South West Primary Care Alliance

Oxford Sub-region
June 7, 2018
6:00 p.m. - 7:30 p.m.

In attendance

Sue Tobin	Lynn Hinds	Mary Van Den Neucker	Christy Cook
Michelle Penfold	Rachael Griffin	Sue Tobin NP	Dr. Rob Stern
Abbie Boesterd	Dr. Joel Hamilton	Dr. Don Miettinen	Dr. Kim Baker
Sarah Aalbers	Patricia Baigent	Andrew Fairbairn	

Minutes

Topic	Minutes/Actions
Welcome (Jitin Sondhi)	• Jitin welcomed the group and reviewed the agenda.
Minutes and Agenda	• Group approved the minutes. • Group approved the agenda.
Next meeting	• Next meeting will be September 13, 2018, held with Cancer Care Ontario.

MSK Strategy	• The group reviewed the feedback they provided at the May 5 meeting.
	    o Biggest barrier to changing the model is that the program structure is provincially mandated.
	    o Following the first year of operation, there is room for regional evolution based on feedback from providers and patients, and the program evaluation.
	• The MSK model aims to reduce assessment wait times (Wait 1) while gathering data to accurately quantify Wait 2 times and volumes for future funding consideration.
	• The decision not to use Nurse Practitioners or Physicians as assessors was based on funding.
	• Partnering for Quality (P4Q) will be working to build referral forms into EMRs.
	• The MSK pathway is scheduled for roll out in September 2018.

SRIT updates	• SRIT would like to champion LENS ED notification tool for primary care practitioners to help patient transitions.
	• Discussions are ongoing with the LHIN Digital Team about making thehealthline.ca more accessible for patients and providers.
	• Housing is a priority for the SRIT and the group will be engaging representatives from Oxford County and municipalities to better understand housing in Oxford.
	• Access to Team-based Care proposal is being developed to provide access to allied health professionals, via the CHC, for patients of physicians without these resources.
	• Early work is underway to establish a Rapid Access Addiction Medicine (RAAM) model in Oxford, with the CHC as the host site.
	    o Would include Suboxone prescribing, urine testing, counselling and Cognitive Behavioural Therapy
	    o Details (i.e., remuneration) TBD but interested providers are being identified

Community Support Services	• A new CSS Network has been established in Oxford with the Victorian Order of Nurses as the Lead Agency. • The Network improves coordination for clients and caregivers, as well as reducing the burden on primary care providers to navigate CSS services their clients may need.

Network (CSSN)	• In September, the CSSN will launch a one-number access and central intake for all CSS services across Oxford.

CMHA Psychotherapy Access	• CMHA presented two programs designed to help primary care practitioners connect patients with mild-to-moderate depression and anxiety with support and self-management resources.
	• Big White Wall (https://www.bigwhitewall.ca)
	   o Online peer support and self-management tool
	   o For patients 16+
	   o 24/7 online support
	   o For individuals with a PHQ-9 of <21
	   o Content is policed to ensure support is appropriate
	   o English only
	   o Free, no referral required
	• CMHA Bounceback (http://bounceback.ca/)
	   o Telephone coaching and self-management work books
	   o For individuals 15+
	   o Covered by OHIP
	   o Physician or self-referral (self-referral will be connected with a physician to complete referral)
	   o For individuals with a PHQ-9 of <21
	   o Available in 16 languages
	   o Physicians will be notified if a patient completes the program
	   o Referral form for EMR (Acuro and Practice Solutions) Insert Link Here

Health Links Coordinated Care Plans	• Michelle Penfold and Abbie Boesterd presented about Health Link Coordinated Care Plans (CCPs)
	• Goal of CCPs is to identify the most appropriate services for patients and reduce inappropriate ED visits.
	   o The top 10% of health care users in Oxford account for 73.8% of the health care costs
	   o CCPs are geared toward patients with 4+ chronic conditions.
	• CCPs bring care team members, including primary care providers) together for shared accountability and improved communication across providers and sectors.
	• CCPs are created in concert with patients and patient goals drive care planning and the care conference.
	• All members of the care team will receive a copy of the CCP.
	• There is no wait list for this service.
	• CCPs can be initiated by any sector, or LHIN Home and Community Care.
	• CCPs are housed in the LHIN's CHRIS database and edits can be made by any team member via Health Partner Gateway (HPG).