

Ontario Health Teams
Primary Care Communications Protocol:
Enabling Success through Connecting Primary Care and
Physician Partners

March 2021

Table of Contents

1) Introduction	3
2) Content	4
3) Development, Validation and Submission.....	5
4) Summary	7
5) Key Resources [TBC]	7
6) Appendix A: Primary Care Models in Ontario.....	8

Common Terms

For the purposes of this document, the term “primary care and physician partner” will be used to denote the audience and main stakeholders for the communications protocol. This includes all providers responsible for patients and working in primary care settings, including nurse practitioners, team-based physicians, fee-for-service physicians, interprofessional health care providers, and traditional health practitioners, as well as both community and hospital-based specialist physicians.

The use of the term “Ontario Health Team”, or OHT, includes the central administrative functions that perform OHT activities, but it also recognizes that in many cases an OHT is enabled by primary care and physician leaders. As such, the audience for this document is inclusive of both overlapping groups and recognizes the multiple roles that many people are performing in the advancement of OHT implementation.

Ontario Health Teams

Primary Care Communications Protocol: Enabling Success through Connecting Primary Care and Physician Partners

1) Introduction

As set out in the 2019 *Ontario Health Teams: Guidance for Health Care Providers and Organizations*, a significant role is envisioned for primary care and physician partners in Ontario Health Teams (OHT). To unlock this potential and harness the benefits of more integrated care, coordinated and purposeful efforts must be made to support local primary care and physician partners in becoming better connected and invested in their OHT.

This guidance document sets out the ministry's expectations for OHTs as they develop a communications protocol to connect primary care and physician partners. A 'communications protocol' refers to an agreed upon approach for When, Why and How OHTs coordinate and share information with primary care and physician partners in their attributed network. The communications protocol is not meant to refer to the communication that takes place over the course of care with a patient and their provider.

OHTs are building a strong foundation of communication, information sharing and connection across providers, patients, families and caregivers and broader communities. Developing a communications protocol as an early priority for OHT builds upon the 2019 Guidance Document, which signalled signal that primary care and physician partners are essential cornerstones of the OHT model. Connecting primary care and physician partners through effective communications efforts will strengthen this core OHT foundation and will also aid the OHT in their broader communications with all partners.

An effective communications protocol can serve as the roadmap for OHTs as they coordinate, and seek to continuously improve, efforts to connect their primary care and physician partners. In some cases, OHTs will have already established a protocol that may match the goals set out in this document, while others will have the opportunity to drive a renewed approach to create a purposeful, co-designed protocol that benefits from the learnings captured in this guidance. These learnings have been captured from leading jurisdictions as well as from OHT implementation over the last few years.

Regardless of an OHT's starting point, this guidance is intended to drive towards a set of standard outcomes: increased trust among partners, increased involvement and leadership of primary care and physician partners in OHTs, increased provider satisfaction, and better connections across the continuum of care.

2) Content

The communications protocol should clearly incorporate three overarching elements listed below. The inclusion of these elements will ensure a consistent approach to protocols across all OHTs, while encouraging each OHT to reflect local needs and preferences.

Element # 1: Strategic Goal
<p>Description: a clear and unifying statement outlining what the communications protocol is intended to achieve for the benefit of the OHT’s advancement.</p> <p>Example: An OHT will establish and maintain mechanisms for communication with primary care and physician partners that ensure:</p> <ul style="list-style-type: none"> • relevant, useful and digestible information about the OHT is shared across a broad range of partners, in a manner that respects those partners’ preferences; • partners have the opportunity to communicate with each other to advance the OHT’s aims; • the population health needs are commonly understood and there are shared priorities across partners; and • partners are informed of opportunities to contribute to or lead OHT activities.
Element # 2: Enablers
<p>Description: The communications protocol should outline the enablers the OHT will commit to upholding to advance primary care and physician partner connection. OHTs are asked to consider the examples below and those that may be unique to their community of primary care and physician partners.</p> <p>Examples:</p> <p>A common understanding of the needs of the audience – communications will be short and succinct, delivered at optimal times of the day for all types of providers working in primary care.</p> <p>A commitment to supporting primary care and physician leadership within the OHT – to assist in ensuring that primary care and physician partners are enabled to succeed, this commitment can be made apparent in a communications protocol through an openness to ‘sharing the airwaves’ within and across primary care and physician partners. Additionally, efforts to appropriately position leaders within the OHT as champions or spokespeople will be appreciated by the intended audiences.</p> <p>A commitment to health equity and cultural safety – this commitment can be realized through co-design of communications protocol with Indigenous, Black or other racialized, and/or Francophone providers, to ensure communications are inclusive, respectful and address any specific needs of those providers. If these</p>

providers are not currently engaged in their OHT, outreach can present the opportunity for dialogue and partnership.

Easily accessible contact information for associated providers – for those actively involved and those yet to participate, ensure all partners know who to contact for relevant information. A dedicated website with information and FAQs is seen as a best practice.

Administrative functionality and capacity – the capacity to execute, evaluate and continuously improve communications activities.

Element # 3: Tactics and their Continuous Review

Description: The communications protocol should include tactics that OHTs will employ based on the needs of their primary care and physician partners and reflect how a variety of tactics are needed in relation to specific audiences or topics that may be discussed. The protocol should reflect a routine process to assess the ongoing effectiveness of the communications tactics. As continuous improvement will be at the foundation of all activities within an OHT, the communications protocol should set out how the OHT will undertake this assessment.

3) Development, Validation and Submission

Meaningful engagement and co-design of an OHT’s communications protocol will ensure effective approaches to connect primary care and physician partners are in place. It is recommended that OHTs co-design and seek endorsement of their protocol through engagement with existing primary care and physician partner tables, networks, associations, etc., and that efforts are made to reach out to those not already engaged or involved.

It is recommended that an OHT build its communications protocol to reach as broad a range of partners as possible (i.e. all manner of team-based models, all manner of physicians; see Appendix A for more details). An aspirational approach to protocol development will be to build it for the end-state, where all partners within the attributed network and their unique needs are considered. OHTs must give consideration to the specific needs of Francophone and Indigenous providers and communities (see resource section for related support).

OHTs must document their communications protocol in writing, however, teams may choose their own format and style for this documentation. Once complete, OHTs are encouraged to post the protocol online for members of the public to access. OHTs will be required to confirm that their communications protocol has been developed in accordance with this guidance document through the ministry’s quarterly reporting process. As set out above, OHTs are also expected to renew their protocol on a regular basis to ensure its continued relevance and efficacy.

Snapshot: Learnings to date

Through OHT implementation to date (and previous efforts to integrate across sectors), a common understanding has surfaced on ‘leading practices’ for communications tactics for primary care and physician partners. These include:

- Keep messages concise and action-oriented.
- Identify primary care and physician leaders who can act as champions; create frequent platforms for those spokespeople.
- Advance credibility by supporting champions to communicate with specific provider groups (e.g. physician champions are positioned to communicate to physicians, nurse practitioner champions are positioned to speak to nurse practitioners).
- Co-design protocols by engaging a full range of provider types within the umbrella of primary care (Appendix A) as well as Indigenous, Black, or other racialized, and/or Francophone providers.
- Proactively and reactively assess and evaluate the impact of tactics:
 - Baseline surveys used by some teams have enabled a tailored approach to address the unique needs of their community of providers;
 - Assess all tactics for usefulness and impact with the audience (e.g. ‘open rates’ on e-communications, brief and easy-to-complete (e.g. by text/SMS));
 - Adjust approaches to reach all types of audiences.
- Hold meetings outside of what are commonly used as “clinic hours”. Before and after the traditional business day can be effective times for quick updates and sharing across a network of providers.
- Follow-up on discussions to show action taken so that primary care and physician partners can see that their time and contribution is valued.
- Emphasize available learning credits related to OHT leadership.

4) Summary

Effective delivery of health care in Ontario continues to be based on trusting relationships, and a key ingredient in such relationships is effective communication. This communications protocol is an important step towards building the baseline connectivity among an OHT's partners in primary care.

OHTs should understand this exercise as the beginning of a process that will evolve over time and should commit to revisiting their approach on a regular basis. As we have seen, some OHTs already have communications protocols established, though every OHT has room to improve now and going forward.

5) Key Resources

Engagement of Francophones through the Entité for purpose of OHTs (Entité)	<u>Link</u>
Toolkit for Creating Safer Environments for Indigenous Participation (Indigenous Primary Health Care Council, 2021)	<u>Link</u>
Involving Family Physicians in Health Reform (Ontario College of Family Physicians, 2020)	<u>Link</u>
Equity, Inclusion, Diversity and Anti-Racism Framework (Ontario Health, 2021)	<u>Link</u>
Francophone Engagement Tools (Réseau du mieux-être francophone du Nord de l'Ontario)	<u>Link</u>
Tools and resources to support physician participation and leadership in OHTs (Ontario Medical Association)	<u>Link</u>
RISE Briefs <ul style="list-style-type: none"> • Brief 4: Primary-care leadership and engagement (2019) • Brief 23: Resources to support OHTs in completing their TPA (2020) • Brief 25: Ontario's French language health-planning entities and how they can support OHTs as a health system partner (2020) 	<u>Link</u> <u>Link</u> <u>Link</u>
Webinar: Engaging and Improving Care for Francophone Communities (RISE)	<u>Link</u>

6) Appendix A: Primary Care Models in Ontario

Primary care is the first point of contact between a patient and the health care system and includes illness prevention, health promotion, diagnosis, treatment, and rehabilitation and counselling. In Ontario, primary care has evolved from a predominantly fee- for-service (FFS) system of independent physicians to more advanced group-based practices premised on patient enrolment and comprehensive care.

The different agreements address the needs of the general population as well as specific communities and populations with focused health needs while providing primary care physicians many options.

Primary Health Care Models and Programs

Traditional Fee-for-Service- Traditional fee-for-service model is for solo physicians who operate as independent physicians.

Enhanced Fee-For-Service Models

CCM - Comprehensive Care Model (CCM) is for solo physicians who commit to provide comprehensive primary health care and a block of after-hours services each week to their enrolled patients.

FHG - is offered to groups of three or more physicians to provide comprehensive primary health care and after-hours services to their enrolled/assigned patients.

Capitation Models

FHN - Family Health Network have three or more physicians, are compensated primarily through capitation payments but also receive FFS payments. The physicians are also eligible for specific bonuses and premiums based on patient enrolment. The model offers comprehensive care during a combination of regular physician office hours and after-hours services. Information technology and preventive health care services, chronic disease management and health promotion are also integral.

FHO - Family Health Organization also have three or more physicians, are compensated primarily through capitation payments but also receive FFS payments. The physicians are also eligible for specific bonuses and premiums based on patient enrolment. The model offers comprehensive care during a combination of regular

physician office hours and after-hours services. Information technology and preventive health care services, chronic disease management and health promotion are also integral. The FHO also has a base rate payment, associated basket of core services, and access bonus calculation.

Interprofessional Team Models

AHAC - Aboriginal Health Access Centres are Indigenous-specific and informed health care agencies. They provide a combination of health and social services to First Nations, Métis and Inuit communities. The model of care recognizes Aboriginal rights to determination in health, and Aboriginal traditional healers and healing approaches, and blends them with culturally competent, western clinical practices. AHACs address the health and wellness needs through all the life stages from pre-natal to Elder and incorporate a comprehensive continuum of care from health promotion and prevention to treatment and rehabilitation.

CHC - Community Health Centres are non-profit organizations that provide primary health and health promotion programs for individuals, families and communities. A health centre is established and governed by a community-elected board of directors.

FHT - Family Health Teams are primary health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide primary health care for their community. They ensure that people receive the care they need in their communities, as each team is set-up based on local health and community needs.

NPLC - Nurse Practitioner-Led Clinics are primary health care organizations that provide comprehensive, accessible, person centred and co-ordinated primary care services to people of all ages and stages in over twenty communities across Ontario.

Indigenous IPCT - Interdisciplinary Primary Care Teams provide wholistic care incorporating Indigenous concepts of health and well-being. IPCT's are community-driven Indigenous-governed organizations that may include traditional healers and helpers, medicine people, family physicians, nurse practitioners, nurses, mental health and addictions workers and a range of other health care providers who are committed to working collaboratively within the community, to provide comprehensive, accessible and coordinated culturally safe interprofessional primary care to Indigenous populations, especially in rural, remote and northern communities.

Specialized Primary Care and General Medicine Models

GP Focused Practice - Alternative Funding Plans to focused practice general practitioners in HIV, Palliative Care, and Care of the Elderly.

Toronto Palliative Care Associates (TPCA) - developed to provide improved access for palliative patients to palliative care doctors and palliative care services in health centres, long-term care homes and in the home for Toronto area patients.

Homeless Shelter Agreements - provides primary health care services to homeless populations in Toronto (Inner City Health Associates) and Hamilton (Shelter Health Network).