

Partnerships for Health

A Chronic Disease Prevention and Management Demonstration Project

WELCOME to the Partnerships for Health Bulletin, designed to keep you in the know about our exciting initiative. In this second edition we focus on the May 29 Learning Collaborative pre-work session and meet Mike Hindmarsh of Hindsight Healthcare Strategies, an expert in health quality improvement.

“It was a very busy day”

Three Family Health Teams (FHTs) and their community partners gather to kick start the process

On May 29, a group of Partnerships for Health team members met at the Listowel Golf and Country Club for the first major event of the project. The 41 participants represented the Brockton, Clinton and Strathroy Family Health Teams and their community partners. “It was a very busy day,” says Jocelyn Rowe, Nurse Practitioner with the Brockton Area FHT, “but it was a lot of fun too.”

Marg McAlister welcomed everyone and provided a context for the day. “You are here,” she told the group, “because you believe in doing better. You are willing to take risks and try something new.” To ensure the project is a success, she asked each participant to participate, listen, be open to other perspectives, ask questions, value diversity and show respect.

The learning session began with an introduction to the Chronic Disease Prevention and Management model. The group was also introduced to the Plan/Do/Study/Act model for improvement, and the importance of rapid testing and measurement. Sessions on the e-Health component of the project, the Learning Collaborative process, and the role of team work followed. Says Mike Hindmarsh, a member of the project leadership team (see page 2): “My guess is that most people walked away energized but knowing that they have a good chunk of work ahead of them.”

That’s certainly how Rowe felt. “Although there are a lot of challenges and a lot of questions, we’re feeling excited about the process.” Jennifer Blackhall, a Nurse Practitioner with the Clinton Family Health Team, adds, “It was an excellent learning experience – clear, informative, providing good guidance and allowing us to get very excited about the initiation of the project.”

The groups left with “homework” – to begin the team building process and develop aim statements over the summer, in preparation for the first formal learning session in September. They will be supported by the leadership team throughout the summer months. The Brockton team has already met twice since May 29. “I think we’re partnering well,” Rowe says.

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In Clinton, the team has already done monofilament testing with a small group of patients and is moving forward with other small projects. “There’s an important role for everyone on the team,” says Blackhall. “The best part of this project is developing collaborative partnerships and using the experience of many interdisciplinary partners to maximize patient care and improve outcomes.”

Re-thinking Chronic Care

Mike Hindmarsh helped develop the Chronic Care Model and is now lending his expertise to Partnerships for Health



Rural southwestern Ontario is a long way from Seattle, Washington, where Mike Hindmarsh cut his teeth as a health services researcher. Today he is putting his knowledge and experience to work improving diabetes care in our region.

Mike spent more than a decade working with the MacColl Institute for Healthcare Innovation, a research group within Group Health Cooperative, a large not-for-profit Health Management Organization. The mission of the Institute is to bridge the worlds of research and clinical care, both within Group Health and beyond. Since the mid-90s, the Institute has focused its efforts on improving the quality of care for the chronically ill.

Mike and his colleagues at MacColl developed the Chronic Care Model, based on literature about promising strategies for managing chronic illness. The model identifies the essential elements of a health system that encourages high-quality chronic disease care – the community, the health system, self-management support, delivery system design, decision support and clinical information systems. Organizations in a variety of health care settings across the U.S., in the U.K., Australia, New Zealand and Canada have adopted the model.

Mike returned to his native Canada in 2004 and set up his own consulting business, Hindsight Healthcare Strategies. He works across Canada and the U.S., helping organizations and governments develop and implement chronic disease frameworks based on his experience with the Chronic Care model.

So why Partnerships for Health? “The attraction with this project was the emphasis on engaging external partners with primary care to create an interdisciplinary system that is coordinated across all sectors,” says Mike. “The goal is to make transitions for patients seamless and smooth, with primary care seen as the medical ‘home’ for the patient.”

He points out that this kind of project isn’t possible in many jurisdictions, but Ontario’s new Local Health Integration Networks and Family Health Teams support integration across the health system and across health disciplines. “We have a unique opportunity to show the Ministry that this work can be done, and that this is what a good model of care could look like,” he says. “We can look at panels of patients, stratify them according to risk, and make sure they get the right services. And we can create Information Systems that go across the different health sectors.”

Patient self-management is a key component of the Chronic Care Model, Hindmarsh says. Although it’s not a new idea, it’s one that has rarely been effectively implemented. “We’re talking about getting patients to manage their diet and exercise, handle social situations that help determine their health, deal with financial challenges and mental health issues. Many of the concepts our patients will be learning are relevant to all chronic conditions.”

Hindmarsh was delighted with the start made on May 29. “The teams found it pretty interesting to be sitting at a table together, and they were very engaged in talking to one another.” He and the other leaders will be supporting the teams as they work over the summer in preparation for the first formal learning session, scheduled for September 23 and 24.

For more information about the Project:
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