Breakout Session:
Thriving Models That Haven’t Spread: Why Not?

“Picking Up the Pace” Conference
November 2, 2010
In 1960, a group of 50 original canvassers went door-to-door soliciting a $135 donation from 6,000 steelworkers, for a total of over $675,000 to build the original Group Health Centre.

At that time, the community was struggling with healthcare shortages...very similar to today’s human resource challenges.

Group medical practice, consumer sponsorship and prepayment of medical insurance, were very innovative ideas.

John Barker, one of the founders and the United Steelworkers Staff Rep at the time, shown here turning the first sod in 1962.
Group Health Centre is a partnership of two organizations

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<th>Sault Ste. Marie and District Group Health Association (GHA)</th>
<th>Algoma District Medical Group (ADMG)</th>
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<td>▪ Not-for-profit, charitable corporation</td>
<td>▪ Independent corporation of 67 physicians (37 GPs, 19 Specialists, 11 Associates/Visiting Specialists)</td>
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<td>▪ Governed by volunteer, community-based Board</td>
<td>▪ Wide range of specialties, including anaesthesia, cardiology, dermatology, emergency medicine, ENT, internal medicine, neurosurgery, obstetrics &amp; gynaecology, ophthalmology, paediatrics, psychiatry, sports medicine and surgery</td>
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<td>▪ Owns physical facility, equipment, furnishings</td>
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<td>▪ Employs all “non-physician” staff including allied health professionals and support services</td>
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Group Health Centre employs a multidisciplinary, patient-focused team

- Unique health organization
- Established 1963 by Steelworker’s Union
- Not-for-profit
- Multi-disciplinary
- Multi-specialty
- Multi-site
- 67 Physician providers
- 180 other professional health care providers
- GHC provides primary care to 80% of area patients
- Over 62,000 patients on the system

Electronic Medical Record since 1997

The primary care excellence model
Health Care Revamped

October, 1997 - A fully functioning, integrated EMR accessed by over 300 health care providers simultaneously.

One legible, complete, simultaneously available chart (local and remote access) tracks all clinical activity, inc. visits to physicians, allied providers, clinics, labs, etc.

Interoperability – First Nations and Public Health

Information is invaluable to managing chronic disease and doing research.
Group Health Centre is recognized for Health Promotion Initiatives (HPI)

- HPI aims to develop and evaluate evidence-based outcomes management programs in order to improve the quality of health care for GHC patients
- **GUIDELINES BY THEMSELVES DON’T WORK**
  - Aid the provision of Appropriate Evidence Based Care
  - Primary Care and Patient-centric
  - Population Health Approach
  - Continuous Assessment and Evaluation
  - Outcomes Based
HPI Projects

- Diabetes (HPID)
- Heart Failure
- Anticoagulation
- Mammography/Breast Health
- Immunization
- Smoking Cessation
- Asthma

- Vascular Intervention Project/Cardiac Rehab
- Falls, Fractures, Osteoporosis (FORCE)
- Chronic Obstructive Pulmonary Disease (COPD)
- Cervical screening
Diabetes Program (April 2009 – March 2010)

• Maximize Nurse and Dietitian scope of practice
  • Diabetes Educators
    - Inter-disciplinary – removing silos
• Use of Medical Directives (*labs, insulin and/or oral medication adjustments*)
  – Less visits to physician for standardized care
  – 4,900 medication/insulin adjustments x 1 yr
  – Patients achieve blood glucose targets sooner
    – Evaluation demonstrated > 1% decrease in A1c results
• Program Delivery
  – Mix of individual and group visits
    – 11,000 visits x 1 yr
  – Telephone contact
    – 6,000 patient phone calls x 1 yr
  – Emergency Appointments
HPI Outcomes

- Patient Benefits
  - Wellness
  - Improved mortality
  - Medication compliance
  - Patient and family support
- Decreased hospital re-admissions
- Shortened hospital length of stay
- Decreased emergency visits
- Shifting care/cost from hospital to community
Ontario Health Quality Council Chair says…

GHC is as good as, if not the best example of managing chronic disease and prevention as we’ve seen anywhere in Ontario and Canada, for that matter.
Immunization and EMR with Algoma Public Health

• Shared immunization records in the EMR available to GHC and APH
• First EMR link between the two organizations in the Circle of Care
• H1N1 campaign combined strength of two organizations using EMR/computer to book appts using GHC central appt system

NO WAITING IN ALGOMA!
e-Prescribing @GHC

- One of two Pilot projects using e-prescribing (eHealth Ontario)
- 29 prescribers, 23 pharmacies
- The College of Nurses of Ontario, College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists continue to support and advise regarding regulations
Secrets of Our Success!

- Comprehensive care teams with
  - specialists and GPs under one roof
  - empowered patients
  - skilled allied professionals who work to their highest scope of practice

- Coordinated delivery of care

- Rostered population

- Chronic disease management (pilot projects – start small, study evidence-based intervention, implement across the rest of the practices)

- Electronic Medical Record (EMR) - systematic, consistent documentation process, with rostering, billing and appointment systems

- Outcomes measured, research ongoing
Challenges/Obstacles

• Governance

• Innovation requires global funding. New funding requirements limit creativity, i.e. line by line budgets.

• No capital funding – fundraising in small community; everyone competing for the same, limited dollars (new hospital campaign)

• Contract negotiations – more parties at the table, increases complexity and time line

• Human resource challenges – aging providers (recruitment)

• Expectations of patients (waiting list), providers, others

• Planning – we’re not in LHIN, so program planning difficult