

Approach for the Erie St. Clair Local Health Integration Network (ESC LHIN) Primary Health Care Task Group

Overview

The ESC LHIN is creating a Primary Health Care Task Group whose aim is to evolve the present system to a more comprehensive (complete) health care system that provides necessary health care in the right place, at the right time, by the right people. This initiative will allow the Emergency Departments to continue with their focus and strength of providing timely and effective episodic health care services that complement and support the primary health care system.

Goal

To improve access to primary health care and to maximize the current services available.

- Aims:
 - Increased availability of primary health care options
 - Greater equity of service
 - Improved health outcomes

Objectives

In order to achieve the above goal, the Primary Health Care Task Group will:

- Define a comprehensive primary health care system vision for the Erie St. Clair region
- Identify the critical success factors, barriers, and enablers required to achieve this vision
- Identify the likely causes for current patterns-of-use in the primary health care system
- Recommend actions and plans to address the above barriers
- Recommend actions and plans to assist with the adoption of the proposed comprehensive primary health care system
- Define a proposed broad set of primary health care services for the ESC LHIN region indicating how they should operate, where the services should be located, and who should provide them
- Define the critical timelines, roles and responsibilities of key stakeholders as they relate to the proposed primary health care vision

Deliverables

- A county-by-county review of the current state of primary health care in the region
- A description of primary health care practices and assessment of the likely causes for current use patterns across the region
- Consideration of the primary health care needs of specific populations (e.g. unattached / Aboriginal / Mental Health / Francophone)



- Consideration of rural vs urban population requirements
- Consideration of primary health care approaches to the management of chronic diseases
- Consideration of what is in the ESC LHIN's mandate to action vs the outside stakeholder's mandate (e.g. Ministry of Community and Support Services, Emergency Medical Services, Public Health)
- Prioritized recommendations (options) for an improved primary care health system in the ESC LHIN region that considers the following:
 - Costs for improvements
 - Health Human Resources needed to deliver care and where these resources should be placed
 - Capital dollar requirements (e.g. small equipment, diagnostic machines)
 - Risks with each option
 - High level communication and education on the proposed primary health care system
- High level implementation plans with outcomes, targets, metrics and milestones
- Recommendations for the alignment of region-wide findings with the advice of the Rural and Northern Health Care Panel
- Provide status updates on a regular basis to the ESC LHIN Board, stakeholders, and public on the achievement of the deliverables

Approach

ESC LHIN

- Launch the Primary Health Care Task Group responsible to guide the successful implementation for the above objectives and deliverables
- The ESC LHIN Board will:
 - Determine membership, Chair and Vice Chair based on applications submitted (geographic and skill mix consideration)
 - Determine the responsibility of the Chair and Vice Chair

Primary Health Care Task Group

The Primary Health Care Task Group will:

- Develop a Project Charter that outlines the ESC LHIN's mandate and defines the Terms of Reference that overviews the group's purpose, goals, objectives, roles and responsibilities
- Define and finalize the high level process for achieving the objectives including:
 - Launch Request for Proposal (RFP) process for a vendor to facilitate the work of the Primary Health Care Task Group
 - Select preferred vendor
 - Approve the work plan of the preferred vendor
 - Act as the steering mechanism for the selected vendor

- Develop consensus on final recommendations
- Conduct and support community engagement as required
- Provide support and signoff on the prioritized recommendations before going to the ESC LHIN Board for approval

Next Actions (within 90 Days)

- ESC LHIN staff to present the above approach to the ESC LHIN Board, seeking motion to proceed
- Assign ESC LHIN lead to execute the initiative
- Launch online Primary Health Care Task Group membership application process
- Select and invite Primary Health Care Task Group members to officially participate
- Assemble the Primary Health Care Task Group
- Familiarize the Primary Health Care Task Group with deliverables
- Develop Project Charter
- Commence work by the Primary Health Care Task Group
- Launch RFP process for a vendor to facilitate the work of the Primary Health Care Task Group

Suggested Membership

- Membership may include:
 - Community members (3)
 - Community Health Centre / Family Health Team representative
 - Emergency Medical Services representative
 - Long-Term Care sector representative
 - Mental Health Sector representative
 - Nurse Practitioner
 - Pharmacist
 - Physician
 - Registered Nurse
 - Social Worker
 - Community Health Centre / Family Health Team representative
 - Others (determined by the PHCTG as necessary)
- ESC LHIN staff member to provide support, as required
- An ESC LHIN appointed project manager will support the Primary Health Care Task Group and provide coordination with the RFP selected vendor
- Chair - to be selected by the ESC LHIN Board
- Vice Chair - to be selected by the ESC LHIN Board

Application Process

- Online application form will be posted on the ESC LHIN website, www.eriesclairhin.on.ca, on Friday, February 26, 2010
- Hard copies and faxed copies are available by request by calling 519-351-5677 ext. 215
- Application deadline is Friday, March 19, 2010, 4:30 p.m. Applications received after such time will not be considered for membership

Selection Process

- All applications received by the deadline will be forwarded to the ESC LHIN Board for selection of the Primary Health Care Task Group members
- Successful applicants will be contacted by telephone or email the week of March 31, 2010
- Successful applicants have the right to refuse membership
- Applicants will be selected based on an overall skill-mix matrix for the committee versus individual skill level
- Consideration will be given to geographical representation once the skill-mix criterion has been met
- Successful applicants name and biographies will be featured on the ESC LHIN website

Meetings

- Approximately 7-10 meetings per year, or as required
- Meetings will take place at the ESC LHIN located at 180 Riverview Drive, Chatham, ON
- Teleconference lines will be provided for meetings that do not require in-person attendance
- Travel and meal expenses are the responsibility of the Primary Health Care Task Group member

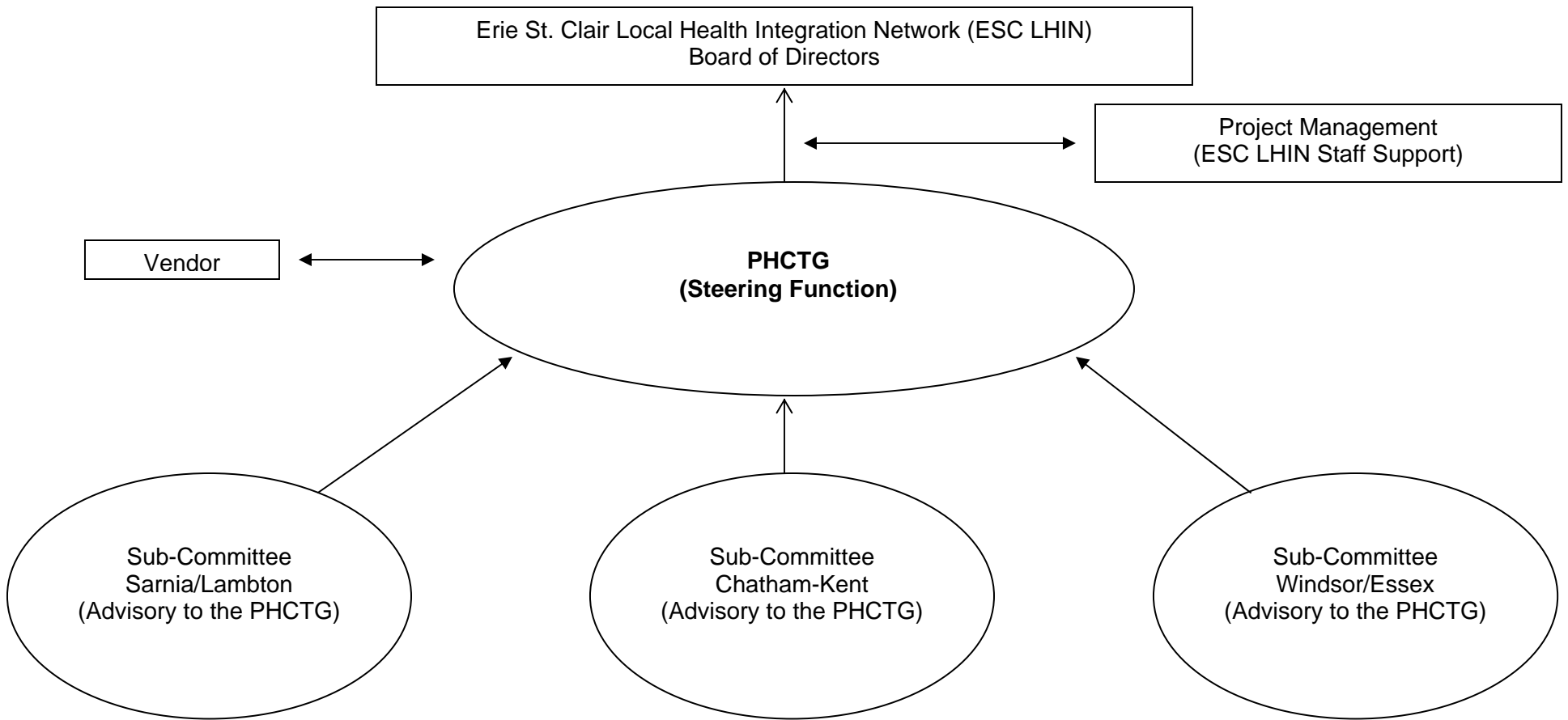
Accountability

- The work and members are accountable to the ESC LHIN Board of Directors through ESC LHIN staff
- ESC LHIN staff will provide support to the Primary Health Care Task Group, as required
- Interim and final work of the Primary Health Care Task Group will be presented to the ESC LHIN Board for approval

Geographical Sub-Committee

- The Primary Health Care Task Group may chose to convene 3 additional sub-committees to provide geographical input specific to the deliverables
- Should the Primary Health Care Task Group convene geographical committees, the selection process and Terms of Reference will be determined by the Primary Health Care Task Group and communicated through the ESC LHIN website

Primary Health Care Task Group (PHCTG) Structure



PHCTG Membership
 Community member (3), Community Health Centre / Family Health Team, Emergency Medical Services representative, Long-Term Care Sector representative, Mental Health Sector representative, Nurse Practitioner, Pharmacist, Physician, Registered Nurse, Social Worker, Other