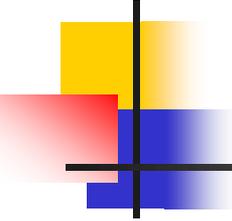


**Leading for Change:
Imagining the Future of FHTs in Ontario**

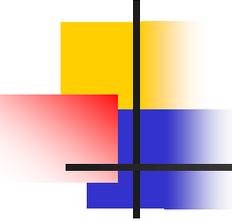
**AFHTO Leadership Program
Westin Prince Hotel
Toronto ON October 25, 2011**

**Steven Lewis, President
Access Consulting Ltd., Saskatoon, Canada &
Adjunct Professor of Health Policy
Simon Fraser University**



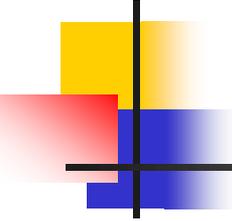
Main Themes

- **What we want to achieve**
- **The current state of primary care (insofar as we know it)**
- **What is primary care like in high performing health systems**
- **Building on the base – the next generation for FHTs**
- **Leadership strategies to accelerate change**



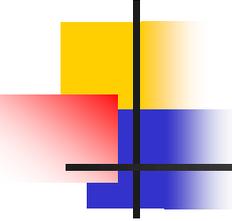
FHTs And Large System Transformation

- **FHTs are a – the? – major engine for transforming Ontario’s health system**
- **LST typically requires**
 - **Structural change**
 - **Process change**
 - **Cultural change**
- **These are in increasing order of difficulty**



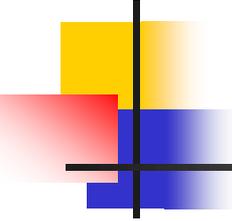
Goals for PHC

- Better access
- Better quality and safer care
- Better outcomes
- Improved *system* efficiency – contain costs through effective primary and secondary prevention
- Optimal use of personnel
- More rewarding practices and careers



Desired System Changes

- **Patient and family centredness – convenient, comprehensive, seamless, participatory**
- **Integration – the parts work together**
- **Alignment – the parts share a common set of goals**
- **Efficiency-seeking, supported by appropriate funding and payment methods**



So Let's Develop a LST Score

- $LST = (C_M * S)/T$

Where

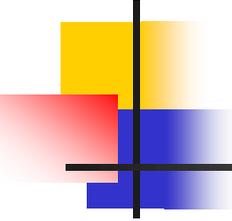


C_M = Magnitude of change

S = Scale (% of system affected)

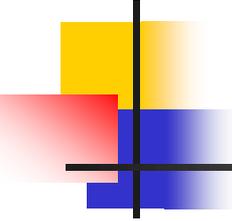
T = Time

- The highest scores (probably) go to:
 - **Veterans Health Administration**
 - **NHS**



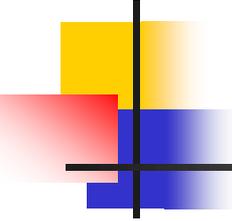
Provisional Status Report

- Improved access via rostering – major success
- Some evidence of improved CDM (although tends to be single-disease oriented and focused on diabetes)
- Little safety evidence but prescribing errors are very common
- Fully regionalized provinces more integrated than ON but PHC still largely independent
- Not clear whether alternate funding models have changed behaviour or desire to change behaviour creates demand for AFPs



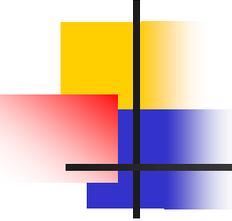
Structural Issues

- **Scope of FHTs – what is optimal range of services under the FHT umbrella**
- **Relationship to LHINs (current or different version) – should it be tighter and more contractual?**
- **Should FHTs be purchasers, providers, or both?**
- **Intersectoral relationships – what range should be collocated to deliver truly patient-centred care?**
- **Real estate – is physical infrastructure up to the task?**



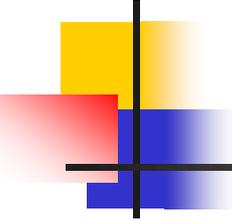
Process Issues

- **Moving beyond the traditional office visit (groups, e-mail, phone)**
- **Using technology effectively: self-monitoring, remote surveillance, EHR, telehealth, patient e-diaries**
- **Optimizing the division of labour**
- **Patients as co-creators of their own care – a major transformation**



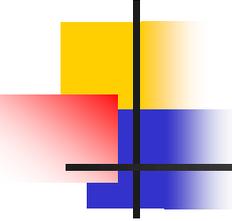
Financial Issues

- How to reward the desirable non-event
- Creating system that allows everyone to practice at “top of license”
- Redefining productivity from the ratio of *outputs* to inputs to the ratio of *outcomes* to inputs
- Primary care trust concept – the FHT as fundholder?



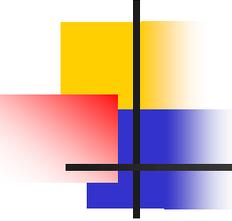
Models to Emulate

- **Group Health Cooperative, Seattle & environs**
- **Southcentral Foundation, Alaska**
- **Kaiser Permanente**
- **The VA ambulatory care clinics**
- **And many others**



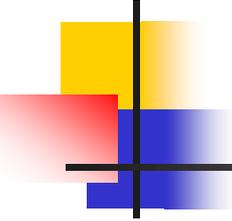
What's Different In Systems That Do Better?

- **Ability to select key personnel – no automatic right to practice**
- **Active clinical governance supported by useful information technology**
- **A major focus on keeping people out of hospital (Kaiser vs. NHS comparisons)**
- **Walk the talk of primary health care**
- **Support for clinical leaders**
- **Consumers govern (some – e.g., Southcentral Foundation in Alaska, Group Health in Washington State)**



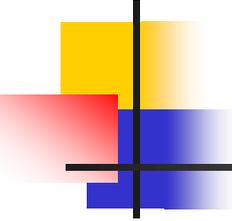
What They Have in Common

- Incentives to repatriate care to PHC and minimize referrals, hospitalizations
- Large panel sizes served by teams (GHC patient-doctor ratio is 1800:1)
- Longer office visits – but many fewer (14/day/physician at GHC)
- Excellent health information systems
- Focus on self-management (SCF doctor visits down 20%)



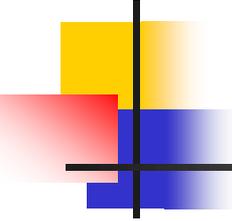
What Makes Leadership Effective?

- **Leadership is expected and defined, not a vague title**
- **Leadership potential is identified, selected, and developed**
- **There is dedicated time for leaders to do their leadership work**
- **Measurement and analysis support decision-making**



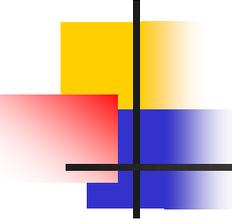
The Future: Expansion #1

- Patient-centred care must be comprehensive, integrated, and convenient
- Requires increased capacity to meet complex needs
- Referral to a largely fragmented specialty system can cause problems
- **So why not add core specialties (internal medicine, obs/gyn, psychiatry, geriatrics) to FHTs?**



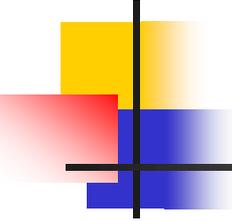
The Future: Expansion #2

- Biggest challenges in PHC are people with multiple chronic diseases and the frail elderly
- Staying successfully in community is key to well-being and \$ sustainability of system
- Often little communication between providers of community care and PHC system
- So why not combine FHTs and CCACs to ensure effective, efficient, comprehensive care?



The Future: Expansion #3

- The UK wanted to shift system upstream towards more effective PHC
- Moved from GP fundholding to Primary Care Trusts to vest more power in sector
- Trusts are purchasers as well as providers of services
- General consensus that changes renewed PHC sector and improved care
- **So why not convert LHINs into primary care trusts?**



Physician Leadership: The Next Frontier

- Identify, support, and nurture it
- Create ladder opportunities
 - Workshops
 - Extended courses
 - Embedded experiences in high performing organizations
- Create meaningful performance indicators for system to support change

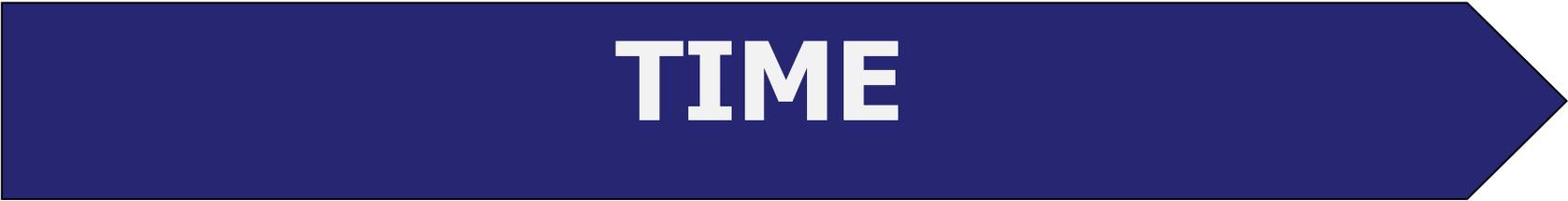
Form

Improve
Access

Improve
Quality

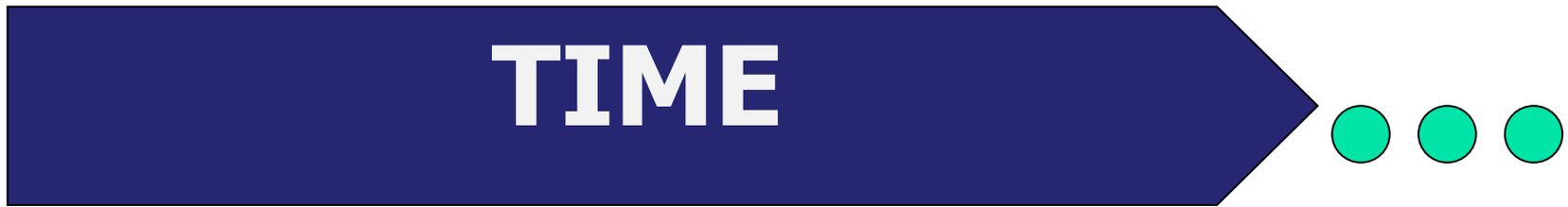
Enhance
Capacity

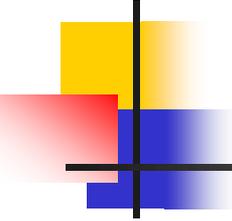
Take Over
the World



TIME

And Then The Work Begins





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