PRIMARY HEALTH CARE TRANSITION FUND (PHCTF)

FINAL REPORT GUIDELINES for
PHCTF Operational Grants

Please use the following template to prepare the PHCTF Final Report. This report is comprised of the following 9 sections:

1. Grant Details
2. Executive Summary
3. Background and Rationale
4. Goals and Objectives
5. Activities
6. Outcomes and Results
7. Implications
8. Sustainability
9. PHCTF Program Objectives Checklist

The Final Report is to be double-spaced, using 12 point Times Roman font. Please do not exceed the maximum number of pages indicated for each section and respond with sufficient detail. All sections are to be completed.

During the completion of this report, please focus on how your initiative supported primary health care renewal, and how it sought to leverage change in the health care system.

Please submit an electronic copy of the final report to: phctf@moh.gov.on.ca

One original signed copy and two additional copies of the Final Report are to be sent to the Ontario Ministry of Health and Long-Term Care at the address below:

Primary Health Care Transition Fund
5700 Yonge Street, 3rd Floor
North York, Ontario
M2M 4K5

Attention: Vena Persaud, Manager
### Section 1. Grant Details (please print clearly).

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Shared Care as the System Integrator/Symposiums for Organizational Leaders:  Phase II Continuing the Gains</th>
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<tbody>
<tr>
<td>Grant Number:</td>
<td>G03-02442</td>
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<tr>
<td>Principal Investigator (PI) and Title:</td>
<td>Janet Kasperski, Executive Director &amp; CEO, OCFP</td>
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<tr>
<td>Co-Principal Investigator(s) and Title(s):</td>
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<tr>
<td>Project Website, Or Website With Information On The Project (if applicable):</td>
<td><a href="http://www.ocfp.on.ca/Public">www.ocfp.on.ca/Public</a> Policy Documents</td>
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<tr>
<td>Phone (PI):</td>
<td>(416) 867-9646</td>
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<td>Mailing Address (PI):</td>
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<tr>
<td>Ontario College of Family Physicians</td>
<td>357 Bay Street, Mezzanine Level</td>
</tr>
<tr>
<td>Sponsoring Organization (organization which managed the initiative on behalf of the Principal Investigator/collaborating partners):</td>
<td>Ontario College of Family Physicians</td>
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<td>Address of Sponsor (if different from above):</td>
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<tr>
<td>Administering Organization(s) (those which collaborated in developing and carrying out the initiative, but not including third-parties who were contracted to undertake work, or organizations which were consulted or targeted by the initiative):</td>
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<tr>
<td>Our original partners included the following organizations:</td>
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<td>Ontario Hospital Association, the Association of Ontario Community Care Access Centres, the Ontario Public Health Association, District Health Council and the Ontario Health Network.</td>
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<td>Agreement Start Date:</td>
<td>3/31/2003</td>
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<td>Suggested Contact After End-Date:</td>
<td>Janet Kasperski</td>
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<td>Signature of Principal Investigator:</td>
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The Ontario College of Family Physicians (OCFP) is the fund-holder for several Primary Health Care Transition Fund (PHCTF) grants. Two complementary projects were undertaken by the OCFP in 2004 and 2005; namely, The Symposiums of Organizational Leaders and the Leadership Connect. These projects were anchored in patient care and recognition that it takes the combined efforts of leaders throughout the system to make a difference.

**The Symposiums for Organizational Leaders:**
The OCFP and our partners recognized that the leadership of organizations such as hospitals, CCAC’s, Public Health Units, District Health Councils, MOHLTC Regional Offices and ultimately LHINs needed to better understand the challenges facing family doctors in the delivery of care for patients in our increasingly fragmented healthcare system. The rationale for investments in the primary care systems, for better integration of services at the point of care and enhanced community-based delivery systems were included in the information shared with organizational leaders. The purpose of the project was to engage leaders in the process of supporting FHN, FHG and FHT development in their communities. The Symposiums were well attended. Word-of-mouth from our first Symposium ensured that attendance at each of the six other Symposiums was high. The small group interactive case based learning opportunity provided OCFP and our partners with excellent policy advise that was taken forward to government in the discussion document “Starting with Primary Care: Patient/Family Centred Organizational Change”. We considered the project a major success when we saw the number of “first wave” FHT applications and recognized that many of them included the support of organizations whose leaders had attended our Symposiums. The OCFP became a source of support and guidance to the partnerships assembled to develop the Letters of Interest and remains a major source of support and encouragement to FHT leaders and their team members. (See Appendix A).

**The Leadership Connect:**
The Leadership Connect project was developed to support family physician leaders to work together in their communities/regions to identify issues, problem-solve and to support FHN, FHG, FHT development. The OCFP has actively supported “Family Physicians Toronto”. Members of Family Physicians Toronto played a key role during SARS (see Appendix B) and now function as major players representing family doctors on local, provincial and national Pandemic Planning Committees. We also helped to establish and nurture “Central West Mississauga-Halton Community Family Medicine and Public Health Network.” The OCFP was also actively involved in the research undertaken by the Family Medicine Association of Hamilton to review the current support
system for family practices and develop a structure of support to enhance patient care. The Chiefs of Family Medicine Network was supported by the OCFP and has provided the Chiefs of Hospital-based Departments of Family Medicine as well as FHN, FHG and FHT leaders with the information they need to keep family doctors informed of developments in primary health care and as a forum for networking and sharing best practices. In summary, both projects were successfully completed by March 31, 2005 and we are proud of the results. The final reports were submitted to the MOHLTC. The OCFP was judicious with its expenditures and approximately $29,000 residual funding remained in the budget. The MOHLTC agreed that the funds could be used to further the gains made in both projects.

**Phase II: Continuing the Gains:**

The OCFP has continued to support Family Physicians Toronto, further developed the Central West Mississauga-Halton Community Family Physicians/Public Health Network and assisted Family Medicine Association of Hamilton with two research projects including a project to restructure the organization to one to determine how to link family doctors and LHIN’s. Minimal project funds were devoted to these efforts; however, this work contributed greatly to the major project recently undertaken by the OCFP using the project funds. The OCFP recognized that family physicians and LHIN leaders needed a better understanding of FHT development. In addition, LHIN leaders were requesting information from the OCFP regarding the best way to engage family doctors. The “Symposium for Organizational Leaders: Linking Family Doctors to LHINs” was developed to meet expressed needs. The Symposium was well attended and the formula encouraged active participation of all of the leaders in attendance. (See Appendix J)

This final stage of our project demonstrated the value of engaging organizational and family physician leaders in open dialogue. As the LHINs began the community engagement component of their work in preparation for the development of Integrated Service Plans, the Symposia provided an opportunity for the LHIN leaders to better understand primary care reform initiatives in Ontario, the evolution of group practices into primary care teams (FHTs), the challenges facing the primary care systems and helped to reinforce the need for LHINs to reach out to the family physician leaders in their communities. The funding envelop for this project was well used to assist with the transition process in primary health care. The following discussion paper was developed and distributed during this phase of the project and is our main deliverable: “Symposium for Organizational Leaders: Linking Family Doctors with LHINs”. As a result of the Symposia, the OCFP is now seen by the LHINs as the source of support, guidance and advice for the engagement of family physician leaders within each LHIN. In addition, our three “Leadership Connect” are models that the OCFP would like to emulate in each of the LHINs. We are pleased with the work to date and look forward to continuing our work in better supporting family doctors and the primary care system to better integrate with LHINs.

In summary, Phase II produced the following results:
- Our three “Leader Connect” networks addressed a number of patient care issues (pandemic planning, integration of CCAC case managers with primary care, chronic disease management, development of strategies to ensure access to inpatient records by the patients’ family doctors to reduce errors and adverse events, FHN, FHG, FHT development, research into an organizational structure to support community-based family physicians and integration of planning efforts with LHINs.
- Shared information regarding FHT development through the Chiefs of Family Medicine Network to better support FHT leaders and their teams.
- Shared information regarding FHT development amongst LHIN leaders to introduce them to the complexities of the primary care delivery system, to engage them in supporting FHT leaders and in supporting all family practices regardless of the Primary Care model being used.
- Organized and supported research to identify the “Leadership Connect” model needed in Hamilton.
- Supported research to determine how to link family doctors and LHINs.
- Established a system of supports for LHIN leaders to assist them to engage family doctors in the development of integration plans.

In summary, we consolidated the progress made in our two previous projects and are proud of our many accomplishments that our documented in the papers found in the appendix. Further research is recommended to better understand the barriers and success factors in FHT development. A pilot project to link our Leader Connects to local LHINs is also recommended.
“Phase II: Continuing the Gains” developed out of two PHCTF projects completed by the OCFP in 2005; namely “Symposiums for Organizational Leaders” and “The Leadership Connect”. The Symposium project successfully informed organizational leaders about the challenges in our healthcare as family physicians tried to provide access care for their patients in our increasingly complex system to prepare them to participate in FHT development of integration activities. The “Leadership Connect” established three organizations to support family physicians identify and address patient care issues. A Network of Chiefs of Family Physicians and other family physician leaders (FHNs, FHGs, FHTs) was established and supported.

In “Phase II: Continuing the Gains”, the OCFP used residual funds to continue supporting the organizations established under the “Leadership Connect” project; namely Family Physicians Toronto, Central West Mississauga-Halton Community Family Medicine/Public Health Network, Family Medicine Association of Hamilton and the Chiefs of Family Medicine Network. The purpose of all of these organizations is to support knowledge transfer on policy decisions especially Family Health Teams, Primary Care initiatives and system transformation as well as providing opportunities for addressing patient care issues locally, regionally and provincially. The project also included a focus of supporting organizational leaders to assist with FHT development and begin the much needed work of better informing LHIN leaders about the complexities of delivery of care in a fragmented healthcare. The important contribution that we wished to make during this project was to ensure that the LHIN leaders have the same level of understanding of family practices/primary healthcare as other organizational leaders and that LHIN leaders and family physician leaders developed linkages that supported enhanced primary care services for patients throughout their LHINs.

As we began our work to facilitate enhancements to the Primary Health Care system, the current government’s transformational agenda was unknown. This project adapted our original two projects so that they incorporated the newly established Local Health Integrated Networks within our project work. While LHIN leaders will have funding responsibilities for healthcare organizations, their planning activities extend throughout the whole of their regional healthcare system. As we reminded the LHIN leaders, family doctors are the canaries in the mineshaft. We know what works in the system and what does not. It is essential that family doctors with their intimate knowledge of their patients and how well the system is meeting their needs are at the planning tables. Overtime, LHINs will play key roles in FHT development, the enhancement of other primary care models and integration of the rest of the system with primary care services.
By developing a Symposium to bring our family physician leaders together with LHIN leaders, we began the process of establishing formal linkages. The Symposium presented an update on FHT development, an overview of our “Leadership Connect” project and a presentation regarding McMaster University’s research on Linking LHINs and Family Physicians.

Primary healthcare cannot advance in a vacuum. Without the support of family physician leaders, advances in PCR are handicapped. Likewise, integration without LHINs will be meaningless if at the end of the day, patients rostered to family doctors find that enhanced family practices have evolved as more silos in the system. LHIN and family physician leaders now have an opportunity to move forward together to create the system that patients need, want and expect. This project greatly assisted with such an effort. Further research (focus groups/surveys) are needed to better understand the barriers and facilitators in place to support FHT development and a pilot project is needed to formally link our Leadership Connects with the LHINs.

When we began our first two projects our focus was on helping family physicians. As we end this project, we realize that we were really focusing on patient care – pandemic planning, chronic disease management, health system resource allocations, FHT development and the like. The scope of the issues facing patient care in this province is synomous with the challenges facing family practices. To address patient care issues, the needs of the practices must be addressed since they are so intertwined.
Goals and Objectives:

The main goal of this project was to maintain and further advance the gains made in our first two projects. The “Leadership Connect” project was envisioned as the development of networks of family physician leaders assembled to identify and address patient care issues in their communities, regionally and provincially. The “Symposiums for Organizational Leaders” projects was undertaken to better engage organizational leaders in the development of strong primary care systems in their communities and regions and in supporting FHT development. This project expanded upon the original projects’ goals and objectives by including LHIN leaders in our project work. Each project was envisioned as a means of improving access to primary health care and improving the quality and continuity of primary healthcare services. It was our belief that the development of a strong, effective primary care system built jointly by family doctors and key organizational leaders in communities and regions throughout Ontario rather than a top-down model would ultimately be one that provided increased patient and provider satisfaction. The emphasis on renewing and enhancing primary health care services builds on the research that a strong primary care system results in better health outcomes for the population at less cost.

The objectives of this phase of the project was to provide LHIN leaders with a better understanding of the key roles that family doctors play in our healthcare system and the challenges they face in delivering care for their patients in our fragmented healthcare system. Primary Care Reform had been initiated in the 1990s but had tended to concentrate on how physicians were paid, rather than on patient care.

The project was envisioned as a call to LHIN leaders to reach out and assist groups of family physicians and as the project unfolded, to assist with FHT development and with the strengthening of other primary care models to support integration efforts. Through the process of leadership knowledge transfer, we hoped to enhance the likelihood of the successful roll-out of PCR and FHTs as key to meeting all of PHCTF goals.

Stability of Our Goals:

Our goals did not change throughout the project; however, the targets of our interventions did change. In Phase I projects, our targets were organizational leaders in hospitals, CCASs, Public Health Units, District Health
Care and MOHLTC regional offices. In Phase II, our target was LHIN leaders. With the implementation of the transformational agenda, the project shifted focus from developing Leadership Connects to supporting the established Connects, from informing and engaging organizational leaders to LHIN leaders and linking them with family doctors.

We are pleased that our goal to share knowledge and to link family physicians and LHIN leaders has resulted in the OCFP being as “one-stop-shop” for LHINs to gain access to family doctors in their own region.
Section 5. Activities (maximum of 4 pages).

- Please describe activities undertaken to achieve the project’s goals and objectives.
- Identify challenges and barriers to success, and highlight change management strategies to address them.
- Describe your evaluation plan and activities.
- Describe your dissemination plan and activities.

In Phase I of this project, the OCFP and our partners (the Ontario Hospital Association, the Association of Ontario Community Care Access Centres, the Ontario Public Health Association, the Association of District Health Councils, the Ontario Family Health Network and Milton Consulting) hosted seven successful regional “Symposiums for Organizational Leaders” in 2004.

The participants (Hospital Board Chairs, CEOs, Chiefs and Staffs and Chiefs of Family Medicine and their counterparts in CCACs, Public Health Units, District Health Councils and MOHLTC Regional Officers) engaged in small group discussions with Family Health Network and Group Leaders. The discussion format was based on reviews of case scenarios depicting the complex patient problems that present daily to family practices. The fragmentation in the system was identified as an impediment to quality care for patients and the lack of support for family doctors and their patients was highlighted (See Appendix C).

The Symposiums alerted various organizational leaders to the MOHLTC’s intentions to develop Family Health Teams. As a result of the Symposiums, many of the participants reached out to their local family physicians and assisted them to develop and submit FHT Letters of Interest.

Given the feedback received from the participants regarding their willingness to participate in FHT development, we were not surprised when the MOHLTC received over 200 applications for the first wave of FHTs. The document “Family Physicians and Public Policy – The light at the End of the Tunnel” describes some of the recommendations that the OCFP developed in regards to FHTs (See Appendix F).

The OCFP paired the input from our participants with a literature review that resulted in the OCFP’s well-received policy document “Starting with Primary care: Patient/Family Centred Organizational Transformation” (See Appendix C).

The document was used as an important source of information in the development of the LHIN principles producted under the leadership of the Ontario Hospital Association and adopted in principle by the Ministry of health and Long Term Care (MOHLTC). The OCFP applied the LHIN principles and how they would apply to family medicine in the discussion paper “Local Health Integration Networks – A Means Not an End” (Appendix D). The process of developing the document helped us to focus our thinking and guided our presentation to the government on the LHIN legislation. The discussion document “Presentation of the Standing Committee on Social Policy Regards Bill 36, the Local Health Integration Network Act, 2005” (Appendix H) reflects the OCFP’s recommendations on LHINs and is reflective of our active involvement as a member of the LHIN Action Group.
The OCFP recognized that the power of our Symposiums in better informing organizational leaders about primary health care and recognized the need to provide LHIN leaders with similar information. We also recognized the need to support the physicians who had been linked through our “Leadership Connect” project and to support efforts to link our “Leadership Connect” with LHINs. Such linkages need to be promoted throughout the province.

We were pleased when the MOHLTC agreed to support these further initiatives. The following activities have been supported by the funding from this project or funding from the OCFP:

- Family Medicine Forum VI: Comprehensive Care in Crisis.
- Leadership Connect Activities
- Symposium for LHIN leaders.

Family Physicians and LHIN leaders were asked to participate in identifying the solutions related to the withdrawal of family doctors from specific areas and practices (obstetrics, inpatient and emergency services, long-term care, home care and palliative care). “The Summary of the Proceedings of Family Medicine Forum VI: Comprehensive Care in Crisis” is included in this report (Appendix G).

With the completion of funding for our “Leadership Connect” project, we continued to support Family Physicians Toronto. The main activities of FPT have been in the area of pandemic planning. The family physician leaders of FPT have been assisting Toronto Public Health with local pandemic planning, and are actively involved in leadership roles with the provincial pandemic planning activities and have recently been invited to provide insight at the National level with federal pandemic planning efforts. Members of the FHT have been actively involved in FHT development at academic health Science Centres and in teaching hospitals. Members of the Central-West, Mississauga-Halton Community Family Physicians/Public Health Network had been actively participating in a project to partner CCAC Case Manager with family doctors. The results of the project have been very positive. Family Physician Leaders have been supported to meet with the LHIN Board Chairs and CEOs in their two regions. Both leaderships groups are now in discussions with the CCAC’s leaders to expand the program to include all group practices in the two regions over time. CWMHCFP/PHN has also undertaken a process to provide and receive information regarding their inpatients. The process is aimed at ensuring that family physicians are able to access the computer systems at each hospital in the two regions to permit the easy flow of information between hospitals and family doctors on admission and discharge of patients. A review of hospital privileges including the Ontario Hospital Act was undertaken to support this effort. The OCFP has also been an active participant in the work of the Family Medicine Association of Hamilton. Through a separate PHCTF grant, the family physician leaders in Hamilton have completed a national and international study of organization structures that better support family medicine primary care. The OCFP has used the findings to better support our work with other family physician leaders in the province and has provided insights into the research of FMAH based on our work with the Leadership Connect.
The OCFP has continued to keep all of the Chiefs of Family Medicine, as well as FHN, FHG and FHT leaders well informed about issues of importance to family doctors through our “Inside Out” bi-weekly letters. The letters have generated an awareness of key MOHLTC initiatives and have resulted in an open dialogue between the OCFP and family physician leaders throughout the province.

Our most recent and final activity included a one-day Symposium on Family Health Teams and the organizational structures needed to support family doctors in the delivery of excellent patient care and to link them to Local Health Integration Networks to do so. The OCFP invited a panel of FHT leaders to present on the progress being made in the development of a FHT in their community. Following the presentations, family physician leaders participated in small group discussions with LHIN Board Chairs and CEOs from their regions and presented their recommendations to a panel of experts.

The afternoon was developed to include presentations of our three “Leadership Connect” (FPT, CWMHCFP/PHN and FMAH) as well as the national and international research conducted jointly by McMaster University and the OCFP to determine the best way to link family physicians with LHINs (Appendix HE). The presentations were followed by an open discussion between a panel of experts and the participants. The Symposium results are included in Appendix J.

Challenges and Difficulties

The original plan included the roll-out of the first seven Symposiums over the course of one year. SARS delayed the start-up of the project; however, we organized and delivered the Symposiums during a compressed period of time and completed Phase I of the project on time and under budget. The residual funds were used for dissemination purposes to support continued work on the ‘Leadership Connect’ project and to assist with information sharing in light of the MOHLTC Transformation Agenda, especially in the area of LHINs and FHTs.

Evaluation Plan and Activities:

Our evaluation plan involved two components:

1. Did we do what we said we did?
2. Did it work?

We agreed to continue to make progress in supporting our Leadership Connects and to support knowledge transfer to organizational leaders. We were able to provide staff/financial support and/or guidance and advice to our three connects and to keep the Chiefs of other family physicians informed and supported.

Through our progress of the Symposiums, we have begun the process of linking LHIN / family doctors together. The OCFP is seeing the results of our efforts as we support the LHIN identify family physician leaders to engage
with the LHINs regionally during the community engagement process, on LHIN committees such as E-Health and as LHIN representatives on provincial committees such as the Family Physicians/Primary Care Wait Time Strategy.

**Dissemination Plan:**

The dissemination process included the Symposia themselves, the development and distribution of key public policy documents, letters to our members, and meetings with government officials. Our dissemination plan was successful in providing both family physicians and LHIN leaders with a thorough understanding of the need for formal linkages between primary care and LHINs. All of our papers are on the website [www.oecp.on.ca/public](http://www.oecp.on.ca/public) policy documents. We have distributed the Summary of the Proceedings of our Symposium to all family physician leaders in the province and to the LHIN Board Chairs and CEOs.
Outcomes & Key Results:

The Phase II project was anticipated as a means of maintaining and further advancing the progress we had made with our two previous projects and we have done so. We have concentrated throughout Phase I & Phase II on linking leaders to better support patient care.

The Symposiums for Organizational Leaders included seven regional events in which we brought together hospital leaders (Board Chairs, CEOs, Chiefs of Staff and Chiefs of Family Practice), CCAC leaders (Board Chairs, CEOs and Senior Staff), District Health Council leaders (Board Chairs, CEOs and Senior staff), Public Health leaders (Board Chairs, Medical Officers of Health, Senior Staff), Senior Staff from the MOHLTC’s Regional Officers, Ontario Family Health Network Board members and senior staff, leaders of FHNs and FHGs academic family physician leaders of FHNs and FHGs, academic family physician leaders and the leadership of the partnering organizations. The small group interactive case based learning model created a climate in which organizational leaders were exposed to the complexities of care delivered in family practices and in community. Many of the organizational leaders had believed that care in the community was relatively straightforward with specialists and hospitals only dealing with complex patient care issues. The presence of family physician leaders at each table who were able to describe patient care issues in their own practices reinforce the key message that family medicine / primary care is complex and patients suffer when the system is fragmented. The document “Starting with Primary Care: Patient / Family Centred Organizational Transformation” reflects the recommendations developed based on the work accomplished by the organizational and family physicians leaders who attended our symposiums.

It was used as a touchstone by the OCFP as we participated in both FHT development and the establishment of Local Health Integration Networks. Under the leadership of one of our partners, the Ontario Hospital Association, a multi-organization task force developed the principles for Local Health Integration Networks. The OCFP applied the principles to the supports primary care needs as LHINs begin their integration role and developed the document “Local Health Integration Networks: A means Not an End”

In supporting the development of a strong primary care system, the OCFP recognized that strengthening office-based family practices was not good enough. People wanted and needed their family doctors to be available to them regardless of where the care was delivered. If that was not possible, they wanted to be reassigned that the information that their family doctor had readily available was shared. They especially wanted their family doctor
kept in the loop. We recognized that certain vulnerable populations in both urban and rural communities were not
well-served by the current system. The acute shortage of family doctors was impacting significantly on all people
without a family doctor but especially on vulnerable populations and people with complex medical conditions. The
retreat to office-based practices was also affecting care in emergency departments, on inpatient units and in
obstetrics. Home-based primary care and care in long-term care was also affected by a concentration of care in
office-based primary health care practices. “Family Medicine VI: Comprehensive Care in Crisis” was developed to
bring family physicians and organizational leaders together to develop strategies to renew comprehensive care in
family medicine.

As the establishment of Family Health Teams were being announced, organizational leaders who had
participated in our forums or had been influenced by the dissemination of the results of our Symposiums reach out
to family doctors in their communities directly or through the OCFP to assist with the development of FHTs. Given
the interest created in FHTs through the Symposiums, we were not surprised when the MOHLTC received over 200
applications for first wave FHTs.

The roll-out of FHTs is not easy and the concerns we are hearing from the field are reflected in our policy
document “Family Physicians & Public Policy: The Light at the End of the Tunnel”. The document emphasizes the
fact that renewal in primary care is about patient care and not how doctors are paid. Our field research would
indicate that payment systems can be a barrier to trust and forward movement in primary care.

In advocating for all patients in the province to have access to a strong primary care system, the OCFP crafted
the document “Resource Allocation: Two-tiered Medicine in Ontario”. While our paper was an internal document
for government use only, the message of adequate resources for all primary care providers has resonated externally
and is seen in the OMA public campaign on this issue.

In supporting our Leadership Connects, the OCFP has actively supported Family Physicians Toronto to
participate with Toronto Public Health to plan for a pandemic in Toronto. At the provincial level, FPT members
have been heavily involved in several committees. We have overseen the development of pandemic kits for doctors’
offices, have been on committees addressing communication systems, educational needs of providers, specific
needs for the care of children during a pandemic and supply chains and procurement committees. Ontario is the first
and probably the only province in Canada to be as well prepared for a pandemic and certainly the first to actively
involve front-line family physician leaders in the planning process thanks to Family Physicians Toronto.

In Halton & Peel, the CWHMCFP/PHN has continued to address key patient care issues in their community.
They have overseen the participation of FHN, FHG & FHT development in their region, actively supporting a
demonstration project to place a CCAC case manager in specific practices and demonstrate a model of
organizational integration to better support people with chronic diseases such as diabetes. The Network has also
looked at the priviledges at each hospital in the region as a first step in ensuring that family doctors are able to
access and provide information about patients stored in hospital medical files. The group is quite advanced in terms of developing strong linkages with the two LHINs in their region. The MOHLTC’s Primary Health Care Community Development Officers have been key to assisting the Network to flourish and the working relationship with the OCFP is very positive. A FHT development workshop is being jointly planned by the OCFP and the two LHINs.

Family Medicine Associates of Hamilton conducted research nationally and internationally to determine the most appropriate structure needed to address issues such as patient care planning and issue identification and resolution in primary care, credentialing and privileges at local hospitals, continuing professional development and information sharing.

Under the auspices of McMaster University, the OCFP supported focus groups to add to the knowledge gathered nationally and internationally to link family doctors with LHINs to ensure that the voices of patients and their concerns were heard by LHIN leaders. This body of research was captured in the document “Linking Family Physicians with Local Health Integration Networks”. The document was used to develop the OCPC in our “Presentation to the Standing Committee on Social Policy Regarding Bill 36, Local Health Integration Act, 2005”

As we developed the main deliverable, our eighth Symposium, we recognized that both Family Physician and LHIN leaders needed to know about the complexities of establishing FHTs. While many of the applicants were under the impression that they were applying to work with other disciplines, they were expressing concerns that the process of changing the way that doctors were paid, developing a governance structure and developing a business plan and negotiating agreements with the MOHLTC was difficult and time-consuming. The Symposium was developed as a means of encouraging LHIN leaders to reach out to FHT leaders and provide support. We encouraged Family Physician leaders to do the same. A clear message was delivery that all family practices need to be supported and part of the planning process orchestrated by the LHINs.

A second component of the Symposium was an emphasis of the positive impact on patient care that can be accomplished when family doctor leaders are supported to network with the expressed purpose of addressing key issues that interfere with patient care. The main lesson for LHIN leaders was the value of the family medicine voice at the planning tables since their knowledge of what is working in the system and what is not is so immediate as they seek care for their patients.

We believe that we met and exceeded the goals of this stage 2 project and did so on a very limited budget thanks to the generous volunteer efforts of the involved family doctors and OCFP Board and staff. Each of our “Leadership Connects” made substantive advances and their work will form the basis for quality improvements throughout the primary care system in Ontario and nationally. By concentrating our efforts this year on LHIN leaders, we have begun a process that will have lasting impact on family practices throughout the system by emphasizing the need to integrate services at the point of care for the majority of patients – in the family practices.
The results of our work has reached over 7300 family physicians in our province through the OCFP. Through the efforts of our partners, we have reached all leaders of hospitals, CCACs, public health units and the Ministry itself. Our latest Symposium and results of the event have reached each LHIN Board member, their CEOs and their senior staff.

When we began this work, we did not expect to be involved in pandemic planning, chronic disease management, credentialing/privileges, discussions regarding resource allocation/two-tiered medicine, LHIN development, governance structure, business plans and negotiation plans, etc. The scope of the issues address reflect the complexities of primary care and our health care system in general. They reinforce the need for forums for family physician leaders to meet to identify and address patient care and health system issues and make it very clear that LHIN leaders need to understand the primary care system in their region and recognize it as the foundation of the system. Any system changes need to be orchestrated in a way that enhances and supports primary care services. To ensure the end results of integration efforts positively support quality patient care, family physician leaders need to be connected to the LHIN planning tables.
Section 7. Implications (maximum of 2 pages).

- Discuss the importance of the project in the context of primary health care renewal and issues facing the health care system. Refer to its impact or potential impact beyond its own parameters.
- Identify key learnings that may be helpful in informing future policy and practice change.
- Identify how project findings and tools will be, or have already been disseminated, if not already addressed in section 5.
- List tools and resources developed that will be available for dissemination beyond the PHCTF timeframe.

Dr. Barbara Starfield’s work has greatly influenced the work of the OCFP. Dr. Starfield’s research is a solid endorsement of the key role that family doctors play in our healthcare system as the main providers of primary care services. This project has helped family doctors to develop networks to address the key issues that concern them as they try to access care for their patients. The study also emphasizes the fact that family doctors, working in isolation in their solo or group practices (FHN, FHG, FHT, etc), will never accomplish as much as they need to without the support of key organizational leaders.

This project was a wake-up call to organizational leaders. Its message was simple and straightforward: family physicians and the primary care system are providing over 80% of the medical care in Ontario. Some of Ontario’s most needy and complex patients are receiving care in the primary care system but the lack of family doctors is impacting negatively on care for many people in Ontario but especially on our most vulnerable citizens. Moreover, having a family doctor is no guarantee that the patient will receive comprehensive care delivered by the family doctor and his or her team members when needed.

To address the issues facing the primary care system, changes are needed within practices and within the system as a whole. Local Health Integration Networks are seen as a positive move forward in solidifying the gains made in Primary Care Reform to date, enhancing the primary care system in the years to come and integrating the system in a manner that recognizes and supports the integration of all services with family practices and the patients they serve. The need for organizational structures to provide family doctors with an opportunity to identify and address patient care concerns and to link those organizations and individual family physicians to LHINs was well-supported and will be an ongoing need in the future as LHINs develop and implement their integration plans.

The lessons learned are simple and straightforward:

1. without a strong primary care system, patient care suffers
2. caring for complex patients in primary care is more difficult when the various healthcare organizations in the community are not well-connected to support care in the family practices
3. FHT development is complex and time-consuming. Models of integration such as those seen in Halton/Peel’s CCAC case management model may provide the same team-based results with reduced complexity
4. family physician leaders need a forum to meet and identify/resolve patient care issues
5. Organizational leaders, especially LHINs need to understand the issues in primary care to improve the quality of care in their organization and throughout the system
6. LHIN leaders, healthcare organizational leaders and primary care leaders need regular forums locally, regionally and provincially to continue the gains made during the execution of this project.

7. Focus groups/surveys are required to better understand the barriers and facilitators in FHT development.

All of our tools and resources have been disseminated widely throughout the province and also used nationally at various conferences to highlight the work being accomplished in Ontario through the efforts to enhance the primary care system.

The key learning, tools and resources for this project and beyond are contained in the following public policy documents:

1. Summary of the Proceeding of the Symposiums for Organizational Leaders
2. The Mushroom Syndrome: SARS & Family Medicine
3. Starting with Primary Care: Patient/Family Centred Organizational Transformation
4. Local Health Integration Networks: A Means not an End
5. Family Medicine Forum VI: Comprehensive Care in Crisis.
6. Family Physicians and Public Policy: The Light at the End of the Tunnel
7. The Summary of the Proceedings of Family Medicine Forum VI: Comprehensive Care in Crisis
8. Linking Family Physicians with Local Health Integration Networks
9. Presentation to the Standing Committee on Social Policy Regarding Bill 36, Local Health Integration Act, 2005
10. Summary of the Proceedings and the Symposiums of Organizational Leaders – Linking Family Physician Leaders with LHINs
Mc Master University has submitted a proposal to the MOHLTC in partnership with the OCFP to develop a demonstration project identifying how our current three “Leadership Connects” and a fourth developed in Ottawa could be linked to their LHINs. We are hopeful that this research study will be funded and will be the means for sustaining and expanding the “Leadership Connect” throughout the province. It is key to the process for identifying and resolving patient care issues locally, regionally and provincially. In the meantime, the OCFP will continue to engage in dialogue with LHINs and provide support for joint efforts to link LHINs and family doctors.

This project linked hospitals, CCACs, Public Health Units, District Health Councils, MOHLTC Regional Offices and LHIN leaders with the leaders of hospital and university Departments of Family Medicine, and FHN, FHG, and FHT leaders. Face to face meetings and small group learning opportunities not only introduced these leaders to the key concepts of PCR and integration requirements but also built personal relationships leaders to FHT development and opportunities for LHINs to engage family doctors in LHIN’s activities. We see the relationships that have been established between the OCFP and our partners as a possible means for further sustaining the results of this project. By concentrating our recent efforts on LHIN leaders, we began a process that we believe will have lasting effects on family practices and on the integration activities of LHINs. Through our Symposia, the LHIN education day and the distribution of the Summary of the Proceedings of the Symposia we have reached each LHIN Board Chair, CEO and Senior Staff as well as every Chief of Family Medicine, the leaders of FHNs, FHTs and FHGs, and the academic family physicians at our six medical universities. As LHIN leaders reach out to the OCFP and to our family physician leaders for assistance with the development of local integration service plans and to involve them in LHIN and provincial committees we are reassured that our efforts will have lasting results.
Section 9: PHCTF PROGRAM OBJECTIVES CHECKLIST

Please enter the Project Title and Project Number of your project.

<table>
<thead>
<tr>
<th>Project Number:</th>
<th>G03-02442</th>
</tr>
</thead>
</table>

| Project Title:  | Shared-Care as the System Integrator / Symposiums for Organizational Leaders: Phase II, Continuing the Gains |

Instructions:

- All projects are requested to complete Section A (PHCTF common objectives).
- Please be succinct in highlighting how your initiative addressed the relevant objective(s).

SECTION A: PHCTF COMMON OBJECTIVES

Note: Some projects will address all five objectives, and some may address only one.

<table>
<thead>
<tr>
<th>PHCTF objective</th>
<th>Check if applicable</th>
<th>If yes, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of the population having access to Primary Health Care (PHC) facilities accountable for the planned provision of a defined set of comprehensive services to a defined population</td>
<td>[e.g. How many additional people do the facilities serve?]</td>
<td>☑</td>
</tr>
<tr>
<td>Increase emphasis on health promotion, disease and injury prevention, and management of chronic diseases</td>
<td>[e.g. How was this emphasis increased?]</td>
<td>☑</td>
</tr>
<tr>
<td>Expand 24/7 access to essential services</td>
<td>[e.g. What services are provided 24/7?]</td>
<td>☑</td>
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<tr>
<td>Establish interdisciplinary primary health care teams of providers, so that the most appropriate care is provided by the most appropriate provider</td>
<td>[e.g. Number and composition of teams?]</td>
<td>☑</td>
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<tr>
<td>Facilitate coordination and integration with other health services, e.g. in institutions and in communities</td>
<td>☑</td>
<td>☑</td>
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