Primary Health Care Services of Peterborough:

Pigs CAN Fly!
They sought to create a patient-centred, one-stop-shopping approach to treat as many co-morbid conditions as possible. Specialists, GPs and other health care professionals would all be linked by electronic medical records.
Dr. Harterre is the lead physician of Primary Health Care Services in Peterborough, a non-profit corporation that guides and administers a network of five family practice teams.

“As I was about to retire,” Dr. Harterre explains, “family medicine was dying. I watched as my somewhat older colleagues were retiring and we couldn’t replace them. The ones in the practice were disgruntled and overworked. Younger physicians were leaving in droves to work in hospitals or walk-in clinics and very few medical students were choosing family practice.”

Bill Casey, then Manager of Communications and Public Relations at the Peterborough Regional Health Centre describes the situation at that time as “the perfect storm”.

“One in four people in our community didn’t have access to a primary care physician. The community could not attract any new family doctors and there was a hodge-podge of ideas out there to remedy the situation. Nothing was working.”

Nothing until Dr. Harterre pulled together a focus group of eight family physicians to address some of the main problems: how to create access to primary health care for the large number of unattached patients; how to ensure appropriate or adequate physician compensation to encourage family doctors to come to Peterborough; and how to take the burden of having to be all things to all people off the overworked physicians’ shoulders. A seemingly monumental task.
One of the physicians in the original focus group warned Dr. Harterre: “If you can solve these problems, then pigs will fly!”

Don Harterre now has a flying pig gracing his desk at the offices of Primary Health Care Services of Peterborough. From the grassroots movement of eight dedicated doctors meeting every month for a few years, came the establishment of a larger community-wide steering group, headed jointly by Bill Casey and Don Harterre. They both volunteered their time and energy to find a solution to the ailing primary health care service in their region. By now, Dr. Harterre had fully retired from practice to become Chief of Staff at the Peterborough Regional Health Centre.

“What if we have to re-mortgage our homes to continue with the planning process?” Dr. Harterre often joked. The truth in the jest was that, development rested largely on the determination, perseverance and vision of many health care professionals volunteering their time. They sought to create a patient-centred, one-stop-shopping approach to treat as many co-morbid conditions in one setting as possible. Specialists, GPs and other health care professionals would all be linked by electronic medical records.

In January 2006, Primary Health Care Services of Peterborough, a non-profit corporation with a physician-led Board of Directors, secured sustainable funding from the Ontario Ministry of Health and Long-Term Care and the dream became a reality. With Bill Casey’s administrative skills and Don Harterre’s dogged determination and vision, five physician-led teams were established and linked as a network. Two of the Peterborough Networked Family Health Teams are multi-specialty clinics with providers operating under the same roof and three are presently virtual teams linked electronically throughout the region. Each team is comprised of physicians, nurses, nurse practitioners, pharmacists, mental health workers, social workers and dietitians. Team members refer patients internally as appropriate. Patients are only sent to specialists when they require care beyond the scope of any of the primary care providers. As such, patients transition easily to acute care if needed and then back to primary care for follow-up.

Physicians are no longer paid exclusively on a fee for service basis. Now, there is a blended system in place. On average, approximately 60% of their income is based on capitation payments with the remainder being comprised of fee for service billings and comprehensive and preventative care bonuses.

Dr. John Beamish was one of the original group of eight who got the ball rolling in Peterborough. He admits that giving up control to work in a
team environment was not easy for some of the physicians, but once on board, they became fully committed to the new structure.

“Family doctors used to be the poor cousins of medical practice and now we feel our work is fairly compensated and appreciated. We also see the value of having a range of health care professionals and resources readily available to assist us in providing better care to our patients. This is a no-brainer!”

73 physicians out of a complement of 75 in the region are now working within one of the teams; seven new doctors have moved to the area with six existing hospital-based doctors moving into family practice; over 80 health care professionals have been hired and unattached patients are slowly being integrated into primary health care. All newborns are automatically assigned a family doctor. Professional satisfaction could not be higher.

And retired elementary school-teacher, Mary O. could not be happier. She and her family moved to Peterborough six years ago. For the first five years, they didn’t have a family physician. Both she and her husband used walk-in clinics for any care they needed. She suffered from high blood pressure and high cholesterol.

“It was awful,” Mary asserts, “it was reactive and not proactive care. Every time we went, we saw a new doctor who didn’t know us. It was starting from scratch each time.”

This situation was particularly onerous when her husband became seriously depressed.

“Each time he went to the clinic he saw a different doctor and had to tell his story over again. No one was monitoring his medications and he was slipping further and further down.”

He waited two years to be admitted to an out-patient counselling program run through the psychiatric services of the hospital. Mary was much luckier.

A year ago, as the Peterborough Networked Family Health Teams came on stream, Mary was able to get a family physician. And none too soon. Not only was she suffering from heart problems, but also debilitating depression.

“I started spending more time in bed; I didn’t want to see anyone or speak to people on the phone; I didn’t open my mail for three months. I just didn’t want to be alive anymore!”

Within a week and a half of seeing her family physician, Mary was in the offices of the team’s social worker and in treatment. She visited her social worker every week for eight weeks and saw her family physician to modify and oversee her medications.

“They were linked together over the computer. I’d see my social worker and then go see the doctor and he’d say ‘I got an email from the social worker. She told me this and that and so maybe we should change your medication. ’ I was elated. It made me feel that I was truly cared for.”

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And truly cared for she was. Using some medications and a technique called Cognitive Behavioural Therapy or CBT, the team focused on providing Mary with resources to self-manage her condition and to learn new and healthier ways of coping with her negative feelings. What Mary didn’t realize was that her case was not unique. The two priorities that Primary Health Care Services in Peterborough established for all the teams was improved access to care for unattached patients and integration of mental health services into primary care at the community level.

During the planning process for the redesign of primary health care in Peterborough, Dr. Peggy Wilkins, a family physician who worked in the hospital’s psychiatric program approached Dr. Harterre’s committee. She was concerned that there were very limited community-based mental health services in Peterborough. The hospital was expected to handle all in-patient and community needs and it was overburdened.

“Depression was under-identified and under-treated in our community,” says Dr. Wilkins, “and its treatment is foundational to chronic disease management.”

“She pushed and she pushed and she pushed,” admits Don Harterre, “she over-pushed to get mental health services and the chronic disease management protocol for mental health as top priority for our teams. It wouldn’t have happened without Peggy”.

The result of Peggy’s pushing? The hiring of eleven and a half mental health counsellors. Each team has at least two social workers or mental health workers to help patients like Mary. All the counsellors were trained in CBT. All the other health care professionals, including ten physicians, two from each team, went to an education program to be trained in best practices using the chronic disease management depression protocol.

With this protocol, when a patient like Mary first sees her physician, she is screened for depression. Two seminal questions are asked and if it appears warranted, a full nine question screening questionnaire called PHQ-9, is administered by the physician. Based on those results, the patient is triaged. If the depression or anxiety is mild, the patient may be given psychoeducational materials and some self-management techniques to help them cope; if it’s moderate, the patient
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ANNE DORAN

in their mental health but in their physical health too.”

For years Anne Doran worked as a social worker at the hospitals in psychiatric services. She also had a private practice in the community before taking a job with one of the teams just over a year ago. She is elated with the changes she sees and the way she now feels about her work. “People are getting help who previously were ignored by the system. People out of work or on a fixed income who couldn’t afford to pay a private practitioner and couldn’t get into the overburdened hospital psychiatric program are now being cared for. I’m so much happier. My work is valued; I see people getting help, not the revolving hospital door of the past. I am much more effective as a professional.”
Today, there’s an energy, vitality and excitement in primary health care in Peterborough that is shared by patients and professionals alike. Using a networked team approach with a major focus on chronic disease management and mental health, Primary Health Care Services of Peterborough has made great strides in improving care in their area: over 12,000 new patients have been rostered and their statistics show at least 10,000 fewer ER visits over the first 18 months of operation. But they are the first to admit that challenges remain.

“We have not completely solved the unattached patient problem but we hope that with the addition of more health care professionals and physicians in the future, we will eventually have almost every resident of the Peterborough region attached to a primary health care team and if we can, we’d like to see more of our teams actually working under the same roof,” says Executive Director, Bill Casey. “However, we have definitely made the care we are giving our current patients much more comprehensive and effective.”

Dr. Wilkins admits, “We would love to be able to attract more psychiatrists to this area, but in the meantime, we are working hard to give mental health issues top priority and have them dealt with smoothly and appropriately… in fact, just having these care needs addressed within the community is great progress!”

Mary O. certainly agrees: “It may be hard for people to understand, but seeing the social worker on the team and learning how to deal with my depression was one of the best things that ever happened to me. I have never been happier in my life.”

As for Dr. Harterre, the busiest “retired” physician in the region… “It looks so good out there in practice now, I may just be tempted to go back!”

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