association of family health teams of ontario

PRIMARY CARE: Local Change Ideas

One of the key benefits of organizing primary care providers in your communities is the opportunity to identify what's meaningful to them. What are their pain points, headaches or areas that can be improved? And more importantly what **changes can be made at the local level** to support providers, their clinical practices and the delivery of patient care.

Context:

Change can sometimes be daunting, however oftentimes the challenges faced in one community are also challenges that others are facing as well. Building on the change ideas identified in the **primary care high impact actions for Ontario**, this document highlights local challenges and solutions to improve clinical practices and care delivery in your own communities.

Every change idea is unique to the challenges per region however, there are key aspects of these initiatives that you may be able to implement within your regions. At the very least, explore these ideas to see what, if any, resonate, and identify where, as a collective group you may want to focus on opportunity for change.

Workflow Efficiencies & Virtual Care

The Power in The Combination of Advanced Access, Online Booking & Secure Email

Markham FHT

The combination of advanced access, online booking and secure email has made the most influential change to Dr. Stephen McLaren's workflow at Markham FHT. Appointments can be booked online by patients, resulting in:

- 50% of appointments being booked online, with most visits being routine visits;
- 90% of patients reported being either very happy or happy with online booking; and
- 20% decrease in telephone calls leading to improved office efficiencies.

Secure emails can be integrated into the EMR and saved as a part of the medical record resulting in improved time management by approximately 45 min/day. Within 8 months, 933 secure emails were sent to patients of which 150 emails were replies to patients. The two most common uses of secure email are in results communication and in ordering tests.

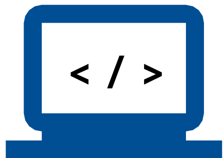
Innovative Use of EMR Reminders to Make a Difference to Renally Impaired Patients

Couchiching FHT

Dr. Bernie Murphy spearheaded a project to use the EMR reminders in Telus Practice Solutions to directly benefit renally impaired patients. By creating a set of reminders for renal sensitive medications, physicians were provided with a clinical decision support tool that enhances patient safety and assists in medication management. This program, developed in collaboration with a Family Physician and Pharmacists at Couchiching Family Health Team (CFHT) in consultation with Nephrology Department, created over 200 reminders for 125 renally sensitive medications.

Cleaning of Diagnosis Codes for Nurse Practitioner-Led Clinics

Nurse Practitioner-Led Clinics across Ontario



The 25 Nurse Practitioner-Led Clinics (NPLCs) across Ontario have standardized diagnosis codes across the province. Many clinics had been using free text, custom codes or a mix of different classification systems which meant it was very difficult to create reliable and accurate searches to develop Quality Improvement Plans; determine eligibility for screenings or internal programs; and, report on outcome indicators. The QIIMS (Quality Improvement and Information Management Specialists) also shared processes with Telus PSS and Accuro on how to clean up current codes within each clinic's EMR.

This standardization enables NPLCs to:

- better identify patients with certain conditions to offer better services and supports;
- better compare performance between NPLCs; and
- identify best practices that can be shared provincially

Increasing Rural Patient-Centred Care Through Multi Digital Solutions (Virtual Care)

Peterborough FHT

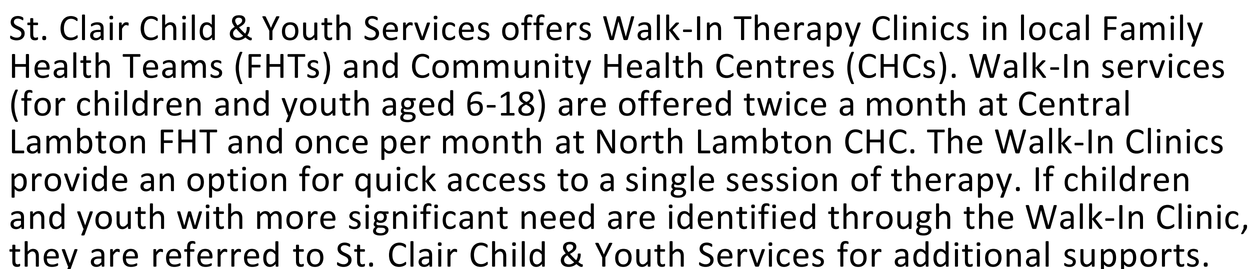
Peterborough Family Health Team (PFHT) has been supporting unattached patients since August 2018 through their Virtual Care Clinic (VCC) in Peterborough and a NP-run PFHT Clinic in Lakefield that supports rural unattached patients and seasonal visitors.

Since opening in August 2018, they have provided:

- 3,499 referrals;
- In little over a year, these virtual care clinics have provided 5,109 visits for patients; and
- 34% of patients had 5 or more visits at the virtual care clinic and 99% of the patients felt that their care needs were met.

This innovative approach has resulted in $261,378 of health system cost savings through ER diversion.

Mental Health



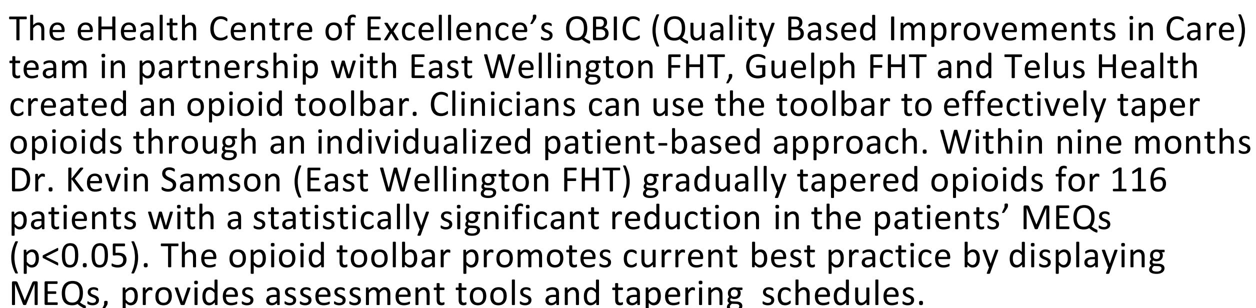
Increasing Access through Brief Service

St. Clair Child & Youth Services

St. Clair Child & Youth Services offers Walk-In Therapy Clinics in local Family Health Teams (FHTs) and Community Health Centres (CHCs). Walk-In services (for children and youth aged 6-18) are offered twice a month at Central Lambton FHT and once per month at North Lambton CHC. The Walk-In Clinics provide an option for quick access to a single session of therapy. If children and youth with more significant need are identified through the Walk-In Clinic, they are referred to St. Clair Child & Youth Services for additional supports.

This partnership ensures specialized children and youth care is provided by an appropriate provider, leverages existing community resources and facilitates referrals between providers. St. Clair Child & Youth Services also has co-developed a unique shared Walk-In Clinic model with Indigenous partners in their community.

Opioids

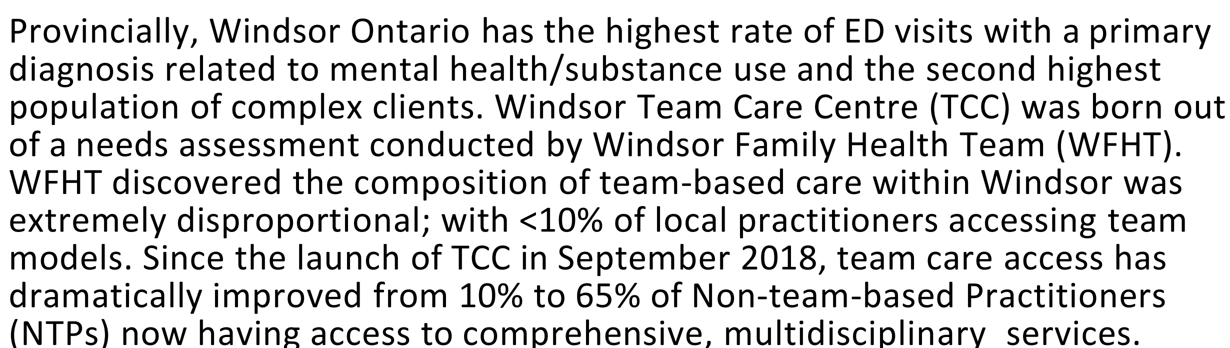


Opioid Support

East Wellington FHT

The eHealth Centre of Excellence's QBIC (Quality Based Improvements in Care) team in partnership with East Wellington FHT, Guelph FHT and Telus Health created an opioid toolbar. Clinicians can use the toolbar to effectively taper opioids through an individualized patient-based approach. Within nine months Dr. Kevin Samson (East Wellington FHT) gradually tapered opioids for 116 patients with a statistically significant reduction in the patients' MEQs ($p<0.05$). The opioid toolbar promotes current best practice by displaying MEQs, provides assessment tools and tapering schedules.

Extending the Team



Improving Access to Team-Based Care

Windsor FHT

Provincially, Windsor Ontario has the highest rate of ED visits with a primary diagnosis related to mental health/substance use and the second highest population of complex clients. Windsor Team Care Centre (TCC) was born out of a needs assessment conducted by Windsor Family Health Team (WFHT). WFHT discovered the composition of team-based care within Windsor was extremely disproportional; with <10% of local practitioners accessing team models. Since the launch of TCC in September 2018, team care access has dramatically improved from 10% to 65% of Non-team-based Practitioners (NTPs) now having access to comprehensive, multidisciplinary services.

Quality Improvement Support Partnership

North York FHT

In the North York region, North York FHT is supporting unaffiliated doctors with quality improvement and performance measurement through data management and standardization. To establish these supports a MOU was created to outline the partnership and QI support. Through this they are collectively working on local change ideas such as better connectedness to specialists, virtual care (video and email), increased access to allied health and care coordination.

Mobile Integrated Health Response Teams

Niagara Emergence Medical Services

Niagara Emergency Medical Services (EMS) have partnered with local community partners to create integrated interdisciplinary response teams for non-urgent low acuity EMS callers. These response teams connect clients with the care or service they need through primary care, urgent care or other community health and social resources to avoid an unnecessary emergency department (ED) visit. The program includes technology and access to data, such as Clinical Connect, to ensure the response team is aware of care plans in place for these clients and to help ensure continuity.

Based on data from the Niagara EMS, some early results in 2018 showed:

- 5% reduction in transports to ED for calls related to mental health, despite a 7% increase in mental health call volume in the region;
- A 2% reduction in transports to ED due to calls for falls; and
- A 6% reduction in transports to ED due to calls for generally unwell.

For contact info on any of these initiatives, please email improve@afhto.ca