

Primary Care Physicians: working together for change



(Helen Keller)

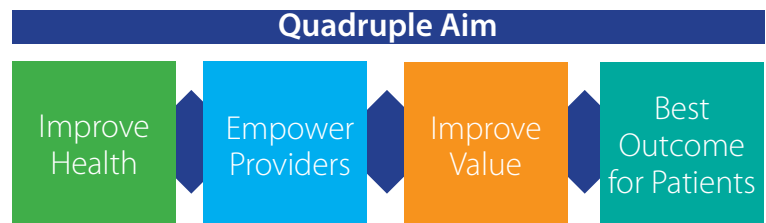
Being on the frontline of care, family doctors know the health system, have long-term relationships with their patients and an in-depth understanding of their communities' health care needs. Connecting physicians regionally is a powerful way to spark change, improve the delivery of comprehensive patient services and influence health service decision making.

Primary Care Physicians: working together for change is intended as a support for primary care physicians who wish to consider how they might work better together as a sector. There is strength in speaking with a collective voice and opportunities for working together within the shifting landscape of health care delivery in Ontario.

The Context

What are the objectives of health care transformation?

The Ontario Government is embarking on health system transformation that, among other things, is meant to improve the health and well-being of Ontarians, empower providers to work together in a coordinated way and promote better value and ensure best outcomes for patients. At the local level, health system transformation includes the development of Ontario Health Teams.



(Developed by Thomas Bodenheimer and Christine Sinsky)

The Facts

What is an Ontario Health Team?

Ontario Health Teams are groups of health care providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.

- OHTs are in various stages of development across the province

- In December 2019, the government announced the first cohort of 24 Ontario Health Teams to be implemented
- Participation in OHTs is **voluntary**, but the ultimate goal of government is to achieve full provincial coverage
- OHTs are **not** a replacement for other existing primary care models
- OHTs are **not** a new payment model for physicians; the Physician Services Agreement remains

For more information on OHTs, see AFHTO's [Ontario Health Team Handbook for Boards](#).

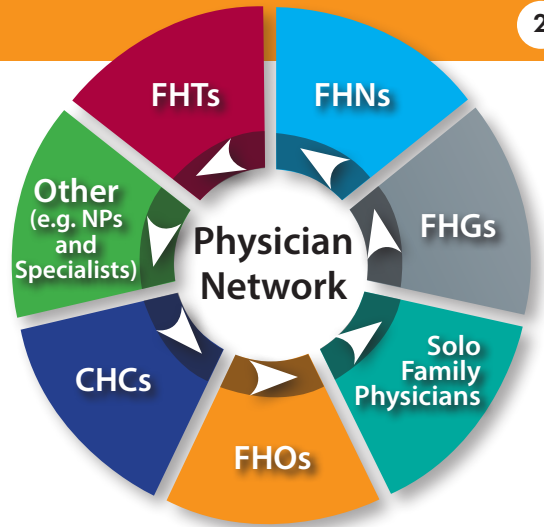
The radical system change being promoted through OHTs needs to be anchored in primary care. Physicians can and should be at the forefront of designing a better health care system for patients and providers. By anchoring Ontario's health system in primary care as the best health care systems do globally, quality of care, health outcomes, and cost savings will be improved.

The challenge: The primary care sector is composed of hundreds of small, independent businesses, most of which have very limited infrastructure to support much beyond direct provision of patient care. This means:

- Limited human resource expertise and support
- Lack of ability to facilitate change management or adopt new practices
- Lack of ability to maximize digital health and virtual care technologies
- Lost opportunities to leverage economies of scale, house common infrastructure, or back office support
- Limited forums exist for collaboration in care planning or system design

The opportunity: Establishing a **Primary Care Physician Network** in each region, that can act as an organizing body for family physicians and be a hub of collaborative planning within its OHT. The network can be:

- A voice that represents all physicians and practice models in the region
- A platform to share the load
- A hub to identify local pain points, change ideas and actions to improve primary care delivery
- A community to create better collaboration and alignment within the sector



How do we get there?

Across the province primary care is mobilizing to become a more unified and coordinated sector. In many regions, physicians are exploring new ways of working together and influencing transformational change. AFHTO spoke to a number of emerging physician groups to learn more about:

- WHY** primary care is coming together as a sector (i.e. driving factors).
- WHAT** strategies you are employing to build cohesion and connections within primary care in your region (i.e. structure/process)

Why Come Together?

Call to Action



We want to **inform change** and **avoid having change imposed**



Strategies for Success

What are some **strategies** for **organizing primary care physician networks** successfully?

Start Where You Are:

Leverage existing physician leadership and establish a group of interested physicians:

- Try to engage as many local primary care physicians as possible.
- Build on historical relationships and existing networks to find contacts.
- Use the OMA SGFP district representatives and/or OCFP to help connect to physicians in your region.

Develop an outreach approach that works for all:

- Consider multiple communication tactics - e-mail, telephone, knocking on the door of physician's office or meeting face-to-face.
- Use 'physician-to-physician' communication whenever possible.
- Bring physicians together face-to-face when meeting as a group for the first time.

Build administrative support:

- Look for help from local FHTs/CHCs, the hospital or OHT partners. Can they provide help with printing materials, providing/organizing meeting space, providing refreshments for meetings, communicating with physicians?
- Determine how non-physicians can be involved (e.g. FHT/CHC executive directors; hospital leadership). Can they play a support role?

We have over 400 physicians in our community from a variety of practice models. A Physician Committee is helping build bridges within the sector.

Establish Physician Network Purpose:

Provide context:

- Gather and disseminate information to physicians about OHTs, and the role of primary care and/or provide local updates.
- Host regional education sessions for primary care physician to address OHT development, the roll of primary care and the value of physician networks. Leverage support of AFHTO/OMA/SGFP to coordinate these sessions.

Make room for all voices and try to find common ground:

- Focus on what's meaningful to physicians locally and brainstorm local change ideas or high impact actions. Have a look at the primary care [high impact actions for Ontario](#) as a starting point and discuss what resonates locally.
- Consider using a survey to obtain input and identify local priorities. Keep it short and simple!
- Bring in other primary care providers (e.g. nurse practitioners, midwives, physician assistants) to strengthen the collective voice. Consider involving specialists as part of your group.
- Consider ways to hear from patients.

We have not met as a collective group of physicians in over a decade! OHTs have given us the perfect platform to unite and ensure our voice is heard at the table.

Define your "Why":

- Consider developing a mission statement or terms of reference for the physician network to articulate the purpose of coming together and what the group plans to focus on.

Establish a Physician Group Structure That Works for You:

Form will follow function:

- Don't focus too much on structure and governance in the early stages.
- Some physician groups have organized as loose networks; others as councils; others as associations.
- Some have a governance and decision-making structure and terms of reference.
- Others have incorporated as not-for-profit entities to permit receiving and flowing of funds.

Develop communication channels within the physician group:

- Identify communication preferences and frequency within the structure - email, newsletters, website.
- Groups have identified a lead or point person to sit on the network and represent their collective FHO/FHN/FHG group.

Play a Leadership Role:

OHTs should be anchored in primary care:

- Determine how your physician group will be represented on OHT governance structures and committees.
- Leverage existing physician leadership who can represent the goals of the larger group.

Build physician leadership capacity:

- Look for ways to compensate physicians for time spent in leadership roles. Are there local funds for primary care? Can the FHT, LHIN, hospital or other OHT partners help?
- Identify and give support to emerging leaders.
- OCFP has a mentorship program for physician leaders and provides CME credits for physician time spent at OHT tables.

OHT work was largely hospital directed. It's our hope that by joining forces, physicians will be in a better position to lead at the local level.

Start Simple and Build Momentum:

Discuss ideas for beneficial change in your local health care delivery:

- Find some quick wins that will keep physicians engaged and motivated. What can be changed in the next 30-60 days to improve primary care delivery or clinical practices? Have a look at [sample change ideas](#).
- Use learnings from previous ventures to inform the group of what worked and what didn't work (e.g. HealthLinks).

Build relationships along the way:

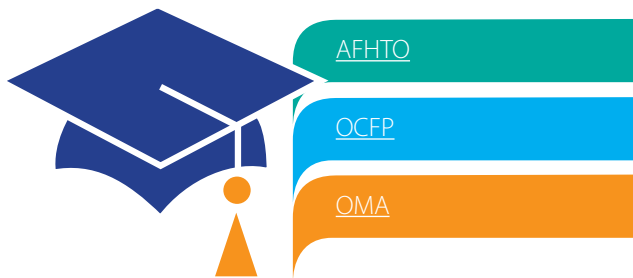
- Talk to and learn from other OHTs.
- Listen and learn from your patients, families, caregivers and other providers.
- Continue to get to know and develop relationships with OHT partners; take the time needed to build strong collaborative partnerships.

Look for ways to ensure sustainability of your group and your members:

- Look to local providers for help (e.g. FHT/CHC, hospital).
- Think creatively about how local vendors or other providers might support your group.
- Demonstrate to the ministry how physician involvement is imperative to the success of the OHT.

How to Learn More:

You can learn more by contacting:



The following [sample resources](#) may help:

Purpose of the Association
 Bulletin Board
 Draft Purpose
 FHT to Print
 Draft Terms of Reference
 Gear Shift: Primary Care at the Core
 A Dinner for Primary Care
 Invitation to info session
 East Toronto Family Practice Network
 Engagement Survey

CREDIT

The following groups contributed to this document:

- Delhi Community Health Centre
- Guelph FHT
- North Perth FHT
- North York FHT
- East Toronto Family Practice Network
- Eastern York Region North Durham OHT
- Southlake Academic FHT