Primary Care and Research
The role of Primary Care research in the emerging Primary Care Sector

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Presentation Road map

• **Key changes in the PC sector in Ontario**
• Brief description of work plan in Champlain
• Primary Care and Health Links
• Current status of Primary Care research in Ontario
• The role of PC research in the changing PC landscape
Effective primary care is essential to a high performing health system.
Primary Care in Ontario: current state

- Individual solo or small group practices work in isolation from the rest of the system
- Limited formal linkages with the hospital sector
- Limited or no formal linkages with community health organisations such as the Community Care Access Centre
- No opportunity for formal, well organized input & communications
- Limited integration of health information
Current State of Primary Care Integration

- Home Care
- Hospitals
- Community Health Centres
- Community Support Services
- Mental Health & Addictions
- Long Term Care Homes
- FFS
- FPs/FHGs
- FHTs
- FHNS/FHOS
- NP Clinics

Patient Population

- Primary Care: 80%
- LHIN Health Sectors: 20%
An effective PC system can:

- Improve population health, reduce neonatal and all-cause mortality, and improve preventive care.
- Reduces overall health care utilization and takes pressure off emergency departments.
- Primary care is critical to the health care system.
An effective PC system can:

• Result in cost savings, reduced wait times, and better physician supply and distribution. Better care at lower cost.

• Create new knowledge: The CIHR has also recognized the key importance of investment in primary care research.
Bottom Line:

- As Primary Care Providers, get more organized in a way that gives the Primary Care Sector a forum to influence health care policy, the quality of care in Ontario will improve and costs will go down
Primary Care Physician LHIN Lead

- January 2012, Primary Care Physician Lead position created in each LHIN, funded by the Ministry of Health and Long Term Care (MOHLTC)

- Primary Care Physician Lead role is:
  - to facilitate linkages between the primary care sector and the LHIN
  - to participate in regular Ministry meetings of PC Physician Leads across the province

- The overall aim is to improve health system outcomes at the LHIN level through evidence based initiatives.
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Primary Care Work Plan 2012-13

Goals

1) Advance health system integration through engagement of primary care

2) Reduce unnecessary ED visits and hospitalizations and 30 day readmission rates focused on high risk adults with chronic conditions and/or cognitive impairments and associated challenging behaviours

3) Improve patient-centred care focused on transitions from hospital to community and from community to hospital

Initiatives

• Champlain LHIN PC Leadership Table
  • Primary Health Care Networks (Year 1: Central Ottawa and Renfrew County)

• CCAC Case Coordinators Aligned to PC Network
  • Chronic disease management tools and resources such as e-consults
    • Unattached patients

• Integrated transitions between hospitals and community care
Bringing Primary Care into the broader Health System
Key Messages From PC Providers

- Need for better communication with PC providers
- Need for better access to clinical health data
- Need group practice level performance data to be able to assess groups’ own performance
- Need for integrated EMR’s
- Transitions of Care Initiative will require LHIN input at the level of Hospital CEO’s
Key Messages (con’t)

Areas of Interest:

- Communication - among PC providers, with other health sectors and with the LHIN
- e-Consultation/e-Referral
- CCAC Care Coordinators aligned to PC practices
- Transitions of Care – improved admission information & discharge planning
- Integrated EMRs
- Alignment with Health Links
Challenges

• PC not well organized compared to other sectors
• Most PC models not under LHIN
• Provincial policy barriers to PC collaboration
• Time and resources required to participate in, organize and support PC engagement
• Will likely need to go beyond high needs patients for sustained engagement

Opportunities

• Interest among PC providers & other groups wanting to connect to PC (e.g. cancer care, diabetes, mental health, dementia, palliative)
• LHIN & provincial support to identify & remove barriers
• Health Link requirement to have >65% of PC providers engaged & that PC is organized in such a way that would facilitate ease of integration with other providers in the region
Next Steps - Primary Care Work Plan 2013-14

- Complete list of clinical leads and administrators of all PC Network practice groups
- CCAC Care Coordinator Pilot Project implementation & evaluation
- TOH Transitions of Care project outcomes & expansion
- Consolidate PC Networks in Champlain
- Establish plan (process and resources) to engage PC providers in each of the Health Link geographical areas & identify leads
- Continue research collaboration
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Ministry of Health and Long Term Care Priorities

- Reduce avoidable hospitalization/re-hospitalization and Emergency Room visits by focusing on transitions of care and improving the management of patients with chronic illnesses
- Reducing ED/ALC pressures, especially as they relate to the needs of frail seniors and those with mental health and addictions issues
- Access to primary care
What is the fit with Health Links?
Bringing Primary Care into the broader Health System

LHIN

Community Health Centres
Primary Care
Hospitals

Long Term Care Homes
Addictions & Mental Health Services
Home Care
Community Support Services

PC Group Leads
CD Leads
Researchers
LHIN
CHC
OMA Regional Manager
Public Health
Hospital PC
CCAC
Transformation Secretariat:
How will we know when Health Links have succeeded?

• 1. All complex patients will be attached to a primary care provider and have coordinated care plans developed;
• 2. People will have same-day/next day access to their primary care provider;
• 3. There will be a reduction in time from primary care referral to specialist appointment -- as well as reduced time from referral to home care visit;
How will we know when *Health Links* have succeeded?

- 4. There will be *primary care follow-up* within 7 days of discharge from an acute care hospital for high needs patients.
- 5. There will be a reduction in the ALC rate to 9% or less; and
- 6. An increase in self-reported satisfaction with healthcare services
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Current status of PC Research in Ontario: HSRF-PHCP; HSIP

- Research Programs: Community Intervention in HIV care, PC Reform, KT and Gender equity Vulnerable Populations and e-consults

- AHRQ: researcher/decision-maker: baseline quality indicators by Champlain sub-regions; Natural Hx of high needs patients

- LHIN Health Service Improvement Program (HSIP)
CIHR Team Grants: PC researchers and decision-makers

- Primary Care focus
- Trans-jurisdictional research programs
- 7/12 lead by Ontario Researchers
- Themes include: improving service delivery generally and in First Nations communities, improving access, chronic illness management, mental health, and cancer care
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OBJECTIVE

• Create a Collaborative that involves the researchers, decision makers, and the community physicians.

• Develop a partnership with the LHIN and community practices to support quality improvement efforts and innovations.
Integration of Research in PC Networks: Why?

- PC needs evidence based initiatives to achieve goals.
- Researchers need community informed research questions.
- Both PC and researchers need baseline quality indicators.
- The potential impact of PC clinician-researcher collaboration for the health care system is compelling.
Initiatives to Integrate PC research into PC Networks in Champlain

- Researcher appointed to Primary Care Leadership Table
- Primary Care Lead as decision-maker on CIHR Team Grants
- Champlain LHIN is developing a formal MOU with CTLC Primary Health Care research centre of the Bruyère Research Institute
- Working group of analysts from CCAC, LHIN, PC researchers from CTLC research Centre and specialist researchers from the OHRI.
Focus on only 5% highest needs
Patients: the best approach?

• The next 10% generates 13% of the costs
• The next 35% generates 20% of the costs
• This 45% of patients eventually graduate to the top 5%
• These patients all live in Primary Care
• Health Links will focus on the top 5%
• PC will also need to focus on the next 45%
Examples of joint research initiatives in Champlain

• AHRQ project to define Baseline quality indicators by geographical area.

• AHRQ project to study the natural history of today’s 5% highest needs patients retrospectively.

• Literature review to determine for what kind of high needs patients, is there a proven intervention to improve care and reduce costs.

• Design a research project to improve the care and reduce the cost a sub-group of the 5% highest needs patients
Primary Care Research is Mature

- Talented PC researchers in every Med school in Ontario
- The number of researchers, number and size of prestigious peer reviewed grants points to a mature PC research community
- Changing environment CIHR Team Grants $$
- Ontario PHCP
Summary of Information Gaps

- Areas that we need to work on getting better data:
  - Comprehensive physician and NP and pharmacist databases
  - More info broken down by patient residence vs provider or organization based information
  - Unattached patients
  - Neighbourhood level profile data
  - Identification of High needs patients
  - Information and data on diverse populations to identify health disparities.
  - Equity data to understand population’s current health service utilization and primary health care needs
When should research be integrated into the emerging Primary Care Sector?

• The time is now as the Primary Care sector is getting organized
References:


References:


References:


References:

- *The World Health Report 2008: Primary Health Care - Now More Than Ever* identifies that a well-functioning primary care system is crucial for a high quality health system that is cost effective and equitable.
QUESTIONS?