

Determining Readiness to Participate in Partnerships for Health Wave Two Learning Collaborative or QIIP Wave Three Collaborative

As you consider the programs and opportunities to you in order to enhance your primary care practice, we invite you to ask questions and consider the following.

Questions	Partnerships for Health	QIIP ¹
What are the time commitments for the members of the primary care team to join a learning collaborative?	Three 2-day learning sessions over a 13 month period from January 2009 to February 2010 with a one day LHIN-wide Outcomes Congress in October 2010.	Three 2-day learning sessions over a 14 month period with a two day Outcomes Congress. QIIP's third and final learning collaborative begins March 2009.
Where are the Collaboratives sessions being held?	Venues will be within and across the South West LHIN.	Downtown Toronto.
What kinds of changes will occur in the office?	<p>The focus is on changing office practice to better meet the needs of chronically ill patients by implementing the MOHLTC's Chronic Disease Prevention and Management Framework. Teams start this process focusing on patients with diabetes.</p> <p>In addition teams will add external members to their improvement team from CCAC, Diabetes Education Centers and Mental Health to learn how to better coordinate care across care settings.</p> <p>Part of the P4H activities includes business process mapping to help teams understand office and inter-organizational efficiencies.</p>	<p>The focus is on changing office practice to better meet the needs of chronically ill patients by implementing the Ministry of Health's Chronic Disease Prevention and Management Framework. Teams start this process focusing on patients with diabetes.</p> <p>In addition teams will improve primary prevention process focusing on colorectal cancer screening.</p> <p>Teams will also improve office access and efficiency with a focus on advanced access.</p>
Are the learning	Both programs use the Breakthrough Series methodology developed by	

¹The Quality Improvement and Innovation Partnership (QIIP), formerly the Quality Management Collaborative (QMC), was established and funded by the Ministry of Health and Long-Term Care in January of 2007 to help FHTs recruit staff and build teams, implement programs, develop links with community partners, introduce improvements into their practice, and put in place structures required to support these new directions.

Partnerships for Health

A Chronic Disease Prevention and Management Demonstration Project

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collaboratives similar in the way they are run?	<p>the Institute for Healthcare Improvement and teaches the Model for Improvement; a proven rapid cycle quality improvement strategy.</p> <p>Practice coaches visit the primary care site to provide local support. The coaches for P4H are hired and trained through QIIP.</p>	
Is there reimbursement for participation?	<p>Travel and lodging expenses are covered.</p> <p>There is modest compensation for the team's work and time away from the practice.</p>	<p>Travel and lodging are reimbursed.</p> <p>Time away from the office is not reimbursed.</p>
What kind of ongoing support is available?	<p>The teams are supported by expert faculty, monthly teleconference calls, email, website and practice coaches.</p>	
What kind of primary care practices are participating?	<p>P4H is recruiting from a variety of sources: FHTs, CHCs and independent practices from both rural and urban settings in the South West LHIN.</p>	<p>QIIP is recruiting primarily from FHTs and CHCs.</p>
What are the IT supports that will be provided?	<p>P4H will employ IM coaches to help teams extract data from their EMRs for clinical and measurement purposes. In addition as the MOHLTC releases the Ontario Diabetes Registry (ODR), teams will be supported to integrate the technology into existing systems and are processes</p>	<p>While QIIP does not employ IM coaches at present there are plans to assist all teams from the 3 waves in optimizing their EMRs. Integration of the ODR is anticipated.</p>
Are CME credits available?	<p>Currently seeking credentialing</p>	<p>Yes</p>
How do the programs differ from each other?	<p>P4H's care coordination component enables teams to improve care beyond the family practice setting by partnering with outside agencies to reduce duplication, improve care transitions and standardize communication and treatment planning across sites.</p>	<p>QIIP enables interdisciplinary teams to build primary prevention systems, improve chronic disease care and develop strategies for advanced access in the family practice setting. QIIP also enables teams to develop the capacity and capability for future quality initiatives focused in primary care and supported by interdisciplinary teams.</p>
Should a team go through both collaboratives?	<p>Probably not. The CDPM framework, Model for Improvement and the learning collaborative methodologies are the same in both programs. There would be considerable duplication for one team participating in both.</p>	
Is one program better than the other?	<p>Both programs are teaching family practice teams how to achieve practice transformation and build quality improvement capacity at the frontlines. While the areas of focus within the programs differ (P4H=diabetes and</p>	

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	care coordination; QIIP=diabetes, colorectal cancer screening and advanced access), the objectives are the same.	
If we participate in P4H and want to join QIIP also, do I still have to do diabetes in both programs?	Yes. However since both programs are using the same measures of improvement, you will not need to collect two different sets of data.	
What is the P4H Third Wave all about?	A spread initiative. There will be four program options from which teams can choose to participate in order to adopt from the leading practices developed in waves 1 & 2. Wave 3 will help teams prepare for ODR implementation.	
Is there any other advice you can provide to help me decide?	<p>Here are some things to consider when making a decision:</p> <ol style="list-style-type: none"> 1. What areas of focus are important to your practice at this point in time? 2. How important is it to work with other teams in the South West LHIN versus teams from across the province? 3. How important is it to work predominantly with FHTs and CHCs versus independent practices? 4. Are you interested in engaging with partners from across the health system? 	