Tools for Change

Funding Levers and Incentives
Integrating Patient Care in Ontario

April 26, 2010

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Primary Health Care Services of Peterborough

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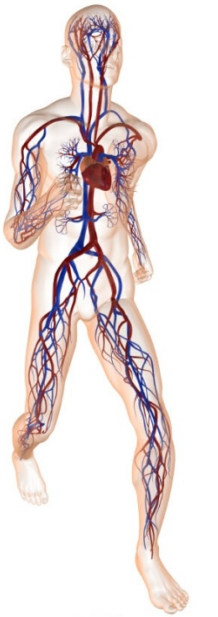
Discussion Points

- **Primary Health Care Services of Peterborough:**
  - **<u>Case Study</u>: Vascular Disease Prevention and Management Initiative**
  - **Overcoming Barriers to System Integration**
  - **Keys to Success**
- **Recommendations from the front lines**
- **Questions**



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Peterborough's Networked Family Health Teams

WHO WE ARE:

5 Family Health Teams

23 Sites

100% EMR enabled

136,000 Patients

TEAM:

81 Family physicians

18 Nurse Practitioners

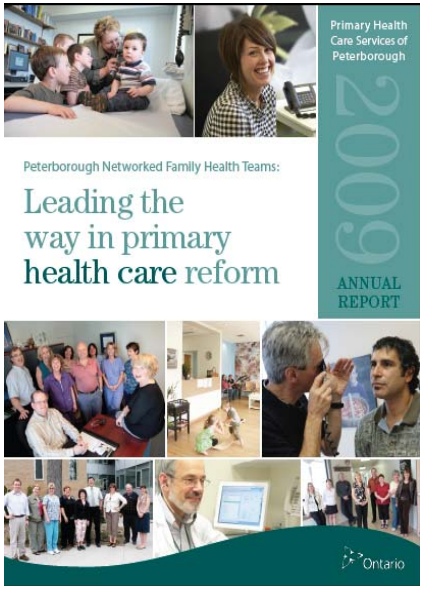
13 Mental Health Clinicians

6 Registered Dietitians

3 Pharmacists

26 Registered Nurses

+ Administrative Support



RESULTS:

- **25,000 unattached patients placed with a primary care physician**
- **16 new Family Physicians**
- **24/7 Access**
- **600 + newborns and families placed with a primary care MD**
- **Annual Emergency Room Visits Significantly Reduced**
- **Integrated CDM programs INR, Mental Health, Diabetes, Asthma**
- **Integrated planning, primary and specialty care**

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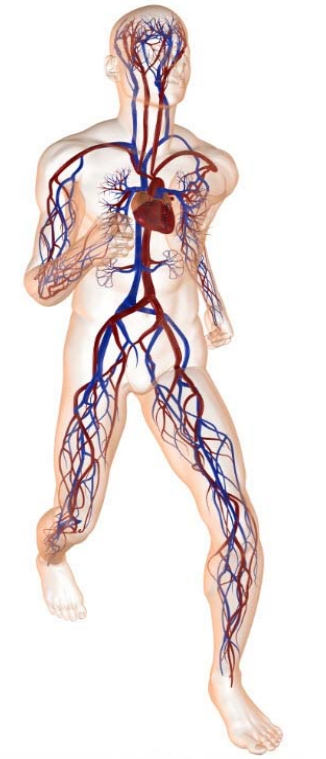

Comprehensive Vascular Disease Management Initiative

CASE STUDY

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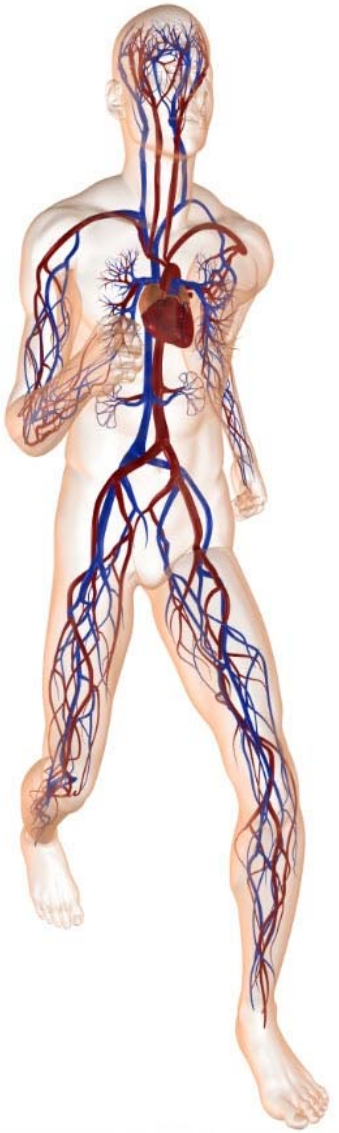
As a community we agreed….

Treating etiological disease factors as a single entity through a comprehensive strategy would:

- Streamline care delivery
- Maximize utilization of scarce resources, health human resource potential
- Improve efficiency, effectiveness

Anticipated Results:

1. **Improved access for high risk patients**
2. **Optimized patient health outcomes**
3. **Overall health system savings**



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Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI)

Our Partners

Province
Ontario

Region
Ontario
Central East Local Health Integration Network

Specialty Care
Peterborough Regional VHN Vascular Health Network

Primary Care
Peterborough Networked
FAMILY HEALTH TEAMS

Acute Care
PRHC Peterborough Regional Health Centre
by your side

Renal Health Network
Working Together

Private Sector
AstraZeneca
life inspiring ideas

Not-For-Profit
HEART & STROKE FOUNDATION OF ONTARIO
Finding answers. For life.

Community Support
GREATER PETERBOROUGH HEALTH SERVICES FOUNDATION

Patients

Strategic Alignment:

CANADIAN HEART HEALTH STRATEGY
and Action Plan
STRATÉGIE CANADIENNE DE SANTÉ CARDIOVASCULAIRE
et plan d'action

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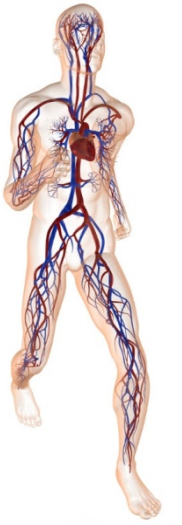
Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI)

The Project

CVD PMI : An Integrated Primary, Specialty and Hospital Care Model to identify and manage high risk vascular patients

Elements:

1. Outreach to high risk patients (attached and orphan)
2. Screening
3. Diagnosis
4. Triage to appropriate care
5. Treatment to guidelines-based targets
6. Education, self management lifestyle modification and follow-up



Method:

Algorithmic, protocol-based approach that is physician-led and nurse-managed

Outcomes:

Streamline care delivery, improve patient outcomes, reduce downstream acute care utilization/cost

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Vascular Disease Management Project Phase I

1000 high risk orphan patients screened including seniors and aboriginal community VHN (outreach)

Universal Vascular Screening Tool EMR

1500 high risk in-practice patients screened, 3 practices

Orphan Patient VHN

- Patient Follow-Up and Monitoring
- Lifestyle modification & Self Management Education

Outreach Aboriginal Community

Primary Care Attached Patients

- Measure outcomes
- Documented process
- Transferable model

Screening - 2500 Patients

Healthcare Provider Education

Triage

Patient Management Process

Follow-Up - timelines

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Outcomes and Strategy Alignment

Patient

- Patient health outcomes
- Patient satisfaction

Provider

- Processes, protocols and integration streamline care to improve efficiency, effectiveness
- Provider satisfaction

Process

- Replicable, sustainable transferable operational model

System – LHIN/Ministry

- Chronic Disease Prevention and Management Strategies
- Triple Aim, Vascular Strategy
- ED Diversion strategy
- Orphan Patient strategy
- Wait Times strategy
- Canadian Heart Health Strategy (Feb 2009)
- Integration Model: Primary, Community Specialty, Hospital

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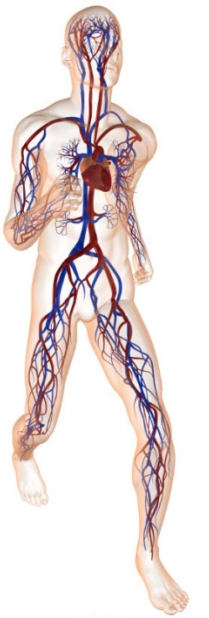
Overcoming Barriers

Barriers Overcome

- ✓ Interdisciplinary Care
- ✓ Process Change
- ✓ Patient Engagement
- ✓ Clinical Consensus
- ✓ Priority Alignment
- ✓ System Alignment
- ✓ System Alignment
- ✓ Evaluation and Outcome Measures Consensus

Remaining Barriers

- ➢ Funding Alignment
- ➢ Supporting mechanisms for Public-Private Partnerships
- ➢ Sustainability



Funding Barriers

Funding Barriers

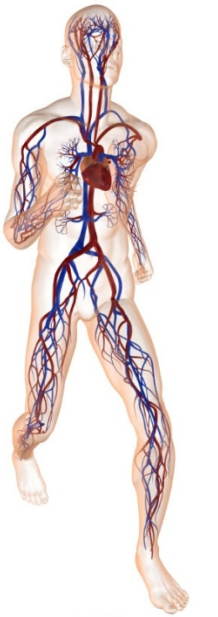
1. Competition within the healthcare delivery system for scarce resources
2. System has institutional focus as opposed to a patient focus

Consequences of incongruence with funding

1. Delays
2. Frustrated patients and providers
3. Inability to motivate interdisciplinary care
4. Overall skepticism of the health system by providers and patients
5. Cynicism among administrative leadership
6. Underutilization of resources and potential partnerships

Complications for integrated patient care

1. Delays
2. Duplication
3. Redundancy
4. Inconsistent approach
5. Patients have difficulty in system navigation
6. Frustration



Year 1: Delays as a result of existing funding mechanisms

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Plan

- Partners, Scope Plan for 2 year pilot
- Project Plan Development
- "Transferable model" Presentation to Ministry
- Clinical / Project Leadership and clerical starts
- Pilot and model test screening begins 300 patients

Funding

Public

- **LHIN funds** LHIN commits discretionary funding
- LHIN seed funding flows to hospital , timelines for balance not confirmed
- LHIN funding flows to hospital

Private

- **Private Funds** AZC/HSFO Funding transferred
- LHIN/HSFO agreement required to move funds to LHIN
- LHIN HSFO agreement finalized
- AZC/HSFO Funding transferred to hospital
- AZC/HSFO Funding transferred from hospital to project

Identified Funding stream required

Nov 08 | Dec 08 | March 09 | April 09 | June 09 | Aug 09 | Sept 09 | Nov 09

Year 2: The work-around to mitigate challenges, deliver results

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Plan

Implementation shorted from 2 years to 14 months due to delays
Once funding Nursing Staff move to primary care offices. Outreach begins, orphan patient management continues

+10 mos required to follow patients demonstrate full impact of program

Funding

LHIN funding flows to project from hospital

X

Unless the LHIN can address the funding gap due to delays, in order to deliver on committed project objectives and outcomes the Family Health Team must commit to supporting nursing and clerical elements for 10 mos.

Jan 2010 **March 2011** **March 2012**

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Work Around

Impact

- The benefits are clearly outlined, partners are aligned around improved patient care. Questions around funding created a significant challenge that resulted patient and provider frustration, delays and an inability to leverage existing resources and expertise

Risk

- Existing barriers would outweigh the benefits of moving forward and the endurance of the partners

Success

- This initiative creates efficiencies within the system and saves lives. It facilitates patient engagement as providers are consistent in messaging to patients and treatment protocols are aligned. This maximizes the scope of the interdisciplinary providers within the system resulting in patient and provider satisfaction

Potential

- Currently care delivery is fragmented and aligned to funding streams. There is no administrative leadership at the local level mandated and empowered to create integrated patient care delivery models that align to system level goals and maximize the utilization of localized resources and expertise

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Bottom Line

- **The partners remain firmly committed to initiative, the patients and the outcomes set out to be achieved**

However

- **Barriers exist within the system that impede innovation/integration that could truly impact patient care and support system level goals**

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Levers for Integration to Optimize Patient Care in Ontario

RECOMMENDATIONS

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Integrated Patient Care

Levers to Incent Integrated Care Delivery

- Funding should be tied to patient care

- Health Economic Analysis for outpatient programs that include predictive values for hospital utilization, emergency room visits, readmissions and length of stay.

- Outpatient and Ambulatory should be delivered in the community.
  - Benefit to patients is point of care delivery and coordination with reduced wait times.
  - Benefit to the system is cost effective delivery of care with savings reinvested in the hospital or expansion of community based care.

- Innovative programs that leverage the resources and expertise of front-line clinical practitioners, patient health organizations and industry, should be encouraged and fostered.

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Integrated Patient Care

Coordination of Care Delivery

- Expansion of interdisciplinary care funding to community based specialists to create equity with primary care providers

- Population based funding on regional basis with a mandate for integration and innovation

- Innovative Partnerships

  i. Collaborations such as the CVDPMI will be increasingly important for the people of Ontario over the coming years – especially given an ageing demographic and ongoing fiscal challenges.
  ii. Government has not developed a framework to support and encourage multi-party projects.
  iii. Government should find a way to encourage the public, private and not-for-profit sectors to work together.

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The Challenge

The need for innovation is moving faster than health policy.

Government is constrained in its ability to support the innovation required to address the raging burden of chronic disease.

Health Care funding needs to shift away from the current acute care orientation.