
Physician Engagement Workshop

***Sponsored by the Ontario Medical Association
and the Central East Local Health Integration Network***

Workshop Summary



Prepared by



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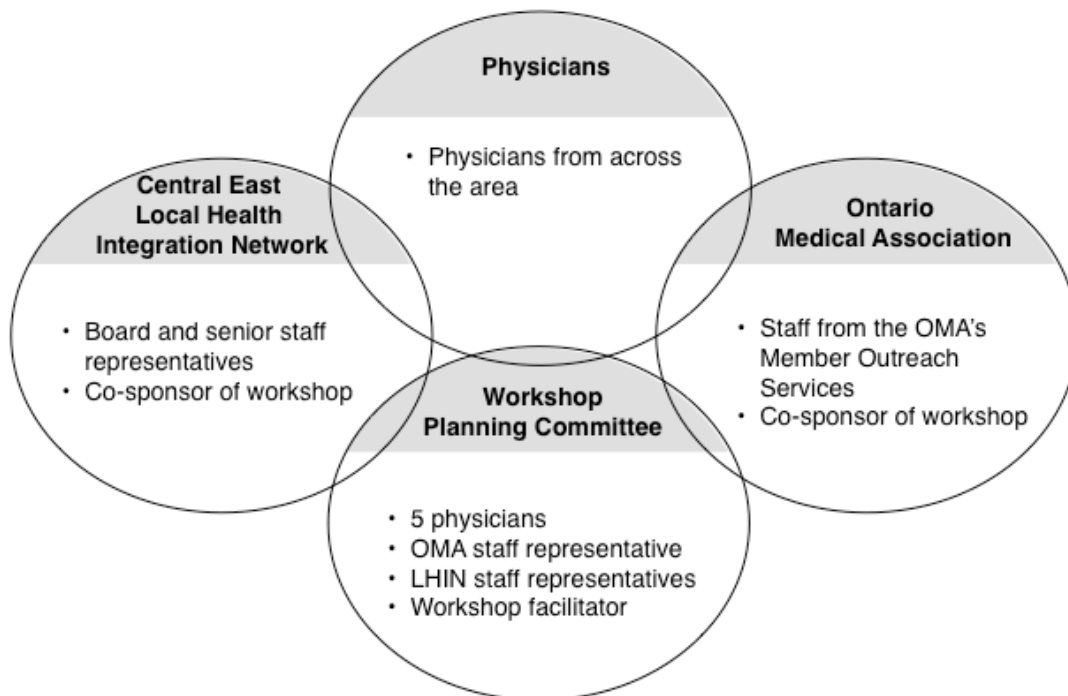
I – INTRODUCTION

On September 22nd, 2008 the Ontario Medical Association (OMA) and the Central East Local Health Integration Network (LHIN) co-sponsored a workshop with area physicians to discuss how physicians and the LHIN can build a successful working partnership.

PARTICIPANTS

The workshop was developed by a joint planning committee and brought together 45 people from key groups, including 27 physicians from the area (see Appendix A for list of participants).

Figure 1 – Workshop Participants



OBJECTIVES

The specific objectives of the workshop were to:

- ◆ Provide an opportunity for physicians to learn about the role, priorities, and key initiatives of the Central East LHIN
- ◆ Seek input from physicians on the health care issues facing their patients, practices and communities
- ◆ Outline current opportunities for physician engagement with the Central East LHIN
- ◆ Seek input from physicians on their communication, information and consultation interests and how to build a successful working partnership between the Central East LHIN and physicians in the region

This report was prepared by the workshop facilitator, Michael Rowland of The Randolph Group.

II – UNDERSTANDING THE CENTRAL EAST LHIN

Foster Loucks, Chair of the Central East LHIN, and Dr. Christopher Jyu, an area physician and member of the workshop planning committee, welcomed participants and thanked everyone for coming.

LHIN Overview

Deborah Hammons, the CEO of the Central East LHIN gave an overview presentation of the LHIN's role, mandate, vision, and strategic priorities.

Her presentation began with a definition of integration. In simple language, integration is:

- ◆ Health system experienced as a **coordinated system**: People will get the right treatment at the right time by the right provider
- ◆ Seamless **flow of information** that supports patient care
- ◆ A system that begins with **primary care** providers with an equal focus on prevention and health maintenance
- ◆ Create timely **access to quality services** by aligning people, processes and resources
- ◆ **Elimination** of wasteful and time consuming duplication
- ◆ **Involvement** of patients, residents, family and informal caregivers

Deborah outlined the LHIN's health system responsibilities relative to those of the province (see Figure 2).

Figure 2 – LHIN Responsibilities

LHIN	Provincial:
<ul style="list-style-type: none">• Public and Private Hospitals• Long-Term Care Homes• CCAC• Community Mental Health and Addiction• Community Health Centres• Community Support and Service Agencies e.g. Meals on Wheels	<ul style="list-style-type: none">• OHIP & Doctors• Family Health Teams• Other Practitioners• Provincial Drug Programs• Trillium GoL / organ donations• Ontario Drug Benefit• Public Health• Private Labs• Ambulance Services• Independent Health Facilities• Provincial Networks / Programs

The LHIN's mandate with respect to these responsibilities relates to community engagement, planning, funding and accountability. This mandate is carried out in a region that has a broad diversity of geography, language and culture, and involves 135 service providers.

Through this mandate the LHIN's vision is to build engaged and healthy communities and to demonstrate values of accountability, responsiveness, respect, integrity, innovation and respect.

Figure 3 – LHIN Vision and Values

Engaged Communities	Healthy Communities
<p>People are supported and proactively engaged in</p> <ul style="list-style-type: none">• managing their own health and wellness• providing direction and solutions for their health care system and their LHIN• coordinating the delivery of timely health care services	<ul style="list-style-type: none">• Supportive and sustainable environments that address the social determinants of health and cultural competency• Timely and equitable access to care• The health of the population has improved
<p>Values: Accountability. Responsiveness. Respect. Integrity. Innovation. Equity.</p>	

The LHIN is guided by its Integrated Health Service Plan, developed through extensive community engagement and analysis and which sets out health care priorities and goals for the local health care system. As an organization, the LHIN's strategic directions relate to transformational leadership, quality and safety, service and system integration, and fiscal responsibility.

Questions

Participant questions about the LHIN's mandate and responsibilities related to:

- ◆ The LHIN's role in prevention
- ◆ The LHIN's relationship and accountability to the Ministry of Health and Long Term Care
- ◆ Whether each of the 14 LHIN's across the province has the same priorities
- ◆ The vision for an integrated health system and how to link the system together
- ◆ The definition of success
- ◆ What can be done about the shortages of services

III – UNDERSTANDING KEY HEALTH SYSTEM ISSUES

The next section of the workshop engaged physicians in a discussion of the health system issues or challenges they experience in their practices and communities and the implications of these for their patients. Participants were asked to identify these issues through table-based discussions.

Five major themes emerged from these discussions – access, information, prevention, change management, and demographics.

Access

Access related issues were the most commonly mentioned and the strongest theme across the discussions.

Key Issues

- ◆ Need to reduce hospital overcrowding and wait times by improving availability of services in:
 - Long term care
 - Community care
 - Supportive housing
 - Home care
- ◆ Need increased access to primary care
 - More family physicians
 - More integrated, collaborative primary care models
- ◆ Access to tertiary services varies widely among urban and rural communities and across the large geographic area of the LHIN
- ◆ Acute care underfunded and lacks sufficient capacity
- ◆ Lack of affordable dental care
- ◆ Surgery wait time too long

- ◆ Wait times for consultations too long
- ◆ Gaps in services for women and children
- ◆ Lack of mental health services for youth and children

Implications

The implications of these access issues for patients were seen to be:

- ◆ Lack of or inadequate care
- ◆ The need to travel to access care
- ◆ Loss of continuity of care
- ◆ Poorer health outcomes
- ◆ Longer than desirable wait times
- ◆ Higher costs of care

Information

The second major theme emerging from the table discussions related to information issues.

Key Issues

The information issues fell into two main areas - the challenge of accessing information about a patient, and the challenge for both patients and providers of understanding what services exist in the community.

Accessing Patient Information	Understanding Existing Services
<p style="text-align: center;"><u>Issues</u></p> <ul style="list-style-type: none">▪ Need for shared, timely, accurate, secure medical information▪ Poor integration of diagnostic data▪ Incompatible system interfaces▪ Need for common system and information platform▪ Drug information and pharmacies need to be integrated into information system▪ Need for common electronic medical record	<p style="text-align: center;"><u>Issues</u></p> <ul style="list-style-type: none">▪ Need for increased awareness of existing services and programs▪ Difficult to find an inventory of services▪ Services providers and public unaware of services available within the area

Implications

The implications of these issues were seen to be:

Accessing Patient Information	Understanding Existing Services
<p style="text-align: center;"><u>Implications of Issues</u></p> <ul style="list-style-type: none">▪ Increased risk of medical errors▪ Duplication of information collection and management▪ Patients don't receive optimal service▪ Duplication of tests	<p style="text-align: center;"><u>Implications of Issues</u></p> <ul style="list-style-type: none">▪ Not being able to access needed care/right care▪ Wasted time and effort by both patients and providers

Prevention

A third theme emerging from the table discussions related to health prevention.

Key Issues

- ◆ Need for increased focus on prevention
- ◆ Need to put greater focus on risk factors
- ◆ Need to find ways other than primary care to address prevention
- ◆ Need to provide prevention and self-management information to patients

Implications

Effective prevention would improve health outcomes, reduce demands on the health care system, and make it less reactive.

Change Management

Several tables identified the challenge of managing change as a significant health system issue. Specific issues included:

- ◆ Mentality of turf protection makes getting buy-in for change difficult
- ◆ Multiple stakeholders exist around program and system change
- ◆ Need for strong and appropriately selected physician leadership to champion and build buy-in for change
- ◆ Concern over centralization of services

Without effective change management, system change will meet greater resistance, take longer and integration will be hampered.

Demographics

Finally, participants identified the importance of planning for changing demographics, in particular the growing seniors population. Specific needs included:

- ◆ Need for more nursing homes with capability to provide comprehensive care
- ◆ Need for greater home care and community supports
- ◆ Growing need for psychiatric services for an aging population

IV – ENGAGING IN A SUCCESSFUL PARTNERSHIP

The next section of the workshop focused on how physicians and the Central East LHIN can build a successful working partnership.

Current Engagement Framework

James Meloche, the Senior Director of Planning, Integration and Community Engagement outlined the Central East LHIN's strategy map and some of the specific initiatives that are underway:

- ◆ The Central East Medical Advisory Committee
- ◆ Diabetes Clinical Guidelines Rollout
- ◆ Self Management Training for Consumers and Caregivers
- ◆ Timely Discharge Information System
- ◆ Hospital Clinical Services Plan

He invited physicians to get involved with these and other initiatives and commented how physicians have already played a major role in moving initiatives forward.

In addition to specific initiatives, there are opportunities for physician involvement in local advisory teams or collaboratives in nine planning areas across the region, and one cross-LHIN French Language Health Services collaborative. As well, there are nine networks and task groups working together across the region.

He emphasized the importance of physician engagement with the LHIN and offered that a LHIN representative would attend any physician table if invited.

Successful Partnership

The participants were asked to identify how to build a successful working partnership between the Central East LHIN and physicians in the region.

Specifically, they were asked what the purpose and principles of a successful partnership should be, and what information, communication and consultation mechanisms should be used to support a successful partnership.

PURPOSE

Four main themes emerged from the discussion of the purpose of a partnership between physicians and the LHIN.

Improve Health Outcomes and Patient Care

- ◆ Promote better health outcomes
- ◆ Coordinate care
- ◆ Improve patient care
- ◆ More rewarding, patient-focused care

Improve System Design and Performance

- ◆ Improve access to services
- ◆ Influence distribution of services
- ◆ Improve flow and connectivity within the system
- ◆ Make the system more efficient for the patient
- ◆ Increase physician satisfaction with system

Share Knowledge and Information

- ◆ Increase understanding of patient care issues
- ◆ Reduce silos of information and promote information sharing
- ◆ Ongoing exchange of information
- ◆ Share knowledge
- ◆ Understand human resource issues
- ◆ Share success stories
- ◆ Tap into physician knowledge and information

Build Collective Ownership and Accountability

- ◆ Build joint ownership of the Central East health care system
- ◆ Build accountability
- ◆ Common goals and objectives
- ◆ Better decision-making
- ◆ Better focus

PRINCIPLES

For the physician/LHIN partnership to be successful, it must operate on some recognized, common principles. Three areas were identified:

Openness and Respect

- ◆ Transparency
- ◆ Mutual respect
- ◆ Mutual benefit
- ◆ Effective communication
- ◆ Flexibility within LHIN to make changes in response to input

Timely Involvement

- ◆ Opportunities for input early on in the process
- ◆ Local feedback for allocation of funds
- ◆ Time provided to develop good plans

Provide Support for Physician Involvement

- ◆ Appropriate remuneration for physician's time
- ◆ Offer continuing education credits
- ◆ Ministry incentives

- ◆ Support physician leaders
- ◆ Show appreciation of public service

Build on This Workshop

- ◆ Establish and maintain a dialogue
- ◆ Maintain momentum and prevent relapse

MECHANISMS

The final discussion topic asked physicians what mechanisms should be used to support information sharing, communication and consultation with physicians.

The table discussions surfaced four main themes:

Use Technology

- ◆ Use telemedicine/teleconferences for meetings
- ◆ Use computer and video conferencing
- ◆ Establish virtual communities/blogs
- ◆ Send targeted e-mails
- ◆ Use web site for one-stop shopping

Direct Engagement

- ◆ Go to physicians directly, especially in smaller communities
- ◆ Engage at the community level
- ◆ Surveys
- ◆ Focus groups
- ◆ One-on-one discussions
- ◆ Hospital visits

Leverage Partnerships/Other Initiatives

- ◆ Use OMA outreach/member services
- ◆ Piggy-back on pharmaceutical meetings
- ◆ Tie into or develop a residency program
- ◆ Piggyback on the dissemination of diabetes guidelines or other communications

Leverage Physician Leadership

- ◆ Engage local leads
- ◆ Work through Medical Advisory Committees
- ◆ Include representatives from regions with identified barriers to care

V –NEXT STEPS

The workshop ended with a plenary discussion of what specific steps should be taken in follow-up to the workshop. The following items were identified:

1. Develop and communicate an inventory of services
2. Publicize LHIN accomplishments to date and existing initiatives
3. Explore opportunities to establish academic health centre and residency program in the Central East LHIN area
4. Expand opportunities for virtual engagement and electronic communities of interest (potentially with OMA support)
5. Define success together
6. Collect and disseminate evidence on patterns of service usage and practice across the area

Deborah Hammons and Dr. Allan Studniberg closed the session by thanking participants for their ideas and time and expressed their interest in an ongoing effective partnership between physicians and the LHIN.

APPENDIX A – LIST OF PARTICIPANTS

Physicians

Dr. Jean Byers
Dr. Rachel Chong
Dr. Esmat Dessouki
Dr. Don Harterre
Dr. Peter Hayashida
Dr. Daniela Hlousek
Dr. Carolyn Hunt
Dr. Bill Johnston
Dr. Christopher Jyu
Dr. Khokhar
Dr. Hilario Lapena
Dr. James Liston
Dr. Virginia MacLennan
Dr. Asmim Masood
Dr. Brian McCormack
Dr. Doug McIntosh
Dr. David McNeill
Dr. M. Mitchell
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Dr. Joe Ricci
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