Champlain LHIN | RLISS de Champlain

Report on

2015 Primary Care Congress

March 2015

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Introduction

On March 27, 2015, the third annual Champlain Primary Care (PC) Congress was held in Ottawa. The event was organized and supported by the:

- *Champlain Local Health Integration Network (LHIN)*
- *Champlain Community Care Access Centre (CCAC)*
- *Ontario Medical Association (OMA), and*
- *University of Ottawa, Faculty of Medicine Continuing Professional Development (CPD) Office.*

PC physicians and nurse practitioners with specialists and other providers came together to participate in learning sessions to improve quality, integrated care for people with complex needs. The event offered an opportunity for participants to:

- *Hear patients and caregivers experiences with the health system*
- *Learn more about making an impact on improving quality care for complex patients within an integrated health system*
- *Contribute to positive change in the health system for patients who need better integrated care*
- *Exchange improvement ideas with patients, providers and policy makers*

Purpose

The purpose of the annual Champlain PC Congress was to:

- *Inform providers of existing and new health system initiatives improving direct patient care*
- *Facilitate better understanding of patient experiences with the health system and*
- *Encourage dialogue and input from PC providers in identifying priorities for continued quality improvements.*

The 2015 Champlain PC Congress featured keynote speakers, interactive sessions, exhibitors of programs and services available in the region.

Program Development

The Champlain PC Advisory Committee provided valuable guidance for program development and a planning sub-committee for the 2015 PC Congress was formed. The planning committee contributing members were:

- *Dr. Barry Bruce, Family Physician, West Carleton Family Health Team*
- *Jody Chaters, Conference Planner, University of Ottawa, CPD Office*
- *Dr. Paul Hendry, Assistant Dean University of Ottawa, CPD Office*
- *Renee Lebovitz-Pelletier, Champlain LHIN Integration Specialist*
- *Dr. Jacques Lemelin, Champlain LHIN PC Physician Lead*
- *Dr. Kendall Noel, Assistant Professor, Department of Family Medicine University of Ottawa*
- *Bob Parsens, Curriculum Design and Learning Specialist, University of Ottawa, CPD Office*
- *Karen Patzer, Champlain LHIN Senior Integration Specialist*
- *Kim Peterson, Vice President Clinical Care, Champlain CCAC*
- *Marc Tanguay, OMA, Regional Manager Member Outreach Services.*

Program topics were identified through:

- *Input from the Champlain PC Advisory Committee members (see Appendix A PC Advisory Committee members) and PC Networks*
- *Proceedings from the 2014 Champlain PC Congress.*

The program was reviewed and approved by the University of Ottawa, CPD Office. The event was an Accredited Group Learning Activity (Section 1), as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada for 5.5 credits. The program was also accredited by the College of Family Physicians of Canada for up to 5.5 Mainpro-M1 credits.

The opening keynote address titled, "*A Caregiver's Journey: Navigating Mental Health Services"* set the context for the day from the patient and family member perspective. This was followed by a summary of collaborative initiatives in PC, supported by the Champlain LHIN that have made a difference in improving quality of care in our region.

Three key program themes followed the opening speakers:

1) *Integrated Approaches for Caring for People with Chronic Conditions*
   a) Integrated models of care in mental health
   b) Care Coordination for Complex Patients in a Health Link
   c) Patient perspectives – What Integrated Care Means for the Patient
2) *Improving Quality of Care in a PC Network – Learning from an Alberta Experience*
3) *Provincial Perspectives from:*
   - Ministry of Health and Long-Term Care
   - OMA and
   - Health Quality Ontario (HQO).

In addition, two interactive sessions enabled participants to identify potential priorities and actions for quality improvements for caring for chronic care patients in the upcoming year.

For 2015 Champlain PC Congress Program details, see Appendix B. All speaker presentations were made available to participants through the University of Ottawa, CPD Office.

Event Promotion

The PC Congress was promoted and advertised through with the assistance of the planning committee members.

- *The OMA communicated directly to physicians and nurse practitioners through their regular communication mechanisms.*
- *The University of Ottawa CPD Office handled advertising through their website and distributed notices through email communications and at conferences.*
- *Website notices were posted on the Champlain LHIN and the Champlain CCAC sites.*
- *The event was advertised through LHIN staff to regional networks and committees.*
- *Champlain PC Advisory Committee members distributed notices through their professional channels.*
- *The Champlain LHIN distributed email notices through PC network lists.*

Event Summary

Participants

Type	Number
Physicians & Nurse Practitioners	51
Health Organizations, Health Professionals, Administrators	42
Client / Family/Caregivers	3
Researchers	4
LHIN Board members & staff	13
TOTAL*	**113**

*Includes speakers

Exhibitors

Exhibitors were available on-site for participants to learn more about specific quality improvement programs, resources and services in the region directly helping PC providers in managing their complex patients. Exhibitors included:

1) *Arnprior Region and Ottawa West Health Link*
2) *Canadian PC Sentinel Surveillance Network*
3) *Champlain CCAC*
4) *Champlain Community Support Services*
5) *Champlain LHIN*
6) *Champlain Quality Facilitator Project*
7) *CT Lamont Research Centre TRANSFORM project*
8) *Champlain LHIN eConsultation Service*
9) *Health Force Ontario*
10) *HQO*
11) *Medically Complex Patient Project*
12) *Mental Health Pathways ProgramOMA*
13) *Ottawa Public Health*
14) *Prescott-Russell Health Link.*

Interactive Session 1 Summary

System Approach for Quality Care for Chronic Care Patients

The first interactive session organized participants into small groups. Discussions focused on identifying priorities of PC providers to improve integrated, quality of care for complex patients within each of the objectives of the Champlain PC Networks. The following priorities within the objectives of the Champlain PC Networks were proposed.

1) Implementing Health Links

a) *Utilize the Health Link model - once physicians understand Health Links better and are more comfortable with the system, they will increase the number of patients referred.*

b) *Improve coordination of client care & how communication across providers will occur.*

c) *Ensure more succinct, clear & timely, legible discharge summaries to reach family physician quickly*

d) *Improve multi-disciplinary communication without having the patient retell their story; preferable in an electronic format*

e) *Increase engagement of PC providers through communication*

f) *Identify / implement rapid access points for patients*

g) *Identify clients who are the high users of the system in practices.*

2) Improvements among PC practices within the PC Network geographic area

a) *Encourage utilization of Champlain Practice Facilitation Program in individual practice settings*

b) *Streamline processes/access to specialist and access to PC*

c) *Increase the number of physicians doing advanced access*

d) *Place patient and relationship with patient at centre of all initiatives – engaging patient in decision making*

e) *Ensure better crisis support resources for PC providers*

f) *Disseminate information and feedback in a timely manner*

g) *Need for navigation and referral tools*

h) *Review available/currently utilized palliative patient/care services*

i) *Use practice facilitation services with a focus on priorities within the practice.*

3) Working with other health sectors on system Improvements

a) *Conduct/participate in multi-disciplinary case conference with patients and all levels of service including housing/legal/mental health (patient engagement)*

b) *Ensure each sector contributes to the Health Link e.g. discharge summary electronic from hospital*

c) *Look for more opportunities to network together*

d) *Improve communication methods including multi-disciplinary communication and at key transitions at ED/admissions/ discharge (who is overseeing what?)*

e) *Set up patient-centred common link - one EMR per patient*

f) *Implement a concise way of patient to access and carry their health information for all providers to use / see.*

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Interactive Session 2 Summary

Moving Priorities to Actions

During the second interactive session, participants in small groups were asked to select two priorities from Interactive Session 1 and identify two improvement initiatives for each priority that PC could begin to implement in 2015-16. The following summarizes the initiatives for each of the selected priorities.

1) Implementing Health Links

Priority Identify patients for Health Links at key transitions to ensure communication between providers and coordination of care for those who need it.	
Initiative 1 – Identify clients who are using Emergency Departments (ED). Do analysis and pick up 10 clients who use the ED to concentrate on decreasing visits by developing a care plan based on clients input (those who could benefit from coordinated care)	**Initiative 2** – Develop Care Coordination plans and teams with patient goals. Family Physician (FP) participates in case conferencing where appropriate and FP knows the plan of care.

Priority Identifying and implementing rapid access for patients to access care	
Initiative 1 - Home visit/intake session (needs assessment)	**Initiative 2 -** Improve communication between patients and care providers – utilize current technology

Priority Utilize Health Links model for medically complex patients	
Initiative 1 - Get team together	**Initiative 2 -** Identify the clients

Priority Implement Health Links	
Initiative 1 - Communication with PC physicians in the region: each physician in the HL invites/refers a patient	**Initiative 2 -** Communicate patient stories through media, newsletters

2) Improvements among PC practices within the PC Network geographic area

Priority Making the patient the centre of care of decision making	
Initiative 1 Implementing a negotiated care plan	**Initiative 2** Strength based client care plan
Priority Communication and engagement of PC Providers	
Initiative 1 - Public awareness – target patients (TV commercials / billboards) Professional Dinner	**Initiative 2 -** Offer tools/data to engage small groups then show benefits to greater group

Priority Information & referral tool / EMR	
Initiative 1 - Central space – targeted to PC – CARESS Information & referral tool	**Initiative 2 -** EMRs that speak to each other and have algorithms to alert when test and referrals are necessary

Priority Identify improvement priorities within each practice
Initiative 1 - Practice facilitation – work with Champlain Quality Practice Facilitators to identify improvement priorities within the practice

Priority Communication across providers	
Initiative 1 - Identify current/problem state	**Initiative 2** Build a collective voice – shared sense of purpose for PC (Patients belonging to a Network vs PCP)

Priority Being Patient-Centred
Initiative 1 - Medical Passport (app) e.g. “Be Safe”

Priority Better Crisis Support resources for PC Providers
Initiative 1 - Access to acute IV antibiotics in the community including first dose

Priority Improving communication among health sectors and care providers
Initiative 1 - Secure standardized email or on-line portal system to message between physicians and other providers

Priority Streamline processes and access to specialists/PC	
Initiative 1 - Streamline processes to network and communicate (and share client information)	**Initiative 2 -** Access to specialists and PC

Priority Advance Access (improved access)	
Initiative 1 - LHIN supports initiatives to improve access at local level	**Initiative 2** – Physicians understand that they are responsible for their patients and for the system

3) Working with other Health Sectors on System Improvements

Priority Improve multi-disciplinary communication	
Initiative 1 - Use technology to improve communication (at a macro / system level)	**Initiative 2** - Develop a common patient record

Priority Multi-disciplinary case conferences which are patient led meetings involving all community supports – family, friends, PC, MH, specialists, housing, corrections, ODSP, Jobzone	
Initiative 1 - Identify the patients	**Initiative 2 -** Engage the providers

Participant Evaluation Summary

Two evaluation methods were used to gain insights into the PC Congress quality, relevance, and extent to which learning objectives were met.

A paper-based evaluation was provided at the event for each participant, and an electronic survey was sent out following the event.

The on-site evaluation was to measure whether learning objectives for each speaker / session were met, relevance of the topics, and quality of the speakers. The follow-up survey was to gain insights into future congress planning.

On-site Evaluation

The following is a sampling of "pearls" learned during the event and / or statements of motivation and confirmation resulting from these speakers.

1) Patients and Caregiver's Experiences

- *"Very interesting speaker, pertinent!! I liked when she said my mental disease is not my identity as a person"*
- *"The challenges faced by patients" and "How unheard families feel"*
- *"How important it is to listen, actively listen to our patients and clients"*
- *"The role of family in the care [of the patient]"*
- *"Continue to treat the client/patient as I would treat a loved one"*
- *"Navigating the health care system is too complicated."*

2) Champlain LHIN success stories

Presentations from the LHIN and the Quality Facilitator program representatives were well-received. Examples of open text responses included:

- *"Learned more about the LHIN"*
- *"Very well presented relevant to PC"*
- *"PC sector needs to be engaged"*
- *"There may be ways to improve my practice with support from this [Quality Facilitator] program"*
- *"Small changes can make a big difference"*
- *"How important it is to study our practice"*
- *"Very inspiring."*

3) Integrated Care for Complex Patients

Learning and suggestions from presentations on integrated care for complex patients were expressed in the following open text examples:

- *"Multidisciplinary [care] works well and we need to bring our areas of expertise together"*
- *"The importance of outreach"*
- *"I would have liked more information on collaborative care and how to apply it to my practice"*
- *"Mental health is part of healthcare not separate"*
- *"More patient presentations."*

4) PC Networks – An Alberta Experience

Guest speakers from the Red Deer PC Network described their organization and programs established for the population in Red Deer, Alberta to improve care and services for people with chronic conditions. Examples of open text responses included:

- *"Great innovations"*
- *"Great ideas in health promotion"*
- *"The importance of community health."*

5) Future Provincial Directions and Priorities in PC.

These individuals provided key messages on future directions in PC from their respective provincial perspectives:

- *Deputy Ministry of Ministry of Health and Long-Term Care*
- *OMA President and*
- *Chief Clinical Lead of HQO.*

A sampling of open text responses included:

- *"Good overview of the thinking of the Ministry"*
- *"Change is inevitable. Better be early adopters"*
- *"The congress was excessively focused on physician PC. There was a missed opportunity to discuss what all the players of PC can do for the patient…."*
- *"Data, data, data" "Providing data at a community level would be wonderful"*
- *"HQO can help with giving me demographics for my population."*

On-line Evaluation

The following summarizes key messages obtained from the follow-up on-line survey to help inform future congress planning.

- *Time spent with colleagues and information gained through plenary speakers was ranked of highest importance.*
- *The most frequently cited aspects of the conference that survey respondents liked best were:*
  - Networking with colleagues (formal and informal)
  - The provincial perspectives
  - Speakers & presentations
  - Hearing patient experiences
  - New knowledge
- *Suggested improvements to the PC Congress included:*
  - allowing more time for lunch
  - increasing clinical relevance to engage providers in improving direct patient care
  - ensuring presentation content is inclusive of a range of PC providers in attendance
- *The PC Congress format met the learning needs of the participants.*
- *There was a high degree of satisfaction with the venue.*
- *The most common ways in which participants learned about the event was through email notifications and word of mouth.*
- *Topics of interest for future congress programs included:*
  - Health Links
  - Reports from PC Networks – data, projects, engagement, tools & services.

> *"Assigned tables which facilitated meetings with people I would not otherwise have met or connected with. Great pace and excellent moderators. Wonderful brainstorming sessions. Nice choice of speakers."*

Appendix A

Champlain LHIN PC Advisory Committee Members

Dr. Jacques Lemelin	Champlain LHIN PC Physician Lead, Chair, Champlain PC Advisory Committee	
Amira Abdalla	President, Ottawa-Carleton Pharmacists Association	
Dr. Lee Donohue	Family Physician, Cancer Care PC Lead	
Dr. Kathy Gillis	Psychiatrist, The Ottawa Hospital	
Dr. Paul Hendry	Cardiac Surgeon and Director of the Mechanical Circulatory Devices Program; Assistant Dean Continuing Medical Education, Faculty of Medicine, University of Ottawa	
Dr. Rosamund Lewis	Associate Medical Officer of Health, Ottawa Public Health	
Dr. Clare Liddy	Family Physician, Assistant Professor, Department of Family Medicine, University of Ottawa	
Dr. Shaun McGuire	Chief of Staff, Bruyère Continuing Care	
Ann Miller	Nurse Practitioner, Champlain Diabetes and Vascular Health Lead	
Dr. Frank Molnar	Medical Director, Regional Geriatric Program of Eastern Ontario	
Dr. Laura Muldoon	Family Physician, Somerset West CHC	
Dr. José Luis Pereira/ Dr. Jill Rice (designate)	Professor and Head, Division of Palliative Care, Department of Medicine, University of Ottawa; Medical Chief, Palliative Medicine, Bruyère Continuing Care and The Ottawa Hospital	
Dr. Andrew Pipe	Chief, Division of Prevention and Rehabilitation, University of Ottawa Heart Institute, Chair, Champlain Cardiovascular Disease Prevention Network (CCPN)	
Dr. Shaun Visser	Champlain Emergency Department Physician Lead	
Dr. Paul Lyons	Family Physician	PC Network Lead (Prescott-Russell Health Link)
Dr. Garrett Foley	Family Physician	PC Network Lead (Stormont, Glengarry, Cornwall & Akwesasne Health Link)
Dr. Marilyn Crabtree Dr. Jennifer Ingram-Crooks	Family Physicians	PC Network Co-Leads, Upper Canada Health Link
Dr. Therese Hodgson Dr. Lee Donohue	Family Physicians	PC Network Co-Leads, Ottawa East Health Link
	Family Physician	PC Network Lead, Central Ottawa Health Link
Dr. Aly Abddula Dr. Caitlyn Schwartz	Family Physicians	PC Network Co-Leads, South Ottawa and North Grenville Health Link
Dr. Barry Bruce	Family Physician	PC Network Lead, Arnprior Region and Ottawa West Health Link
	Family Physician	PC Network Lead, South Renfrew Health Link
Dr. Peter Galley	Family Physician	PC Network Lead, North Renfrew County Health Link
Karen Patzer	Senior Integration Specialist, Champlain LHIN	
Penny Sands	Vice President, Client Services, Champlain CCAC	
Marc Tanguay	Regional Manager, Member Outreach Services, OMA	

Appendix B

Champlain PC Congress Program Agenda

March 27, 2015

07:30 - 08:30	**Continental Breakfast & Networking – Registration and Visit Exhibits**	
08:30 - 08:45	**Welcome and Introductory Comments** *Describe local and regional health system improvement initiatives in caring for complex needs patients	**Dr. Jacques Lemelin**
08:45 - 09:00	**Patient / Caregiver Story " A Caregiver's Journey: Navigating Mental Health Services "** *Describe challenges facing patients/families/caregivers in managing their own, or their loved one's mental health condition.	
09:00 - 10:00	**"Champlain LHIN Success Stories"** *Describe role of the LHIN and system approaches supported by the LHIN that are improving quality of care **Session: Questions & Answers** *Explain PC involvement in quality improvement initiatives within the health system	**Ms. Chantale LeClerc Ms. Liz Jackson Dr. Elizabeth Brown**
10:00 - 10:30	**Refreshment Break and Exhibitor Showcase**	
10:30 - 10:45	**Panel Discussion "Integrated Approaches for Caring for People with Chronic Conditions"** *Identify local and regional quality improvement initiatives in caring for complex care patients which could be implemented in practice	**Moderator: Dr. Jacques Lemelin**
10:45 - 11:00	**"Integrated Models of Care in Mental Health"** *Explain PC-specialist integrated care model to improve care in mental health	**Dr. Simon Hatcher**
11:00 - 11:15	**"Care Coordination for Complex Patients in a Health Link"** *Explain how Health Links are improving coordination of care for people with complex health needs	**Dr. Renée Arnold**
11:15 - 11:30	**"What Integrated Care Means for the Patient"** from a patient's perspective	
11:30 - 12:30	**Interactive Breakout Session: "Systems Approach for Quality Care for Chronic Care Patients"**	
12:00 - 12:45	**Lunch and Exhibitors Showcase**	
12:45 - 1:30	**Plenary: "Improving Quality of Care in a PC Network – an Alberta Experience"** *Describe system approaches to improving the care for patients with complex care needs in a PC network context in Alberta	**Moderator: Dr. Jacques Lemelin** **Dr. Peter Mah & Ms. Lorna Milkovich**

1:30 - 2:10	**Interactive Breakout Session "Moving Priorities to Actions"** *Select two improvement initiatives that could be implemented per PC Network in 2015/16	
2:10 - 2:30	**Rapid Roundtable Innovations Report Back** (2min/table)	
2:30 - 3:25	**"Keynote Plenary "Future Provincial Directions & Priorities in PC"** *Summarize the Ministry of Health and Long-Term Care's quality improvement agenda and how it relates to your practice *Discuss the Ontario Medical Association's quality improvement agenda **"Towards a Quality Health Care System"** *Describe how the provincial quality agenda will impact the care of patients with complex needs	**Moderator: Dr. Marilyn Crabtree** **Dr. Bob Bell** **Dr. Ved Tandan Dr. Jeff Turnbull**
3:25 - 3:30	**Closing Remarks and Evaluations**	**Dr. Jacques Lemelin**

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