TOOL

Personas: Primary Care Physicians

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NOTES FOR ONTARIO HEALTH TEAMS

Relevant for teams in:

Year 1 Implementation

Connecting to RISE:

- Building Block 6: Leadership, accountability and governance (Domain 47 - Proactive provider engagement)

Primary care engagement is a necessary component of integrating care in Ontario. As part of Year 1 implementation, primary care physicians play an important role in supporting Ontario Health Teams (OHTs) to embrace a population health approach to integrating care. Expertise from primary care will be needed to identify, engage, assess and determine the appropriate care pathways for those at highest risk of adverse health outcomes.

The **Personas: Primary Care Physicians tool** can help you listen, gather information, and empathize deeply with primary care physician perspective. This tool allows you to consider how different archetypes of physicians engage with population health approaches and strategies. It also brings the nuances and complexities of the day-to-day challenges and barriers that physicians face when asked to take on a population health approach to their practice.

When designing your primary care physician engagement strategy, ask yourself…

- Does our strategy account for all types of personas? Will all types be as likely to engage?
- Does our strategy consider the barriers that primary care physicians face when asked to join an integrated care team?
- What primary care perspectives from our local context are not represented in their personas? How can we get more information
- to better understand those groups?

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IN A NUTSHELL

Primary care participation and leadership are an essential cornerstone of health system integration. Better understanding and empathizing with the perspectives of primary care physicians will help your team to form strong and meaningful partnerships.

What does this tool help you do?

This tool helps you understand the characteristics, needs, and perspectives of primary care physicians based on four archetypes from Central Toronto. Use these personas to uncover what motivates physicians in order to take a population health approach and test your primary care engagement strategies. These traits are not mutually exclusive and are relevant in varying degrees to all physicians. The intent of this work is not to move individuals between these personas but rather to meet physicians where they are at and better understand their perspective.

ABOUT THIS TOOL

What was the tool developed for?

We worked with primary care physicians to understand their views on population health and their roles in this domain. We used data gathered from 14 semi-structured interviews with primary care physicians in Central Toronto to develop four personas. Personas are a user experience tool that represent de-identified types of individuals that might behave similarly. Personas typically include compelling narratives on beliefs, attitudes, and challenges.

How did we use it?

We are using this tool to better understand primary care physician needs and mindsets in order to support them with tools to help promote the health of their patients and communities.

WHAT WE LEARNED

Barriers Physicians Face…

- There is a lack of shared understanding on what population health means
- There is currently significant administrative work in practice
- It's not clear that population health activities will impact health outcomes
- There is not enough access to community resources that are needed to impact population health
- Many psychosocial factors are outside of the control and scope of family practice

Opportunity Areas We Identified…

- *Friction-Free Access:* Identifying the optimal, existing resources for each patient's needs at the moment-of-care is time-consuming and it's often unclear what's available
- *Using Data in Practice:* Recognizing the EMR is of benefit to the practice but also that there is more that could be done with its functionality and ability to see data at the population level
- *Mental Health Care, Urgently:* Difficulty accessing timely (i.e. within 2 weeks) mental health referrals and care for patients
- *Patient Empowerment/ Partnership Support:* Empowering patients to take more control and ownership over their health
- *When Reassurance is the Best Medicine:* Supporting patients who are primarily looking for reassurance and may make frequent visits to their primary care provider
- *Boundary & Mentorship Support:* Solutions that help with the significant administrative load and lack of work/life balance

HOW YOU CAN USE THIS TOOL

Use your own user research to develop personas that resonate with your stakeholders. Add your insights to this template.

Bring these to your next health system planning meeting! Use them as a tool to test your physician engagement approach by asking how would a physician with this mindset respond to our engagement?.

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TOOL
Personas:
Primary Care
Physicians

The Community Visionary

Service Oriented: What's best for my community?

Key Characteristics

- Service-oriented
- Disruptive doer
- Systems thinker
- Seeks collaborative partnerships with other professionals and organizations
- Professional accountability beyond their practice
- Proud of ability to do a lot with a little
- Oriented to population health

Needs

- Leadership and innovation opportunities
  Collaborative partnerships
  Standardized, efficient systems
  Feedback loops (closed loop)
  Access & sense making of big data
  Track and measure return on investment
  Long term, sustainable solutions
  Reassurance in the quality of care throughout the patient pathway
  Strong personal and professional networks

Current Toolkit

- Big data
- Early adopter of new, innovative technology
- Partnerships with local organizations

What role could they play in Population Health?

- Partnership in quickly adapting tools they've already created
- Partner in creating new tools
- Early adopter and helpful critic of new tools

What we've heard...

I want to know the efforts we're making are going to circle back and take care of who we're trying to take care of.

We've become de facto navigators of a loosely formed system and all the administrative tasks prevent me from doing my job well.

We do a lot of band aid stuff without getting to the root of the problem. There needs to be more accountability, more planning with family physicians.

It's frustrating when we bring the problem to them and propose solutions but we're not part of the discussion.

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The Patient Champion

Relationship Oriented: What's best as an advocate for my patients?

Key Characteristics

- Relationship-oriented
- Rooted in human rights, public policy
- Strong advocate for those who they feel aren't receiving equitable care
- Strong satisfaction from 1-to-1 connection with patients

Needs

- Simple, inclusive, and accessible tools
- Benefit at the moment of care
- In-office navigators/ support
- Updated, integrated, efficient processes, resources and tools
- Proof that resources work (closed loop)
- Easy to search resources so that they can feel confident they are making an effective referral
- Close personal networks and partnerships with local organizations

Current Toolkit

- Binders, file folders of pamphlets, information, resources
- 311
- Peer and patient validated resources
- Lists of resources built by self and staff
- Using Google and Healthline

What role could they play in Population Health?

- Pilot tester
- Gather and share patient stories

What we've heard...

Rooting family medicine in community to address social determinants of health and illness is important for me. Medicine was an opportunity to work collaboratively with people to address their needs.

I'm generally behind (in seeing patients) but people always feel like they are heard. I try and do everything I can for them. I feel like it's my role to understand the patient's life in context of work and relationships.

I've learned where to refer over time, but sometimes I'm not referring them to the right places. I've been learning through colleagues in the community and at the clinic which agencies are most helpful for people.

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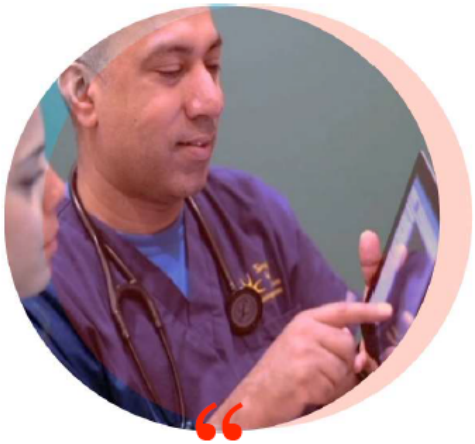
The Practice Optimizer

Mastery Oriented: What's best for my practice?



Key Characteristics

- Mastery-oriented
- System thinkers
- Process optimizers
- Internally-oriented (clinic)
- Work best within their boundaries
- Make their own rules
- Establish boundaries with patients
- Abhor duplication
- Take pride in their practice
- Do a lot with a little

Need

- Recognition for their success in practice optimization
- Opportunities to disseminate knowledge
- Flexibility when using tools/ processes to fit in their practice
- Data/ proof of efficiency
- Respect for their boundaries with patients
- Optimized processes
- Highly trained staff
- Close group of professional peers

Current Toolkit

- Leverages and adapts technology for efficiency
- Streamlined internal processes for clinical care
- Ad hoc set of pop health resources
- HQO reports; EMR supports

What role could they play in Population Health?

- Pilot user
- Partner to develop & scale
- Act as comparator for their peers

What we've heard...

We started this organization because we wanted ultimate control over our environment. We can make radical changes very quickly but in exchange we take all the risks.

It's gotten worse over the last 20 years, there's so much paperwork/ administration. It makes me feel like a technician, it doesn't make me feel good.

I wanted an interprofessional team, but I wanted to do it myself because I didn't want the government telling me how to do it.

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The Family Medicine Expert

Autonomy Oriented: What's best for my work in family medicine?

Key Characteristics

- Autonomy-oriented
- Expert generalists
- Know strengths and limitations
- Establish boundaries with patients
- Watchful of burnout and work hard to maintain balance between their work life and personal life
- Believes strongly in most appropriate provider care model
- More sensitive to standard of care

Needs

- Balance
- Multiple options
- Solutions delivered to doorstep
- Help from outside sources
- Ways to free up time
- Internal, streamlined processes
- List/toolkit of resources
- Feedback loops from referrals
- To see how they compare to peers
- Professional relationships/ networks with key specialists/ organizations

Current Toolkit

- Information they have top of mind / in hand
- The internet / Toronto HealthLine
- SCOPE (if they can gain access)
- HQO tools
- Choosing Wisely

What role could they play in Population Health?

- 2.0 Pilot user
- Roll-out user

What we've heard...

I'm getting HQO reports which help me to index myself against other GPs and holds me accountable to make sure patients are getting the best from me.

It's hard to be all things to all people.

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Persona Name

Description: What do they care about?

Key Characteristics

- Enter text
- Enter text
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Needs

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- Enter text

Current Toolkit

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What role could they play in Population Health?

- Enter text
- Enter text

What we've heard...

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Type sample quote here – paraphrase or get permission to share exact quotes