Patient Centered, Community Designed, Team Delivered

A framework for achieving a high performing Primary Health Care system

Saskatchewan
Ministry of
Health

Primary Health Care - Objectives

- **Develop a draft framework on the approach to strengthening and progressing Primary Heath Care in Saskatchewan.**
- **Engage in consultations with stakeholders to affirm direction of the framework.**
- **Test new models of primary health care delivery while progressing PHC across the province.**

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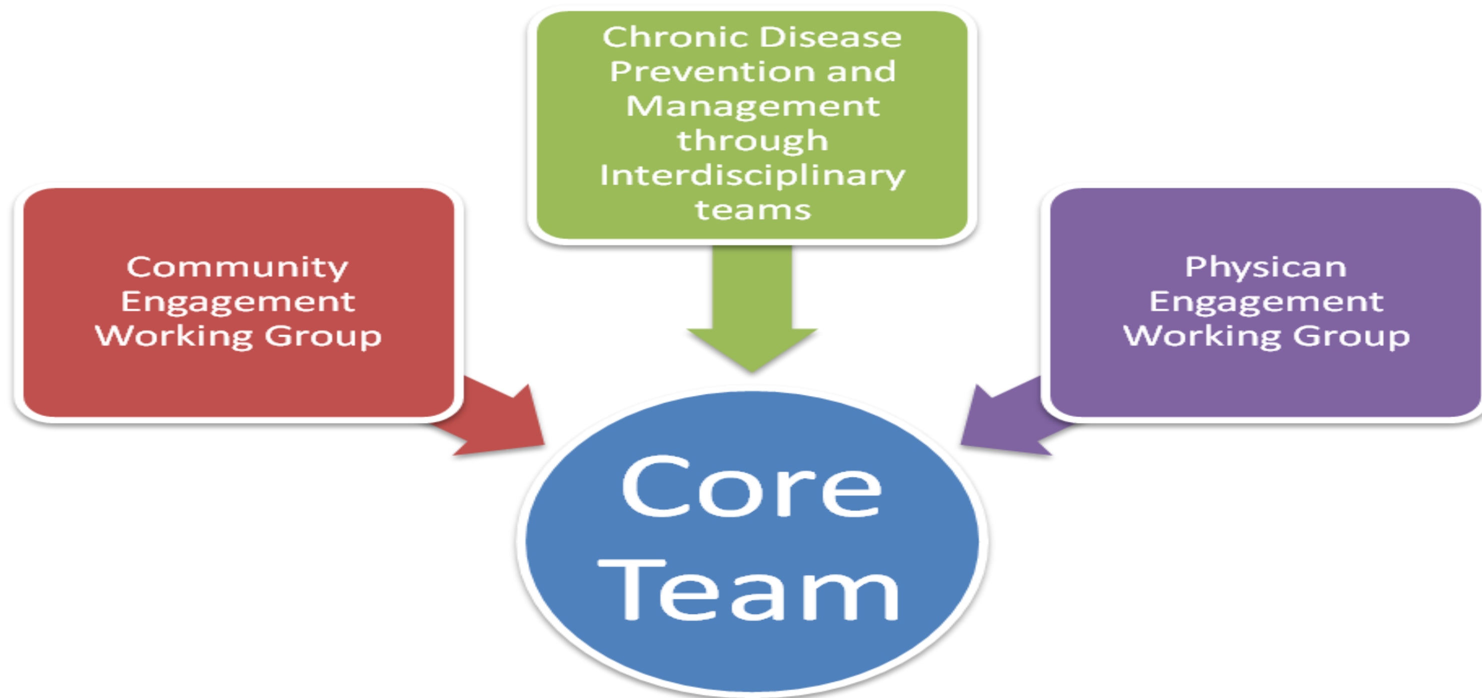
Governance Structure for Framework Development



Saskatchewan’s Vision and Aims for PHC

Vision	Primary Health Care is sustainable, offers a superior patient experience and results in an exceptionally healthy Saskatchewan population.

Major Aims	<u>Access</u> Everyone in Saskatchewan - regardless of location, ethnicity, or ‘underserved’ status - has an identifiable primary health care team that they can **access** in a **convenient and timely fashion.**	<u>Patient & Family Experience</u> A model of patient and family centered care has been implemented to achieve the **best possible patient and family experience**.	<u>Healthy Population</u> The primary health care system has contributed to achieving an exceptionally **healthy population** with **individuals supported and empowered** to take responsibility for their own good health.	<u>Reliable, Predictable & Sustainable</u> We are achieving **reliable, predictable and sustainable delivery** of primary health care.

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Framework Recommendations

- everyone connected to a PHC Team
- services designed with patients & community
- culturally responsive system: First Nations & Métis
- flexible approach to service design & team composition
- coordinated system of family physician practices, RHA managed services & First Nations system
- flexible funding, with an accountability framework

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The team that delivers service

Each patient/family is a key member of their team.
Each Team includes or is linked to a family physician

Key Functions

- **Diagnose, Treat and Prescribe**
- **Case Management supports self-management**
- **Navigation and Coordination**
- **Chronic Disease Prevention and Management**
- **Continuous Quality Improvement**

Attributes of Team

- **Multi-skilled Professionals**
- **Practices evidence-based care**
- **Practices collaborative care**
- **Co-location is preferred**
- **After hours access**
- **Representative of the community**
- **Cultural Competence**

PHC Team (e.g.)

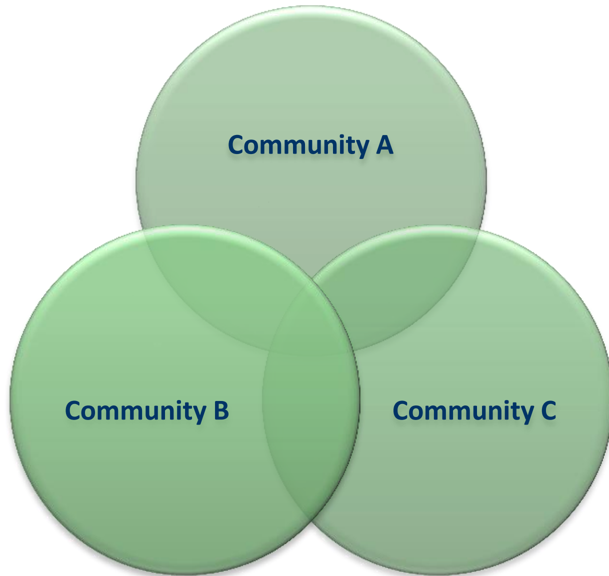
- **Healthcare Provider** (Physician or NP linked to Physician)
- **Nurse Case Manager** (RN or RPN)
- **Clerical Staff**

With Access to Extended Team Members based on community need

- **Traditional Healers**
- **Pharmacist**
- **Public Health Nurse**
- **EMT / First Responder**
- **Mental Health Professional**
- **Midwives**
- **Home Care**
- **Community Developer**
- **Specialist Physicians**
- **Other – not exhaustive list**

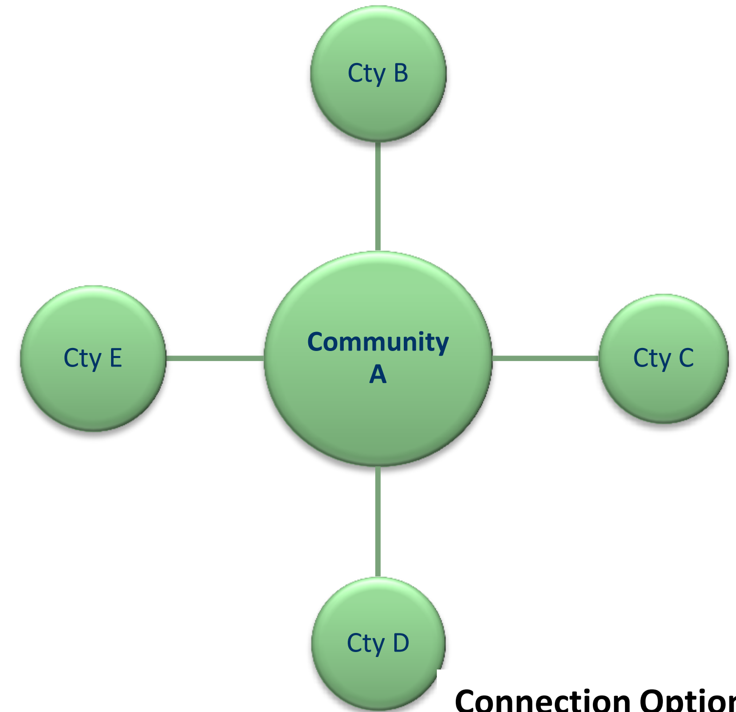
Service Delivery Models

Multi-Community Delivery



Single-Community Delivery

Hub and Spoke Delivery



Connection Options

- Itinerant
- Outreach (Bus)
- Virtual

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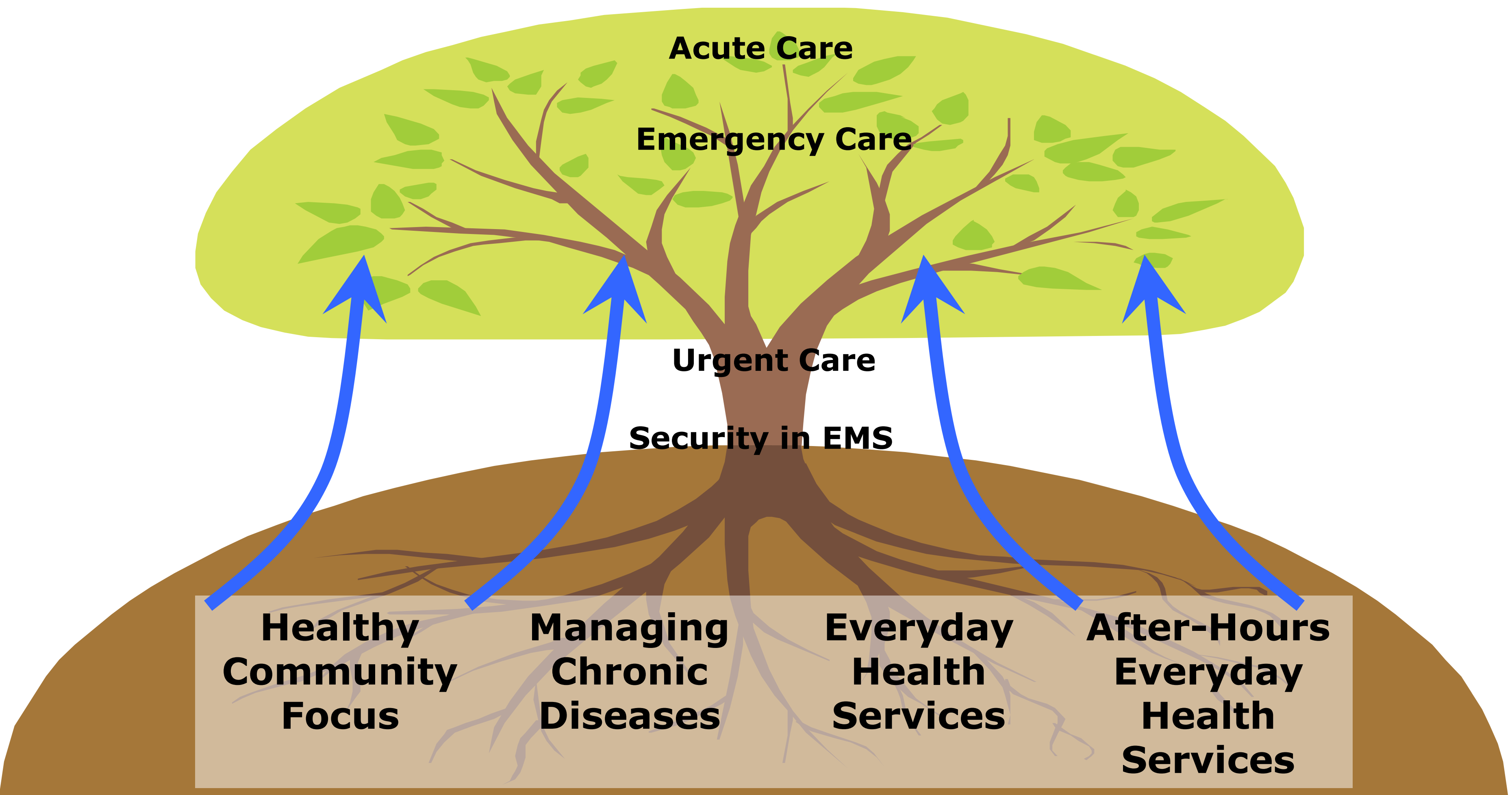
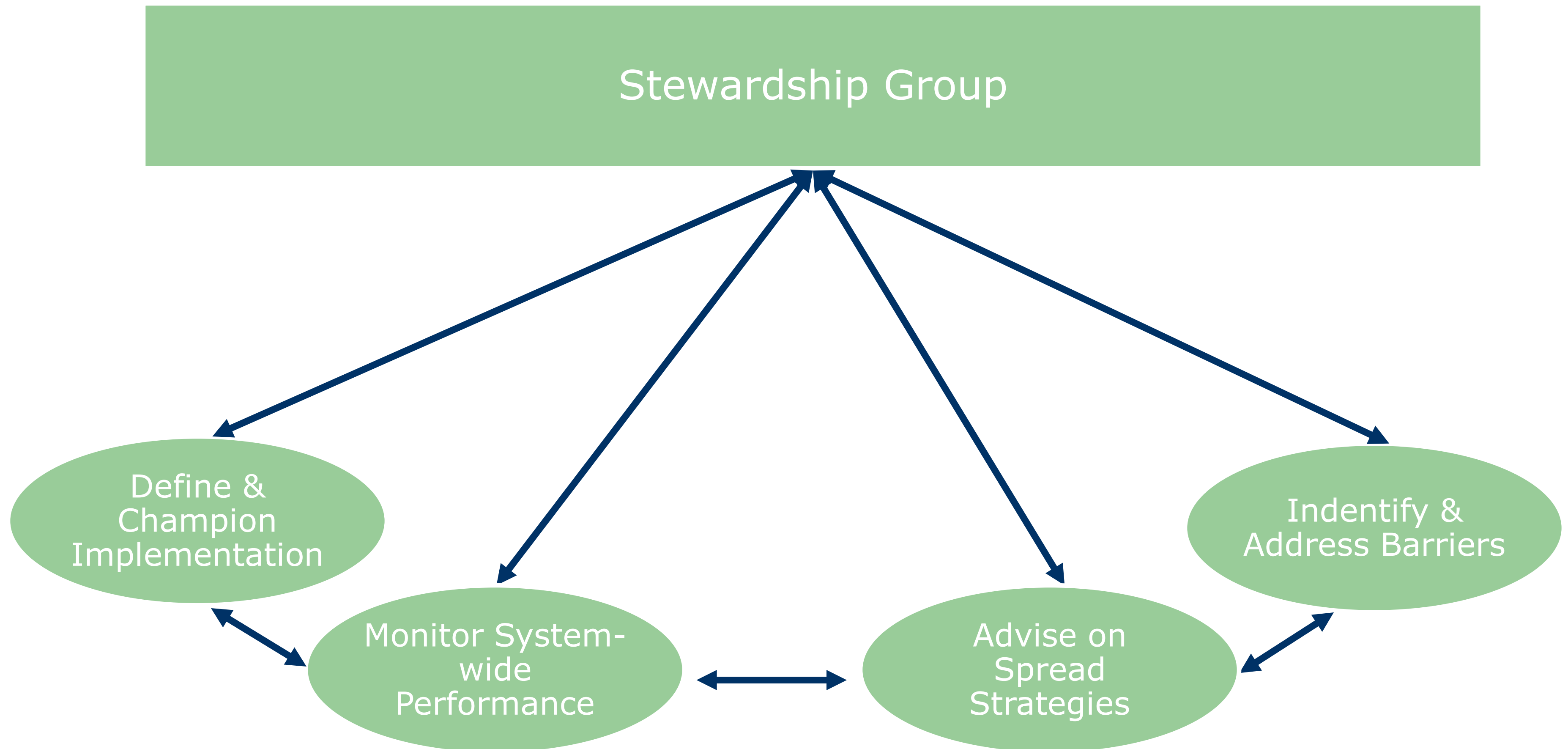
How will we do this?

- **Build Long Term Relationships**
- **Increase Patient and Family Self-Reliance**
- **Engage Communities**
- **Engage First Nations and Métis Communities**
- **Enable Primary Health Care Teams to Flourish**
- **Proactive chronic disease prevention & management**
- **Build models that work**
- **Shift focus to promoting health**
- **Transition support**

The Foundation: Primary Health Care



Learn by Doing



Learn by Doing

- **Progressing:** Stabilizing Services, Community Engagement, Physician Engagement
- **Innovating:** focus on access and patient experience; team, workflow and space redesign & multi-community models; patient and community input; LEAN methodologies
- **Approach**: Build, evaluate, spread

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Strategy Deployment

- 2012/13 start to build a foundation that ensures patients have improved access to primary health care and an exceptional experience.
- Chronic disease management will be the additional focus in 2013/14.

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Check it out!

www.health.gov.sk.ca/primary-health-care

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A Framework for Achieving a High Performing Primary Health Care System

Pharmacy Coalition on Primary Care Telehealth Session

"How does it affect pharmacists and where do we go from here?"

June 14, 2012

R. J. (Ray) Joubert, Registrar

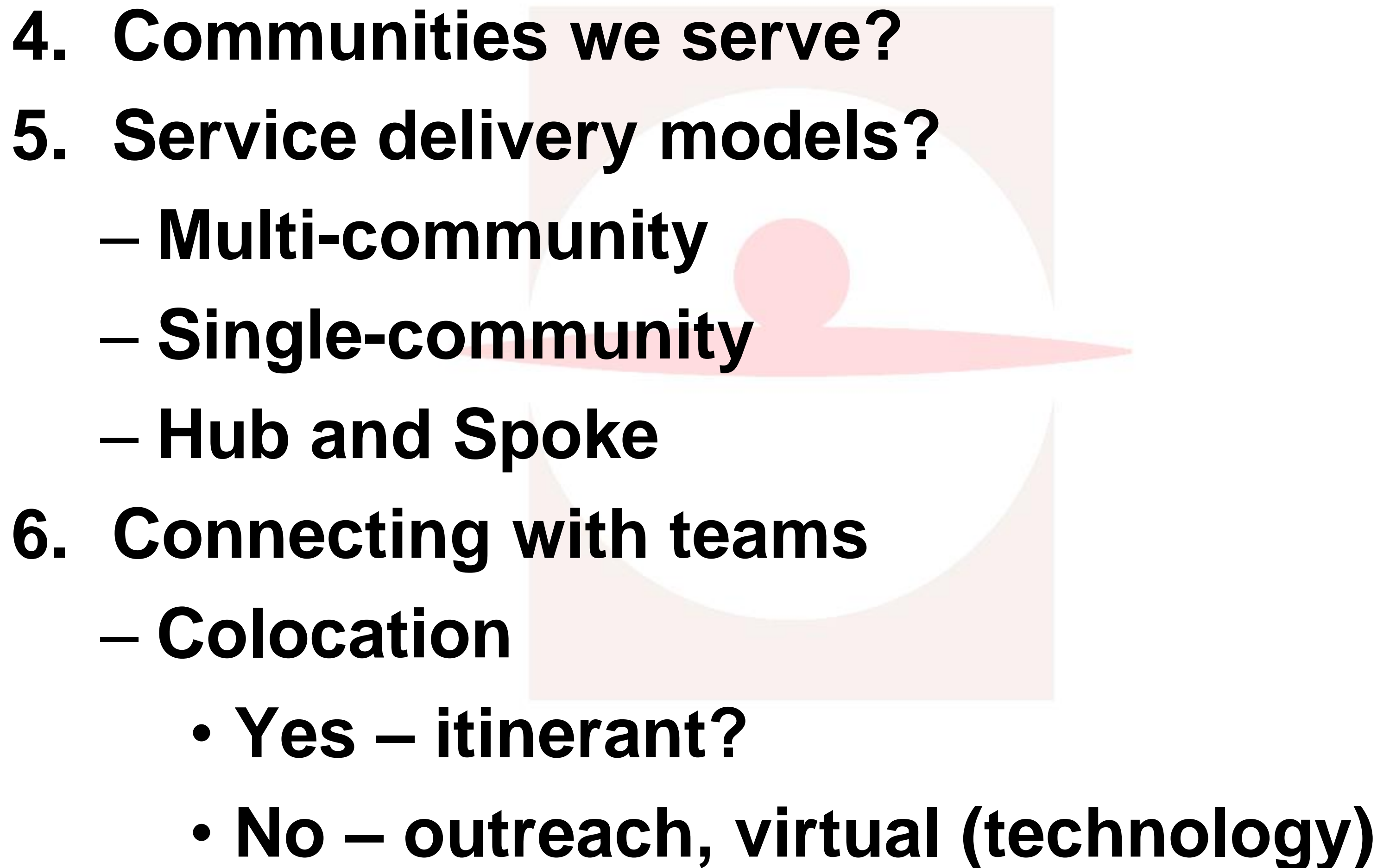
Introduction - Objectives

1) Reflect on next steps and impact of PHC Re-Design on pharmacists and pharmacy practice
2) Strategize on becoming involved in the process, roles you can paly on teams and becoming engaged on teams
3) Identify tools you need

Next Steps - Awareness

1. Pharmacists
   - Are we primary health care providers?
     - Chronic disease prevention and management (focus 2013-14)
   - What is our role? Services?
2. Other providers and their roles?
3. Relationships with patients, RHAs, physicians and other providers?
   - Strengthen/Leverage?

Next Steps - Awareness



4. Communities we serve?
5. Service delivery models?
   – Multi-community
   – Single-community
   – Hub and Spoke
6. Connecting with teams
   – Colocation
     • Yes – itinerant?
     • No – outreach, virtual (technology)

Next Steps – Action

1. Discuss internally, employer
2. Contact RHA Director of PHC
   - Introduction
   - Role
   - Services
   - Community engagement
     - Needs and services
     - Solutions

Next Steps – Action

3. Tools?
   - Compensation/funding? PAS role?
     - Business model – new or leverage current?
   - SCP Web site
     - RHA PHC Director contact information
     - PCPC Roles document
     - Registers – pharmacies by community/RHA
     - Link to Framework
   - Education/training (CPhA ADAPT, Other?)

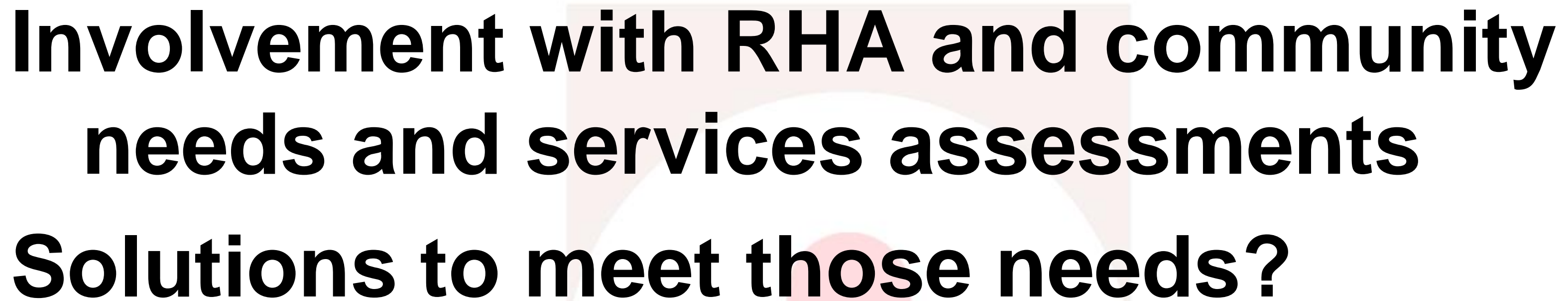
Next Steps - Action

5. Innovation sites – start dialogue with RHAs
6. Other sites/communities – explore opportunities

Part II – Discussion/Questions

1. How does PHC Re-Design resonate with you?
2. What opportunities and enablers do you see?
3. How do you think we should become engaged?
4. What tools do you need?
5. For those of you who are engaged, what does it look like?
6. What solutions do you offer?

Part III – Action Plan



- Involvement with RHA and community needs and services assessments
- Solutions to meet those needs?

Thank you!

- **Action plans to PCPC c/o SCP**
- **Did this session meet the learning objectives?**
- **Did it meet your expectations?**

Travel safely!