Chantal Norris
How do you decide what your priority is when it is all important?
Faculty/Presenter Disclosure

• Faculty: Chantal Norris

Relationships with financial sponsors:
  • I have/had an affiliation (financial or otherwise) with a not-for-profit organization as I am an employee of the Edmonton North PCN
Mainpro+ Credits – Session Survey Completion

This Group Learning program has been certified by the College of Family Physicians of Canada and the Alberta Chapter for up to 8.5 Mainpro+ credits.

• For this program we ask that you complete a very brief survey for this session provided within the event app.

• Here’s how (it’s super simple):
  1. Open the “AttendeeHub” app on your phone/device
  2. Log in to the PCN Strategic Forum event
  3. Tap the Schedule icon at the bottom of the page
  4. Select My Schedule or All Sessions from the top of the page
  5. Scroll through to find this specific session
  6. Tap, then scroll and tap the Session Survey icon
  7. Complete the survey in less than a minute

If you need assistance installing CrowdCompass AttendeeHub or accessing the PCN Strategic Forum page, please see one of the tech support staff at the registration desk.
Other than the obvious...who is Edmonton North Primary Care Network?
We have approximately 180 family physicians who work out of 76 clinics. 80% of the clinics are of three physicians or less.

The PCN currently employs approximately 100 staff that work out of the central office as well as reimburses a portion of over 100 staff that are in the physician offices.
When we started PMH work in 2015, we were on a high! We felt we were making a difference and we were checking all the boxes….

Look out world, here we come!
What happened?

We taught them how to fish so where did we go wrong?
The reality of it all is that after the reimbursement went away...

The Medical Home work slid and we ended up back at square one for many clinics.
Primary Care Networks
2019 brought us HOPE

Guiding Principles
Decisions made by the Board:

• Ensure quality of care and value for both the patients and our community
• Are based on data, evidence and best practices
• Ensure that the PCN is an effective and trusted steward of public funds
• Are transparent and accountable to its key stakeholders: the public, its doctors, its staff and the Ministry of Health
• Promote integration, collaboration and innovation
What’s the Secret Sauce?

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<tr>
<th>Engaged Leadership</th>
<th>Readiness for Change</th>
<th>Build Capacity</th>
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<tr>
<td>Top down and bottom up</td>
<td>Medical Home Index</td>
<td>What Matters Most</td>
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<tr>
<td>Formal and Informal Leaders</td>
<td>Rogers Diffusions Curve</td>
<td>See One, Do One, Teach One</td>
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Readiness for Change

- **AWARENESS** of the need for change
- **DESIRE** to support the change
- **KNOWLEDGE** of how to change
- **ABILITY** to demonstrate skills & behaviors
- **REINFORCEMENT** to make the change stick
Armed with our new lightbulb idea and our data from our Medical Home Engagement, we created this extremely high tech Diffusion of Innovation Curve in my office.
Building Capacity
Our new approach that we started at the beginning of the fiscal year 2019/20 is to “Meet them in the NOW”
See one
Do one
Teach one
Try again or give up
Meet our Superheros Who do ALL THE WORK

To keep with my restaurant theme...the Quality Improvement Facilitators stopped being a Las Vegas Buffet needing to know everything and they all started specializing in areas that they are passionate about.
Along with their specialty interests, our Quality Improvement Facilitators go out to the clinics and work with them on process improvements, how to run effective meetings, assistance with where to find HR related items etc.

Tara is the CII/CPAR champion and looks forward to a question that she doesn’t know the answer because research is her middle name (not really).

Dawn is our Opioid Response Coordinator, runs our Locum program to provide relief for our physicians during the summer months and currently is working with a large number of our “pager” clinics to see how we can assist them with PMH.

Suzanne handles all our Physician Membership and processes. Her customer service is top notch and is 100% an advocator for the physicians and their teams.

Plaxedes sits on a few working groups to ensure that we are not reinventing the wheel and that we share information with our peers at other PCNS.
Amanda is currently working on creating easy to read collateral for the clinics regarding panel clean up and maintenance.

Hani is our most tenure Panel Coordinator who trains her peers as well as having a passion for privacy. She puts together sold out workshops to the clinics on privacy.

Megan and Alesha have only been with the PCN since the beginning of January but are already making a difference and finding their niche to help our clinics.

Our Panel Coordinators are the “doers”.
Support team of:

Me: Allow the team to flow and make changes and provides everyone tools to do their role with autonomy

Lyndsey: the team lead provides guidance and support on day to day operations

Sheena George from ACTT: has been instrumental in assisting the Edmonton North PCN lay the framework

Dave: Executive Director provides guidance to the department manage on program priorities but gives freedom to the department as to how it gets done

Board of Directors: provides the strategic direction but allows the operations to be done by the PCN staff.
Now for the secret sauce....
Our Quality Improvement team is similar to Mary Poppins where they come and help when needed and have quite the toolkit to help the medicine go down.
If we were to do his engagement index now based on all the work him and his team have been doing, they would score 36. We met Dr. Dmac where he was at and what kept him up at night and the rest are all falling into place.
Patient Continuity
The Edmonton North PCN 2019/20 Medical Home Engagement Index

### Average QI Engagement Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>19 out of 40</td>
<td>47%</td>
</tr>
<tr>
<td>2019-20</td>
<td>42 out of 64</td>
<td>66%</td>
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*Three new questions were added to the MHEI questionnaire increasing the maximum QI Engagement score from 40 to 64.

### QI Engagement Scores (% of physicians according to score)

<table>
<thead>
<tr>
<th>Category</th>
<th>Panel ID</th>
<th>TNA</th>
<th>Screening</th>
<th>Clinic Team</th>
<th>EMR</th>
<th>Ease of Meeting with Physician</th>
<th>Interaction with Clinic Manager</th>
<th>QIF’s Work with Staff</th>
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<td>2018-19</td>
<td></td>
<td></td>
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*The Edmonton North PCN 2019/20 Medical Home Engagement Index*
There are many barriers that we here right now with the fear of uncertainty.

“Big brother is watching”

“Cleaning our panel will affect our the future of our income”

“Our FFS will change”

Another barrier that we face is having the wrong people doing the wrong work at a clinic level.
One seed produces a large tree that can stand the test of time. One small thing like helping a physician figure out how to flag overdue patients for a screening maneuver may open the door to a myriad of improvement initiatives.
Burning Questions
Thank you!