Deliberation about the problem

Participants generally agreed with two key points raised in the evidence brief that informed their deliberation: 1) Ontario’s primary- and community-care sectors are increasingly being called upon to work as part of an integrated system to achieve key health-system goals related to access, quality, health outcomes, and value for money; and 2) these sectors have not been supported to develop the strong management, governance and leadership that are needed at multiple levels of the health system to achieve these goals. They identified four inter-related aspects of the problem as the most salient: 1) describing the problem accurately is difficult given challenges in determining the true magnitude of existing gaps in primary and community care leadership in Ontario; 2) existing leadership potential in the province is largely untapped; 3) the lack of emphasis historically placed on primary and community care in the health system has led to structural deficiencies that are difficult for any leader to overcome; and 4) the fragmented nature of primary and community care has further compounded leadership challenges.
Deliberation about an approach

Participants suggested the following re-ordering of the options proposed in the evidence brief: 1) convene a provincial committee charged with supporting the integration of (and filling of gaps in) leadership initiatives in primary and community care as part of a larger strategy around health-system leadership development, with the Ontario Primary Care Council (OPCC) suggested as the committee to do this in primary care and with a separate group bringing together stakeholders in community care; 2) develop, disseminate and support the use of an inventory of resources that can support leadership development as part of this larger strategy; and 3) identify current and emerging leaders in primary and community care and support their participation in a provincial leadership initiative. Some participants argued that these priorities need to be supported with a clear vision for primary care and community care as the centre-piece of the health system, and with supports for transitioning from practice to leadership positions (e.g., training, mentorship and payment to offset the loss of time for patient care).

Deliberation about next steps

Most dialogue participants stated that, as next steps, they were willing to support three broad groups of initiatives to improve leadership capacity in primary and community care in Ontario: 1) continuing to push for a vision, structures, resources and supports for patient-centred primary and community care at the centre of the health system, so that existing and future leadership capacity is harnessed towards an agreed vision, able to function within appropriate structures, and enabled with appropriate resources and supports; 2) supporting a provincial committee to develop a provincial strategy for health system leadership development for the primary-care sector (and that OPCC would be an appropriate body to take on this work); and 3) supporting a similar but separate approach undertaken by the community-care sector, keeping in mind that these sectors need to share a combined vision for patient-centred care, and therefore need to come together to share experiences and learn from each other whenever possible.

Dialogue deliverables

To learn more about this topic, consult the evidence brief that was presented to participants before the dialogue, the summary of the dialogue, and view or listen to the interviews with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on ‘Products’ along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.