Ontario Health Team

Primary Care Communications Protocol:

Enabling Success through Connecting Primary Care and Physician Partners

Ontario Health Team (OHT) Name:	Algoma Ontario Health Team	
Contact Information:	Contact: Erik Landriault; Director, Integrated Care Phone: 705-989-8105 Email: info@algomaoht.ca	
Social Media:	Twitter: <u>@AlgomaOHT</u> Facebook: <u>@AlgomaOHT</u> Facebook: <u>@CommunityWellnessBus</u> LinkedIn: <u>Algoma Ontario Health Team</u>	

Throughout the planning stages of our OHT and into our first year of operations, we've been very fortunate to have a substantial number of engaged primary care providers who have helped shape our work in its early stages (see Appendix A). High functioning primary care is essential for our OHT, as it is the foundation on which our health system and integrated care is built¹. It is also the first point of contact for the majority of our population who are seeking to access the health system¹. In the coming months and years, this protocol will be an evergreen commitment to building on and expanding our group of engaged providers in the pursuit of a co-designed integrated health system.

In addition to recognizing the value of communicating with and engaging primary care providers, we are using this protocol to acknowledge and capture the voices of frontline workers and other health professionals who are directly involved in the delivery of care for our attributed population. Actively recruiting those who are at the point of care to participate in OHT activities was included as a recommendation to improve collaboration across the health system in Algoma in the final report of the Algoma Citizens' Reference Panel on Integrated Care². Ensuring that diverse provider voices are embedded throughout the OHT will strengthen our work and lead to solutions, outcomes, and projects that are feasible within the capacity and resources available to those providing care across Algoma.

Who is included in "Provider Voices"?

For the purposes of this protocol, we use "providers" and "provider voices" to include physicians, nurse practitioners, frontline workers, and other professionals involved in the delivery of care.

Element # 1: Strategic Goal

We are working to embed provider voices at all levels of OHT work in order to codesign and implement a health system that is driven by the needs of the community, guided by best practice in health and social care, and feasible for current capacity and resources.

Element # 2: Enablers

We have identified the following enablers to optimize communications and engagement activities with providers and reduce barriers to participation:

Tailored Communication: Best practice in communications always begins with identifying your audience and tailoring communication products and approaches to suit their needs. In recognizing that providers hold busy schedules and are often needing to "create space" to engage in OHT activities, we want to ensure that our communications and engagement efforts are timely, clear, concise, and relevant for providers.

Provider Champions: When looking to recruit providers, we will leverage existing provider partnerships and spotlight OHT provider successes to help showcase the value and impact of advancing integrated care.

Professional Development: To help add immediate and high-impact value for providers, we will promote the availability of continuing professional development (i.e. MainPro+ credits for family physicians) and explore professional development ideas for providers to help build a well-rounded, multidisciplinary team. Professional development may include webinars, training, resources, and more.

Organizational Recruitment: Recruiting entire practices, including board members, CEO/EDs, and physicians (and in our case, frontline workers), was identified as a key enabler to enhance engagement with providers.³

Representation: As part of our efforts to actively engage a representative group of providers, we are committed to creating spaces that are inclusive, safe, and welcoming for providers who identify as Indigenous, Francophone, a visible minority, LGBTQ+, and/or rural and remote.

Element # 3: Tactics and Continuous Review

Tactics

Guided by our strategic goal and facilitated by our enablers, our tactics for provider communication and engagement will include:

Embedded Leadership: In-line with our community engagement strategy, we will focus our efforts on embedding provider voices in governance and leadership as well as project design and operations. Specifically:

- A primary care physician representative tri-chair on Leadership Council
- Additional provider representation on Leadership Council
- A minimum of two provider voices on every working group, including creating project leadership roles for providers (i.e. Geriatrics and Primary Care Co-Leads for Healthy Aging)

Newsletter Communications: Recognizing that ongoing engagement and staying up-to-date on OHT developments can be a challenge for frontline providers, the AOHT is committing to regular newsletter communications as a low-commitment and easily accessible engagement option. Communication may include, but is not limited to:

- Working group developments that affect delivery of care
- Opportunities to provide feedback or become involved in OHT work
- Upcoming events and opportunities for providers
- Calls for review/ideas from providers
- Spotlights on provider champions
- Excerpts/blog-style updates from participating providers

Semi-annual Meetings: In lieu of a traditional provider council, we have elected to bring providers together twice a year to discuss OHT-wide projects, ideas, gaps, and developments that are related to delivery of care. This work will be sponsored by a provider champion and may also include relevant continuing professional development opportunities with a focus on quality improvement for our identified populations.

Ad Hoc Engagement: In addition to embedded leadership and scheduled engagement activities, we will also include ad hoc engagement opportunities where appropriate to support OHT work. These opportunities may include, but are not limited to focus groups, interviews, surveys, workshops, and advisory panels³.

Continuous Review

Continuous measurement and evaluation will help ensure that our provider communication and engagement meets their needs and is impactful to AOHT projects. Our tactics for continuous review will include:

Review Groups: In-line with our semi-annual meetings, we will schedule short recurring review sessions with a group of participating providers and transformation office representatives to evaluate provider engagement and communications tactics.

Ongoing Feedback: We will put a mechanism in place, be it email or website-based, that welcomes ongoing feedback, including comments and ideas, from providers on engagement and communication tactics.

Measurement and Impact Communication: Communicating value added for patients, measuring impact of engagement, and evaluating engagement effectiveness have all been identified as tactics to promote meaningful engagement with providers⁴. As such, we will use the above mechanisms in addition to quantitative measures to track success that can be communicated to providers to strengthen engagement and promote growth. Measures may include, but are not limited to:

- Number of providers engaged in governance and leadership
- Number of providers engaged in project design and operations
- Number of provider interactions with digital newsletter
- Number of provider participants in professional development opportunities

Region	Name	РЕМ Туре
East Algoma	St. Joseph Island Medical Clinic*	RAN
	N'Mninoeyaa Aboriginal Health Access Centre	N/A (AHAC)
	Central Algoma Health Centre*	RAN
	Huron Shores Family Health Team*	FHO (FHT)
	Thessalon Medical Clinic*	RAN
	North Channel Nurse Practitioner-Led Clinic	N/A (NPLC)
North Algoma	Wawa Family Health Team*	RAN (FHT)
Sault Ste. Marie	Group Health Centre (Algoma District Medical Group)*	GHC
	Baawaating Family Health Team	N/A (FHT)
	Superior Family Health Team (Sault Family Health Organization)*	FHO (FHT)
	Algoma Nurse Practitioner-Led Clinic	N/A (NPLC)
	Group of 3 in Sault Ste. Marie Family Health Group*	FHG
Other	Independent Family Physicians	N/A

Appendix A: Primary Care Organizations in Algoma

*Patient Enrolment Models (PEMs) that the Algoma OHT population is attached to.

**Nurse Practitioner-Led Clinics and Indigenous Primary Care Models are not included in OHT data package PEM models but have been added in here to create a more comprehensive list of primary care providers in the region and OHT collaborators.

References

- ¹The College of Family Physicians of Canada. (2019). *A new vision for Canada: Family Practice – The Patient's Medical Home*. <u>https://patientsmedicalhome.ca/vision/</u>
- ² Algoma Citizens' Reference Panel on Integrated Care. (2021). *Final Report of the Algoma Citizens' Reference Panel on Integrated Care*. Algoma Ontario Health Team.
- ³LHIN Collaborative. (2010). Engaging Primary Care Physicians in LHIN Processes: Primary Care Physician Engagement Resource Guide & Toolkit. <u>http://www.northwestlhin.on.ca/~/media/sites/nw/uploadedfiles/Primary%20Care%20</u> <u>Physician%20Engagement%20Resource%20Guide%20Toolkit%20%20v1.0%20Dec</u> <u>ember%202010.pdf</u>
- ⁴ Ontario College of Family Physicians. (OCFP; 2020). Involving Family Physicians in Health Reform: Tips for Ontario Health Teams. <u>https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/ontario-health-team-oht-overview/tipsheet_oht_online-feb2020.pdf</u>