Partnerships for Health
A Chronic Disease Prevention and Management Initiative

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Media Release

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Next Wave of Partners Work on Improvements to Diabetes Care

Nine new primary care practices have enrolled to become part of the second wave of Partnerships for Health (PFH), an initiative to improve the quality of care for adults with diabetes in the South West LHIN. They will participate in learning and improvement activities over the next year.

"We're very excited to have the new practices on board," says Marg McAlister, a member of the PFH leadership team. "These are teams of forward-thinking, innovative health professionals. It's remarkable -- they are already very busy yet they have chosen to commit time to making improvements so that they can provide their patients with the best possible care."

PFH is a three-year initiative that brings together primary care, home and community care, Diabetes Education Centres, specialists and mental health to develop improved collaborative approaches to supporting their adult patients with diabetes. Among the project goals: to empower patients in their own care, to develop better collaboration across the health care system, and to better manage data and information at both a patient and population level. Ultimately, PFH will result in new approaches to manage diabetes better.

The first wave of PFH– three Family Health Teams from Clinton, Strathroy and Walkerton – began working on the initiative in May 2008. "The best part of this initiative is developing collaborative partnerships and using the experience of many partners to improve outcomes," says Jennifer Blackhall, a Nurse Practitioner with the Clinton FHT.

The second wave includes:

- Owen Sound Family Health Team
- London Intercommunity Health Centre
- Strathroy Medical Centre (additional physicians)
- East Elgin Family Health Team
- Happy Valley Family Health Team
- Southwest Medical (part of the Thames Valley Family Health Team)

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Teams from each practice will attend three formal two-day learning sessions over the next year, beginning later this month.

A third and final wave will begin in late Spring of 2009. There will be a variety of learning opportunities for practices to adopt the lessons from waves one and two. All the teams will gather for a one-day Outcomes Congress in the fall of 2010.

"We're going to achieve significant improvements and see them reflected in clinical outcomes," says Mike Hindmarsh, also a member of the PFH leadership team. "This project is an important part of the transformation of Ontario's health care system."

Michael Hillmer, Manager of the Chronic Disease Management Unit at the Ministry of Health and Long-term care agrees. "I'm optimistic that Partnerships for Health will help achieve the Ontario government's goal of creating an effective chronic disease prevention and management system – one where information is shared with the patient, the patient's family, and the care team, and where health conditions are managed proactively."

To find out more about Partnerships for Health and/or to get involved:
www.partnershipsforhealth.ca