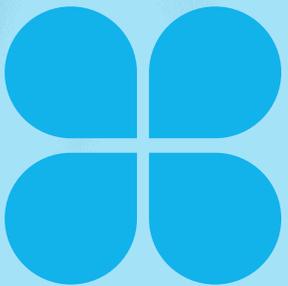


# Thought starters to discuss possible opportunities for a future MH Primary Care Network

The MH Primary Care Network is deciding how its leadership role will evolve and what priorities it will have. This future role will need to take shape at a time when previous support from the MH LHIN is in transition.



December 16, 2019

## Possible benefit of MH Primary Care Network

# Thought starter: Developing newcomer resources to fill a local need



### Example

A local primary care physician saw many patients who were newcomers to Canada coming through his office. Their needs went beyond or were intertwined with their medical issues. He was at a loss for what local resources were available and how to navigate to them.

He connected with the Engagement team at the MH LHIN who helped identify the various newcomer resources in the region and worked with him to create an information package for newcomers as well as for their primary care providers (package currently in development).

### What was required

- [Occurred separately to previous MH PCN, and was not involved]
- Physician needed to know who to connect with in the health care system that had information on newcomer organizations and resources
- MH LHIN staff and time were provided in-kind to develop draft resource
- Outreach and engagement of key stakeholders was managed by MH LHIN so that resource could be validated and endorsed by system partners
- Graphic and communication design will be needed, as well as translation to other languages
- Challenges included managing the various partners, which created lengthy timelines

### Key question

Does the future MH PCN want to take a regional leadership role in identifying gaps and developing resources for Primary Care and patients?

### Possible future MH PCN

- Forum to identify and discuss local needs and gaps from a Primary Care perspective
- Collective voice to advocate for resources to address them
- Opportunity to participate in bringing together existing and/or creating new resources for patients and providers with network staff
- Forum to collect Primary Care feedback from a broad regional group and opportunity to tailor resources to local contexts

## Possible benefit of MH Primary Care Network

# Thought starter: Streamlining Primary Care referrals for FIT+ colonoscopy



### Example

A new referral pathway was launched for both Trillium Health Partners and Halton Healthcare, separately, to streamline the referral process for FIT+ colonoscopies from Primary Care to the hospital. After a few months of implementing the new referral pathway, both hospitals realized that greater awareness of the change was needed in the community to make this successful.

Independently, they reached out to the MH LHIN Primary Care Advisor team to support them in messaging to Primary Care in their areas. The team noticed that both hospitals wanted to achieve the same goal, and saw an opportunity to create a single information package for Primary Care that addressed both hospital referral pathways.

### What is currently required

- [Occurring now; renewed MH PCN has not yet established]
- Hospital quality improvement team(s) and program staff need to know who to connect with to share information
- MH LHIN staff and time are provided in-kind to coordinate group meetings between teams and discuss common messaging, communication channels, and determine who will develop, review, and finalize materials

### Key question

Does the future MH PCN want to play a key role in standardizing processes and information sharing across Mississauga and Halton (e.g., across OHTs)?

### Possible future MH PCN

- Leadership group that can see connections across health care systems and geographies to streamline processes and create greater consistency for Primary Care
- Collective voice to be present at planning tables and participate in co-design of new pathways and processes, so changes are not “pushed” onto Primary Care

# Thought starter: Recruiting Primary Care for Palliative Care planning



### Example

The Mississauga Halton Palliative Care Network “Primary Care Working Group” currently needs to recruit new Primary Care members to inform their priorities for the coming year. They need new members with fresh perspectives to ensure diverse representation from the region.

With the growing number of committees asking for Primary Care input, it can be challenging to have a large enough pool of primary care providers to draw from who are interested, engaged, and committed to participate.

### Past successes include:

- Created Palliative Care Academic Detailing Package
- Revamped the Palliative Care Symptom Management Kit

### What is currently required

- [Occurring now; renewed MH PCN has not yet established]
- MH Palliative Care Network members need to know who to connect with to share message about needing to recruit new Primary Care representatives
- MH LHIN Primary Care Advisors can specifically recommend physicians with interest in Palliative Care through their knowledge of community physicians and 1:1 conversations
- Challenges include physicians not having capacity to be able to participate in the variety of opportunities that are available

### Key question

Does the future MH PCN want to centrally advocate for and disseminate requests for Primary Care representation across the regional health care system?

### Possible future MH PCN

- Access to a broad and diverse network of primary care providers who are engaged and participate in the opportunities that are shared
- Ability to “divide and conquer” so that Primary Care doesn’t burn out
- Forum where planning tables can come to network meetings to gather input OR network members could individually attend planning table meetings OR both

## Possible benefit of MH Primary Care Network

# Thought starter: Becoming aware of local specialists and referral pathways



### Example

Members of the previous MH Primary Care Network identified the need for Primary Care to know who were their local specialists, what was their sub-specialty area, and what work-up might be required in advance of sending patients for services. They conceptualized a user-friendly and searchable online website called docSearch that was launched in 2016.

**docSearch tool:** A database that allows you to search for specialists by specialty, sub-specialties, gender, language, and location of practice.

### What was required

- [Need was identified by previous MH PCN]
- A forum (MH PCN) for Primary Care leaders was needed to collectively discuss the challenge and conceptualize a solution; admin support provided by MH LHIN; MH PCN provided ongoing validation and feedback
- MH LHIN staff and time were provided in-kind to develop initial specialist database and contracted vendor to implement web-based solution
- Outreach and engagement of key stakeholders was managed by MH LHIN (e.g., HealthLine)
- Challenges included keeping database up-to-date once launched; HealthLine staff were to assume responsibility

### Key question

Does the future MH PCN want to advocate for and possibly fund the development of new and innovative digital tools that could advance Primary Care?

### Possible future MH PCN

- Forum to identify and discuss a critical need for Primary Care
- Ability to conceptualize and, with appropriate support, implement a solution
- Collective voice to advocate for funding and hire contractors to develop innovative tools (e.g., programmers, web design, etc.)
- Diversity in relationships to identify relevant partners and other stakeholders for co-design and implementation (e.g., Provincial HealthLine platform)

## Possible benefit of MH Primary Care Network

# Thought starter: Creating a local resource package for new physicians



### Example

MH LHIN Primary Care Advisors learned through their one-on-one conversations with new physicians that they often felt disconnected from their peers and the health care system. They also felt overwhelmed by all of the local information that they need to find or be aware of when setting up a new practice. To address this need, the MH Primary Care Network developed a “Welcome Wagon” binder that contains a wealth of local and regional information for new providers.

**Welcome Wagon:** Resources selected by MH PCN to be most valuable and relevant to new practices, including a list of local providers and centralized referral pathways, as well as information on local resources.

### What was required

- [Need was identified by previous MH PCN]
- A forum (MH PCN) for Primary Care leaders was needed to collectively discuss feedback / qualitative data and conceptualize a solution; MH PCN identified initial materials for binder and provided review and feedback on final drafts
- MH LHIN staff and time was provided in-kind for administrative support, iteration of content, printing of binders, and distribution of packages to new practices
- Challenges included keeping binder materials up-to-date; one MH LHIN staff was tasked with tracking changes and updating binder materials regularly

### Key question

Does the future MH PCN want to be a forum to discuss the needs of Primary Care in the region and take the lead on developing and implementing solutions?

### Possible future MH PCN

- Leadership group that can receive feedback from others, determine its priority for Primary Care, and identify a solution and communication strategy
- Forum has resources to implement solution (e.g., administrative support), share with selected provider groups (e.g., e-mail, 1:1 visits), and keep solution updated
- Opportunity to reach all primary care providers within network who could benefit

## Possible benefit of MH Primary Care Network

# Thought starter: Participating in regional emergency preparedness



### Example

In the summer of 2019, there were serious wildfires in northern Ontario. There was an immediate request made by the federal government to relocate First Nations people, if the situation got worse. Mississauga was chosen as one of the host sites to potentially receive ~300 people.

A group in Mississauga was quickly brought together to get people ready to respond. The group included municipal leaders, acute care, MH LHIN (especially Home and Community Care), Primary Care, as well as key people from surrounding LHINs.

Primary Care was involved to provide immediate medical care to relocated residents (issues included TB, bed bugs, lice, etc.).

### What was required

- [Occurred separately to previous MH PCN, and was not involved]
- Regional emergency preparedness team needed to know who to connect with to involve Primary Care in the process
- Challenges included the short notice and limited access to a list of Primary Care physicians who could be called on quickly; due to this, only a handful of people in Primary Care were involved in the planning process
- Although the relocation did not occur, there were obvious capacity and logistical challenges with involving the handful of physicians, if relocation was needed

### Key question

Does the future MH PCN want to take a leadership role for Primary Care in collaborative planning, establishing processes, and sending out communications for emergency situations?

### Possible future MH PCN

- Collective voice for proactive planning and what Primary Care would need as support
- “Go-to” leadership group with established communication channels that can share messaging to the broader Primary Care network
- Share broadly with all providers within the region who would be interested in the opportunity to participate

## Possible benefit of MH Primary Care Network

# Thought starter: Recruiting surgical assists



### Example

A local primary care physician working with Trillium Health Partners needed to message out to Primary Care across the region about an opportunity to sign up for Surgical Assistant positions at the hospital. The opportunity was shared through THP's Family Practice Rounds, the MH LHIN Primary Care communication tools, and other channels.

### What is currently required

- [Occurring now; renewed MH PCN has not yet established]
- Physician needs to know the various communications channels for the Primary Care community and who to contact
- Challenges include not knowing if 100% of target audience is reached

### Key question

Does the future MH PCN want to develop or maintain tools to be one of the main communication channels for Primary Care across the region?

*“As it stands now primary care is so siloed. We receive information from the LHIN, hospitals, SGFP, OMA, CCFP among others. It would be great if there was a single voice for all physicians within our region.*

*It would make communication across all platforms so much easier, and ensure that all have a voice and are all provided with the same message with as little duplication as possible.”*

*- Primary Care Physician in Mississauga*

### Possible future MH PCN

- “Go-to” leadership group with established communication channels that can share messaging to the broader Primary Care network
- Established processes where leaders / network staff review requests, determine their relevance, and implement a communication strategy (e.g., eBlasts, website, social media) for distribution
- Opportunity to reach all physicians within network who could benefit