

Engaging primary care – from the inside out

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On the occasion of the OHT Fellows Lunch and Learn Series

Friday March 24, 2023



Land claim acknowledgement:



Our speakers this afternoon:



Natalie Dimitra Montgomery, PhD.
OHT Fellow
Frontenac Lennox & Addington



Dr. Kim Morrison, MD
Executive Lead
Frontenac Lennox & Addington OHT



Jennifer Lake, PhD.
Past OHT Fellow
North Toronto

Reflexive Question

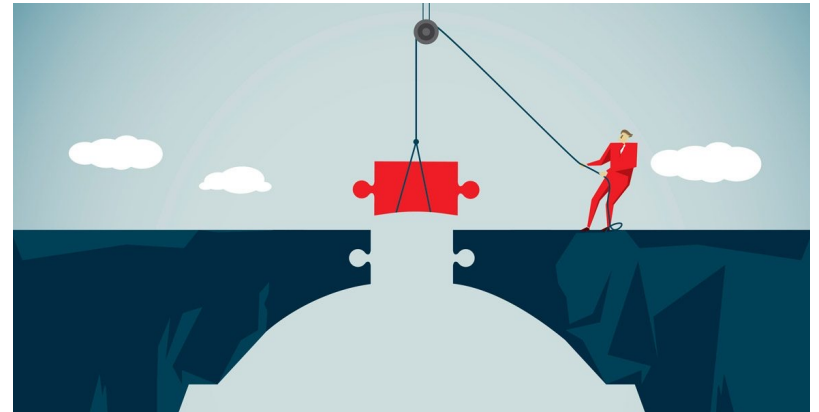
Engaging front line clinicians – both in leadership roles and integrated care solution is as an important piece of the puzzle for integrated care teams.

What is the most important opportunity facing your integrated care team in primary care engagement? What is your goal?

What is the biggest gap or hurdle you and your team are facing in the process?

Live word cloud link:

https://PollEv.com/free_text_polls/xHloOvbE2H91THodNc5Z6/respond



Here is how we plan to address those goals.

Lunch and learn overview

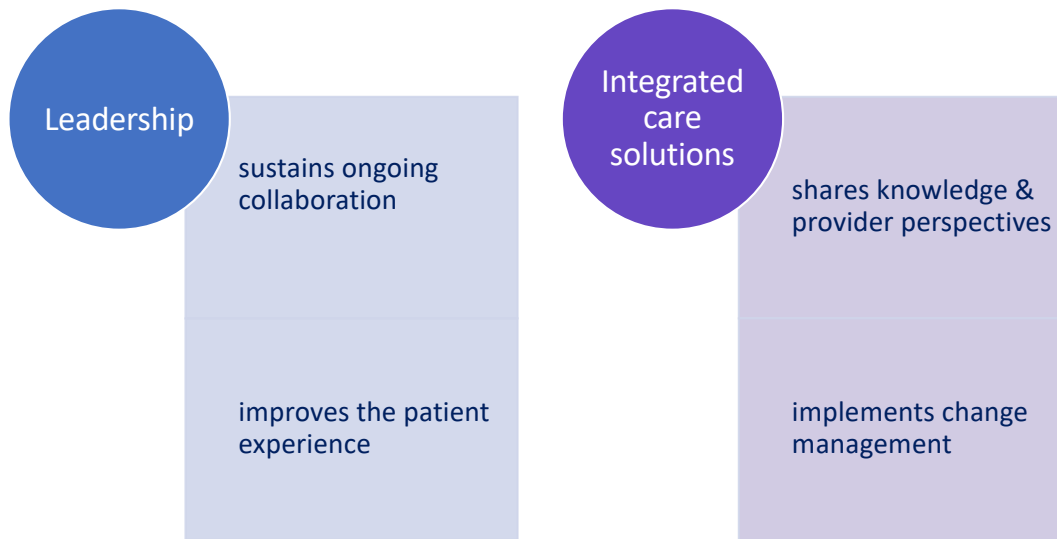
Within OHT Leadership

1. Principles of primary care engagement in OHTs
2. Core ingredients for sustainable leadership
3. Overcoming obstacles
4. Rapid Fire Questions

Outwards through Integrated Care Solutions

5. Integrated care solutions, innovation and primary care engagement entities
6. Three fundamentals of primary care engagement
7. Co design and implementation science
8. Case Study A - an integrated electronic medical record in South Eastern Ontario
9. Case Study B - inter-professional care in North Toronto
10. A few pearls ...

Primary care engagement through two distinct channels:



- physician involvement and participation is critical to the success of initiatives that integrate healthcare at the system level, like OHTs (Gocan et al, 2014)

“To have a truly integrated local health system that results in best possible patient outcomes, collaboration among all physicians is necessary, but first you need to engage them in a meaningful way.”

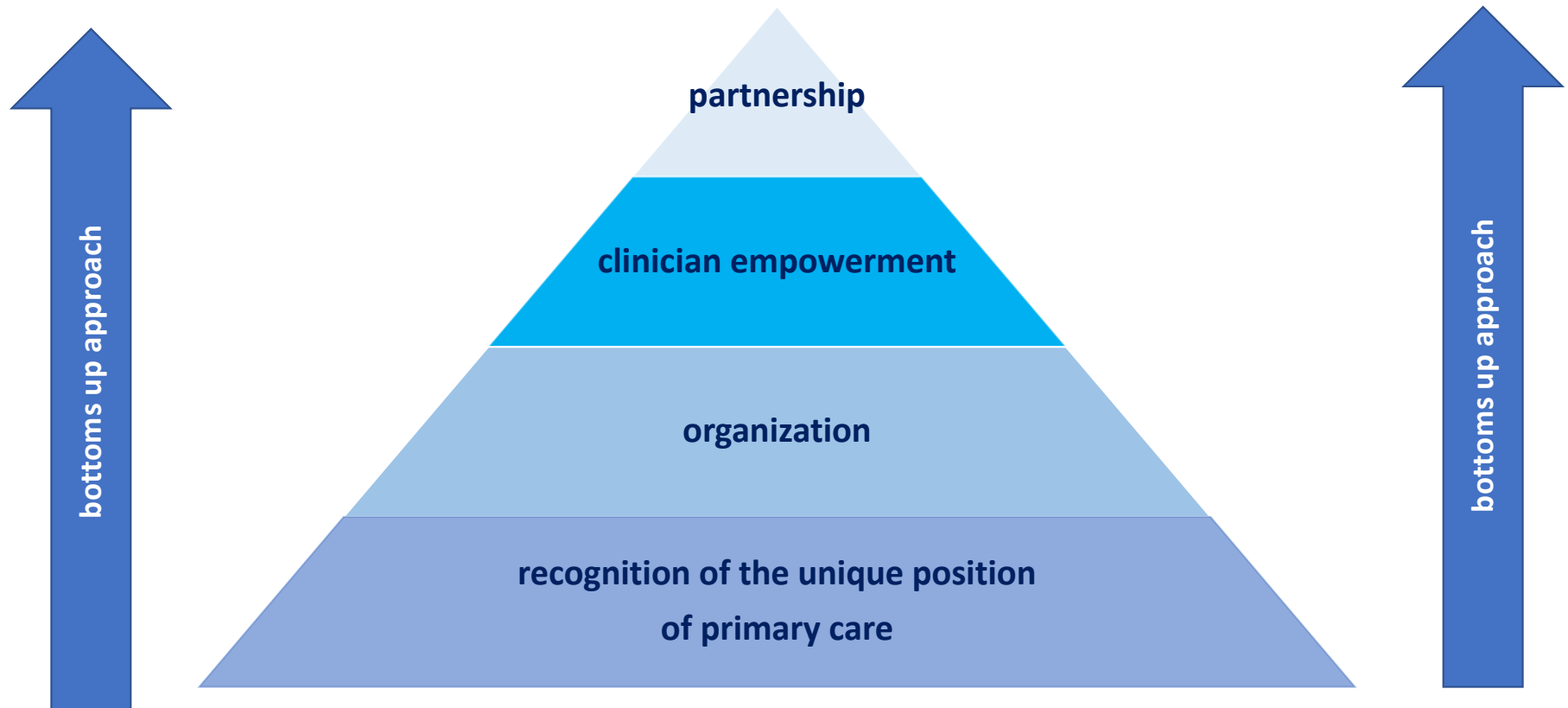
Dr. Amy Catania, Family Doctor
Hills of Headwaters OHT
(quote from OMR Spotlight December 23, 2020)

Source: Ontario Medical Association. (2021) Involving Physician in OHTs [Involving Physicians in OHTs \(oma.org\)](https://oma.org/involving-physicians-in-ohts)

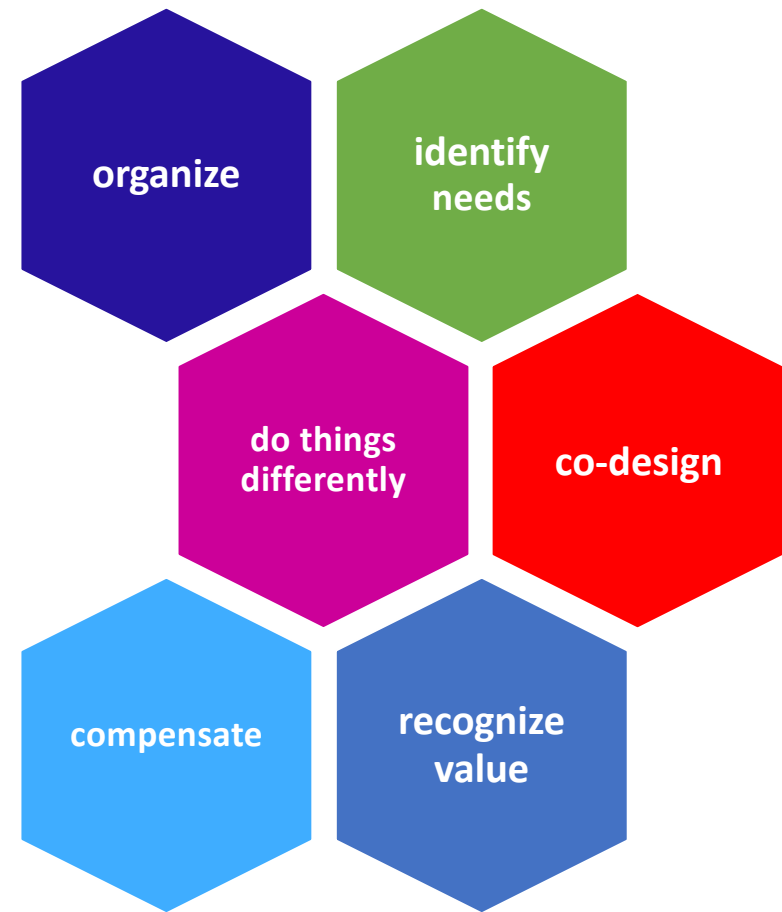
Engaging primary care within leadership



Primary care engagement in OHT leadership - principles



Core drivers of sustainable Primary Care leadership in OHTs



Overcoming obstacles ...



Rapid Fire Questions

While we start asking Dr. Morrison some rapid fire questions about her OHT experience and views of primary care's important role, we invite the audience to start coming up with a few of their own .

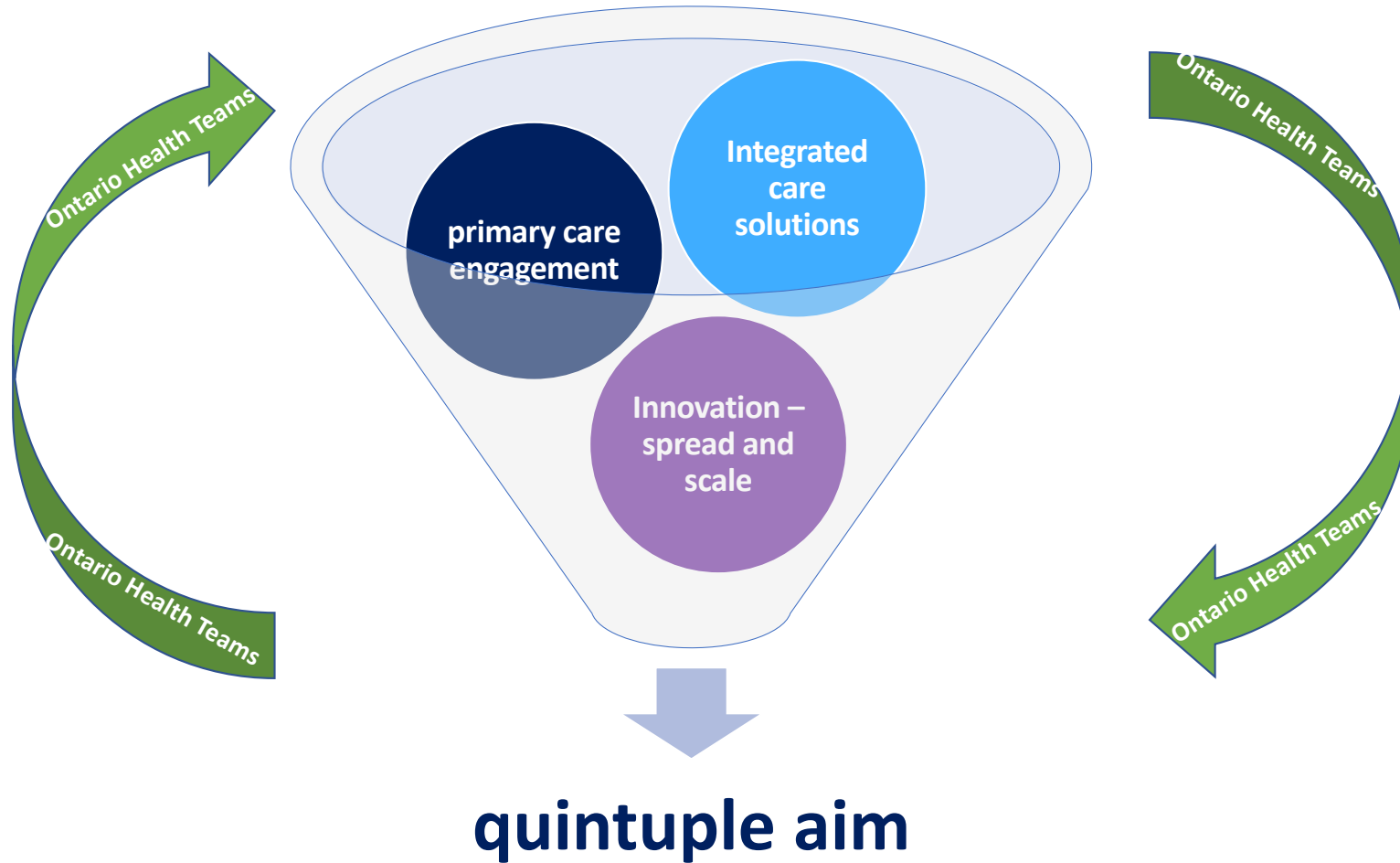
We anticipate that we will have time to have her answer at least 3 audience questions.

1. *What is the largest misconception about primary care engagement in OHT transformations? How can embedded researchers, like the people here, help reconcile that misconception?*
2. *Many of your colleagues are calling for team based primary care which you practice in, what is one change that would make this model more effective/ efficient as we move forward?*
3. *Time to be a psychic, what emerging changes are happening in primary care that OHTs and their leadership should plan for as they move towards maturation?*

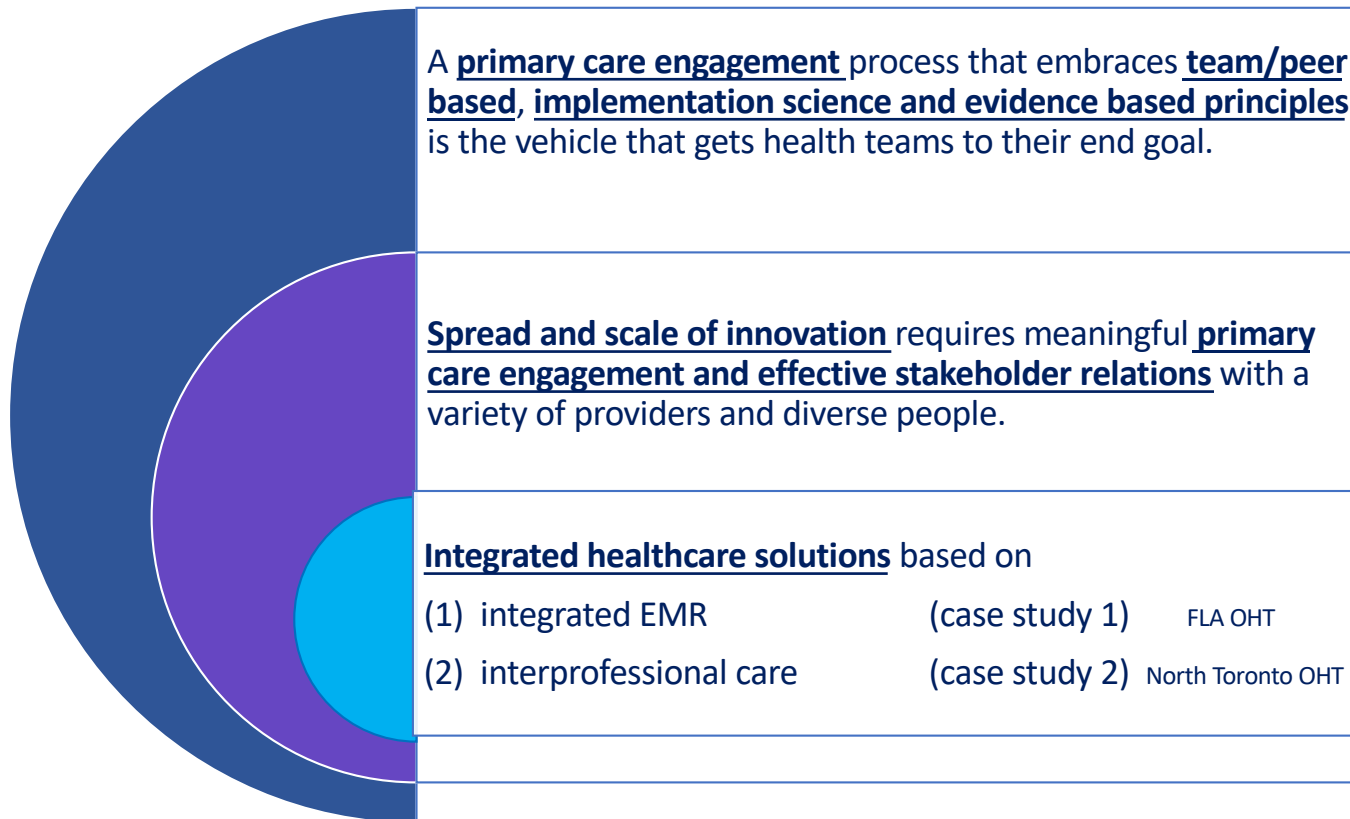
Engaging primary care's voice outwards through dialogue on integrated care initiatives



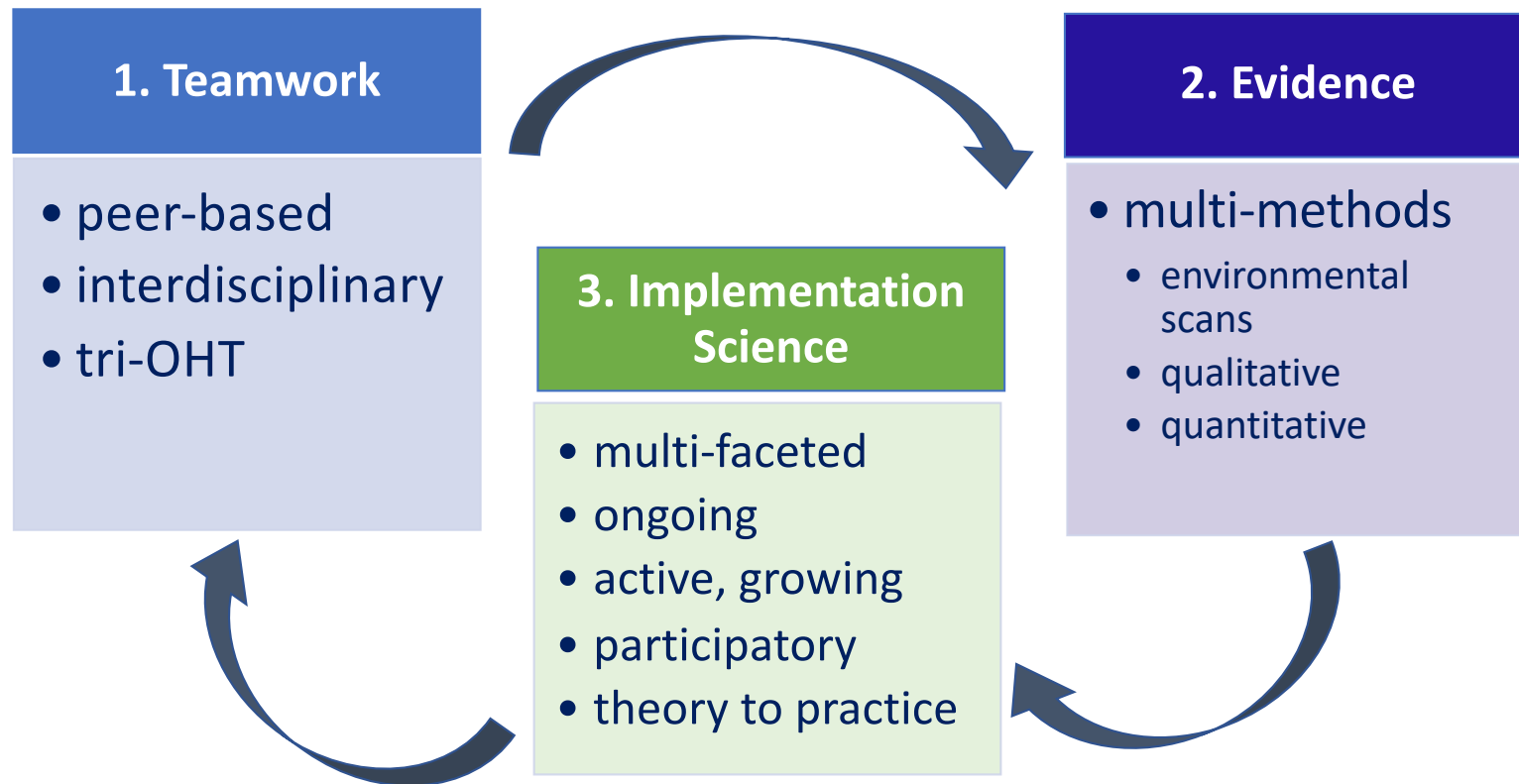
How do you see the relationship between these deliverables in integrated care models?



They are linked and each a piece of the whole.



Primary care engagement rooted through three fundamentals:



Implementation science and primary care engagement:

Implementation approaches are:

- dialectical, discussion based focus = change in practice, improvement from status quo
- an opportunity to think critically about work procedures
- multifaceted – work best with varied, staggered approaches and evaluation methods



Why use implementation science to engage primary care?

- ✓ How clinicians as end-users are studied and participate in the designs process for integrated care solutions matters greatly.
- ✓ Some “innovations diffuse quickly and widely, whereas others are weakly or never adopted and others are adopted but subsequently abandoned”
- ✓ Groundwork for solutions must be laid out, and core change management criteria uncovered in order for OHTs to successfully adopt new ways of delivering care.

Case Study A : One Standard of care and journey for the people we serve



- by the end of 2024, 6 health care organizations in the southeast will share a regional health information system leveraging the Cerner Millennium platform
- this Clinical Transformation will standardize the healthcare journey across the region providing people receiving care with a consistent experience.
- will coordinate, safe, high-quality care through a data driven population health approach
- clear need was established to engage primary care's voice at the early stages of the transformation process and hear their perspective.

Case Study A | Primary care engagement goals:



Gain end user perspective.

Collaborate to establish the necessary conditions for the design of the system and a future pilot from the physician's viewpoint.

Understand concerns.

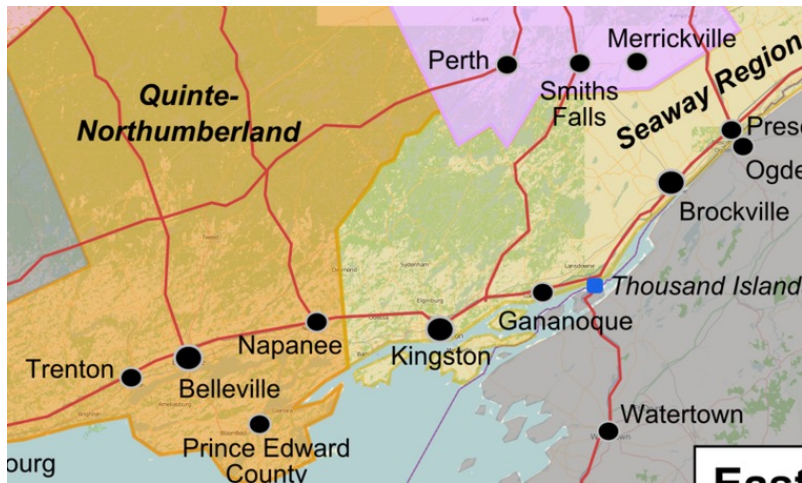
Engage with primary care on issues of concern with a view toward understanding requirements for an integrated EMR / primary care module.

Answer questions.

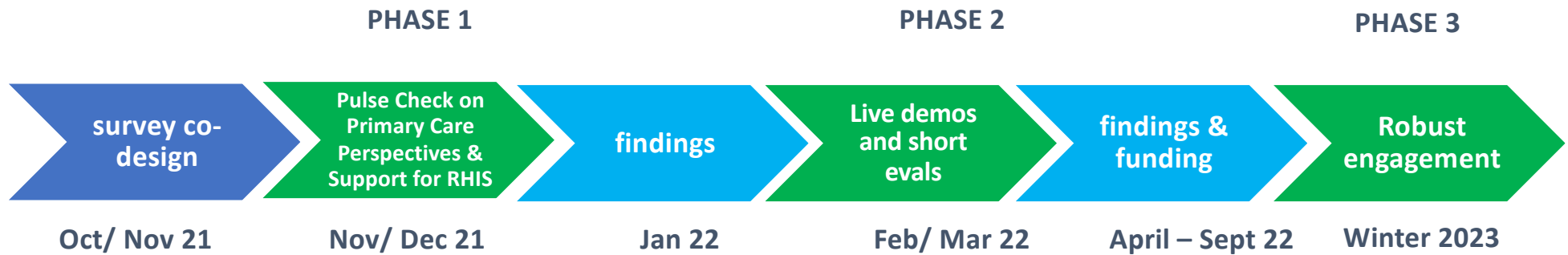
Allow for two-way dialogue – and inform clinicians at the same time that they voice their needs.

Case study A | Team-based

The Primary Care Working Group



Case study A | Timeline



Case Study A | Evidence

Phase 1: The Pulse Check on Primary Care Perspectives and Support for the RHIS

Objective:

To engage primary care clinicians within the 3 OHTs in the SE Region on their perspectives, knowledge and support of the Regional Health Information System project at the outset of the planning process.

Strategy and Methods

- short electronic survey, two week window
- Non-anonymized
- Open and closed ended questions
- Disseminated through OHT primary care leadership to each PCN for a total of 62 practices
- Final sample of $n=45$ participants, participation rate of 73%.

The screenshot shows a web-based survey interface. At the top, there is a green navigation bar with links: Dashboard, My Surveys, My Team, and Plans & Pricing. Below this is a progress bar with steps: SUMMARY, DESIGN SURVEY, PREVIEW & SCORE (highlighted), COLLECT RESPONSES, ANALYZE RESULTS, and PRESENT RESULTS. The main content area has a title 'Pulse Check on Primary Care Perspectives and Support for the Regional Health Information System (RHIS)' in green. Below the title is a section 'About You and Your Clinic'. The first question is '1. What is the name of your clinic?' with a text input field. The second question is '2. What is your name, role, and the best way to reach you?' with a 'Name' label and a text input field. At the bottom, there is a 'Device View' button with icons for desktop, tablet, and mobile, and a 'Survey Format' button. A progress indicator shows '0 of 15 answered'.

Case Study A | Evidence

Phase 1: Measures and insights

Data and Measures

Tell us about yourself and your clinic:

- ✓ Primary care practice information

Current EMR Snapshot

- ✓ Which system is it and what are its missing features?
- ✓ Patient portal ?

The Regional Health Information System Project

- ✓ level of familiarity (5 point Likert scale)
- ✓ sense of priority (7 point Likert scale)
- ✓ perceived benefits and challenges (open ended)
- ✓ support statements (call to action, select all that apply)
- ✓ additional feedback and comments (open ended)

Results – Examples

- ✓ While the majority of respondents n=26 previously stated that they had low knowledge of the project, the same number of participants, over half the sample said they still see it as moderate to essential priority.
- ✓ Top concerns: cost, functionality, privacy issues, “site unseen”
- ✓ Benefits: communication, big picture, info sharing

“with integration of a patient's care record across the continuum of care, all providers will have a better understanding of a patient's health, and therefore be able to provide better care .”

Case Study A | Evidence

Mini Evals (post demos)

Objective:


To solicit feedback from clinicians in the SE region on both the Cerner Millenium Ambulatory Module and the Cerner Health Information Exchange (HIE)


Method:

- twin online surveys, administered immediately after the online demonstrations
- Total participant sample pool $n=39$

Evaluation of the Cerner Millenium Ambulatory Module Demo for RHIS

About You:


1. Your name 

2. Which model applies to your clinic 

- ☐ Comprehensive Care Model (CCM)
- ☐ Family Health Group (FHG)
- ☐ Family Health Network (FHN)
- ☐ Family Health Organization (FHO) (affiliated with a FHT)

Evaluation of the Cerner Health Information Exchange (HIE) Demo for RHIS

About You:

1. Your name 

2. Which model applies to your clinic 

- ☐ Comprehensive Care Model (CCM)
- ☐ Family Health Group (FHG)
- ☐ Family Health Network (FHN)
- ☐ Family Health Organization (FHO) (affiliated with a FHT)

Case Study A| Evidence

Phase 2: Measures and insights

Data and Measures

Tell us about yourself and your clinic:

- ✓ Primary care practice information

Systems measures

- ✓ To what extent can each system help us reach the goals of the quadruple aim
- ✓ Statements on each system's potential to meet previously identified clinical needs (i.e. referrals, historical encounters, test results, prescriptions, communication, level of complexity, logistics, workflow)
- ✓ willingness to pilot each system + rationale
- ✓ Likes and dislikes
- ✓ degree of support for selection of each system

Results – Examples

- ✓ Millenium (full migration system) consistently scored favourable results,
- ✓ an openness to pilot either system. However a higher combined proportion of respondents – 81% indicated that they would be **somewhat or very likely** willing to pilot the Millenium than the HIE which scored a lower (still close) combined proportion of respondents – 78%

“ I really liked the integration of patient information and management between hospitals and primary care practices in the Millenium model. Clarity and transparency for patient care between primary care and hospitals.”

Case Study A| Evidence

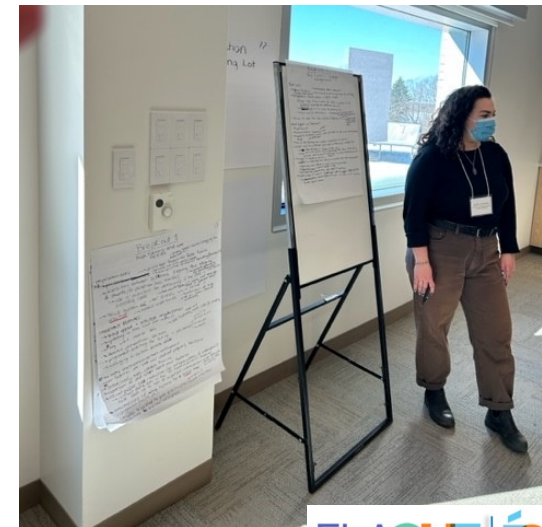
Both Phases 1 & 2 demonstrated that these concerns were real.

1. Cost
2. Migration logistics
3. Patient Privacy
4. Functionality / features
5. Interoperability
6. Change management within their practice
7. Volume of information, impact on workflow
8. Site unseen

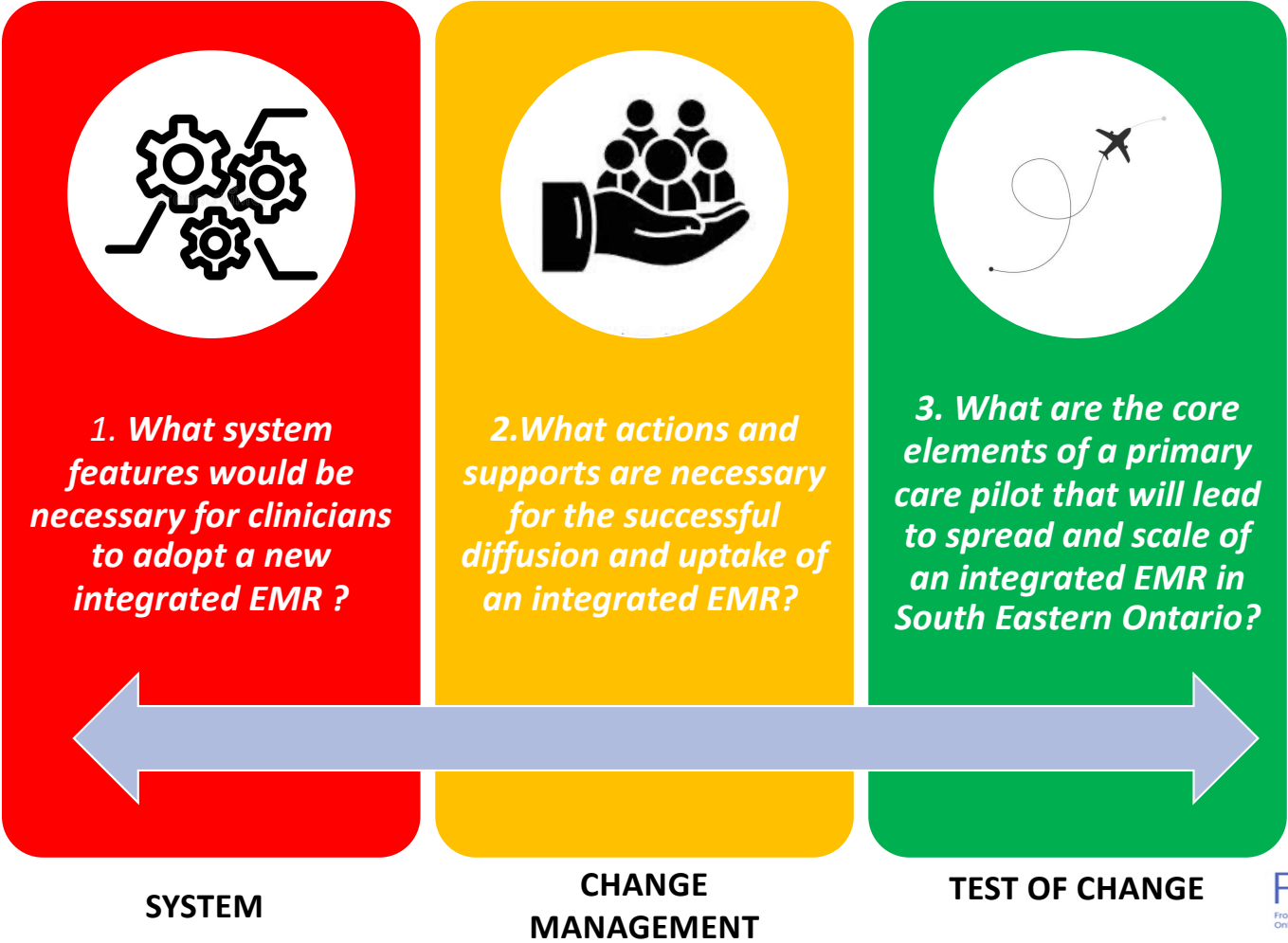


Case Study A: Implementation Phase 3 The Innovation Café Approach

- collaborative and open discussion modelled after the World Café
- links ideas within a larger group in order to understand multiple viewpoints
- focused on exploring and innovating rather than problem-solving
- an event that encourages participants to move freely to breakout discussion tables and weigh in wherever they are inclined.
- works well when peers contribute as table hosts – and facilitate conversation – primary care champions
- Ideas and feedback are captured by visual recorders
- collective discovery orients the audience towards a shared vision @ the end
- engaged nearly 60 clinicians in person and virtually over a 1 month period in February / March 2023



Case Study A | Implementation
Phase 3 Guiding Questions

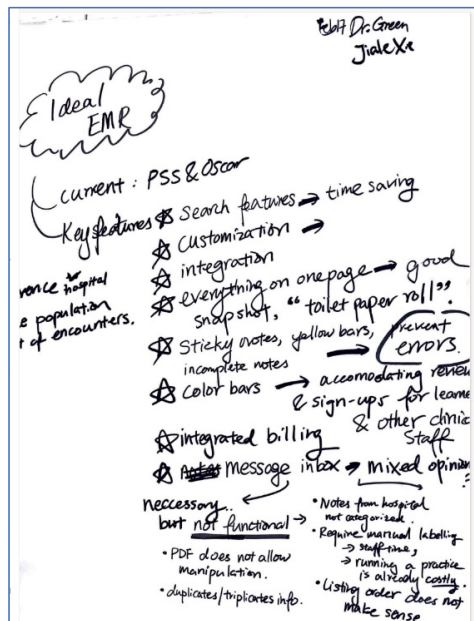


Case Study A | Implementation

Phase 3 Sample discussion questions by breakout table

System

1. When you think about an integrated EMR, are there features and functionalities that must be present to encourage adoption? What are the differences you are looking for?



Change Management

2. When you think about a patient chart that is shared between hospitals and primary care do you foresee any benefits or challenges?

Prompts: privacy, data integrity, ownership of cumulative patient profiles and medication lists

What actions could be taken to address these concerns?

Primary Care Pilot Design

3. How do you envision a successful pilot of an integrated EMR moving forward? What measures will define success?

The voices of clinicians are being used to support primary care's uptake of an integrated EMR:

1. lay the groundwork and identify core eligibility criteria for a future pilot - test of change
2. identify gaps and concerns as areas to address through a pilot – and co-design of a system.
3. leverage and grow primary care support
4. inform socialization process and discussions
5. frame value proposition
6. create a path forward to drive diffusion of innovation



Telus - super easy to download OLIS BW from my patients who have BW elsewhere, HRM imaging from our hospital comes through perfectly 99%	Telus - PROBLEM - wish that when we add referral templates, that they could auto populate (it does when we use Ocean). Many specialist have their own forms.	Like inbox management	Individual settings- forms, stamps	Send forms to patient to complete- via OCEAN- data inputs into chart
CHCO / Sick kids need to STOP using their portal- have to reset password every time.	Dashboard with dates/last bp, screening, etc	reminders for screening	New system would need to migrate data correctly- a lot of time has gone into having complete charts with Dx codes, etc.	easy to develop referrals and add info
templates	Messaging- don't like scroll. HRM are good	Favourite forms- easy to find	OLIS does push results to EMR- would be nice to have	Data from hospitals is different

Quick pause. Questions ?

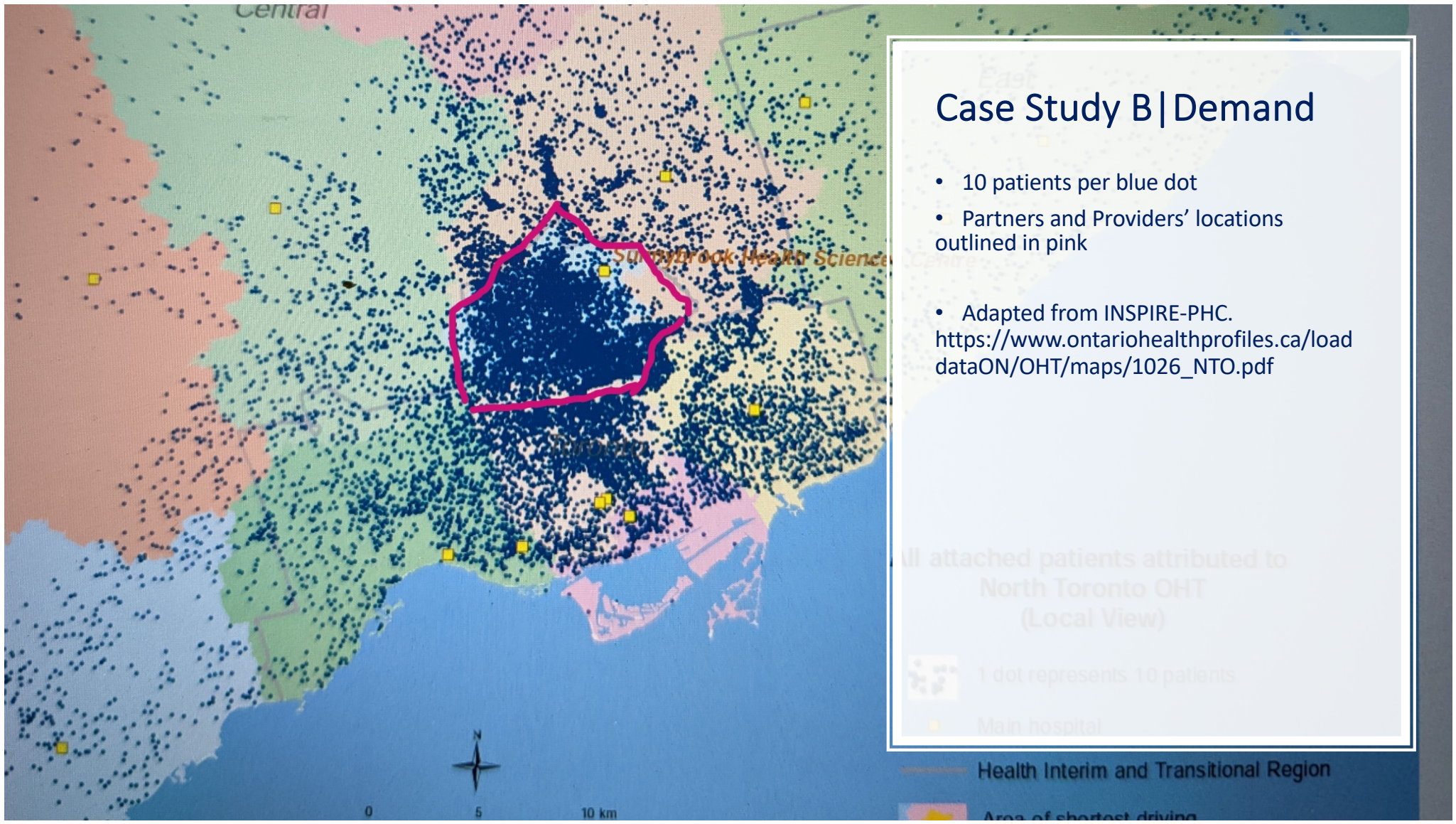
Case Study B | Context

NT Primary Care Network

- Network of primary care providers in North Toronto
- Voluntary membership
- Executive Team of Primary Care contribute to OHT functions/ groups
 - Co-led
 - Representative
- Two-way interactions
 - Comment/ represent primary care
 - Introduce issues that are important to primary care



<https://northtorontooht.ca/2020/02/14/primary-care-providers/>



Case Study B | Demand

- 10 patients per blue dot
- Partners and Providers' locations outlined in pink
- Adapted from INSPIRE-PHC.
https://www.ontariohealthprofiles.ca/load/dataON/OHT/maps/1026_NTO.pdf

All attached patients attributed to
North Toronto OHT
(Local View)



1 dot represents 10 patients



Main hospital



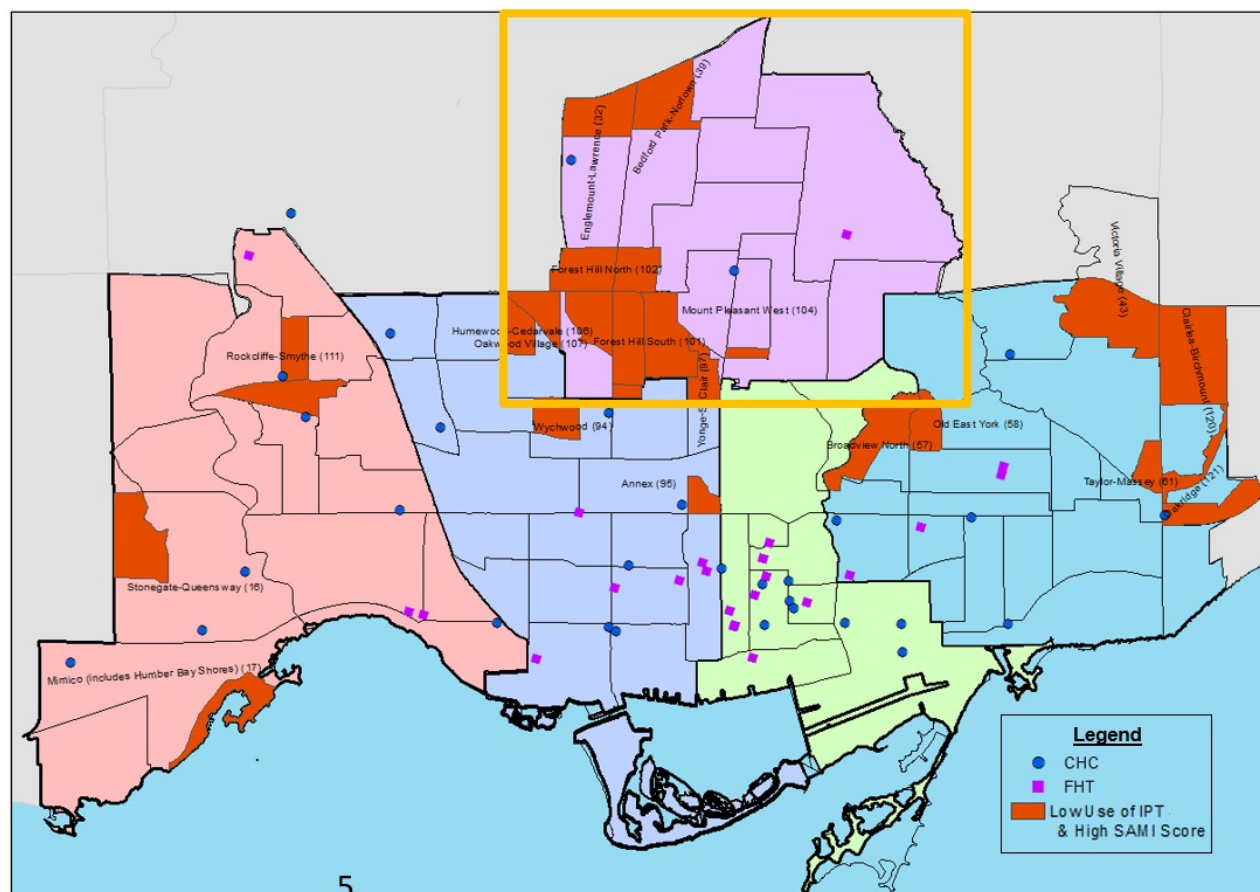
Health Interim and Transitional Region



Area of shortest driving

Case study B| Primary Care in the North Toronto Ontario Health Team (OHT) Region

Need in High Risk Groups in Toronto Central: Low Use of Interprofessional Teams and Highest SAMI Scores



Data sources: ICES; Toronto Central LHIN Interprofessional Team Survey, 2017

Case Study B | Team -based

Knowledge Gap/ Need and the opportunity for interprofessional care

- ~180,000 patients
- Only 15% have access to interprofessional primary care team-based care
- Significant inequity in patient access/ services
- Use available data to allocate Interprofessional Team (IHPs) in an evidence-informed, equitable & data-driven approach
- Population approach will optimize patient access to care to meet their needs and promote efficient use of IHP resources
 - Improve provider experience with supports and build community/ networks

Case Study B | Evidence

Data driven approach



Engage
Primary Care



Partner



Analyze data



Implement



Evaluate

Case Study B | Implementation

Engagement Strategies



Co-design



Emergent Changes



Expertise/ Facilitate



Network/ Sharing

Quick pause. Questions ?

Some final pearls from both fellows:



early discussion



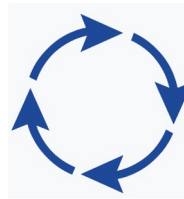
need vs. want



open doors



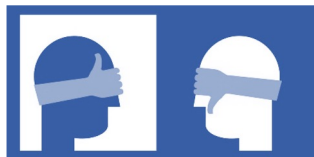
clinician representation



give feedback back



non-anonymized
supports planning



Check bias



centralized access
to OHT supports



stipends help – tx OH!

Thank you! Questions and Comments?

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