



# Ontario College of Family Physicians Preparing for a Devolved, Population-Based Approach to Primary Care

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# Background

- The Ontario Ministry of Health and Long-Term Care has proposed increased population-based planning and a greater devolution of primary and community-based care
- The Ontario College of Family Physicians commissioned a review of experiences with regional population-based planning and delivery in other jurisdictions to inform and support its members in the potential changes



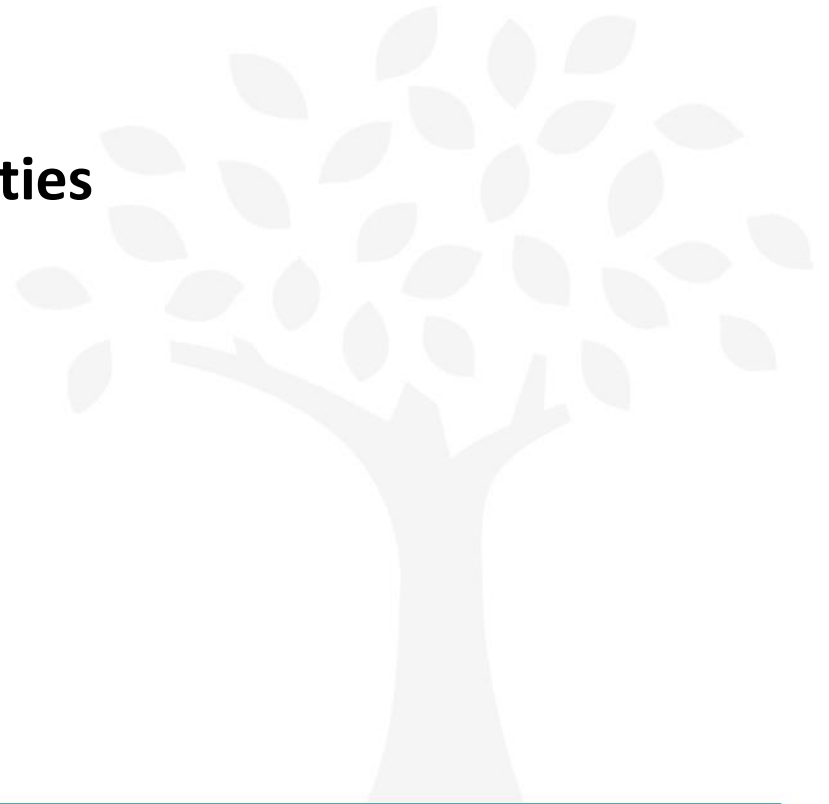
# Methods

- Focus on Australia, New Zealand and the U.K.
- Review of published and grey literature
- Review of government and commissioned documents
- Interviews with Canadian and international key informants



# 1. Start up considerations

1. Making a compelling case for change
2. Getting the right balance between prescription and experimentation
3. Governance
4. Clarity of roles and responsibilities



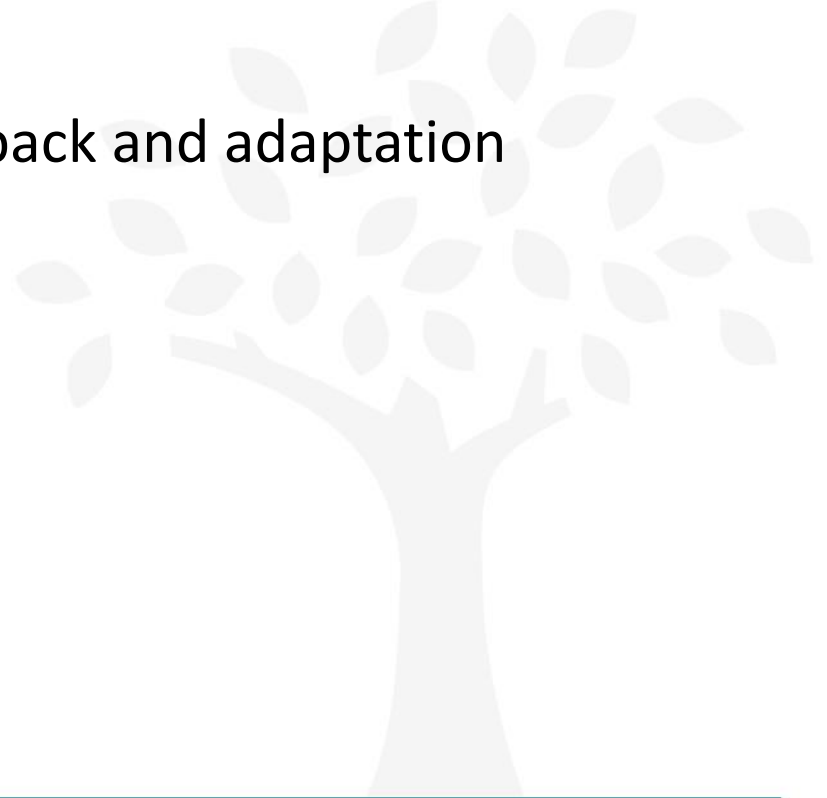
# Making a compelling case for change

- A strong narrative describing the benefits to patients, providers and the health care system
- Leaders need to :
  - be definitive about the vision
  - take “moral leadership”
  - stand by the aspirational goals for primary health care



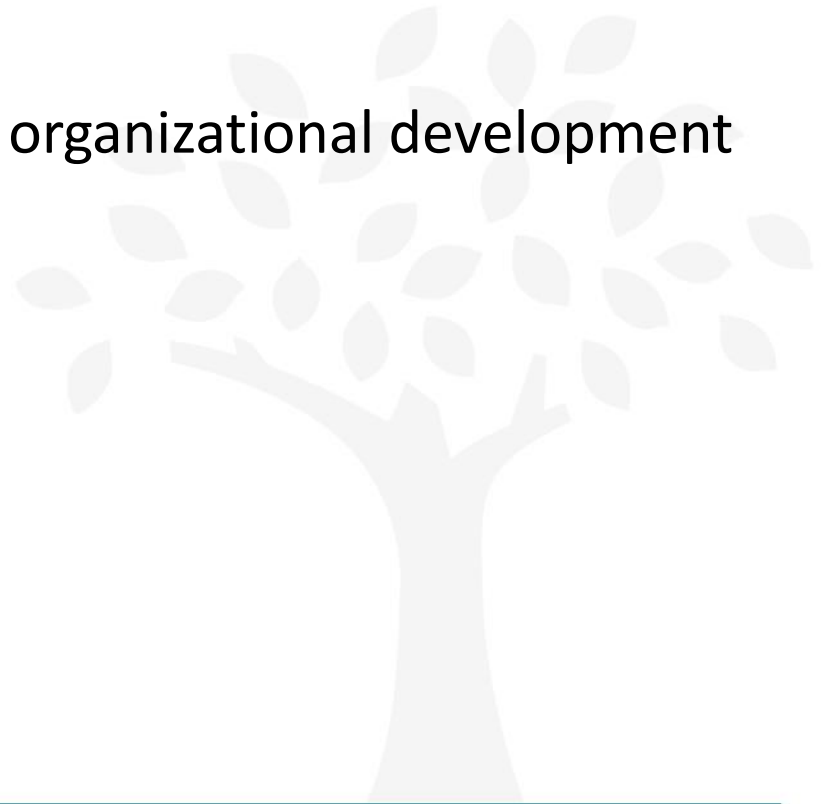
# Balance between prescription and experimentation

- Need explicit parameters and implementation guidelines
- While avoiding excessive policies codifying transformation and creating *“a permissive culture for experimenting with new approaches to primary care”*
- Rapid evaluation, reporting, feedback and adaptation
- Within realistic timeframes



# Governance

- Strong governance structures and processes
- Internationally, locally-based reform has evolved, with increasing emphasis on corporate governance, skills-based boards and management
- An increased focus on leadership, organizational development and change management



# Clarity of roles and responsibilities

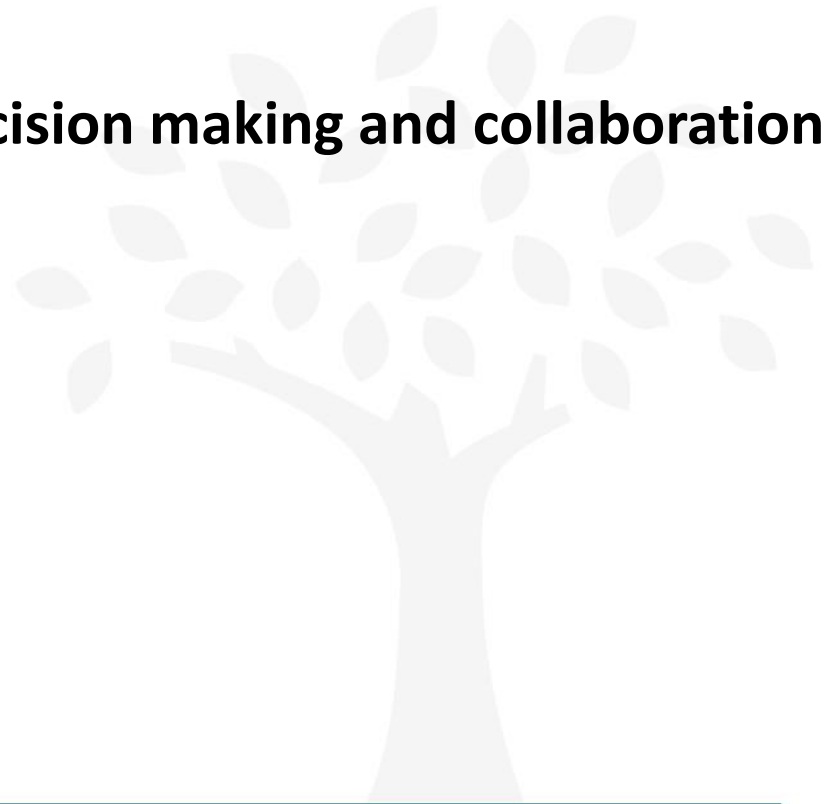
- Roles and responsibilities must be well-established
- Central authorities develop system priorities, provide guidance on quality and access standards, define contracts, etc.
- Roles of administrators and physicians must be well-defined and expectations clearly articulated
- Administrators/physicians need confidence that stated roles and responsibilities and associated authority will in fact be delegated





## 2. Levers for system change

1. Change in culture and a culture of change
2. Transformational leadership
3. Family physician engagement
4. A foundation for integrated decision making and collaboration
5. Measurement



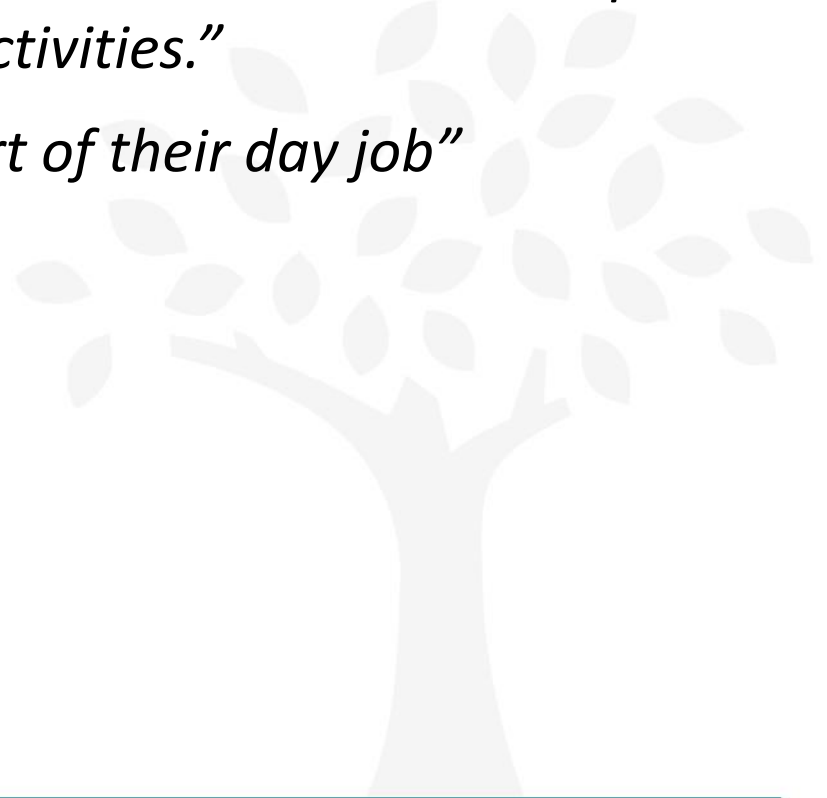
# Change in culture in primary care

- Transformational culture shift within family medicine
- Leaders strongly advocate vision and aspirational goals
- Positive tone and rhetoric
- *“Ownership...means we can’t delegate or relinquish the responsibility for leading the change required to achieve the vision.”*
- Nurture and support clinician leaders and role models



# Culture of change

- Frontline involvement in design and delivery
- *“co-produced organizational values”*
- *“a motivated workforce that responds to the vision and opts in by committing to improvement activities.”*
- *“improving services is seen as part of their day job”*



# Attributes of transformational leadership

- Inspires, energizes and mobilizes
- Courageous enough to take risks and make real changes
- Sets clear goals
- Can navigate the “politics,” broker consensus and drive implementation
- Has advanced operations and managerial skills
- Knows best practices, improvement methods and measurement
- Able to train and empower to others



# Factors facilitating physician engagement

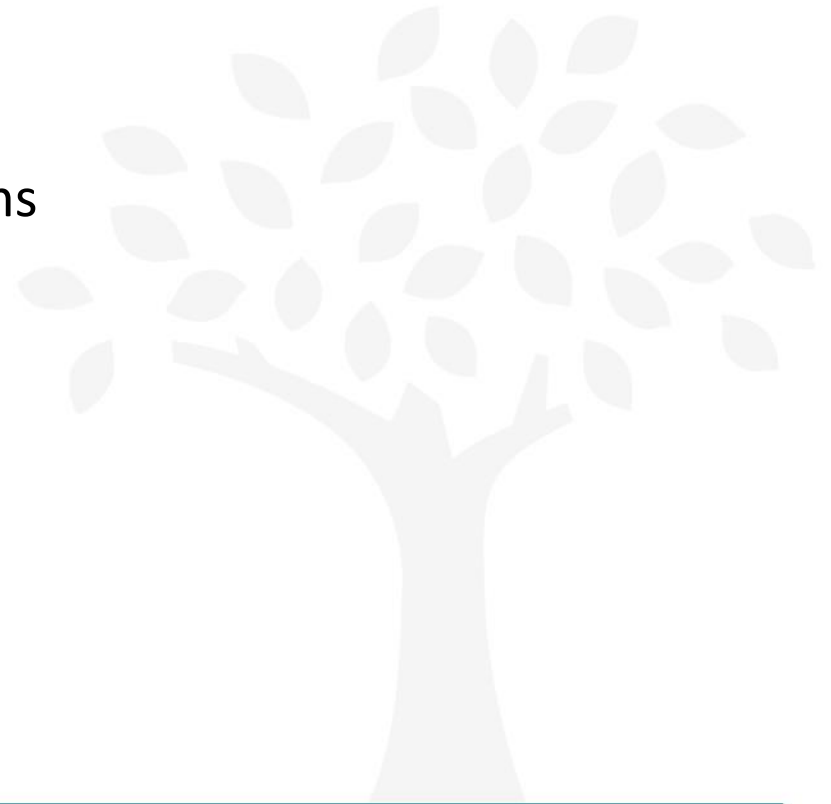
- A clearly stated vision for reform
- An evidence base for change
- Effective communication
- An understanding of new organizational mandates
- Well-defined expectations
- A sense of collective ownership
- Practice/physician representation on boards, committees, etc.
- Showing early successes
- Educational and other events
- Peer-to-peer dialogue, performance review and peer review



# Developing a foundation for integrated decision making and collaboration

Primary, community, acute, mental health, public health and social care providers all working together, supported by:

- A sense of urgency
- A willingness to innovate
- A mandate to solve specific problems
- Aligned incentives
- Support from central authorities
- Positive working relationships



# Measurement

- Data and measurement are critical to reforming primary care and transforming the health care system
- Including targets, comparative data, audit, peer review
- With supporting infrastructure and functionality



# 3. Organizational development and management

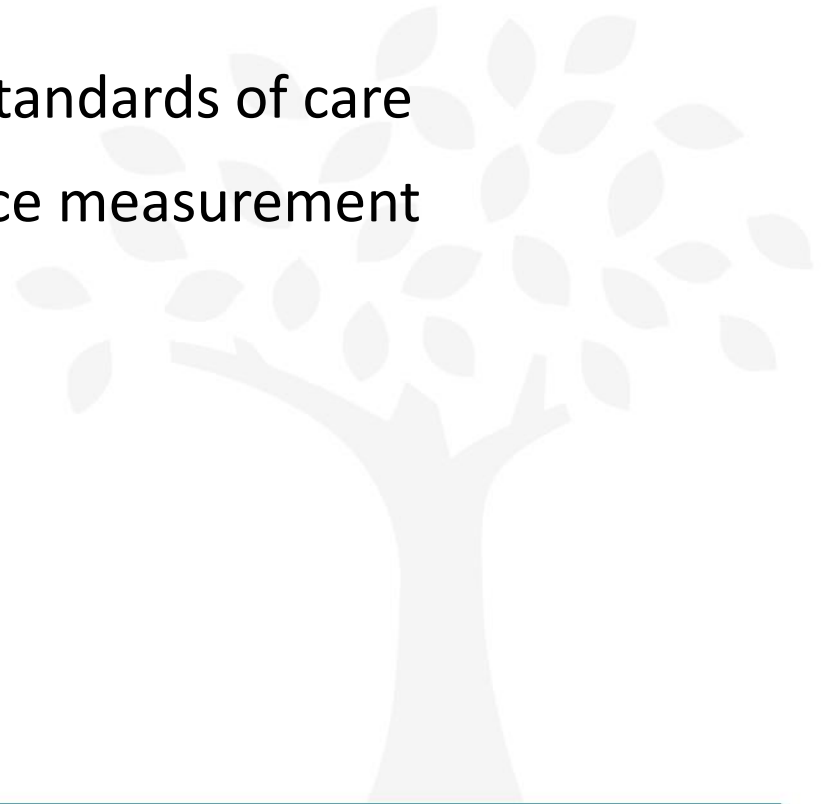
1. Managing health care organizations for transformation
2. Integration at the practice level





# Managing organizational transformation

- Planning: vision => implementation
- Skilled administrative and clinical leadership
- Clear accountabilities
- Clearly defined, evidence-based standards of care
- Goals, milestones and performance measurement



# Integration at the practice level

- Increased networking and partnering
- Shared practice resources to increase efficiency
- Shared business plans
- Shared approaches for change and practice improvement
- Co-developed care plans, clinical pathways, medical directives, etc.
- Best practices, standardized care and management processes adopted across sites
- Frontline staff involved in designing and implementing change
- Develop staff's clinical and managerial skills



# In summary: primary factors facilitating reform

1. Commitment to the aspirational goals of a high-quality, patient-centred primary health care system
2. Strong, visionary and risk-taking leadership
3. Effective governance and management structures – supported by individuals with deep and diverse skills
4. Clear expectations, roles and responsibilities
5. Significant change at the practice level supported by evidence and staff engagement



# Questions



<http://ocfp.on.ca/policy/pulse-on-family-medicine/ocfp-response-to-the-patients-first-discussion-paper>

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