

Partnerships for Health

A Chronic Disease Prevention and Management Initiative

A Job Well Done

A year from now, PFH teams will gather for the Outcomes Congress to celebrate their successes

The TV advertisement begins with a brawny construction worker on camera. “Some people climb mountains,” he says solemnly. “I build airplanes... in the air.” The ad goes on to show a construction crew doing just that – riveting sheathing and installing seats on an airliner as it flies at 30,000 feet.

It’s a funny ad, but the message is serious, says Mike Hindmarsh, a member of the Partnerships for Health (PFH) leadership team. “It’s the analogy I use to describe how difficult the task is for the practice teams on this project,” he says. “They are effectively building the plane and flying it at the same time. It’s not easy but the results are worth it.”

Those results will be on display on October 7, 2010 at the Partnerships for Health Outcomes Congress. The event will bring together teams from Waves I, II and III with invited guests from the Ministry of Health and Long-Term Care, hospitals, primary care practices, local diabetes programs, community mental health programs, the Canadian Diabetes Association, CCACs and LHINs, professional organizations and others for a one-day event.

The Congress has two goals, says Hindmarsh. “We want to get the teams together to present their data and successes, to show that there *is* a way to change primary care and improve chronic disease prevention and management. Our hope is that this will help spread the learnings to other practices, to other organizations, and to policy makers.” The second goal is simply to celebrate and congratulate the teams.

On the day itself, all teams will display storyboards outlining their journey through the health care improvement process and reporting on successes and challenges. Several teams will

present to the assembled audience and there will be breakout sessions to focus on specific aspects of the Chronic Disease Prevention and Management Framework. Representatives from the South West CCAC and Diabetes Education Centres will also present their experiences, and Gavin Giles, the e-Health lead on the initiative, will address the information management challenges.

The Congress will highlight successes in three areas – clinical outcomes, process outcomes, and partnerships. Says Hindmarsh: “Already some of the teams have been stellar in improving A1Cs, blood pressures and blood lipids, and ultimately improving population health. That’s something we really want to emphasize.” Although partnering is difficult to measure quantitatively, participants will share stories of how they overcame obstacles to work as interdisciplinary teams.

“It’s like flying a plane and building it at the same time. It’s not all sunshine and roses, but the results are worth it.”

“The Congress is all about celebrating the success of the teams and marking the beginning of sustained practice improvements,” says Hindmarsh. “When team members stand up and say, ‘we are part of a leading edge quality improvement project,’ there’s a sense of satisfaction and a job well done. That’s important.”



Wave III UPDATE

More than 30 teams are signed up in Wave III of Partnerships for Health, and there is room for more. “This will provide us with an excellent source of data about the improvement process,” says Barbara Willis, a member of the PFH leadership team. “We are continuing to recruit, and there are still opportunities for other teams and patients to benefit from this unique initiative.”

Wave III teams have a choice of four learning modalities, each with a practice coach: the Spread Collaborative, built on team-based action learning similar to Waves I and II; the Knowledge Transfer approach, involving a one-day off-site learning session; Coaching Only; and the most recent introduction, Web-based Learning. “This is providing us with an opportunity to test new ways of doing improvement projects,” says Willis. “We’re hoping that technology will prove to be a helpful enabler.”

The Wave III teams come from across the South West region and include every kind of practice from fully operational Family Health Teams to solo practitioners. Willis says it will be instructive to see how smaller practices, whether urban or rural, contextualize the CDPM principles, and what new challenges and opportunities they will encounter. Some of the new teams are graduates of the QIIP program, looking for ways to extend their learning and continue to make improvements in their practices.

Teams have been recruited through a variety of methods, including advertising, cold calls, and endorsements by professional organizations and the LHIN. But the most effective method, says Willis, is word of mouth.

Willis recognizes that signing up for PFH is a big commitment for a busy primary care practice but says the pay-off is being able to make a real difference in the lives of their patients. “We have seen some very positive results in everything from clinical outcomes to better knowledge and more commitment to self-management.” She adds, “And practices are not in this alone: we’re here to help them stay on track and sustain their gains. Apart from the formal learning, the informal support they receive from the practice coaches is critical.”

Partnerships for Health is sponsored by the South West LHIN with the South West CCAC serving as the transfer payment agency, providing oversight of the project agreement and funding arrangement with the Ministry of Finance. The initiative provides a unique opportunity to apply the Ontario CDPM framework to practice. The initiative integrates the health system by sharing information across the continuum of care; advancing partnerships amongst primary care, CCAC, diabetes education programs, mental health and other community support services; strengthening linkages to tertiary care; engaging the patient in self-care; and enabling improved information management. Ultimately the goal is to improve care to individuals with diabetes.

For more information about Partnerships for Health:
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PFH e-Health UPDATE

Gavin Giles, the PFH e-Health Lead, describes the goal of his team simply: “We want to ensure that the right person has the right information at the right time.”

To reach that goal, they are working with practice teams to make the best possible use of the technology available to them. Says Giles: “We’re helping practices manage their health information so that they can share information relevant to patient care and monitor their progress.”

In addition to continuing to work with teams on process mapping and training in the use of Electronic Medical Records, the PFH e-Health team is now offering basic computing skills training, both in real time and through web-based tutorials that will be available 24/7.

To support Wave III practice teams, Giles and his team have developed a web-based curriculum covering the content of the Learning Collaborative sessions and are currently testing it. The curriculum includes videos, slides, documents and activities to help users ensure they understand the content. The curriculum will eventually be available to any PFH participant, including those in Wave I and II who may want to refresh their knowledge and skills. PFH is partnering with www.thehealthline.ca, the South West’s health and social services website, to deliver this service.

“There’s no question that e-Health has a critical role to play in chronic disease management,” says Giles. “What we’re doing with PFH is just the beginning of what’s possible.”