

Physician Integrated Network (PIN) March 16th, 2007 Workshop Summary

Workshop Objectives:

- ✓ Provide an opportunity to update Participants on PIN
- ✓ Provide an opportunity for the PIN Demonstration sites to share their plans
- ✓ Provide an opportunity for The College of Family Physicians of Canada to present their Primary Care Toolkit

Over 58 participants from across the province attended the March 16th PIN Workshop. Representatives from each of the Demonstration Sites, Manitoba Health, RHAs, the PIN Advisory Committee, and other interested clinics attended the full day event at the Canad Inn Fort Garry in Winnipeg. Overall, participants felt that the day meet its objectives and agreed that another PIN workshop in a few months would be beneficial.

Overview

Jeanette Edwards began the day with an update and overview of the PIN Initiative. The PIN Team has been working over the past few months in developing Practice and Patient profiles of each of the demonstration sites and expanding the Evaluation Framework into an Evaluation Plan. The PIN Team has also been working on the issue of PIN sustainability and working with the Manitoba Centre for Health Policy and the Minister to address broader evaluation issues. Jeanette informed participants that Brandon Clinic has withdrawn from the demonstration phase as they felt it was not the right time for them to be involved in the initiative. Jeanette also noted that Brandon may be involved further down the road as a future PIN site, and will continue to be invited to be involved in events such as PIN Workshops, and the PIN Advisory Committee.

One of the major themes raised at the last PIN Workshop related to the use of additional primary care providers on teams. Working with primary care provider colleges and associations across the province, the PIN Team has subsequently developed an Interdisciplinary Team Toolkit to help demonstration sites in their consideration to work with additional primary care team members. Also, a Guide to Demonstration Site Plan Development was created to help sites in developing their strategies. Demonstration Sites have developed their strategic plans which were presented later on in the day. Jeanette noted the development of the PIN Demonstration Phase Funding model developed by the PIN Team and noted the longer-term model is being investigated. A health economist from Nova Scotia has been assisting in some of this work.

Tom Fogg provided an overview on the information management objective of PIN, particularly in regards to the Electronic Medical Record (EMR). Tom noted that during the development of the patient profiles the PIN Team recognized that the way demonstration sites have been using their EMRs does not allow them to capture data in a way that is consistent and complete enough to allow

measurement for PIN purposes.. The PIN Team is now coordinating interaction with demonstration site EMR vendors to develop forms/flow sheets and reports to ensure that usable, reliable EMR data will be available.

Tom highlighted that the broader issues of Information Management in regards to primary care delivery will be addressed by the establishment of the Manitoba Primary Care Systems Strategy Project. The project will assist practices, facilities, or regions who wish to acquire an EMR/Primary Care system by qualifying products/vendors to ensure they fit functional requirements and have the ability to link to the broader evolving Electronic Health Record. Tom also highlighted the tools currently available on EMRs such as the Health Canada - EMR Toolkit available at www.emrtoolkit.ca.

PIN Funding

Alan Goddard and Sean Brygidyr introduced the PIN funding approach for the Demonstration Phase of the PIN Initiative. The funding approach will consist of three Parts; Information Management, Plan Implementation, and Quality Targets. Funds will be payable to the Demonstration Sites based on a Service Purchase Agreements. The Information Management funding will also be available to the control site, the Steinbach clinic. Internal allocation of the funds are at the discretion of the Clinic management to meet Deliverables. The objectives of the funding are to obtain the data on quality care being provided by the Demonstration Sites and the control site, to support clinics in achieving practice changes that will address the four PIN objectives, and to provide financial incentives based on quality targets.

PIN Evaluation Plan Presentation

Dr. Katz began his presentation describing what an indicator is and how indicators are developed. He then described the evaluation outline for the PIN Initiative. There are four components in the evaluation plan; process measures from EMRs, patient and provider surveys, qualitative interviews of managers, providers, and patients, and administrative data. Dr. Katz then explained the benefits of having a control site, such as Steinbach for the PIN initiative. Dr. Katz clarified that the evaluation will be based on core patients or a patient whose principal primary care provider is one of the physicians within the clinic. For the PIN initiative, several CIHI indicators have been selected for the complete list of indicators see www.cihi.ca . Dr. Katz reviewed each of the indicator clusters that have been chosen by the three demonstration sites. The presentation ended with an overview of the work the Manitoba Centre for Health Policy will be doing on comparing EMR and administrative data sources.

During the presentation there were several questions and comments raised:

- Some of these related to the definition of a patient with one of the key diagnosis. Dr. Alan Katz noted the current criteria and a desire for input from the demonstration sites as to any additional suggestions.

- How data is entered by physicians into EMRs will be the key to evaluation.
- Prevention is one of the more challenging indicators to select. One of the demonstration sites has chosen this area and will be working with Dr Katz to clarify the indicators.
- One participant was pleased that it was the process that was being measured and not the outcome because ultimately, there is still patient choice.
- There were a number of concerns regarding measuring indicators such as referrals, patients with multiple health issues, etc. There were also some differences between attendees regarding their understanding of how often certain screenings should be performed for particular patient populations.

Role and Focus of primary care:

Minister Oswald brought greetings to the workshop. The Minister noted to participants that family physicians are “heroes and play a fundamental role in society.”

- Later during the workshop, participants asked how we are going to communicate to the public and to the patients of each of the sites. Participants felt that Communities will want to know about PIN. Jeanette will raise this issue with government communications.

Demonstration Site Presentations

Each of the demonstration sites presented an overview of their group practices, a description of the communities served by their practices, their two chosen deliverables and their preliminary plans to address the deliverables.

Winkler has selected Coronary Artery Disease, and Prevention. Morden and Assiniboine have both selected Diabetes and Hypertension.

During the presentations there were several interesting points raised:

- Winkler clinic adopt the following process for developing their plans:
 - Desired Outcome
 - Actions Required
 - Resources Needed
 - Roadblocks
 - Evaluation
- Dr. C.W. Wiebe Medical Centre in Winkler also noted that they were going to monitor and attempt strategies including all the indicators within the prevention cluster.
- Agassiz Medical Centre in Morden received congratulations on their plans to work with the RHAs.
- The issue of capacity and scope of practice was raised. The Agassiz Medical Centre reported that they do not use their staff to their full capacity; nurses right now are not working to their full scope. By introducing more providers, Agassiz Medical Clinic felt that the physicians could see more patients.
- Assiniboine clinic noted that they selected their deliverables in large part to know the actual number of patients they have with these conditions and to check the quality of care they provide.

- Participants complemented the demonstration clinics for their hard work on developing their strategies. It was noted that the plans will get tweaked as the clinics move forward.
- Comments were also made that there are creative ways to change things.
- Demonstration sites again noted the need to have a consistent message with patients of the sites.

Dialogue on Plan Presentations

Below is a collection of comments, concerns that were raised during the afternoon discussion.

Funding:

- There were questions regarding the hidden costs behind adopting the plans. It was recommended that hidden costs be monitored to provide financial analysis of the project.
- It was acknowledged that it will take a fair amount of work and cost to institute these changes and the clinics are hoping to at least break even on the costs.

Working with RHAs and Manitoba Health

- Agassiz Medical Centre noted that currently some patients are not able to see the RHA dietician, or people will not go to the hospital where the staff are located. It was suggested that the clinic should work with the RHA to coordinate services, not duplicate services.

Interdisciplinary Teams

- Physicians noted that Manitoba Health currently doesn't financially support, but penalizes teamwork.

Chronic Disease Management

- Greg Hammond, Director of Public Health reported that a lot of provincial work on diabetes and hypertension has been done. He noted that there are resources for disease management, protocols, and fact sheet information on the Government of Manitoba website. www.gov.mb.ca/health/diabetes.
- One participant felt that at this stage collecting info is most important. The clinics and government will actually know the number of patients with diabetes, etc.

PIN Process

- Comments from the audience included appreciation for the approach Manitoba Health and the PIN Team has taken with the initiative. The work they do with the groups, in not dictating how to do it, but allowing the clinics to come up with their own direction and vision was supported by attendees.

Future Direction/Summary Comments

- The process (of PIN) has brought up more questions that will need to be addressed throughout the demonstration phase.

- One participant asked: Do you envision a day when two or three doctors can bind together to form a virtual clinic? This needs to be explored as the initiative progresses.
- PIN must continue to develop a sustainability plan
- PIN is referred to as an “initiative”. One participant commented that PIN now “feels like a movement”
- Another participant noted that “this is the way health care should be going.” There is a need to promote the concept. We need to promote the concept now; continue to “improve the playing field”. “We all can do a great job of passing the message on; it is the way we need to go”.
- There is a need to be working with all physicians together. One participant suggested that “all the people in the room can be taking the message out”
- We need to also note “what doesn’t work” we all need to hear all experiences and face them.

Conclusion

- Participants recognized what has been achieved and noted the need to continue to implement the initiative.
- Communication is a key priority, both to the patients and the communities served by the demonstration sites as well as the public at large.
- Sustainability beyond the demonstration phase needs ongoing attention and planning.
- A follow up PIN Workshop Day III should occur in the fall of 2007 to ensure ongoing sharing of progress and experiences.