# AFHTO Leadership Report:

***The Way Forward: Care Coordination Being Led by Primary Care***

Summary Highlights from the Leadership Session on October 25th, 2017

## Contents

## Overview:

The Leadership Session provided an opportunity for LHIN and AFHTO member leaders to meet in-person and actively engage in meaningful dialogue on Care Coordination with other leaders from their LHIN region. Dr. Rob Annis, President of AFHTO, and Nancy Naylor, Associate Deputy Minister for the Ministry of Health and Long-Term Care, initiated the Session with contextual comments. The two-hour session was designed to meet the following objectives:

- To create a shared understanding of the current state of care coordination;
- To initiate discussions about care coordination needs and how they can be addressed;
- To learn how LHINs are engaging with primary care and identify how AFHTO member organizations can be of help;
- To understand how LHINs plan to address the care coordination priority within the Minister's LHIN Mandate letter; and
- To articulate the commitment and next steps in advancing the future of care coordination in primary care.

## Participants:

Close to 200 leaders attended the session which was made up of the AFHTO leadership members – Executive Directors, Lead Physicians or Lead Nurse Practitioners, Board Chairs and Board Members of member FHTs and NPLCs. All 14 LHIN CEOs and Vice-Presidents of Home and Community Care, Clinical and Integration were also invited to attend or to send other staff from their LHIN.

## Purpose & Content:

This summary document complements the Information Sharing & Discussion Guide that participants received in advance of the session. It presents polling results that depict the current 'pulse' on select questions of interest and identifies improvement opportunities moving forward. It also highlights common themes across regional conversations. Region-specific summaries and region-specific polling results were distributed to AFHTO leaders for vetting and sharing with select highlights included in this document.

The summary document is not intended to be a comprehensive compilation of all the ideas and comments voiced at the Leadership Session. Rather, it is designed to serve as a provincial resource for LHIN and AFHTO leaders alike to continue to advance local and provincial conversations about care coordination in primary care. Local discussions should be supplemented with additional information gleaned from their region-specific summary document and polling results

The summary document is divided into five sections:

## Polling Highlights:

Over 190 participants participated in real-time polling during the session- nine questions were asked prior to the regional table conversations and an additional eight were asked at the end of the session. Details are included in an attachment with provincial aggregate highlights noted below – regional results (i.e. per LHIN) were shared directly with regional AFHTO leaders.

*In addition to noting that the Leadership Session generated enthusiasm and was relevant, timely and successful, the polling results also indicated:*

- *Primary care and LHIN relationships can be improved as can primary care engagement & communications;*
- *The patient voice needs to be more prevalent in care coordination discussions;*
- *Care coordination is a priority and AFHTO member organizations are ready to 'embed' care coordinators / system navigators but there are significant opportunities to improve both the care coordination function and the gap between what exists and what is needed in primary care; and*
- *While a mutual commitment to action was not predicted and the 'yardstick' on care coordination did not really move, the regional discussions resulted in meaningful commitments and/or concrete action steps moving forward.*

## Key Findings:

- ***Relationship:*** 66% of participants rated the current relationship between the FHT / NPLC and the LHIN a score of **5 or higher** on a 10-point scale – just over 10% of these respondents rated the relationship as 9-10.
- ***Engagement:*** 64% of participants reported a rating of **5 or lower** on a 10-point scale when asked the extent to which primary care in their region was engaged in system planning that affects them – 40% rated regional engagement as 1-3
- ***Communication:*** 76% of participants reported a rating of **5 or lower** on a 10-point scale when asked the rate the communication about changes involving primary care organizations in their region - 50% rated regional communication as 1-3.
- ***Speed of Change:*** 72% of participants reported a rating of **5 or higher** on a 10-point scale when asked about how quickly AFHTO member organizations can adapt to change – less than 10% rated ability to quickly change as 9-10.
- ***Care Coordination as a Priority:*** 81% of participants reported a rating of **5 or higher** on a 10-point scale when asked to rate care coordination in primary care as a priority within their organization / region – over 45% rated it as 8-10.

- ***Improvement in Care Coordination Function:*** 95% of participants reported a rating of **5 or higher** on a 10-point scale when asked the extent to which the care coordination function needs to be improved in primary care in their organization or region - over 65% rated it as 9-10.

- ***Care Coordination Gap:*** 95% of participants reported a rating of **5 or higher** on a 10-point scale when asked about the size of the gap between the care coordination support needed in their organization or region and what is currently in place – 47% rated the gap as 9-10.

- ***Embedding Care Coordinators / System Navigators:*** 88% of participants reported a rating of **5 or higher** on a 10-point scale when asked about the extent to which they are ready to 'embed' care coordinators / system navigators in their primary care practice setting as outlined in the LHIN Mandate Letter – almost 55% rated readiness as 9-10.

- ***Mutual Commitment to Action:*** 95% of participants reported a rating of **5 or lower** on a 10-point scale when asked about the likelihood of today's discussion about care coordination leading to a mutual commitment to concrete action - 36% rated the likelihood as 1-3.

- ***Relevance of Discussion:*** 96% of participants rated the relevance of the care coordination to their organization as **5 or higher** on a 10-point scale – 60% rated the relevance as 9-10.

- ***Patient Voice:*** 54% of participants reported a rating of **5 or lower** on a 10-point scale when asked the extent to which the patient voice was reflected in the presentations or discussions – 29% rated it as 1-3

- ***Enthusiasm:*** 89% of participants reported a rating of **5 or higher** on a 10-point scale when asked to indicate how enthusiastic they were about the information / ideas they heard during the session – almost 50% rated enthusiasm as 8-10.

- ***Future Conversations:*** 96% of participants said 'yes' that their organization is ready and willing to engage in future conversations about care coordination.

- ***Timing of Today's Session:*** 92% of participants said 'yes' that the time was right to have a session like this one

- ***Moving the Yardstick:*** 62% of participants reported a rating of **5 or lower** on a 10-point scale when asked the extent to which they believed that the discussion moved the 'yardstick' on care coordination in their region – 35% rated it as 1-3.

- ***Meaningful Commitment / Action:*** 67% of participants reported a rating of **5 or higher** on a 10-point scale when asked about the extent to which their discussion resulted in a meaningful commitment / concrete action step moving forward – 28% rated it as 8-10.

- ***Success of Leadership Session:*** 85% of participants reported a rating of **5 or higher** on a 10-point scale when asked about the success of the leadership session – 38% rated success as 8-10.

## Discussion Highlights:

The small group discussions were the focus of the leadership session – intended to advance regional conversations about care coordination in two key areas aligned with AFHTO's new strategic directions.

Participants were assigned to one of 14 LHIN groupings along with AFHTO and LHIN leaders from that region; in some regions there was more than one discussion group. Each group was assigned a facilitator/recorder whose role was to capture the essence of the dialogue. While similar instructions and discussion questions were given to all regional groups – each region determined the questions most relevant to them and proceeded accordingly. For this reason, there was significant variation in the breadth and depth of conversations that occurred. This section highlights common themes arising from the 14 regional conversations.

***Discussion #1*** *focused on being a leader in primary health care transformation by … informing, understanding and supporting LHIN engagement with primary care – particularly in advancing the minister's direction regarding care coordination*

***Discussion #2*** *focused on being Advocate for the tools, resources, and conditions to support an effective primary health care system by … articulating care coordination needs and enablers*

**Engagement / Communication:**

- Disappointed that not all LHINs sent representatives to the session; appreciative of the LHIN CEOs and VPs who attended
- Need to have a clear understanding of LHIN mandate, what they envision and are planning as well as what is expected of primary care providers
- LHINs need a better understanding of FHTs / NPLCs – mandate, governance, models, evolution, compensation, etc.
- Effective engagement strategies are multi-pronged:
    - involve patients/caregivers;
    - bring together primary care, hospitals and home & community care providers and governors;
    - involve EDs;
    - advance shared planning & accountability;
    - facilitate sub-region dialogue;
    - include site visits;
    - establish clear expectations;
    - involve active listening & follow-up;
    - ensure attendance at local committees;
    - utilize data;
    - etc.

**Care Coordination**

- Need clear descriptions for what is meant by 'embed', 'complexity', 'care coordination' and 'system navigation'
- Want clarity about primary care's role in care coordination (vis a vis home and community care, hospitals, etc.)
- Want consistency in care coordinator role in primary care and consistency in criteria as to who is 'eligible' for care coordination
- Need to better understand the current and future state – what exists now & what is needed in the future both within the region and sub-regions
- Need to go beyond coordinating publicly funded health services to include services that address social determinants of health
- Identify leading practices from other jurisdictions; patient medical home model; QIDDS model and other successful models in ON; cancer system care coordination model; and, mental health case management model
- Ideas for consideration:
    - Joint LHIN-FHT care coordinator
    - Care coordinators employed by FHT / NPLC
    - Regional care coordinators for select populations
    - Care coordinators assigned to follow patients regardless of care setting – a single point of contact for patient
    - Seconding LHIN care coordinators to FHT – prorated based on patient complexity and volume
    - Care coordinators assigned to physicians / teams
    - Partnerships with Community Health Centres and Community Mental Health Agencies
    - Care coordinators that are not required to be regulated health professionals

**Key Enablers**

- Primary care needs to be a leader in driving the change with active involvement of care teams and physicians
- Patient / caregiver stories of success
- Technology (EMR) is a critical requirement for information sharing and coordinating care across continuum & agencies
- Understanding that care coordination is about relationships – this takes proximity, frequent contact, and time
- A flexible approach – one size does not fit all
- Matching resources to patient / population needs – require solid understanding of what different populations require
- Acknowledging and addressing change management and organizational culture differences
- Peer support system for care coordinators and additional knowledge / skills about primary care for H&CC coordinators
- Pilot test care coordination models using QI – PDSA approach & share experiences
- Knowledge transfer across LHINs

**Key Challenges**

- Existing care coordination is sector / silo based
- Solo versus group medical practices in primary care
- Inability to share patient information across technology platforms
- Capacity of primary care providers to undertake activities within existing funding
- Realistic timeframes for planning & implementation
- Unionized workforce and collective agreement constraints
- Rostered patients that cross LHIN boundaries
- Space requirements and costs to co-locate care coordinators with existing teams
- Building or re-building trusting relationships
- H&CC contracted service provider organizations – existing models and practices

**Other Comments**

- Uncertainty about who is providing direction – Ministry or LHIN
- Relationship between OMA and Ministry and comments from OMA about engaging with LHINs is challenging
- Concern that expectations of care coordinators will be too much

## AFHTO Support Requests:

Participants were asked to identify what they needed from AFHTO in the future to continue to advance the dialogue. A range of requests for support were noted and grouped into four categories.

**A. Advocacy / Engagement**

- Carry our message to the Ministry and LHINs on behalf of AFHTO member organizations:
  - Reach out to LHINs that did not attend the session
  - Encourage LHINs to communicate directly with FHTs/NPLCs in their region
  - Pull AFHTO into more conversations & ensure AFHTO representatives portray the collective voice of FHTs/NPLCs on work groups/committees; provide updates to membership
  - Involve versus invite LHINs to future sessions – engage local FHTs/NPLCs to assist where needed

- Continue to advocate for:
  - Primary care and care-coordination
  - More resources and funding of care coordination as part of FHT/NPLC operations & staffing
  - Dedicated and embedded care coordinators with whom we have trusting relationships
  - Sharing patient information across the system (one EMR with one custodian)
  - Clarity regarding leadership, accountability, roles and responsibilities
  - Aligning with HQO where appropriate

**B. Member Support**

- Provide opportunities and resources to continue building patient care successes
- Support leadership to help shape policy developments
- Determine need to increase dialogue / organize AFHTO members in sub-regions
- Encourage and facilitate LHIN access to primary care providers to better understand FHTs/NPLCs
- Broker conversations with Ministry, LHINs and across regions

**C. Education / Information / Communication**

- Compile information about FHT / NPLCs – mandate, organization, roles, models, capabilities, etc.
  - Educate non-FHT physicians, LHINs, Care Coordinators, Other Sectors and Agencies
- Serve as a vehicle / hub for knowledge exchange and information sharing across organizations & regions:
  - Compile and share models that are currently working, especially those outside large organizations
  - Bring our patient stories to the forefront and accessible to LHINs
  - Create a forum to share best practices & identify determinants of success

**D. Future Leadership Sessions**

- Clarify terms used in polling questions
- Distribute materials in advance
- Ensure appropriate representatives are in attendance
- Use the time for other important topics such as MOU and data sharing agreements
- Continue using small group/regional discussions

# Attachment - LHIN Highlights:

The regional conversations were specific to LHIN and the participants at the table. This attachment highlights select findings from each LHIN based on what is 'needed' as well as the agreed-upon commitments moving forward.

| LHIN | Select Highlights re Needs | Commitment(s) |
|---|---|---|
| **# 1 ESC** | Need to understand LHIN agenda & plans, case management capacity and roles, and available resources<br><br>Need to link acute care, primary care and home & community care | • Weekly summary of high level issues<br>• All parties in each sub-region to meet and determine needs and how to roll it out<br>• Clarify and set expectations<br>• Invite the LHIN to the next AFHTO ED meeting to discuss care coordination<br>• Request position paper from AFHTO summarizing what FHTs need |
| **# 2 SW** | Need LHIN investment to develop leadership capacity and enable ED involvement, provide education for younger MDs, etc.<br><br>Need LHIN leaders to better understand FHTs & NPLCs – mandate, models, compensation, etc.<br><br>Need clarity regarding roles, relationships and accountabilities<br><br>Need care coordination that is seamless and evidence-based, enabled by technology, and built on trusting relationships<br><br>Need primary care to be a leader in driving the change – more engagement & communications | • Have LHIN representatives from every LHIN at the next AFHTO conference<br>• Invite LHIN to sub-region meeting with primary care<br>• Primary care boards at sub-region to invite LHIN to a call with a well-defined agenda<br>• Start the conversation to have care coordinators employed by primary care<br>• Looking at complex-need patients at the local level and examine how we manage their care coordination<br>• Focus on patients within each FHT and how they are supported within the team<br>• Utilization of FHT professionals that are focused on the patients, not the physicians (i.e. a partnership between MDs and the FHT)<br>• Concrete and consistent data collection<br>• Presenting to the LHIN the November 21 D2D reports – emphasizing that this is the beginning of the conversation we want with the LHIN |
| **# 3 WW** | Need better definitions for care coordination and system navigation and clarity re the term 'embed'<br><br>Need to understand current and future state of care coordination including roles & responsibilities and the gap that needs to be addressed<br><br>Need to be actively engaged in the process and involved in planning care coordination for the region<br><br>Need to leverage successes from other models and strategies | • Create better definitions about care coordination/system navigation that all partners can agree upon and understand - including patients and caregivers<br>• Understand the various care coordination roles that are currently in place and mapping gaps to see what each sub region needs and more importantly care community (i.e.: FHT needs to ensure this need is met)<br>• Engage with and invite VP's for each sub region to the sub LHIN collaboration meetings<br>• Establish a sub-region FHT committee to initiate care coordination discussions (e.g. Kitchener) |

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| **# 3 WW Cont'd** | See previous page for identified needs | **Other Commitments**<br>• Where Care Coordinators <u>are</u> embedded, set touch points to check in to see how the model is working and work together to change the challenges identified<br>• Where Care Coordinators are <u>not</u> embedded, reach out to the LHIN to begin the process (e.g. Cambridge)<br>• Recognize the importance of physician engagement in moving towards embedding care coordinators<br><br>**Improving Care Coordination**<br>• Better understanding of the home & community care coordinator role in care coordination/system navigation<br>• More regularly scheduled one-to-one patient status meetings / communication with primary care MDs<br>• Align care coordination with FHT teams and their patients (neighborhood model does not work)<br>• More personal connection with patients / caregivers to be part of the care team – contact person for them to call to get appropriate information |
| **# 4 HNHB** | Need to differentiate FHTs / NPLCs from primary care<br><br>Need clarity regarding the 'ask' from Ministry and LHINs<br><br>Need regular, clear, consistent communication and meaningful engagement<br><br>Need to learn from other regions and sectors about effective care coordination models and strategies<br><br>Need care coordination that wraps around patients, offers them a single point of contact and follows them – not siloed care coordination | **FHT Commitments**<br>• Schedule a meeting with LHIN leadership (suggest attendance at LHIN 4 monthly leadership meeting)<br>• Identify our sub-region LHIN leadership<br>• Determine if HNHB LHIN has an 'anchor' table<br>• Identify and understand the current services and the 'right' language to use (e.g. LHIN vs CCAC and case manager vs care coordinator)<br>• Identify mechanism of communication from care coordinators (not able to document in chart at this time creating substantial inefficiencies in communications)<br><br>**Mutual Commitments**<br>• All parties engaged<br>• Breakdown barriers in communication (EMRs, clinical connect, etc.)<br>• Sharing resources |
| **# 5 CW** | Need well-trained, dedicated care coordination resources on site / need to understand space requirements<br><br>Need to explore successes from existing models<br><br>Need a more integrated health care system<br><br>Need regular communication / engagement | • LHIN VP Home and Community Care will be invited to the local CW LHIN EDs Network meetings to have further dialogue<br><br>• LHIN & FHT / NPLCs will work on co-designing the new care coordination model |

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| **# 6 MH** | Need more communication / engagement with LHINs, with hospitals, with FHT management<br><br>Need LHINs to understand how FHTs work<br><br>Need to take best practices elsewhere and apply locally / need to break down silos<br><br>Need to understand difference between care coordination and system navigation<br><br>Need clarity re roles and care coordination requirements of different populations | **Engagement Commitments**<br>• Create an 'out-of-region' table with FHTs and the three LHIN representatives<br>• Create a community communication working group of volunteers from hospital(s), LHIN, FHTs by sub-region<br><br>**Care Coordination Commitments**<br>• Work with hospitals and LHIN / CCAC to get home care referrals on discharge and send to primary care physician<br>• Create a standard operating procedure (SOP) and job description including caseload metrics for the case manager role which would be deployed at FHT sub-region level |
| **# 7 TC** | Need two-way communications and PCP physicians to be 'on-board'<br><br>Need greater understanding of infrastructure, vision, case management possibilities, roles, mandates<br><br>Need intensive case management, patients to define complexity, longer term case management, and consideration of social determinants<br><br>Need time for collaboration | • LHIN to pull together FHT Boards for Discussion and increase communication about Primary Care – Care Coordination Committee<br><br>• FHTs to develop best practice model for managing limited resources |
| **# 8 C** | Need more communication, engagement as well as more networking & sharing of ideas<br><br>Need to define complexity, understand needs analysis and be clear about sub-region plans<br><br>Need care coordinators accountable to the patient and FHT / NPLC as well as clear role descriptions / processes | • Identify LHIN contacts<br>• Embed care coordinators in FHTs/ NPLCs<br>• Be accountable to the patient<br>• Provide true care coordination<br>• Ensure LHIN accountability regarding 'transparency' and communication of plans to FHTs / NPLCs |
| **# 9 CE** | Need LHINs and PCPs to better understand how each other works and establish trusting relations<br><br>Need LHIN sub-region leaders to engage with local PCPs and PCPs to engage with their care coordinators<br><br>Need flexible care coordination models, transparent eligibility criteria, care coordinators attached to the patient not the sector and effective knowledge transfer across care coordinators | • Education and outreach from LHIN (CCAC) to Primary Care Providers – what does the LHIN (CCAC) do / what are their systems?<br>• Want to know how the 5 examples of current care coordination in FHTs is working<br>• Sub-region physician leads need to engage with their primary care providers |
| **#10 SE** | Need to clarify terminology and funding, and better understand the patient needs | • We are willing to continue the conversation |

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| | Need a single point of contact for the patient with information that flows back to the PCP / Team | |
| **#11 CH** | Need to continue to advance current discussions and recognize FHTs as the quarterback for patients<br><br>Need to consider the important care coordination roles identified in the group discussion<br><br>Need to leverage enablers such as FHT best practices and address identified challenges such as hospital notifications | |
| **#12 NSM** | Need clarity re terminology – embed, care coordination, system navigation, etc.<br><br>Need a system view of care coordination resources and structure the future accordingly<br><br>Need seamless care coordination that includes a single point of contact for the patient<br><br>Need to leverage current successes<br><br>Other needs are also noted in the commitments | • A streamlined hospital discharge process<br>• Task new LHIN triads to lead the 'system view' effort .. find out who your triad people are<br>• LHIN to establish a primary care council of LHIN FHTs, NPLCs, physicians, and leaders<br>• Create a common vision of care coordination / system navigation across the region<br>• Educate providers to help them understand the 'system'<br>• Establish an inventory of the current state (including work-arounds)<br>• Coordinate, collaborate and align Health Links, system navigation and H&CC care coordination<br>• EDs and LHINs to get together for a fulsome discussion / discovery of what is going on in our LHIN region |
| **#13 NE** | Need to describe effective care coordination and standardize expectations – need to continue to work on advancing effective care coordination<br><br>Need to develop formal partnerships and relationships (FHTs – LHINs)<br><br>Need to push care coordination resources and data to the FHTs and have coordination done locally rather than regionally<br><br>Need QI and better accountabilities via contract / agreement | • Ask the LHIN how they are identifying priority decisions & why they are doing it that way<br>• Ask for a webinar for all of us in NE-LHIN to discuss LHIN plans and enable us to provide input and data – real conversations<br>• Meet with LHIN H&CC and have honest discussions about how care coordination works / doesn't work from both the LHIN and primary care perspectives - Bring our patient stories; bring incident reports / advocacy reporting<br>• Advocate for changing legislation to fix things that don't work – ask the LHIN (CCAC) about the rules that prevent excellence in patient care and work together for change |
| **#14 NW** | Need more effective communication and transparent engagement strategies – particularly involving MDs and FHT EDs<br><br>Need more discussion about funding, criteria for care coordination and what is needed in a business plan | • Meeting of Northwest EDs and LHIN rep(s) within a month to talk about -<br>o Strategy around 'ask' for IHPs<br>o Definition of Care Coordination - where it lives and how it looks.<br>o What embedded means<br>o Challenges – small FHTs who have small staffs in making large plans and finding FTEs to do the work. |

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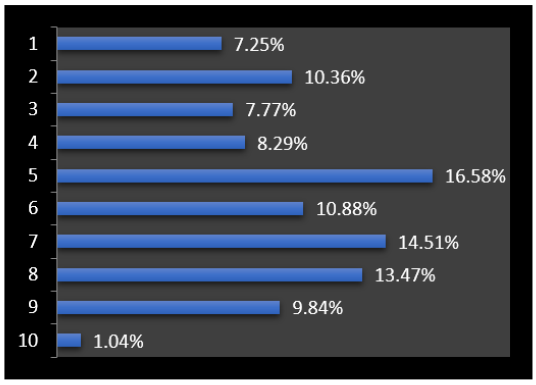
|---|---|---|
| | Need clarity re care coordination definition and should be consistent across sub-regions | • Asking the LHIN to –<br>o Work with FHTs for HR needs and looking for gaps.<br>o Help FHTs with planning for 'asks' including facilitating physician engagements<br>o Ensure that the EDs who drive change are at the table |

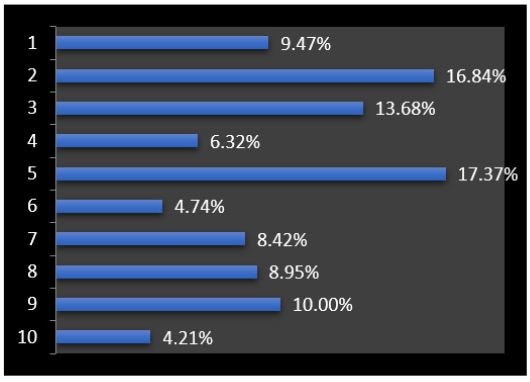
# Attachment – Polling Details:

| How would you rate the current relationship between your FHT or NPLC and the | Count | % |
|---|---|---|
| 1. 1 | 14 | 7.25% |
| 2. 2 | 20 | 10.36% |
| 3. 3 | 15 | 7.77% |
| 4. 4 | 16 | 8.29% |
| 5. 5 | 32 | 16.58% |
| 6. 6 | 21 | 10.88% |
| 7. 7 | 28 | 14.51% |
| 8. 8 | 26 | 13.47% |
| 9. 9 | 19 | 9.84% |
| 10. 10 | 2 | 1.04% |
| | 193 | 100.00% |



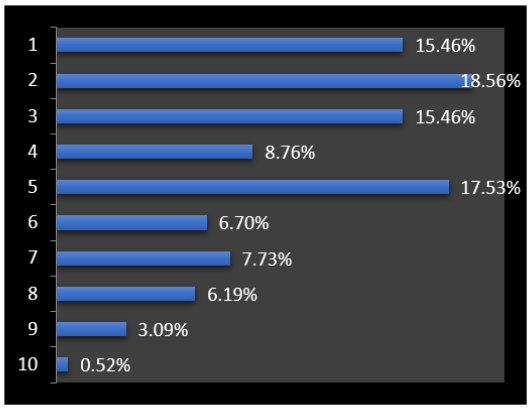

**On a scale of 1-10 where 1 = poor & 10 = excellent**

| To what extent is primary care in your region engaged in system planning that affects | Count | % |
|---|---|---|
| 1. 1 | 18 | 9.47% |
| 2. 2 | 32 | 16.84% |
| 3. 3 | 26 | 13.68% |
| 4. 4 | 12 | 6.32% |
| 5. 5 | 33 | 17.37% |
| 6. 6 | 9 | 4.74% |
| 7. 7 | 16 | 8.42% |
| 8. 8 | 17 | 8.95% |
| 9. 9 | 19 | 10.00% |
| 10. 10 | 8 | 4.21% |
| | 190 | 100.00% |



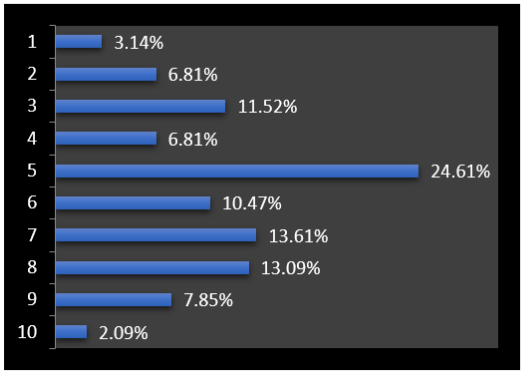

**On a scale of 1-10 where 1 = not engaged & 10 = actively engaged**

| How would you rate the communication about changes involving primary care organizations in your region? | Count | % |
|---|---|---|
| 1. 1 | 30 | 15.46% |
| 2. 2 | 36 | 18.56% |
| 3. 3 | 30 | 15.46% |
| 4. 4 | 17 | 8.76% |
| 5. 5 | 34 | 17.53% |
| 6. 6 | 13 | 6.70% |
| 7. 7 | 15 | 7.73% |
| 8. 8 | 12 | 6.19% |
| 9. 9 | 6 | 3.09% |
| 10. 10 | 1 | 0.52% |
| | 194 | 100.00% |



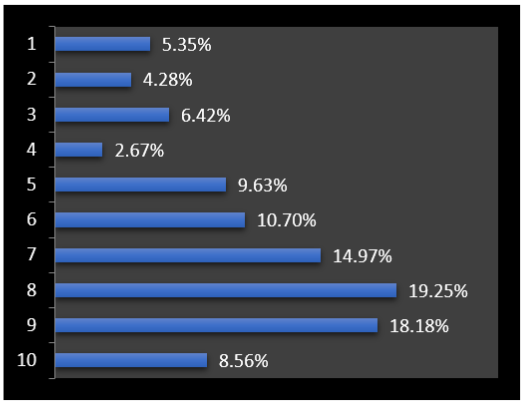

**On a scale of 1-10 where 1 = poor & 10 = excellent**

| How quickly can AFHTO member organizations (FHTs and NPLCs) adapt to change? | Count | % |
|---|---|---|
| 1. 1 | 6 | 3.14% |
| 2. 2 | 13 | 6.81% |
| 3. 3 | 22 | 11.52% |
| 4. 4 | 13 | 6.81% |
| 5. 5 | 47 | 24.61% |
| 6. 6 | 20 | 10.47% |
| 7. 7 | 26 | 13.61% |
| 8. 8 | 25 | 13.09% |
| 9. 9 | 15 | 7.85% |
| 10. 10 | 4 | 2.09% |
| | **191** | **100.00%** |



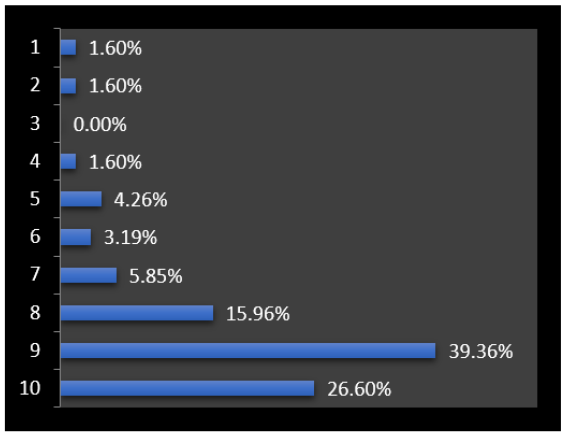

**On a scale of 1-10 where 1 = not quickly & 10 = very quickly**

| How would you rate care coordination in primary care as a priority in your organization/region? | Count | % |
|---|---|---|
| 1. 1 | 10 | 5.35% |
| 2. 2 | 8 | 4.28% |
| 3. 3 | 12 | 6.42% |
| 4. 4 | 5 | 2.67% |
| 5. 5 | 18 | 9.63% |
| 6. 6 | 20 | 10.70% |
| 7. 7 | 28 | 14.97% |
| 8. 8 | 36 | 19.25% |
| 9. 9 | 34 | 18.18% |
| 10. 10 | 16 | 8.56% |
| | **187** | **100.00%** |



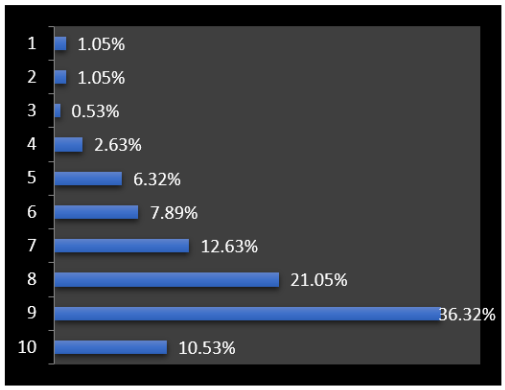

**On a scale of 1-10 where 1 = not a priority & 10 = extremely important priority**

| To what extent does the care coordination function need to be improved in primary care in your organization/region? | Count | % |
|---|---|---|
| 1. 1 | 3 | 1.60% |
| 2. 2 | 3 | 1.60% |
| 3. 3 | 0 | 0.00% |
| 4. 4 | 3 | 1.60% |
| 5. 5 | 8 | 4.26% |
| 6. 6 | 6 | 3.19% |
| 7. 7 | 11 | 5.85% |
| 8. 8 | 30 | 15.96% |
| 9. 9 | 74 | 39.36% |
| 10. 10 | 50 | 26.60% |
| | **188** | **100.00%** |



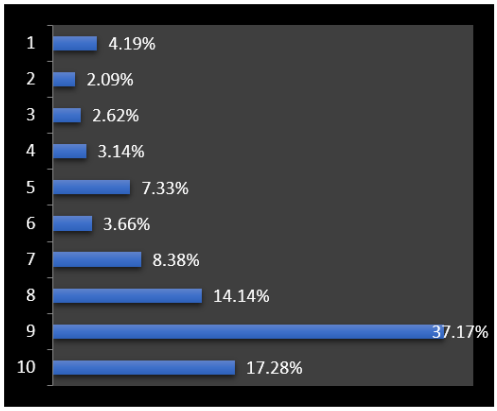

**On a scale of 1-10 where 1 = no improvement needed & 10 = significant improvement needed**

| What is the size of the gap, if any, between the care coordination support needed in your organization/region and what is currently in place? | Count | % |
|---|---|---|
| 1. 1 | 2 | 1.05% |
| 2. 2 | 2 | 1.05% |
| 3. 3 | 1 | 0.53% |
| 4. 4 | 5 | 2.63% |
| 5. 5 | 12 | 6.32% |
| 6. 6 | 15 | 7.89% |
| 7. 7 | 24 | 12.63% |
| 8. 8 | 40 | 21.05% |
| 9. 9 | 69 | 36.32% |
| 10. 10 | 20 | 10.53% |
| | **190** | **100.00%** |



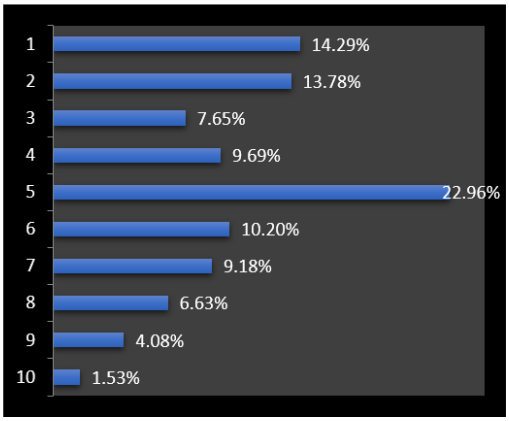

**On a scale of 1-10 where 1= no gap & 10 = significant gap**

| To what extent are you ready to 'embed' care coordinators and system navigators in your primary care practice setting as outlined in the LHIN mandate letter? | Count | % |
|---|---|---|
| 1. 1 | 8 | 4.19% |
| 2. 2 | 4 | 2.09% |
| 3. 3 | 5 | 2.62% |
| 4. 4 | 6 | 3.14% |
| 5. 5 | 14 | 7.33% |
| 6. 6 | 7 | 3.66% |
| 7. 7 | 16 | 8.38% |
| 8. 8 | 27 | 14.14% |
| 9. 9 | 71 | 37.17% |
| 10. 10 | 33 | 17.28% |
| | **191** | **100.00%** |



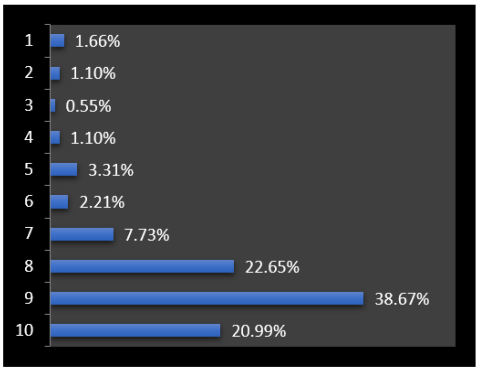

**On a scale of 1-10 where 1 =not ready & 10 =very ready**

| What is the likelihood that today's discussion about care coordination will lead to a mutual commitment for concrete action? | Count | % |
|---|---|---|
| 1. 1 | 28 | 14.29% |
| 2. 2 | 27 | 13.78% |
| 3. 3 | 15 | 7.65% |
| 4. 4 | 19 | 9.69% |
| 5. 5 | 45 | 22.96% |
| 6. 6 | 20 | 10.20% |
| 7. 7 | 18 | 9.18% |
| 8. 8 | 13 | 6.63% |
| 9. 9 | 8 | 4.08% |
| 10. 10 | 3 | 1.53% |
| | **196** | **100.00%** |



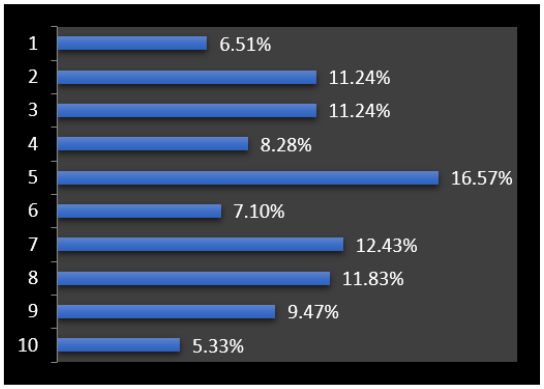

**On a scale of 1-10 where 1 = not likely & 10 = very likely**

| How would you rate the relevance of today's care coordination discussion to your organization? | Count | % |
|---|---|---|
| 1. 1 | 3 | 1.66% |
| 2. 2 | 2 | 1.10% |
| 3. 3 | 1 | 0.55% |
| 4. 4 | 2 | 1.10% |
| 5. 5 | 6 | 3.31% |
| 6. 6 | 4 | 2.21% |
| 7. 7 | 14 | 7.73% |
| 8. 8 | 41 | 22.65% |
| 9. 9 | 70 | 38.67% |
| 10. 10 | 38 | 20.99% |
| | **181** | **100.00%** |



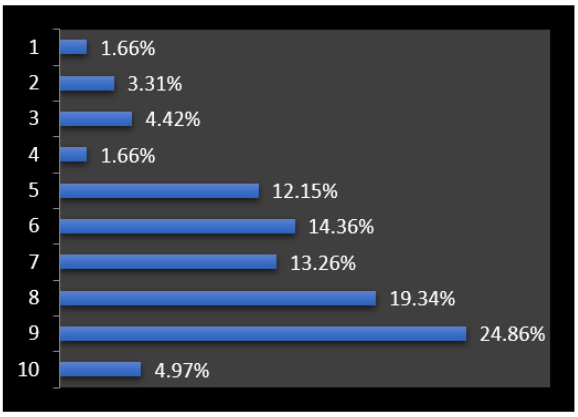

**On a scale of 1-10 where 1 = not relevant & 10 = very relevant**

| To what extent was the patient voice reflected in the presentations/discussions? | Count | % |
|---|---|---|
| 1. 1 | 11 | 6.51% |
| 2. 2 | 19 | 11.24% |
| 3. 3 | 19 | 11.24% |
| 4. 4 | 14 | 8.28% |
| 5. 5 | 28 | 16.57% |
| 6. 6 | 12 | 7.10% |
| 7. 7 | 21 | 12.43% |
| 8. 8 | 20 | 11.83% |
| 9. 9 | 16 | 9.47% |
| 10. 10 | 9 | 5.33% |
| | **169** | **100.00%** |



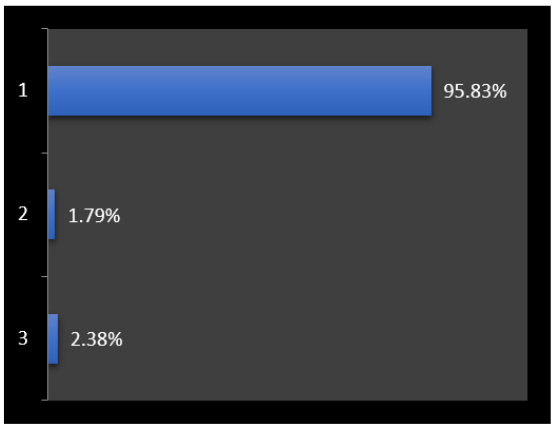

**On a scale of 1-10 where 1 = patient voice not reflected & 10 = patient voice strongly reflected**

| How enthusiastic are you about the information/ideas you heard today? | Count | % |
|---|---|---|
| 1. 1 | 3 | 1.66% |
| 2. 2 | 6 | 3.31% |
| 3. 3 | 8 | 4.42% |
| 4. 4 | 3 | 1.66% |
| 5. 5 | 22 | 12.15% |
| 6. 6 | 26 | 14.36% |
| 7. 7 | 24 | 13.26% |
| 8. 8 | 35 | 19.34% |
| 9. 9 | 45 | 24.86% |
| 10. 10 | 9 | 4.97% |
| | **181** | **100.00%** |



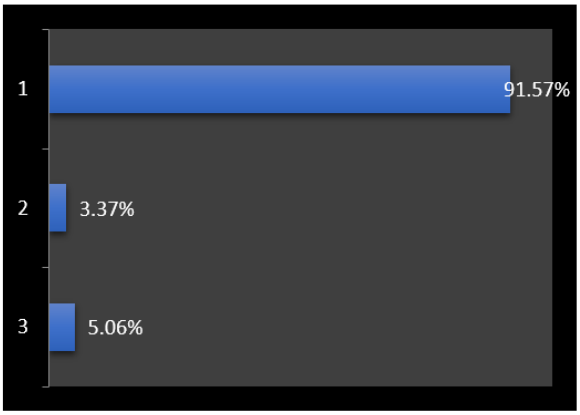

**On a scale of 1-10 where 1 = not enthusiastic & 10 = very enthusiastic**

| Is your organization ready / willing to engage in future conversations about care coordination? | Count | % |
|---|---|---|
| 1. = Yes | 161 | 95.83% |
| 2. = No | 3 | 1.79% |
| 3. = Unsure | 4 | 2.38% |
| | **168** | **100.00%** |



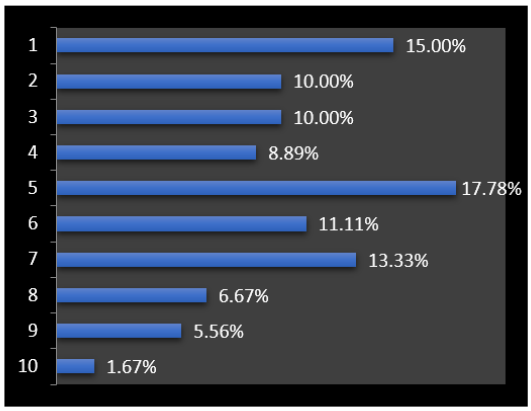

**On a scale of 1-10 where 1 = Yes, 2 = No, 3 = Unsure**

| The time was right to have a session like this one | Count | % |
|---|---|---|
| 1. = Yes | 163 | 91.57% |
| 2. = No | 6 | 3.37% |
| 3. = Unsure | 9 | 5.06% |
| | **178** | **100.00%** |



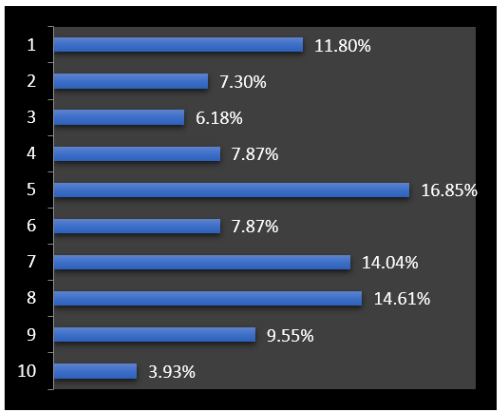

**On a scale of 1-10 where 1 = Yes, 2 = No, 3 = Unsure**

| To what extent do you believe your discussion moved the 'yardstick' on care coordination in your region? | Count | % |
|---|---|---|
| 1. 1 | 27 | 15.00% |
| 2. 2 | 18 | 10.00% |
| 3. 3 | 18 | 10.00% |
| 4. 4 | 16 | 8.89% |
| 5. 5 | 32 | 17.78% |
| 6. 6 | 20 | 11.11% |
| 7. 7 | 24 | 13.33% |
| 8. 8 | 12 | 6.67% |
| 9. 9 | 10 | 5.56% |
| 10. 10 | 3 | 1.67% |
| | **180** | **100.00%** |



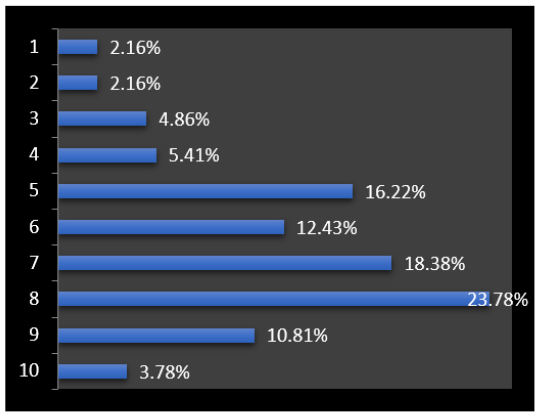

**On a scale of 1-10 where 1 = no movement forward & 10 = significant movement forward**

| To what extent did today's discussion result in a meaningful commitment/concrete action step going forward? | Count | % |
|---|---|---|
| 1. 1 | 21 | 11.80% |
| 2. 2 | 13 | 7.30% |
| 3. 3 | 11 | 6.18% |
| 4. 4 | 14 | 7.87% |
| 5. 5 | 30 | 16.85% |
| 6. 6 | 14 | 7.87% |
| 7. 7 | 25 | 14.04% |
| 8. 8 | 26 | 14.61% |
| 9. 9 | 17 | 9.55% |
| 10. 10 | 7 | 3.93% |
| | **178** | **100.00%** |




**On a scale of 1-10 where 1 = no commitment & 10 = significant commitment**

| How would you rate the success of today's Leadership Session? | Count | % |
|---|---|---|
| 1. 1 | 4 | 2.16% |
| 2. 2 | 4 | 2.16% |
| 3. 3 | 9 | 4.86% |
| 4. 4 | 10 | 5.41% |
| 5. 5 | 30 | 16.22% |
| 6. 6 | 23 | 12.43% |
| 7. 7 | 34 | 18.38% |
| 8. 8 | 44 | 23.78% |
| 9. 9 | 20 | 10.81% |
| 10. 10 | 7 | 3.78% |
| | **185** | **100.00%** |




**On a scale of 1-10 where 1 = not successful & 10 = very successful**