Implications of the Patients First Discussion Paper for local primary care planning, delivery, performance and evaluation

Martin Bass Lecture

Primary Health Care Research Day
Trillium 2016

Rick Glazier, MD, MPH, CCFP, FCFP

Senior Scientist, Institute for Clinical Evaluative Sciences; Scientist, Centre for Research on Inner City Health, St. Michael's Hospital; Staff Family Physician, St. Michael's Hospital; Professor, Family and Community Medicine, University of Toronto

Elizabeth Baker, RN(EC), MHS, BScN, NP-PHC

Provincial Nursing Lead; Primary Health Care Nurse Practitioner; Legal Nurse Consultant, Ottawa

Faculty/Presenter Disclosure

- **Faculty: Rick Glazier, Elizabeth Baker**

- **Relationships with commercial interests:**
  - **Grants/Research Support: none**
  - **Speakers Bureau/Honoraria: none**
  - **Consulting Fees: none**
  - **Other: none**

Disclosure of Commercial Support

This program has received financial support from N/A in the form of N/A
This program has received in-kind support from N/A in the form of N/A.

Potential for conflict(s) of interest:

- **Rick Glazier** has received **N/A** from **N/A**
- **N/A** a product that will be discussed in this program: **N/A**

- **Elizabeth Baker** has received **N/A** from **N/A**
- **N/A** a product that will be discussed in this program: **N/A**

Mitigating Potential Bias

- Mitigation N/A

Objectives/Topics

- Primary health care context
- Why change is needed: the rationale
- Concept, roll out and potential impact
- Implications for a research agenda

- Panel
- Discussion

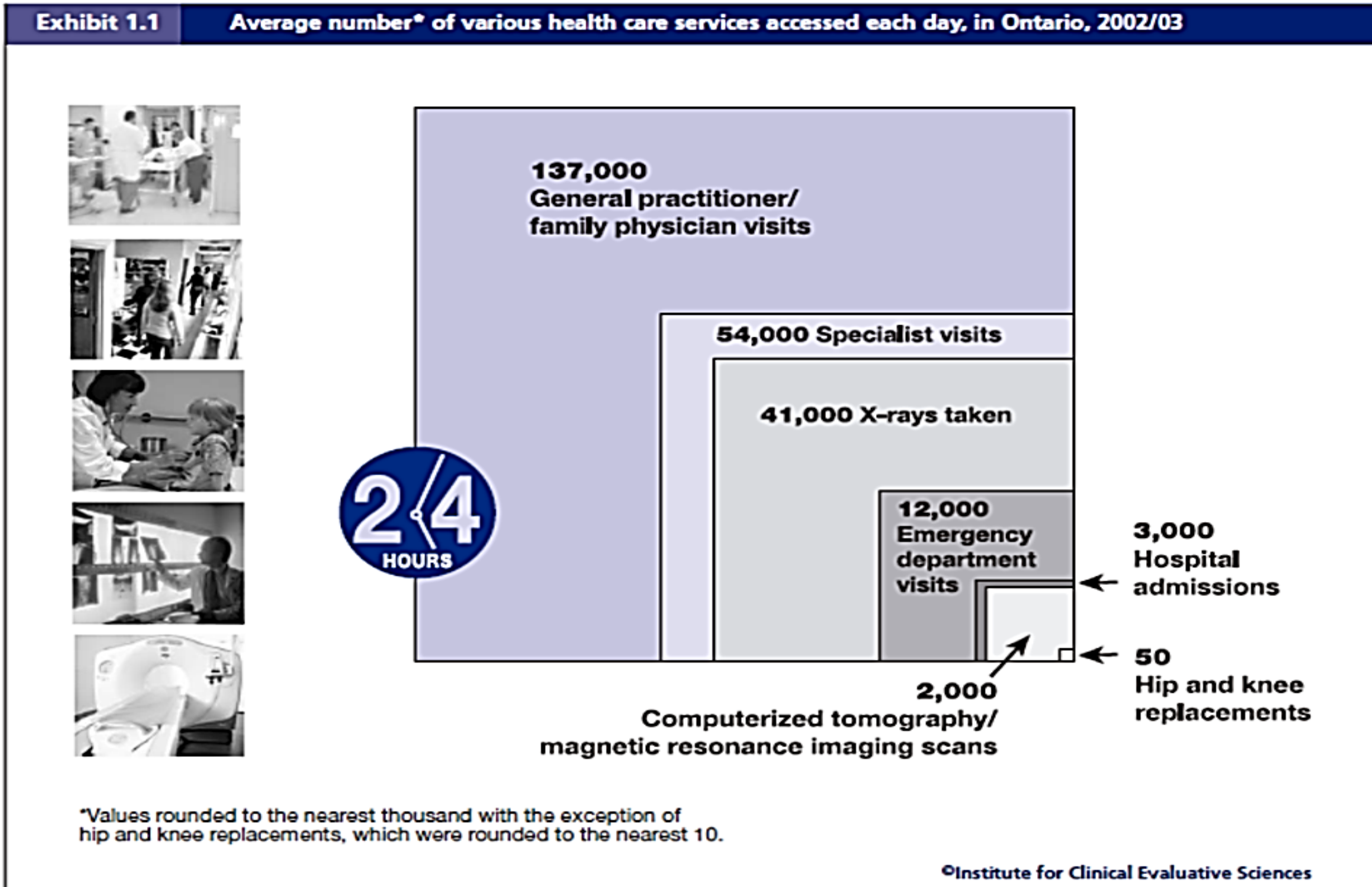
Primary Health Care Context

- Health services accessed each day
  - extensive contact with the public

- Primary care and health outcomes
  - better health outcomes, satisfaction with care, lower costs

Health Services Accessed Each Day

(ICES Primary Care Atlas)



Primary Care and Outcomes

- Primary care associated with

  - Lower
    - mortality, premature mortality, infant mortality
    - disparities in overall mortality, infant mortality, low birth weight, stroke mortality, self-reported health, and avoidable hospitalizations

  - Higher
    - satisfaction in relation to overall costs

Macinko J et al. Health Services Research. 2003;38:831-65
Shi L et al. Health Services Research. 2002;37:529-50
Engstrom S et al. Scand J Prim Health Care 2001; 19:131-4

Why Change is Needed: The Rationale

- Canada performs poorly compared with 10 other countries
  - lower access and quality, higher cost
  - Ontario lags several provinces
  - little change over time

- Ontario's investments in primary care
  - advances
    - substantive – payment reform, inter-professional teams
    - impactful – higher attachment, more providers, improved quality
  - limitations
    - unfinished – only 25% in team-based care
    - inequitable - not based on need
    - not performing - on timely access or cost savings

EXHIBIT ES-1. OVERALL RANKING

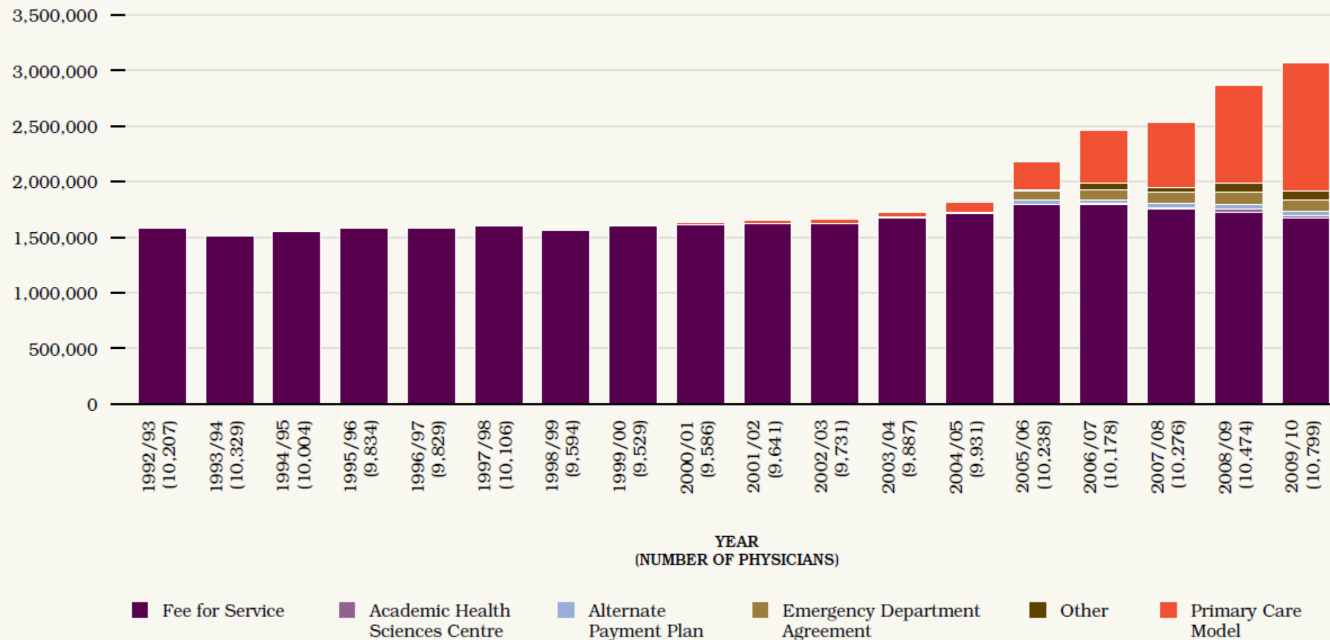
COUNTRY RANKINGS

- Top 2*
- Middle
- Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

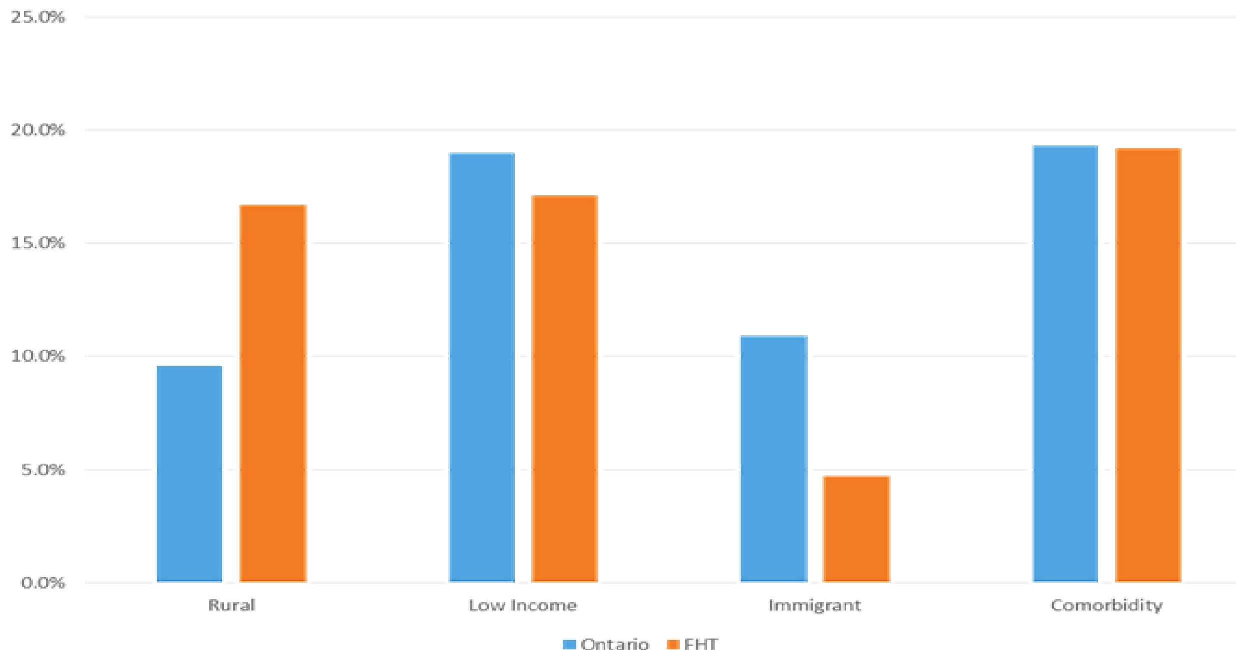
Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Payments



Transition to Capitation: Selection

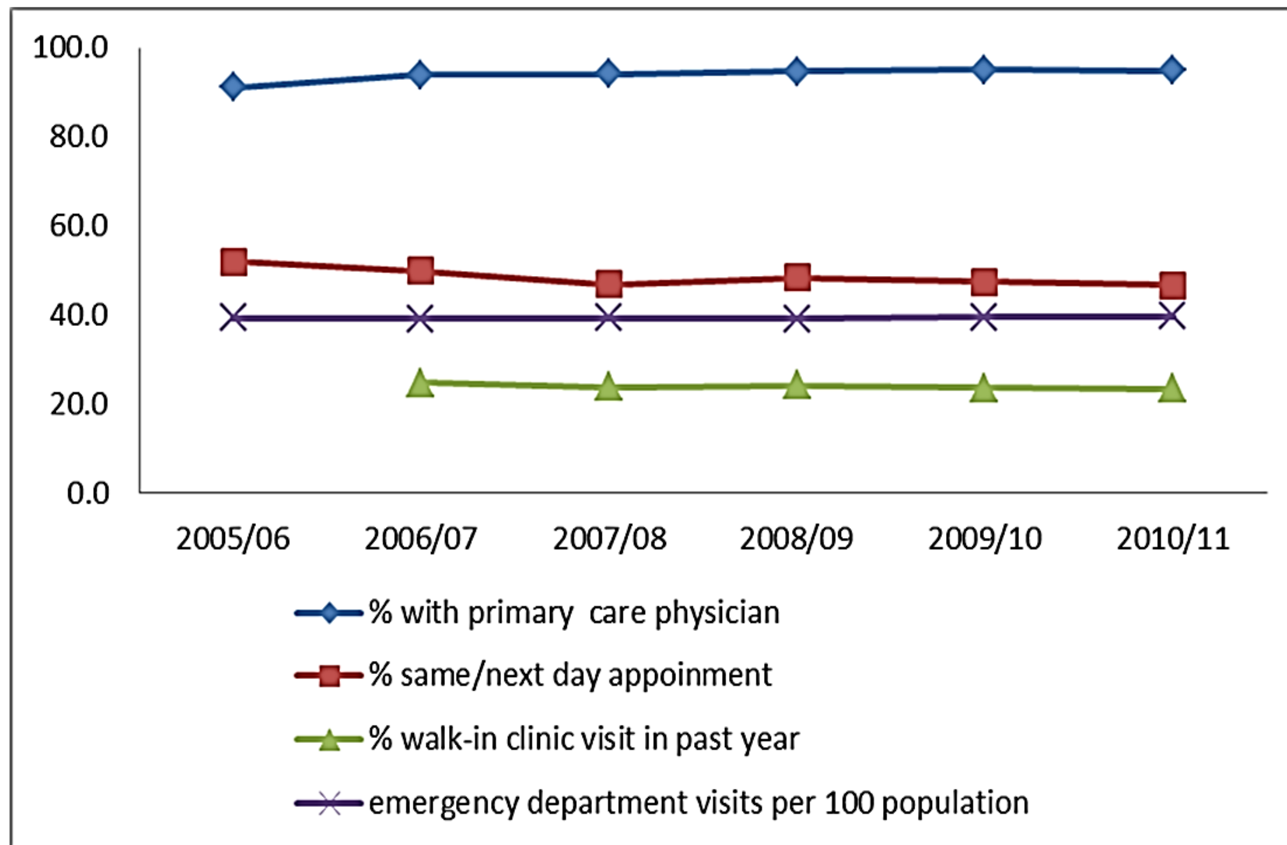
- Lower cost patients*
- More rural, more advantaged, average comorbidity**



*Rudoler D et al. Soc Sci Med. 2015 Jan;124:18-28.

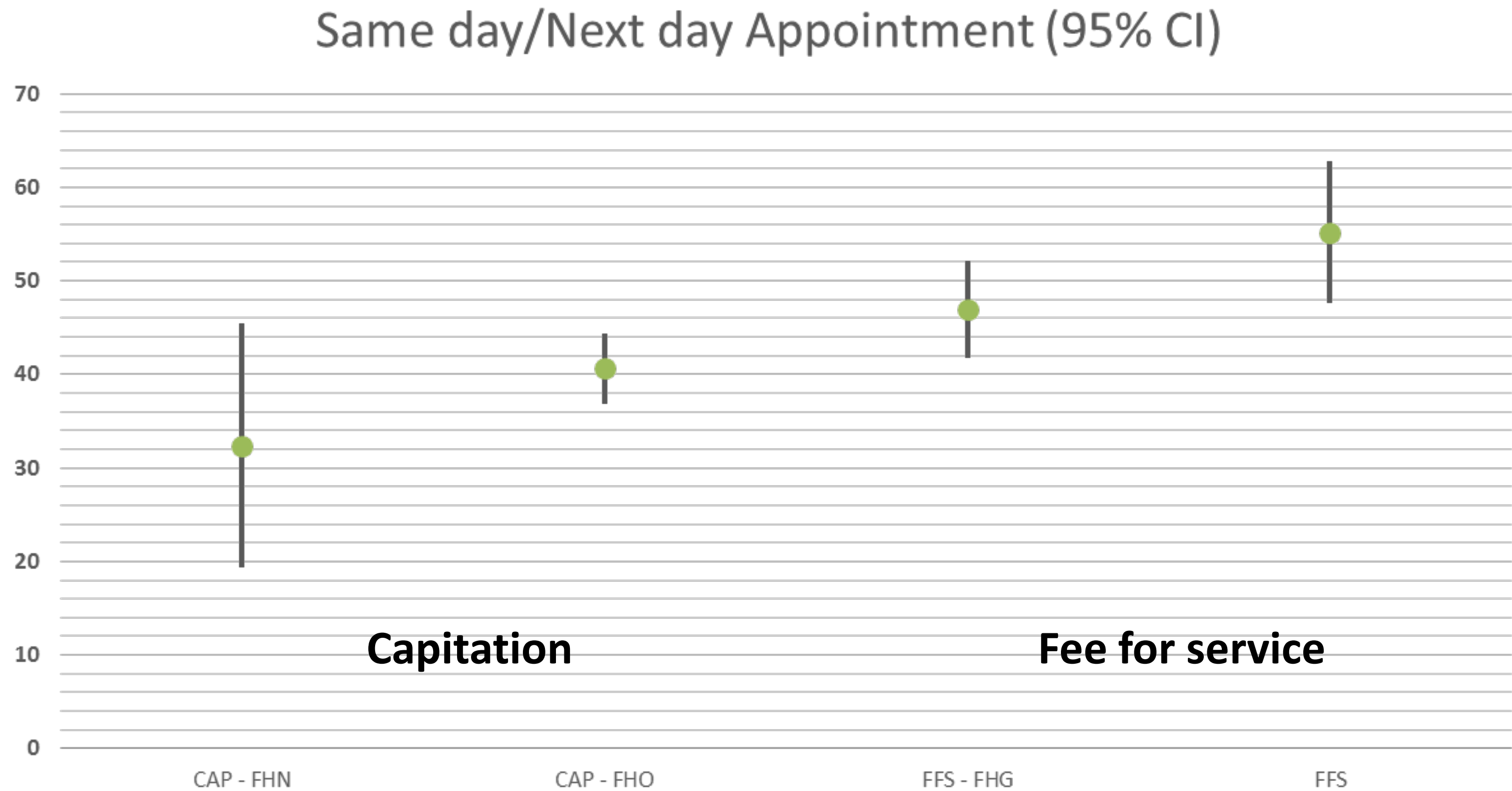
** Glazier R et al. http://www.ices.on.ca/Publications/Atlases-and-Reports/2012/Comparison-of-Primary-Care-Models

Access – Time Trends



Glazier RH, Kopp A, Schultz SE, Kiran T, Henry DA. Healthc Q. 2012;15(3):17-21

Transition to Capitation: Timely Access



Health Analytics Branch MOHLTC: Ontario Health Care Experience Survey 2012/13

Concept, Roll Out and Potential Impact

- In 2013, MOHLTC convened an Expert Advisory Committee on Strengthening PHC in Ontario

- Membership included a mix of clinicians, researchers, and senior management from acute care, PHC, Public Health, academia and LHINs

- To contribute based on expertise and experience, NOT as representatives of a region or constituency

Membership

Co-Chairs:

Dr David Price, Provincial Primary Care Lead

Elizabeth Baker, NP-PHC, Provincial Nursing Lead

Matthew Anderson

Mike Bell

Michelle Clifford-Middel

Dr Rick Glazier

Brian Golden

Paul Huras

Ross Kirkconnell

Dr Danielle Martin

Dr Sarah Newbery

Dr Harry O'Halloran

Dr David Shieck

Dr Joshua Tepper

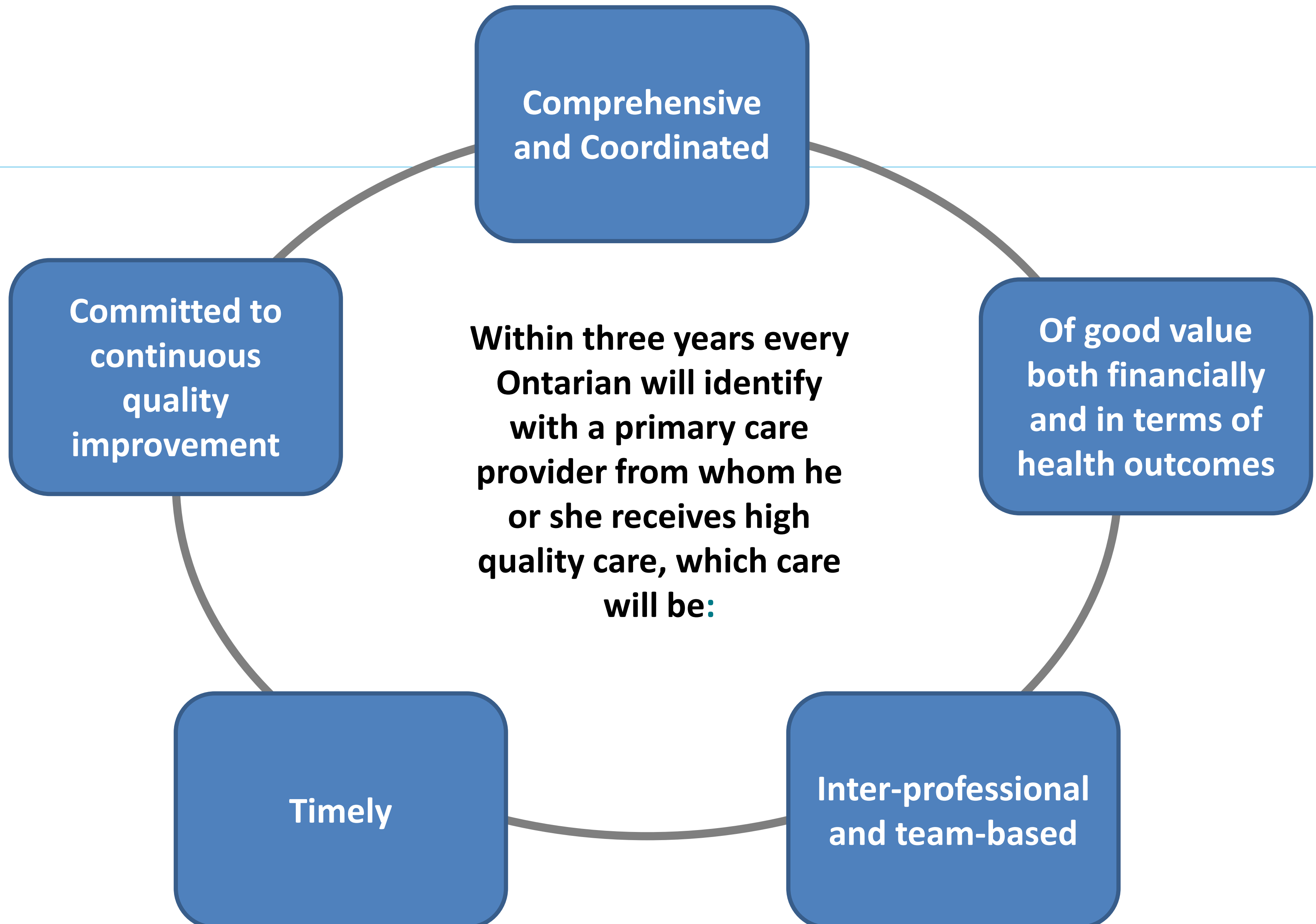
Carol Timmings

Ruta Valaitis

Secretariat: Rosemary Hannam

Primary Health Care Branch

Person-Centered and Community-Based



Redesign Challenge: A Population-Based Fund-Holding System

Organization and Patient/Client Assignment:

- Organized by postal code/geography
- Assigned to a Patient Care Group/ Sub-LHIN Group
- Leverage current structures and organizations
- Adapted to local needs: Standard, Rural (aligned with Rural Hub Model) and Urban (for larger urban areas)

Governance, Accountability and Funding

Local governance and accountability:

- Accountable to the LHIN
- Governed by a skills-based board that includes patient/client and provider representatives
- Robust performance measurements, quality and financial indicators
- Budget based on demographics and predicted population health care needs of the region
- Economies of scale through central functions
- Leverage current structures wherever possible

Integration and Comprehensive Care

- Access
- "Most responsible organization" for its population catchment area
- Coordinate all primary care services in geographic region
- Connect specialist, hospital, long-term, home and community care services
- EMR interoperability
- Strengthened linkages and connections with the broader health and social system (horizontal and vertical integration)

How Does it Currently Look?

- **Patients First: Action Plan for Health Care**
- LHINs mandated to develop implementation plan
- Broad public and stakeholder engagement and consultations in design development
- Determine legal structure, legislation changes to support
- Determine board structure for each type (Standard, Urban, Rural); inventory current capacity and strengthening opportunities
- Ensure information technology inter-operability
- Develop appropriate clinical and economic indicators, key metrics
- Phased implementation ….?

Implications for a Research Agenda: Clarity of Goals

- Ultimate impact of many transformative initiatives are hard to assess
  - e.g. FHOs, FHTs, NPLCs, CHCs, Health Links, Aging at Home,
  - goals, mechanisms and measureable objectives are sometimes unclear
  - evaluations often started well afterwards (no baseline data collection)

- Academic community and evaluation experts and can make their greatest contribution if these issues are made as clear as possible as early as possible in the implementation

Implications for a Research Agenda: Sub-LHIN Areas

- Focus on sub-LHIN areas (new locus of measurement)
  - LHIN readiness and capacity

    → scoping reviews, capacity assessment, case studies, KT framework, engage decision-makers and managers (qualitative)
  - population needs

    → local studies of socio-demographics, mental health, frailty, multi-morbidity, at risk of deterioration, access, unmet needs, engage communities (descriptive and geographic)
  - resource availability

    → human resources, team-based care, programs (descriptive and geographic)
  - align needs with resources

    →mixed methods, use KT framework

Implications for a Research Agenda: How Things Work

- Working together
  - extending teams to new providers and patients

    → readiness assessments, case studies, team functioning, rapid cycle evaluations (qualitative, surveys, databases)
- Making decisions/governance
  - new collaborative models, engage providers/patients/communities, meaningful measures, accountability

    → scoping and systematic reviews, KT framework (mixed methods)
- Infrastructure needs
  - management and provider resources, connected electronic communications

    → mixed methods, KT framework

Panel Discussion