



# South West Primary Care Alliance

Wednesday May 30, 2018

6:00 – 8:00 pm

Location: **460 Springbank Drive, 2<sup>nd</sup> Floor Boardroom (Suite 313) London, Ontario**

## In attendance

Vineet Nair	Paul Cavanaugh	Daryl Nancekivell	Lisa Rigg
Heather Lumley	Norah Cuzzocrea	Steven Carswell	Sangeeta Vaideswaran
Frank Rubini	Cathy Chupka	Jane Tillman	
John McClelland	Helena Robinson	Gord Schacter	
Natalie Lovesey	Lori Elder	Laura Neumann	
Rachimi Bhalla	Jane Tillman	Mia Segal	

## Minutes

Topic or Subject	Presenter	Minutes/Actions
Welcome and Introductions	Co-Chairs	<ul style="list-style-type: none"> <li>• Dr. Schacter welcomed everyone and round table introductions took place</li> <li>• Dr. Schacter provided information on the creation and evolution of the Primary Care Alliance (to create a strong cohesive primary care sector)</li> </ul>
Update on the London Sub-region	Dr. Schacter	<ul style="list-style-type: none"> <li>• Free Structured Psychotherapy – how to access               <ul style="list-style-type: none"> <li>○ Three structured psychotherapy services; Big white wall, bounce back and increased access to structured psychotherapy Ontario (Not being launched in South West LHIN)</li> <li>○ Big White Wall – community of members who offer support in an anonymous environment. Site available 24/7</li> <li>○ Bounce Back – free skill-building program for adults and youth 15+ to manage symptoms of depression and anxiety (online videos and telephone coaching with workbooks designed by CMHA)                   <ul style="list-style-type: none"> <li>▪ Has fillable PDF, Telus and Accuro versions at SW PCA website</li> </ul> </li> </ul> </li> <li>• LHSC mental Health Centralized Access Point: E-Referral Update               <ul style="list-style-type: none"> <li>○ On January 15, 2018, LHSC in collaboration SJHC launched the Mental Health Centralized Access Point (CAP) and e-referral form.</li> <li>○ Extensive feedback post-launch from Primary Care practitioners</li> <li>○ e-referral form and platform did not align to the Primary Care work flow.</li> <li>○ As a result, LHSC and SJHC have decided to eliminate the CAP e-referral process and return to fax as the primary method of accepting referrals.</li> <li>○ In partnership with Primary Care the referral form will be redesigned to a simpler, fillable and printable PDF document with an EMR compatible form for Accuro and</li> </ul> </li> </ul>

		<p>Practice Solutions</p> <ul style="list-style-type: none"> <li>• MSK Strategy Update <ul style="list-style-type: none"> <li>○ Two projects working within Musculoskeletal strategy – Inter-professional Spine Assessment and Education Clinics (ISAEC) and Hip and Knee Replacement Central Intake and Assessment Centres (CIAC)</li> <li>○ Aligned with this – they are working on a centralized referral for the south west LHIN for Hip and Knee surgery.</li> </ul> </li> <li>• Expansion of Inter-professional Primary Care Teams <ul style="list-style-type: none"> <li>○ South West LHIN received new funding to expand patient access to inter-professional primary care (IPC) teams.</li> <li>○ Funding approved for a compliment of interdisciplinary health professionals. Resources will be administered by the London Intercommunity Health Centre.</li> <li>○ Contact Gord at <a href="mailto:Gord.shacter@lhins.on.ca">Gord.shacter@lhins.on.ca</a> to learn more about how patients can access this team.</li> </ul> </li> </ul>
<p>Internet Health Care Resources for Patients, Caregivers and Providers</p>	<p>Norah Cuzzocrea (South West Healthline) and Paul Cavanaugh (Caregiver Exchange)</p>	<p>South West Healthline</p> <ul style="list-style-type: none"> <li>• Norah Cuzzocrea provided an overview of the South West Healthline website</li> <li>• Focus on low cost, no cost and LHIN funded services first</li> <li>• Provide basic information for each service so clients can compare and contrast organizations and services including address, hours, specific services, fees and contact information</li> <li>• Review and update services annually to ensure accuracy</li> <li>• Can copy information from different pages to a “clipboard” and provide a summary of the information via email or in person to a client</li> <li>• Specialist directory does not list if a specialist has a focused practice – currently reviewing best means to add this</li> <li>• The Healthline is open to all feedback/suggestions on improvements/redesign</li> </ul> <p>Caregiver Exchange</p> <ul style="list-style-type: none"> <li>• Dr. Paul Cavanaugh provided information on the Caregiver Exchange website</li> <li>• Microsite linked with the Healthline</li> <li>• Complete listings of support services across Ontario along with tips and insights for family caregivers</li> <li>• Feature new content on caregiving this week page – helpful information that you can read in five minutes or less</li> <li>• Introduced caregiving videos in November – interviews with families/clients and health care professionals that have been themed into topics</li> <li>• Join the discussion is an online forum to offer a space for individuals to have a public discussion about family caregiving in South Western Ontario including challenges that occur when supporting someone with a health condition.</li> </ul>
<p>An Engagement Process on How Care Coordination Can Improve the</p>	<p>Daryl Nancekivell and Steven Carswell (South</p>	<ul style="list-style-type: none"> <li>• Daryl Nancekivell and Steven Carswell from the South West LHIN provided an overview of the benefits and improved connections to primary care associated with care coordination.</li> <li>• South west LHIN is undergoing a project to evolve Care Coordination in the South West with a focus on efficiency of</li> </ul>

<p>Connection with Primary Care</p>	<p>West LHIN)</p>	<p>“intake” process and redesigning the role of the care coordinator to better align with primary care</p> <ul style="list-style-type: none"> <li>• The first stream of work has been focused on internal processes, second stream is focused on engaging more community partners to improve relationships with care coordinators and patients,</li> <li>• Focused on original intake to improve efficiencies and streamline internal processes that could then be used externally to improve patient care</li> <li>• Patient physician report available in CHRIS system (internal system at the South West LHIN) that can provide information for physician on services currently being provided to patient</li> <li>• Number of billing codes related to care conferencing with physicians. Have these resources that we can provide to primary care</li> <li>• Chronic, complex and short stay patients will be the three case-loads</li> <li>• Looking for feedback on the following questions:</li> <li>• Barriers to meaningful connection between care coordination and primary care</li> <li>• Concrete actions require to achieve stronger and value add relationships between a care coordinator and primary care physician</li> <li>• what opportunities exist to strengthen access for people facing health inequalities, unattached people and people facing mental health and addictions</li> </ul> <p>Questions/Feedback:</p> <ul style="list-style-type: none"> <li>• Across the South West there are 300 Care Coordinators over different teams. There are roughly 100 across the South West that are attached to primary care with 44 in London Middlesex (the chronic team – long stay on Home and Community Services)</li> <li>• Feel that aligning a generalist care coordinator with primary care</li> <li>• A lot of administrative burden to receive report from the LHIN with multiple patients on it, to then go into Clinical Connect and look up individual patients and associated reports - needs to be looked at and streamlined and resources have to be improved digitally</li> <li>• Anyone not connected to a care coordinator or would like more information around the service can reach out to Daryl Nancekivell at the South West LHIN at <a href="mailto:Daryl.nancekivell@lhins.on.ca">Daryl.nancekivell@lhins.on.ca</a></li> <li>• Query of how changes in coordination services can be shared with primary care – there are times where primary care is unaware of changes made – Primary Care Alliance can be vehicle for sharing this information with primary care providers</li> <li>• Primary care alliance needs to show leadership to other primary care providers in communication across sectors.</li> </ul>
<p>Closing Remarks</p>	<p>Co-Chairs</p>	<ul style="list-style-type: none"> <li>• Next meeting planned for June 27</li> <li>• Dr. Janel Gracey will provide update on medical marijuana</li> <li>• Suggestions for topics can be directed to Laura Neumann and Gord Schacter</li> </ul>

