available in the area for MH/addictions (5)
 - We will bring together the FHTs and other agencies within our LHIN w/an addiction/mental health focus to begin the discussion on how to collaborate/integrate (4)
 - Share out of hours clinics/drop in clinics among downtown FHTs (3)
 - Movement of patients among/between FHTs when care relationship breaks down (2)
 - Develop an integrated strategy with social services and other organizations that also serve people (1)

*Number in blue font is an indication of support (# of check marks placed by participants)

Priority 'B' and Related Goals – cont'd

- Build collaboration/integration among the hospitals and FHTs working with populations with MH & addictions through shared resources, info and rapid access
 - Bring together mental health and primary care providers working in a region together to develop a resource list and strategies and plan to share resources to care for patients with mental health and addictions. (1)
 - Establish a roster of patients in your FHT/at local ED who require intensive mental health services (1)
 - Create local networks joining FHTs and hospitals serving patients w/complex mental health (and addictions) and social issues. (These groups can strategize together to share resources, strategies etc.) (1)
 - Form network or forum to identify actions. (0)
 - Task group struck and work plan developed (outlining measurable deliverables) (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Work with neighbouring FHTs and hospital (S&M, Sherbourne, etc.) to explore opportunities of resource-sharing, and service integration. Work with TC LHIN FHT Eds group to work on priorities A & B.	Y	Robin Griller Inner City FHT
Connect with one to three local hospitals to discuss resources, access with intention to improve care to patients with mental health and/or addiction issues.	Y	West Park FHT
Work on establishing our roster of patients in need of mental health services. Work with our mental health team to establish a process map for patients with severe mental illness, incorporating community partners and our local psychiatrists.	Y	Tia Pham SET FHT
Attend meetings of medical leads of my region's FHTs as part of which I would see us building collaborations and sharing resources regarding marginalized populations (including those with mental health and addictions)> This is something we talked about together today and which I believe Daphne Williams (SJFHT) is organizing.	Y	Melissa Melnitzer ICFHT

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Actions in Support of Priority B – cont'd

In the next 3-6 months, I will	Will*	Name/Org'n
Be willing to help organize and participate in a meeting of local FHTs and CHCs to explore common issues/challenges and identify priorities.		Jamie Read Sherbourne Health Centre
Convene a sub-LHIN regional meeting of primary care providers to discuss priorities in system planning as they relate to individuals with mental health issues (for example).	Y	Stephanie MacLaren SET FHT

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8. Central

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Communication channels/network (primary care working group) within the LHIN (12 votes)
- B. Patient-centered, safe and effective hand-off of patients from hospital to primary care. (11 votes)
- C. Create a menu of services and providers and simplify access (10 votes)
- D. Communication: we are not able to communicate effectively until we have an integration communication system (6 votes)
- E. Survey/document and begin addressing issues FHTs raise in accessing/providing care to the LHIN patients (5 votes)

Priority 'A' and Related Goals

- Communication channels/network (primary care working group) within the LHIN
 - Establish a group to focus on a plan to rollout HRM, OLIS, (1)
 - Establish a working group. Each FHT and 203 organizations in each provider sector identify a leader to participate in a Network/Working group on primary care. (0)
 - Local PC leaders will have contact info for all PC providers in their sub region (0)
 - Integrated committee to network FHT, hospital, CCAC, LHIN (0)
 - Within 3-6 months we will have established a primary care working group with top goals and objectives identified re: integration (0)
 - Identification and sharing of primary care partners → establishment of a working group to further discuss priorities. (0)
 - Meeting. Bring in IT techie people. Map it out. Know all your leads. Share information with your team. Meet → create PDSA. Test out. Meet again. (0)
 - Have LHIN primary care lead survey physician leaders w/in PEM models (who will speak w/their team with regard to barriers to accessing care for their patients) (0)

*Number in blue font is an indication of support (# of check marks placed by participants)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Exploring the available services in the communities and making a resource list.		
Get information and sign up with OMD in order to start a plan to be involved in the integration of HRM, OLIS, e-prescribe. I will work with my team to start ensuring our EMR is ready for requirements of data collection. I will work to ensure our IHPs are prepared to be involved.	Y	
Contact the LHIN lead and find out what other FHTs are in the area and who the EDs are and help develop a network.	Y	Gail Czucar Humber River FHT
Assist as necessary. Not in position to set up meetings.		Phyllis Ryall NY FHT
Be available for working groups identified as part of this.	Y	

Priority 'B' and Related Goals

- Patient-centered, safe and effective hand-off of patients from hospital to primary care.
 - Within 3-6 months hospitals and primary care providers in the catchment area will have a developed infrastructure and communication channel to better manage discharges/admissions to hospital to improve (determined) health outcomes. (0)
 - Hand off. Goal: that all EMRs are talking to each other. Objective: identify barriers to communication and potential solutions. (0)
 - All hospitals will fax discharge meds, follow up to A-NFHT or to primary care provider. Discharge notes to primary care within 2-4 days after discharge. CCAC will liaise with primary care post discharge if they are involved within 24 hr. of their care. (0)
 - Discharge summary to chart x48h. Follow-up within 7 days. (0)
 - Get hospitals to agree to look at ways of improving hand-off of patients back into the community and report back in six months. (0)
 - Locate case managers in primary care. (0)

Priority 'B' and Related Goals – cont'd

- Patient-centered, safe and effective hand-off of patients from hospital to primary care.
 - Have in place designate contact(s) in FHT and in hospital ward to discuss/plan discharge and a template to develop this plan. (0)
 - Nurse coordinator to call family doctor 24 hrs before discharge about discharge planning, meds, home care, follow up timing. No patient to be discharged before this conversation occurs. (0)
 - Designed a patient centred discharge process for all hospitals to implement. > adopt “/penetrate” of processes to enable access to primary care providers (e.g. Adv. Access) (0)
 - Safe effective patient hand off. Through direct communication with primary care provider. (0)
 - Within 3-6 months a common standard discharge protocol to PC will be established at all CLHIN Hospitals. (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Be available for planning and implementation of an improved process.	Y	
Discuss this with my FHT, department and local hospital (meeting tomorrow AM about this in fact). Plan is to develop succinct, usable, sustainable discharge plan that actively involves the patient and the primary care provider.	Y	Markham FHT
Try to convince the leadership of my LHIN to develop a safer process for discharging patients from hospitals with optimum communication strategies with the primary care provider.	Y	NY FHT
Work with LHIN to identify what is being done at the "LHIN" level and what needs to be done at the front line.		Phyllis Ryall NY FHT
Work with SRHC/hospitals/LHIN lead to promote a safe, seamless discharge of a patient back to the community. Medication reconciliation will be a necessary part of the discharge. All discharge patients will be seen with 5-12 days past discharge if appropriate by their caregiver. I will support primary care lead to achieve this goal.	Y	Mary Beth Bourne Aurora-Newmarket FHT

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9. Central East

Priorities, Goals and Actions

Top 4 Candidate Priorities

- A. Find pathways for primary care voices to be heard by decision makers. (10 votes)
- B. Improved communication and knowledge with LHIN, FHT, other MDs and agencies (collaboration) (9 votes)
- C. Establish working group (FHTs, LHIN) reps to discuss concerns, issues, suggestions. (8 votes)
- D. Create a network of group of leaders in all agencies of LHIN (6 votes)

Priority 'A' and Related Goals

- Find pathways for primary care voices to be heard by decision makers.
 - Set up meetings between PC leaders LHIN leaders so PC voice/ideas can be communicated clearly (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Initiate first contact with decision makers at the CCAC/hospitals in my LHIN. Engage CEO +/- Board to indicate willingness of Primary Care to engage and help identify important voices of Primary Care. Support processes to have feedback to front line primary care.		Rob Drury LHIN PCPLL
Push to establish meaningful communication between our FHT and our local hospital (Board/Admin).		Don Harterre Peterborough Networked FHTs

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Priority 'B' and Related Goals

- Improved communication and knowledge with LHIN, FHT, other MDs and agencies (collaboration)
 - Set up working group FHT, CCAC, PHG, CAMH etc. to share ideas/common goals so can be forwarded to LHIN leaders. (1)
 - Representatives from each of LHIN, FHTs, other stakeholders will be appointed to form a working group. (1)
 - Establish a LHIN primary care team with representatives from all sectors of primary care. (1)
 - We will establish a team to inform FHT about what a LHIN does – knowledge – and create better communications (1)
 - We will have established an executive committee comprised of all community partners (LHIN, CCAC, FHT, CHC, hospital, etc.) that meets regularly to share information and plan initiatives (1)
 - Create a position to coordinate inter-agency/FHT meetings (0)
 - Develop a list of the leads of the agencies/hospitals/organizations (0)

Priority 'B' and Related Goals – cont'd

- Improved communication and knowledge with LHIN, FHT, other MDs and agencies (collaboration)
 - Seamless communication on plans for 2013-14 (0)
 - Goal: all agencies will have knowledge of one another. All will be represented at a centralized forum. Objective: create centralized list of all agencies, establish regular meetings of reps. (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Develop a comprehensive list of all agencies in our sub-region and share that with the LHIN. Participate in forums created to bring agencies together. Champion a member of our team to make a direct connection with as many agency leaders as possible. Host an event to bring those leaders/agencies together.	Y	Stephen Gray North Durham FHT
Meet with agencies in our FHT region to try and get a couple of people to assist with joining a group team to facilitate better communication with our LHIN.		
Draft up a memorandum or letter of understanding to include 'other health care agencies'. The purpose of this draft is to invite leaders of these organizations to form a working group together so that we may share common ideas, concerns, suggestions to better serve our patients.	Y	Delayne Donald Trent Hills FHT
Offer to meet with LHIN/FHT/other organizations reps for the purpose of planning primary health care reform.		Susan Taylor Scarborough Academic FHT
Be willing to participate in planning sessions for the 2013-14 year and share data at the aggregate and goal level towards this endeavour.	Y	Keith Menezes Scarborough Academic FHT
Establish a relationship with the primary care leads to assist in improving communication with our local hospital and care coordination.	Y	Howard Petroff WD FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



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10. South East

Priorities, Goals and Actions

Context

- On October 17, 2012, AFHTO convened leaders from 140 FHTs and LHINs to
 - Explore ways in which FHTs could accelerate further integration within their communities
 - Position them to start a conversation on immediate actions
- Focal Question
 - *“How do we continue to build a stronger primary care foundation and work in a more integrated manner within the LHIN to ensure coordinated and seamless care for our patients?”*
- Each LHIN region worked through a process to identify
 - **Top 2 priorities** for the 3-6 month time frame
 - as well as 3 additional priorities that surfaced
 - **Goals/objectives** for each of the top 2 priorities (3-6 month time frame)
 - **Actions** noted by participants in support of the top 2 priorities

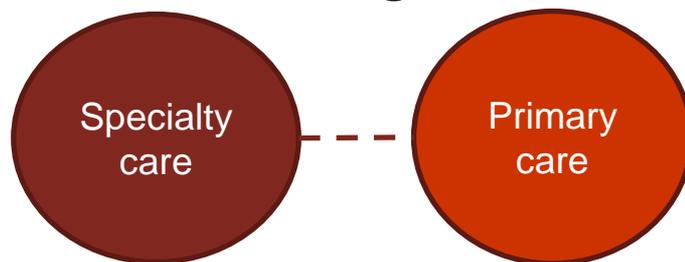
#1 Priority - Collaboration

- SE FHT Leader's Group is a collective of 14 FHTs looking after ~200,000 patients. We meet quarterly and are working on:
 - Evaluation and reduction of CTAs 4 & 5 to ER
 - FHT after hours clinics increase, ER 4/5 decrease
 - Optimizing of CCAC aligned with FHTs
 - Shared quality plans and patient/employee surveys – ECFAA (excellent care for all act)
 - Each FHT will have overlapping quality plans
- Our next project
 - To work with public health (KLF&A) to identify high-demand populations (e.g. Diabetic or palliative care) with whom we can develop care models for their travels through our healthcare system in a coordinated and seamless fashion.

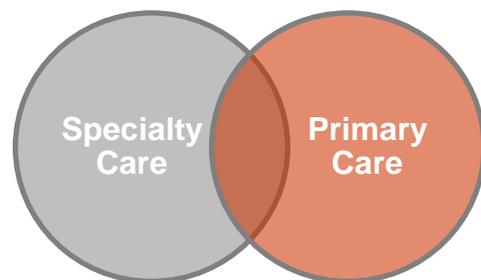
Changing Model

- This model needs to change

- From:



- To:



- It is our intent to eventually extend this model to all patients in SE area.
- A goal is to fortify the transition points between primary and specialty care moving from unconnected entities to seamless care without gaps.



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11. Champlain

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Get to know each other (17 votes)
- B. Improve transitions of care, community \leftrightarrow hospital (17 votes)
- C. Home care delivery (15 votes)
- D. LHIN presence at ED forum – at every meeting (15 votes)
- E. Identity and sustain what is working (15 votes)

Priority 'A' and Related Goals

- Get to know each other
 - Inventory primary care providers (types, location, head count, patient enrollment) (5)
 - ED meetings held monthly with LHIN and invitations to guests from other agencies (e.g. CCAC). (3)
 - Regular LHIN/FHT-ED planning meetings (3)
 - The LHIN CEO and all primary care leaders in Champlain will meet within 6 months to establish a 5yr plan to optimize coordinated service delivery by the partners. (3)
 - LHIN will develop a comprehensive directory of providers and services w/PC in Champlain and make it available to all. (3)
 - To develop a system of disseminating information about primary care in region (2)
 - All primary care providers will be knowledgeable of each other's roles (2)
 - Establish a regular system of communication between primary care leads in FHTs, LHIN representatives and other relevant agencies (e.g.. CCAC). (1)

Priority 'A' and Related Goals – cont'd

- Get to know each other
 - Develop list of best practices and share across FHTs (1)
 - All FHO, FHN leads, all EDs have posted once on LHIN SharePoint on at least 1 topic (0)
 - Set up meeting/dinner with lead physician, ED or equivalent and one other (NP, etc.) within next 3 months to share thoughts and ideas. (0)
 - All FHTs within LHIN will have spoken to each other and educated on current programs (resources) (0)
 - Create a secure e-communication tool for clinicians. SharePoint. (0)
 - The creation of a coordinated listserv of all PC Director Leads and clinic profiles (providers #, program/services, EMR) and quarterly meeting dates established (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Attend an ED forum w/LHIN representation (and other community organizations)	Y	
Make every effort to attend any planning/getting-to-know people meetings in my LHIN. I will also try to gather necessary information for any primary care inventories needed.	Y	Jennifer Kennedy North Renfrew FHT
Participate in LHIN planning meeting.	Y	Dave Sellers West Carleton FHT
Pay close attention to and follow up on opportunities that could enhance relationships between LHIN and our FHT. (e.g.: get involved in initiatives, invite them to visit, get a better understanding of LHIN mandate)	Y	
Attend a networking meeting/collaboration session with other FHT leaders and LHIN representatives and primary care stakeholders in our region to establish a communication strategy moving forward.		
Increase communication with my peers to find better solutions to common FHT "problems".		

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Actions in Support of Priority A – cont'd

In the next 3-6 months, I will	Will*	Name/Org'n
<p>Work with others (FHT EDs, LHIN) to organize a meeting/forum in primary care for leaders of various org's in my region to begin the process of creating those linkages. I will also contribute to the development of a regional inventory/directory of providers and services.</p>	Y	Chris Fisher UOHS FHT
<p>Request from my lead physician and manager of operations to set up a meeting with lead physicians and ED of our neighbouring FHTs to discuss working together.</p>	Y	R. Stecher WC FHT
<p>Identify other FHTs and health care organizations in my area. Find out more about the programs and services they offer. Identify opportunities for collaboration.</p>	Y	Denise Belanger UOHS FHT
<p>Meet with EDs and Physician leads of FHTs in Champlain. Support the development of an inventory/map of primary care services in Champlain. Explore the feasibility of leveraging Champlain's electronic collaboration space (SharePoint) to share information/establish connections.)</p>	Y	Chantale LeClerc Champlain LHIN
<p>Agree to meet with other LHIN, FHT and health delivery agency leaders to discuss primary care priorities</p>	Y	Mark Fraser West Carleton FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"

Actions in Support of Priority A – cont'd

In the next 3-6 months, I will	Will*	Name/Org'n
Set up a meeting of all FHT EDs in Champlain LHIN with LHIN members to share goals and approaches for working together to help strengthen primary care system.	Y	Jeffrey Weatherill West Champlain FHT
Set up a SharePoint forum for primary care providers to exchange ideas. This will be done with support from the Champlain LHIN existing SharePoint.		Jacques Lemelin Champlain LHIN PCPL

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



Priority 'B' and Related Goals

- Improve transitions of care, community \leftrightarrow hospital
 - Timely discharge summaries enforced regionally (5)
 - Inventory current EMR partnerships between primary care and hospitals (4)
 - All health care players in Champlain LHIN will work together to agree on a standard nomenclature for medical/social diagnosis and procedures and a standard date for communication (3)
 - All hospitals will hire a Community Liaison officer to contact and work w/catchment area providers to develop a transitions strategy paper for implementation (incl. evaluation). (2)
 - X% of primary care providers will have access to hospital discharge summaries within 48 hours of discharge. (1)
 - To have a system of interaction of Hospital based providers with primary care providers in community which is patient-centered. (1)
 - Establish a primary care liaison between hospitals and FHTs to communicate data/plan for admission/discharge. (1)

Priority 'B' and Related Goals – cont'd

- Improve transitions of care, community \leftrightarrow hospital
 - Have an agreement between community practices affiliated with the Ottawa Hospital and TOH on similarities to improve transitions of care. Same goal for rural sub-region i.e. Renfrew (0)
 - 60% of physicians in our LHIN are aware of e-referral, 40% have used it. (0)
 - Include FHT in a) care plan flowchart and b) discharge plan, at the hospital. Goal – FHT patients with defined diagnoses (e.g. COPD/CHF) seen by FHT within 7 days of discharge. (0)
 - Discharge report received within 24 hours (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Provide information about the FHT's process of patient care (primary) to the specialist we refer.	Y	Indu Gambhir TI FHT (Inuit FHT)
Continue to support 2 emerging primary care 'networks' (Ottawa and Renfrew county). Continue to support development of clinical document repository.	Y	Chantale LeClerc Champlain LHIN
Organize PC providers and Hospital meetings in one urban and one rural PC practice cluster to agree on 3 initiatives to improve transfer from community to Hospital and back to the community.	Y	Jacques Lemelin Champlain LHIN PCPL
Offer to work with the LHIN to identify opportunities to improve discharge summary clarity and timeliness	Y	Deborah McGregor Bruyere
Ensure that hospital agenda includes involving FHT in discharge planning.		



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12. North Simcoe Muskoka

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. PC = FHT, physicians, NPLC, CHC. Breakdown barriers across PC silos to facilitate/enable integration discussions → the LHIN can help facilitate this (8 votes)
- B. Engage physicians in the process of improving primary health care (10 votes)
- C. Open up discussions to allow all patients into FHT group – sponsored activities, not just rostered patients. Community care. (6 votes)
- D. Increase collaboration by improving communication across sectors. Focus on top 1-5% (complex patients) (6 votes)
- E. Improve visibility/understanding of FHT within community, including with hospitals (0 votes)

Priority 'A' and Related Goals

- PC = FHT, physicians, NPLC, CHC. Breakdown barriers across PC silos to facilitate/enable integration discussions → the LHIN can help facilitate this
 - We will have formed a cross-provider PC team and identify at least one integration initiative for our region. (3)
 - Establish PC work group/network/advisory council to identify system level PC regional priorities – including performance metrics and outcome measure – with 1,2 and 3 yr plan to achieve improvement and success. (3)
 - Have LHIN facilitated working groups across primary care (2)
 - We will establish a FHT liaison that works with the hospital, CCAC and NPLCs (2)
 - LHIN “IT road show” re: practical use of IT (e.g. Accessing practical websites that would be helpful to patients/providers) (1)
 - Establish a working group of reps from hospital, CCAC – and FPs/NPs to address improvements in transitions in care – hospital → home – and reduce readmissions (0)

Priority 'A' and Related Goals – cont'd

- PC = FHT, physicians, NPLC, CHC. Breakdown barriers across PC silos to facilitate/enable integration discussions → the LHIN can help facilitate this
 - All primary care providers/entities within a sub-LHIN geographic area will meet to discuss integration opportunities (0)
 - Select a primary care program. Facilitate LHIN-wide discussion to break down barriers. (0)
 - LHIN provides a mechanism of seamless, simple access to local services needed by patients. (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Facilitate a meeting with primary care providers/entities (including physicians) including, FHTs, FHO, CHCs, NPLC, sole practitioners within each sub-LHIN geographic areas to discuss opportunities for collaboration/integration.	Y	Jill Tettmann NSM LHIN
Identify the PC provider leads in Muskoka; contact them and open a dialogue on the subject of integration/working together to identify opportunities to provide more integrated care in our community.	Y	Shelly Van den Heuvel AFHT
Meet with our Doctors and suggest we discuss PC. Involve all who are champions of this.		
Attempt to catalogue services available for patients that are easily accessible. Also attempt to engage hospital to provide discharge planning...		

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



Priority 'B' and Related Goals

- Engage physicians in the process of improving primary health care
 - Survey front-line physicians re: their priorities for primary care. E.g. What would make your job easier/improve care for your patients? Etc. (3)
 - Survey all docs in the area as to their priorities (3)
 - Physicians will recognize their role and responsibility in improving primary care; physicians will agree to participate in a Q1 project. (3)
 - Educate MDs what is meant by improving primary health care. What needs improvement? Where do they fit in? (3)
 - Engage physician buy-in with primary care program (0)
 - Assist MD champion to help MDs understand the philosophy of primary care. (0)
 - Build key communication messages for all physicians to begin engagement on primary care discussion (0)
 - In the next 3-6 months have all docs get together and talk openly about our community and what's important to our patients and what is required to get the job done. Could mean sharing staff programs or call duty. (0)

*Number in blue font is an indication of support (# of check marks placed by participants)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Arrange an electronic survey of primary care MDs/NPs. Around priorities/issues in primary care.	Y	Harry O'Halloran PC LHIN lead
Survey the FP on their individual priorities in process improvement	Y	
Support whatever program/initiative is selected. (Meet with local LHIN agencies to provide better, seamless access to care and promote the improved program to family physicians).	Y	Michael Feraday Barrie FHT



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13. North East

Priorities, Goals and Actions

Top 4 Candidate Priorities

- A. Clear roadmap for system navigation, patient navigation (14 votes)
- B. Seamless EMR info sharing. Consistent interagency communication throughout northern primary healthcare providers through the development of a database/repository and by the adoption of e-consults and reports. (23 votes)
- C. Dealing with our ALC patients (6 votes)
- D. “Local” strategic planning (not regional) (3 votes)

Priority 'A' and Related Goals

- Clear roadmap for system navigation, patient navigation
 - Determine who are the existing “formal” system navigators across the N.E. LHIN and meet as a group with them (3)
 - Identify all agencies within the LHIN – what they do, who their clients are, so we can see what is available. Look for duplication of services, identify the gaps. (3)
 - Contact LHIN/CCAC and talk about links and assigning resources differently where it makes sense. Identify ways to insert ourselves into processes (1)
 - To move the patient navigator model into FHT cluster (1)
 - Meet with local CCACF staff to have FHTs and CCAC service providers develop patient navigation process map (1)
 - All healthcare agencies will be linked with a patient navigator within 3 to 6 months. (0)
 - Establish system navigator/case manager on-site at FHT (0)
 - Committee to deal with patient navigation with all relevant agencies (0)

Priority 'A' and Related Goals – cont'd

- Clear roadmap for system navigation, patient navigation
 - All FHTs have access to a (shared) system navigator (0)
 - Assign a patient care coordinator who will: liaise with the primary care provider and other agencies, and develop a resource guide for system negotiation (0)
 - Conceptual design of a Healthcare Positioning System (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Educate myself with agencies that fall within my LHIN and what they are responsible for.	Y	Silvana Dereski WAWA FHT
Work more closely with the decision makers @ CCAC, because at a local level, we are collaborating well to the extent of our local Case Manager capacity. We need to start asking for better communication from decision makers, wherever they are (CCAC is a big team), I'm not sure who to contact but I will make sure I invest time and energy to figure it out.	Y	Tammy Coulombe NORD-ASKI (Hearst)
Meet with CCAC staff to determine what are the gaps in their system we can help fill – from PC perspective. What are their goals? Where are the road blocks? How can primary care IHPs complement patient process?	Y	Laurie Hutcheson Burk's Falls FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



Priority 'B' and Related Goals

- Seamless EMR info sharing. Consistent interagency communication throughout northern primary healthcare providers through the development of a database/repository and by the adoption of e-consults and reports
 - Roll out of NEON POI that includes Health Records, labs, diagnostic imaging, consults. (5)
 - Invite LHIN to ED network and work together on strategy. Decision makers available to commit to plan. (1)
 - Identify rep's for community agencies and facilitate a brainstorming session to look at how we can better serve patients as a whole. (1)
 - Nominate a liaison person from the LHIN communicating monthly with local FHT specific liaison person on multiple topics. (0)
 - Discuss with other FHTs the development of a central repository for our region that each FHT will contribute to (i.e. money to develop) similar to POI (0)
 - That decision makers within MOH, LHIN and FHTs meet to discuss gaps in EMRs for clinical care and decision support within 3 to 6 months (0)

*Number in blue font is an indication of support (# of check marks placed by participants)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Personally communicate with the LHIN "primary care" lead monthly.	Y	Guy Lupien Iroq. Falls FHT
Complete the pilot NEON-POI project for roll out with practice solutions.	Y	Lori Oswald Manitoulin Central FHT
Engage in the process of roll-out for lab results, radiology and consultation reports from NEON to our FHT and EMR.	Y	Nicholas Jeeves Manitoulin Central FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"



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14. North West

Priorities, Goals and Actions

Top 5 Candidate Priorities

- A. Communication – avoid overlap, avoid re-doing/re-inventing (12 votes)
- B. Allow integration of CCM physicians and their patients with the FHT model (9 votes)
- C. Interdisciplinary panel to discuss integration within region (8 votes)
- D. Relationship building with other health care providers (8 votes)
- E. Improve interactions with regional hospital (8 votes)

Priority 'A' and Related Goals

- Communication – avoid overlap, avoid re-doing/re-inventing
 - A communication plan will be in place within 6 months – methodology, process, tools, etc. (8)
 - We will have established a network for FHT lead physicians to interact. (2)
 - Establish a web-based portal to post info (SharePoint, drop box, etc.) (2)
 - Review of program/clinic offerings to determine if provided elsewhere. (discontinue and/or pool resources) (1)
 - We will establish a communication action plan within our LHIN (1)
 - LHIN-E-health will have explored options for E-communication between primary care partners (0)
 - Meetings held bi-weekly to define roles – and how to set up communication between all parties (0)
 - Establish standardized discharge protocol from all hospitals. Establish direct communication of CCAC to primary care providers on all patients (0)

Priority 'A' and Related Goals – cont'd

- Communication – avoid overlap, avoid re-doing/re-inventing
 - In 3-6 months we will quantify who is doing what in LHIN 14 (0)
 - We have implemented a communication network that reaches all stakeholders. (0)
 - A communication plan will be developed through a committee made up of representatives from the region/health sectors. (0)

Actions in Support of Priority A

In the next 3-6 months, I will	Will*	Name/Org'n
Pull together a committee of hospital, CCAC, home support people to discuss our roles and services we provide.	Y	
Pursue a relationship with other lead physicians within my LHIN	Y	
Continue to meet with primary care providers and other health care providers (CCAC, hospitals) to identify barriers to communication and to improve the communication between all.	Y	
Share information on: health priorities for the Northwest, the Health Services Blueprint – a 10yr integration plan for the northwest, a plan made in the northwest by the northwest people, health initiatives and integration activities underway (to avoid duplication). Set up a community engagement event with primary care (FHT etc).	Y	Laura Kokocinski Northwest LHIN
Work with other primary care providers and partners on a LHIN-wide communication plan.	Y	Randy Belair Sunset Country FHT

Priority 'B' and Related Goals

- Allow integration of CCM physicians and their patients with the FHT model
 - A plan to achieve integration of CCM physicians and the FHT is in place – needs assessment, policy barriers, process issues, outcome w/timelines defined (6)
 - LHIN will have explored barriers to bringing CCM physicians into FHTs (3)
 - To integrate all solo practice physicians with existing FHTs (2)
 - Educate community physicians as to the available resources within FHTs. (0)
 - Review capacity of IHPs to determine if services can be offered to sole practitioners (0)

Actions in Support of Priority B

In the next 3-6 months, I will	Will*	Name/Org'n
Review capacity of AHP to see if anything can be offered to other clinics. Explore communication options for sharing resources with other clinics.	Y	
Develop an action plan to ensure communication with FHT staff, patients and community members to define roles and programs in our community.		
Be part of a steering committee to develop our top 2 priorities. Help develop on action plan to address our priorities and develop objectives. Develop a communication strategy both locally and LHIN-wide.	Y	Marlis Bruyere Fort Frances FHT
Become familiar with HQIC-Network to see if it has the ability to integrate primary care in our community.	Y	Robert Algie Fort Frances FHT

*Indicates person's answer to: "I am willing to play an active role in pursuit of this priority"