

Engaging Primary Care Physicians in LHIN Processes:

“Primary Care Physician Engagement Resource Guide & Toolkit”

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Introduction

Effective primary care is essential to a high performing health system. Well integrated primary care models can achieve distinct health, service and system goals simultaneously. Research indicates that improvements in health care require direct and meaningful involvement of physicians. Because of this central role, engaging and working in collaboration with primary care providers is valuable for the Local Health Integration Networks (LHINs) to develop new, creative models of care delivery, improve system integration and achieve efficiencies. LHINs do not have formal funding or planning authority for most primary care models, with the exception of primary care services provided through Community Health Centres which are directly funded by and accountable to the LHINs. However, both LHINs and primary care physicians view physician involvement in priority setting, strategy development and health system planning as critical for success. Engaging primary care physicians in LHIN processes is paramount to achieving improved linkages between primary care and the rest of the health system. To support achievement of outcomes LHINs have used a variety of approaches to engage with primary care physicians. LHINs recognize that effective engagement is a strong enabler to creating an integrated health system and better experiences for patients in Ontario.

Current legislation also requires LHINs to engage the primary care sector. The legislation relating to Ontario's LHINs, *Local Health System Integration Act, 2006*, specifies three "communities" to be engaged by the LHINs:

- Patients and other individuals in the geographic area of the network;
- *Health service providers and any other person or entity that provides services in or for the local health system; and*
- Employees in the local health system.

This legislation has been locally interpreted to determine what it means for health planners, health organizations and health providers. As a result there are no consistent guidelines, principles or methods on how/when LHINs should engage primary care physicians in LHIN processes.

A primary care physician engagement resource guide serves to enhance collaboration, improve relations, streamline methods of physician-LHIN communication and represents a positive step towards enabling the provision of high quality care.

Background

To inform the development of an Engagement Resource Guide and Toolkit, the LHIN Collaborative (*LHINC) conducted a survey of all 14 LHINs on current primary care physician engagement practices. The subsequent report, "Engaging Primary Care Physicians in LHIN Processes"¹ noted a variety of approaches that have been adopted by the LHINs to engage primary care physicians, each with varying degrees of effectiveness, and highlighted several gaps and challenges in current methods of engagement.

A review of selected literature, including the Ontario Medical Association report, "Engaging Physicians in LHIN-Based Health System Planning", also highlighted the need for guiding

¹ Available at: www.lhincollaborative.ca

principles for LHIN/Physician relationships and best practice tools on when/how to engage physicians for advice.

To further support and inform the development of a Primary Care Physician Engagement Resource Guide and Toolkit, LHINC established a primary care physician panel. The panel consisted of broad representation of primary care physicians from diverse geographical regions and clinical settings including: rural, urban, group practices, Long-Term Care, Community Health Centres and solo practitioners. Senior LHIN representation was also included on the panel. The purpose of the panel was to provide an opportunity for physicians to share their perspective on engagement in LHIN processes and to identify preferred mechanisms or tools for effective engagement.

The following Primary Care Physician Engagement Resource Guide & Toolkit is based on feedback received from the LHINs, input provided by the primary care physician panel and literature reviews based on best practice engagement methods in Ontario and other jurisdictions. Best practice sources available on EPIC² and the International Association for Public Participation³ form the basis of the engagement framework. (See Appendix A for a complete listing of references). In addition, the document is aligned with the Guidelines for Community Engagement developed by a pan LHIN Community Engagement project team to support consistency in best practice engagement initiatives across the LHINs.

The term 'primary care physician' and the engagement processes contained within this guide are aimed at family physicians that deliver comprehensive family medicine and focused practices that provide core community services.

Purpose

The Primary Care Physician Engagement Resource Guide & Toolkit provides a foundation for physician engagement efforts and a framework to guide future engagement activities. The document provides LHINs with a range of preferred engagement techniques that can be used to strengthen physician relations, communication and partnerships.

The purpose of the resource guide is to:

- Enhance effective engagement of primary care physicians in LHIN processes
- Identify guiding principles for effective engagement
- Provide a clear understanding of levels of engagement and engagement goals
- Identify the preferred scope of engagement activities
- Identify preferred tools and methods for engaging primary care physicians
- Recommend steps to build an effective engagement plan for primary care physicians

² Engaging People Improving Care (EPIC) – an online organized collection of best practice resources on community engagement (CE) for the health field – developed for health professionals, health planners, governments, and health-related groups and organizations.

³ The International Association of Public Participation (IAP2) is an international association dedicated to promoting best practices associated with public participation and engagement in relation to governments, institutions and other entities that affect public interest.

Primary Care Physician Engagement: Conceptual Framework

What is Engagement?

Engagement refers to the methods by which LHINs interact, share and gather information from and with their stakeholders. The purpose of engagement is to inform/educate, consult, involve, collaborate and empower stakeholders in both healthcare or health service planning and decision-making processes to improve the health care system. The methods or communication tools used to engage individuals, organizations or entities can vary based on the desired objectives and outcomes of the particular initiative. Engagement provides an opportunity to communicate and/or partner with stakeholders on issues, ideas, challenges, mitigation strategies, successes, and other initiatives or activities. Engagement is not about achieving consensus, but rather enhancing interactions and improving communications with stakeholders.

Engagement Principles

Broad principles underpin engagement and a practical knowledge and adaptation of these will increase the effectiveness of engagement activities. The key principles for effective primary care physician engagement as developed from LHIN and physician input and based on leading practice engagement principles can be clustered under five categories:

Principles of Planning, Preparation, Impact and Action

- *Engage early enough to make a difference*
- *Resource engagement properly*
- *Be prepared to pay attention to the results, be responsive to the input and provide feedback on the outcomes achieved*
- *Monitor and evaluate engagement effectiveness*

Principles of Transparency and Trust

- *Be transparent in terms of purpose, communication goals, accountabilities, expectations and constraints*
- *Be transparent about how results will be used*
- *Develop a clear but flexible engagement strategy*

Principles of Inclusion and Demographic Diversity

- *Eliminate barriers to participation (including physical and financial where appropriate)*
- *Engage with the full diversity of primary care settings, models and providers who will be impacted by the decision and/or initiative (including rural, urban, group and solo practitioners)*

Principles of Collaboration, Shared Purpose, Openness and Learning

- *Be an equal partner*
- *Use engagement tools and methods appropriate to support participation*
- *Actively listen; hear what is said, not what you want to hear*
- *Create realistic timelines and understand time constraints*

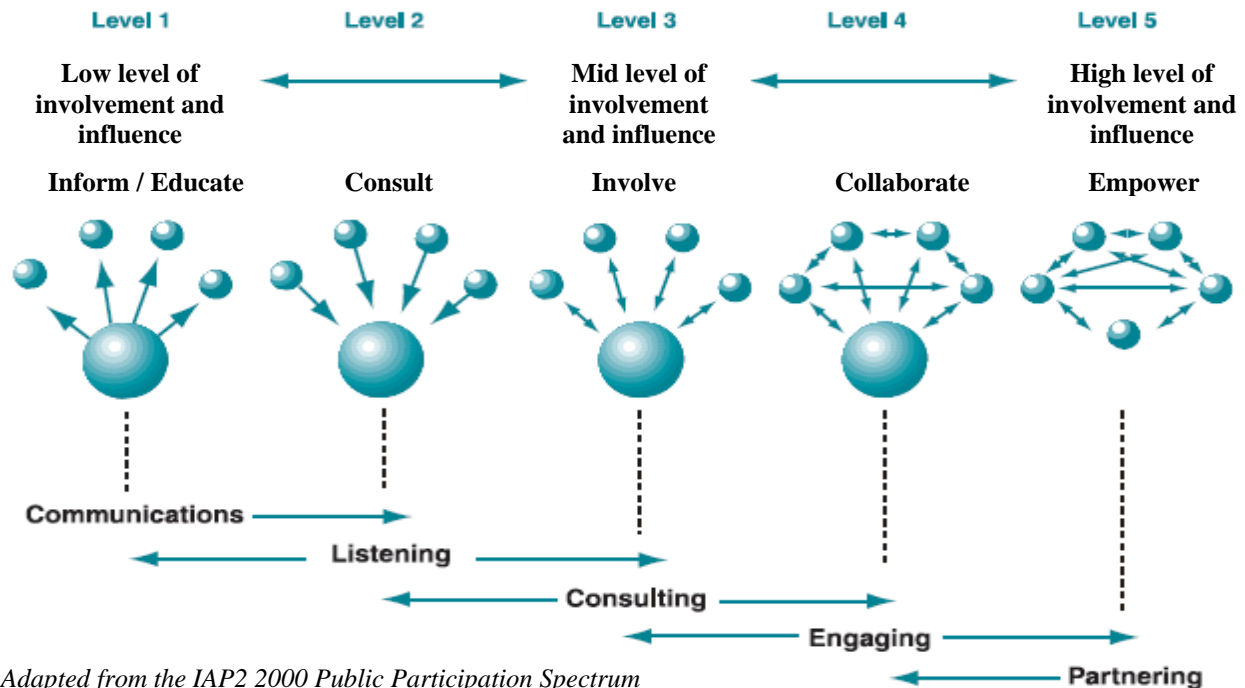
Principles of Sustained Engagement and Participatory Culture

- *Promote a culture of participation that supports ongoing quality engagement*

Levels of Engagement

The following spectrum of engagement demonstrates the various levels of engagement LHINs may undertake with physician stakeholders. The spectrum shows the increasing level of physician impact as one progresses from 'inform' through to 'empower'.

Inform/Educate, Consult, Involve, Collaborate and **Empower** are all terms that may be used to describe engagement activities. However, each term refers to intrinsically different forms of engagement which are dependent on the overall objectives.



Adapted from the IAP2 2000 Public Participation Spectrum

Rationale for Engaging Primary Care Physicians in LHIN Processes

Engagement is a pledge, a promise or commitment to work together, now and in the future. The engagement of primary care physicians and LHINs connects both partners with the promise of a better result if they work together. No individual partner alone understands the culture of the other and by working together in a mutually respectful manner effective changes will be implemented. Building on the input received from the panel of primary care physicians and the LHINs, the rationale for engaging and collaborating with primary care physicians can be summarized as follows:

Improving care by engaging and integrating primary care throughout the health care pathway

- LHINs facilitate effective and efficient integration of health care services, making it easier for people to get the best care in the most appropriate setting, when they need it. Engagement processes that result in greater cooperation and collaboration among LHINs and primary care physicians are an essential support for this transformation. Patients will benefit from primary care that is fully integrated throughout their health care journey.

Providing opportunities for primary care physicians to have meaningful input into the system decisions that impact their practice and their patients

- As a general rule, if a project, strategy or initiative is going to require physicians to change the orders they write, to adopt new clinical policies and rules, or to alter their daily work flow, their engagement is essential to ensure success. Any changes in the way care is designed and delivered requires physician acceptance.

Promoting a shared sense of understanding and responsibility for health system improvements

- LHINs are a critical part of the evolution of health care in Ontario, making it a system that is patient-focused, results-driven, integrated and sustainable. While traditional family physicians have been responsible for providing high quality care for their patients, today's healthcare system needs them to contribute to the performance of the system and for necessary improvements. Working as partners in the delivery of care will enable both parties to recognize their shared responsibility for patients, and vigorously promote a "quality culture" in all areas of care.

Working towards locally sustainable solutions to provide high quality services (as appropriate to each community)

- Primary care plays a valuable role in making progress on LHIN priority areas such as chronic disease, mental health & addictions and emergency room & alternate level of care challenges. Identifying the specific roles that primary care physicians need to play and providing opportunities for collaboration is a key enabler for achieving sustainable improvements to the delivery of care and improving the patient experience.

Objectives of Primary Care Physician Engagement

Committing to the following three key objectives will build primary care physician engagement productively and effectively into the culture of all LHINs:

Effectively integrating primary care leaders in LHIN processes where decision making and direction setting occur

- To have strong relationships with primary care physicians and stakeholders in primary health care settings
- To actively involve primary care physicians and provide opportunities to work as partners in the system

Knowing and addressing primary care physicians' needs & understanding their role in the system

- To know the LHIN constituent primary care providers (physicians, nurses, others) and their practice settings.
- To understand their practice needs
- To understand the role of primary care physicians within the broader system

Continuous quality improvement and transparent accountability

- To enable a culture of high standards, quality care, and accountability through proactive, positive engagement of primary care physicians in LHIN processes

Primary Care Physician Engagement Resource Guide & Toolkit

The Primary Care Physician Engagement Resource Guide & Toolkit offers LHINs a range of preferred techniques that have been identified and endorsed as effective methods for engaging primary care physicians in LHIN processes. The strategy recognizes the unique characteristics of the LHINs and their local circumstances and therefore does not suggest one specific model but offers a variety of best practice tools for different situations.

It will be important for each LHIN to recognize that they are able to draw upon the support, guidance and advice of both the Ontario College of Family Physicians (OCFP), the Ontario Medical Association (OMA) and OMA Regional Managers to facilitate the family physician engagement process (refer to **Appendix I: OMA & OCFP Roles and Responsibilities**).

Scope of Engagement Activities

LHINs are complex organizations that are often working on dozens of initiatives at any one time. Physician engagement can be a key success factor to many LHIN initiatives. The first task in developing an engagement plan is to review what the LHIN is trying to accomplish or achieve and to get clarity about what specifically they need to engage physicians in.

As a guideline, the following areas have been identified as the projects and initiatives in which the engagement of primary care physicians is extremely valuable. These activities can be used as a guide to direct engagement efforts but should not be considered as an exclusive listing. Equally important is the need for physician involvement in determining the priority areas that necessitate engagement and the level of engagement required. Projects and initiatives will change from time to time and effective engagement processes should help to identify new initiatives that will further engage physicians.

- **Strategic Planning: Integrated Health Service Plans (IHSP) & Annual Service Plans**
 - Primary care physicians involvement in IHSP development and education on current LHIN priorities and how their practices can impact these priorities (namely emergency room & alternate level of care pressures, integrated diabetes care, and Mental Health and Addiction services)
- **Health Service Planning / Program Planning**
- **Integration Planning & Initiatives**
- **Quality of Care Improvement and Patient Safety Initiatives**
- **Pandemic Planning**
- **Physician Recruitment & Workforce Planning**
- **Developing Clinical Practice Guidelines**

Engagement Approaches & Techniques

The following section provides examples of techniques that might be used under each level of engagement. The techniques suggested have been identified by the physician panel as the preferred methods for effective engagement of primary care physicians and serve as a best practice guide or suggestion only to enhance physician-LHIN engagement efforts. While the toolkit provides mechanisms to establish formal engagement, it is important that the LHINs also reach beyond limited membership advisory or consultative structures and focus more broadly to include the diverse primary care physicians practicing throughout each LHIN.

Inform / Educate



Informing / Educating denotes a “one way” flow of information from the LHIN to physician stakeholders.

Purpose: To provide primary care physicians with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.

e.g., Informing / Educating is used when a decision has already been made and the objective is to ensure that information is transmitted clearly to those physicians who might be affected.

Engagement Techniques:

- **Targeted education sessions**
 - Use targeted sessions as an opportunity to educate physicians on specific LHIN activities or decisions.
 - Demonstrate relevance. Tailor information to reflect the value-add and / or impact to primary care practices and their patients.
 - Hold sessions at times and locations that are convenient for physicians and that minimize interruptions to their daily practice. Provide advanced notice to accommodate physician schedules.
- **LHIN Websites**
 - Websites can act as information repositories – locations where project background materials are available for review and use by physician stakeholders. Web based repositories make it easy to search for documents with the help of the online search engine.
 - Websites need to be user friendly for physicians – dedicate a section for physicians with information, education and reports on relevant activities/initiatives.
 - Use Websites as a mechanism to educate physicians on the services available in the LHIN.
- **Leverage OMA and OCFP**
 - Link into existing OMA and OCFP communication channels, newsletters and academic half days to share relevant information.
 - Send communications or notices through the OMA and OCFP to ensure distribution to the appropriate sections.
 - Utilize OMA and OCFP board representatives to distribute relevant information to the field. Explore the possibility of board monthly messages containing regular features on LHIN activities and successful initiatives.

Inform / Educate

Utilize existing venues, resources, processes and available structures, ex. Physician / LHIN

Tripartite committee, OMA Outreach Members, existing Hospital Family Medicine structures, Health Professionals Advisory Committee (HPAC)

Ensure information provided is:

High quality

Consistent

Timely

Appropriately targeted

Clear & easily understood

Communicate successes & share results! Inform primary care physicians of initiatives that have achieved successful results. For example, host physician led education sessions on the Partnerships for Health project to inform physicians on how this initiative has positively influenced clinical practice.

Consult



Consulting is a “one-way” flow of information from primary care physicians to the LHINs.

Purpose: To consult primary care physicians on draft plans or on issues; feedback from physician stakeholders has an influence on decisions.

e.g., Consulting is used when the objective is to gather information from a variety of primary care physicians that the LHIN will use in making its decision.

Engagement Tools & Techniques:

- **Surveys/Questionnaires**
 - Can be used to understand the opinions or preferences of a large group of primary care physicians from a variety of practice settings (solo and group practices).
 - Take advantage of OMA Regional Managers and the OCFP to identify and obtain input from the physicians who will be affected or impacted by the decision and/or outcome.
- **Use Technology as a facilitating tool**
 - Virtual communities/blogs/electronic bulletin boards – develop an online forum for ongoing conversations among physicians and LHINs. Create context for the forum – each forum should be specific to a priority, project or initiative.
 - Wiki – Use a web based application that will allow physicians to add content, as on an internet forum, but also allows other physicians to edit the content that is posted. Wikis provide an opportunity for LHINs to ask questions or seek clarity on specific topics or issues relating to primary care, and in turn physicians can answer to the best of their knowledge or add to and improve posted information.
- **One-on-one discussions or interviews**
 - Use one-on-one or small-group focused discussions to learn about individual physician perspectives or to bring out specific solutions/ ideas. Have specific objectives for the interview.
 - Seek out physicians by conducting site visits where feasible.

Consult

- *Utilize existing MD meeting schedules as an opportunity to gain input (ex. Medical Advisory Committee, Family Practice Advisory Group)*
- *Utilize multiple communication channels to allow for broad based feedback*
- *Ensure the purpose of consultation is clear, including what is being consulted on and what is non-negotiable*
- *Allow enough time for a response to consultation requests*
- *Provide feedback on the results of consultation*
- *Ensure and demonstrate that the views of those consulted are taken into account in the outcome*
- *Present all information simply and clearly*

Involve



Involving is a two-way flow of information between the LHINs and physician stakeholders.

Purpose: To work directly with primary care physicians in planning and policy processes to ensure their concerns and aspirations are consistently understood and considered.

e.g., Involving is used when the decision still rests with the LHIN, but the intent is to have active participation from physician stakeholders in developing solutions.

Engagement Tools & Techniques:

- **Focus Groups / Expert Panels**
 - Host a small group facilitated discussion used to gauge physician opinions and to explore their attitudes in depth at the start of a project or initiative. Focus groups are a powerful means to evaluate LHIN proposals or test new ideas. Limit focus groups to 8-10 physicians and LHIN representatives at the same time in the same group.
- **Workshops**
 - Useful for LHINs and primary care physicians to work in small groups on a defined assignment and to focus on providing input that can feed directly into the decision making process.
 - Link in with OMA and/or OCFP hosted workshops.
- **LHIN Committee participation (Project or Task Groups)**
 - Include physicians as members of project teams or task groups that require primary care input or involvement. Suggested membership includes representatives from the OMA and OCFP.
 - Demonstrate the value add or impact of the project/initiative to primary care practices and their patients.
- **Health Professionals Advisory Committee (HPAC)**
 - Utilize HPAC and the primary care physician representation. Establishing a defined scope of practice for HPAC that supports the mandate of the committee will enhance effectiveness of engagement activities. Set specific deliverables and accountabilities for the defined tasks. (See Appendix 2 for a list of HPAC Recommendations)

Involve

- *Conduct physician to physician engagement where feasible*
- *Direct face-to-face engagement*
- *Access the OCFP staff and OMA outreach member services to coordinate and facilitate participation*
- *Directly involve CHC physicians on issues affecting primary care services at Community Health Centres*
- *Identify and engage with physician leaders and early adopters*
- *Maintain a commitment to enabling physician involvement in the process*
- *Consider carefully what processes and/or structures are appropriate*
- *Avoid misunderstanding and ambiguity by clearly establishing the basis for membership and roles and responsibilities at the outset*
- *Ensure adequate resources are allocated to the process*

Collaborate



Collaborating involves a flow of information not just between the LHIN and physician stakeholders, but among the primary care physicians themselves.

Purpose: To partner with primary care physicians in each aspect of decision-making (including development of alternatives and identification of the preferred solution).

e.g., Collaborating is used when the LHIN wishes to work together in a joint process with physician stakeholders throughout an entire initiative or decision-making process.

Engagement Tools & Techniques:

- **Primary Care Physician Lead within each LHIN**

- Explore the option of retaining a part time Primary Care Physician Lead on site
- Recommend Leads be primary care physicians with established practices within their LHIN

Suggested Purpose & Accountabilities:

- Promote an integrated approach to primary care delivery and interact with:
 - Known physician LHIN leads (see below: LHIN Physician Collaborative)
 - Primary care physicians
 - OMA, OCFP and Ministry representatives
- Support effective engagement of primary care physicians
- Facilitate primary care physician efforts at the LHIN level with patient attachment rate challenges
- Share primary care success initiatives and lessons learned across the LHINs
- Establish linkages with HPAC where appropriate

- **Primary Health Care Advisory Groups / Networks / Councils (a LHIN wide organization of primary health care providers)**

Suggested Purpose & Accountabilities

- Develop a primary care strategy related to specific LHIN initiatives (ex. chronic disease, emergency planning, quality improvement, information management systems, screening and prevention)
- Provide advice on IHSP priorities
- Serve as a communication liaison on primary health care issues

Suggested Membership

- A cross section of primary care physicians: including representation from group practices (ex. Family Health Teams, Family Health Organizations, Family Health Networks, Family Health Groups), Community Health Centres, Hospitals, Long-Term Care, and solo practitioners (recommend 5-7 physician members maximum)
- Non physician stakeholders, which may include: Nurse practitioners, Mental Health sector representative, Long-Term Care sector representatives, Community Care Access Centre (CCAC)

sector representatives, Physical Therapists and/or Occupational Therapists, Social Workers, Public Health, and/or Pharmacists (recommend 5-7 non physician members maximum)

- **LHIN Primary Care Physician Collaborative (a LHIN wide organization of physicians)**

Suggested Purpose & Accountabilities:

- Share progress on provincial priorities
- Promote an integrated approach to primary care delivery
- Take on certain primary care initiatives that are accountable to the LHIN CEOs

Suggested Membership:

- Existing physician leads within the LHIN, which may include:
 - Primary Care Physician Lead
 - Critical Care Physician Lead
 - Emergency Room (ER) Physician Lead
 - Cancer Care Ontario (CCO) Physician Lead
 - Renal Network Physician Lead
 - Diabetes Physician Lead
- Hospital-based Family Medicine Department Heads
- OMA Representation
- OCFP Representation
- May include representation from primary care research organizations where feasible and appropriate

“Collaborate”

- *Develop a cohesive physician voice – build cohesion within the physician group in order to provide unified, inclusive perspectives*
- *There must be clarity about the extent of decision-making power that is delegated and, in particular, what is not included*
- *Where formal partnership arrangements are involved, governance arrangements and membership need to be carefully considered*

Empower

Empowering denotes no difference in status between the LHINs and physician stakeholders involved in the process.

Purpose: To actively support primary care physicians in developing the processes and structures necessary to identify issues and to implement solutions.

e.g., Empowering is used when there is a true partnership. The LHIN may be in a position to support that partnership by providing skills, training or resources, but has no greater voice in decision-making than any of the other stakeholders.

Engagement Tools & Techniques:

- **Provincial Primary Care Collaborative**

Suggested Purpose & Accountabilities

- Enhance cross LHIN collaborations on provincial priorities
- Provide an opportunity for information sharing and planning across the LHINs
- Identify and share best practice options or initiatives across the province
- Inform the development of a primary care strategy as it relates to provincial priorities
- Establish linkages with the Physician-LHIN Tripartite Committee (See Appendix 2)

Suggested Membership

- Primary Care Physician Leads from all 14 LHINs
- OMA representation
- OCFP representation
- Association of Family Health Teams of Ontario (AFHTO)
- Association of Ontario Health Centres (AOHC) and CHC physician leaders
- Ministry of Health and Long-Term Care (MOHLTC)
- Other representation as deemed appropriate by the Provincial Primary Care Collaborative

“Empower”

- *The listing of engagement techniques under “involve” & “collaborate” may also be used to “empower” physicians at the local LHIN level*
- *Ensure clarity as to the scope of shared power and/or decision-making capabilities*
 - *Ensure clarity about roles and responsibilities*
 - *Issues involving accountability need to be carefully considered*
 - *Sufficient resources need to be allocated to enable an empowerment approach*

Implementation Steps

Key Enablers to Enhance Engagement

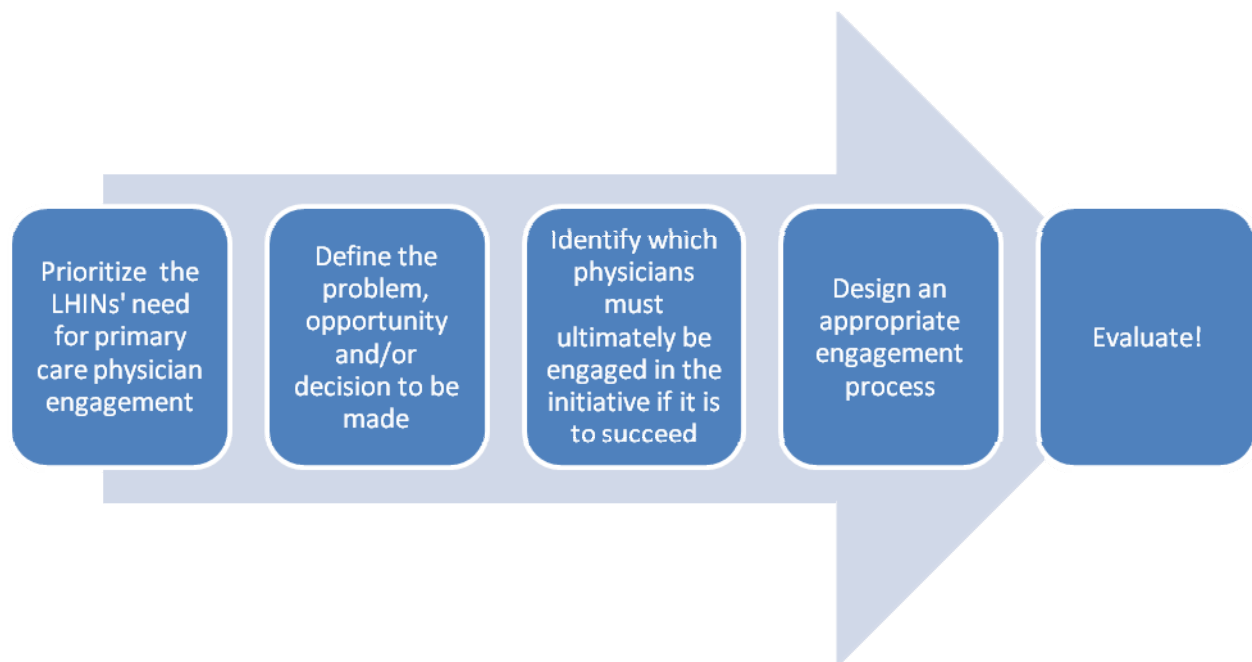
The following is a list of key enablers identified by the panel of primary care physicians to ensure effective engagement practices and to promote strong physician-LHIN relationships.

- Involve physicians from the beginning of the initiative
- Make physician involvement visible
- Offer CME credits where appropriate*
- Remunerate family physicians for time they spend formally participating in the LHIN structures or activities (where appropriate and feasible)
- Engage primary care practices – not just physicians
- Encourage Board/CEO/Senior Management presence and involvement to enhance credibility
- Value physicians' time and be flexible to meet physician time constraints
- Choose messages and messengers wisely – establish relevance.
- Demonstrate results
- Use physicians to engage physicians

* The OCFP should be consulted early to ensure that CME Mainpro credits are provided to primary care physicians attending educational sessions.

5 Steps to Build an Effective Engagement Plan

Early and meaningful involvement of physicians, utilizing a physician engagement plan will improve the probability of positive results and healthy physician relations. The following sequential steps (based on the Institute for Healthcare Improvement - Framework for Engaging Physicians) are suggested for LHINs to design and execute a plan for improved engagement of primary care physicians in LHIN processes. Key success factors and underlying questions are illustrated for each step.



In addition, two work sheets that can be completed through steps 1 to 5 have been provided in Appendix 3:

- **Primary Care Physician Engagement Assessment Worksheet:** Developed by the pan LHIN Community Engagement project team the worksheet has been adapted to help the LHINs assess the need for primary care physician engagement in LHIN priorities and/or critical initiatives and the level of involvement recommended. (Complete during Steps 1-4)
- **Evaluation Framework Worksheet:** Developed by the pan LHIN Community Engagement project team the worksheet has been adapted to guide the LHINs in the evaluation of their primary care physician engagement activities. (Complete during Step 5)

STEP 1: Prioritize the LHINs' need for primary care physician engagement based on the LHINs strategic plan and understanding of the critical initiatives in which physicians must be engaged.

This will give the LHIN a good sense of which initiatives the engagement plan must address, and which initiatives have the most dependence on physician engagement.

Key Success Factor

- Involve physicians from the beginning of the initiative

- Were physicians involved in choosing this priority or initiative?
- Determine the level of Physician impact and influence on outcomes
 - Will primary care physicians be affected by the outcome of the initiative? To what degree can primary care physicians' influence or affect change on the outcomes of the proposed initiative?

STEP 2: Define the problem, opportunity and/or decision to be made. Clearly state the aim and desired outcome for the key initiative for which the LHIN is going to build a detailed physician engagement plan and identify the level of primary care physician concern or interest.

Key Success Factors

- Demonstrate how the initiative will improve patient outcomes.
 - Is this initiative's aim framed and communicated to physicians so that it is clear the LHIN is aiming to improve patient outcomes?
- Demonstrate how the initiative will improve efficiencies for physicians and/or their patients.
 - How will specific aspects of this initiative reduce hassles and wasted time for physicians? How will the LHIN measure improvement in ways that are credible?

STEP 3: Identify which physicians must ultimately be engaged in this initiative if it is to succeed and determine how physician stakeholders can contribute.

Key Success Factors

- Identify and activate champions
 - Which physicians should be on the short list of potential champions for this initiative? How will the LHIN select one or two champions? What is the plan to support them?
- Work with the real leaders, early adopters
 - Who are the critical physicians most relevant to this initiative? How can the LHIN involve them? Who are the physicians that are already doing most of what is needed for this initiative, and are always receptive to trying new things? How is the LHIN going to work with them for maximum effect?
- Educate and inform structural leaders
 - What will be the role of existing structures or committees in this initiative (ex. HPAC, Physician-LHIN Tripartite Committee)? What will be presented, and when, to these committee leaders?
- Determine how physicians can contribute
 - What role can physicians play in this project and/or initiative? Can physicians help define the issue? Contribute data? Help to establish decision criteria? Help to develop options? Help to evaluate options? Make recommendations or decisions?

STEP 4: Design an appropriate engagement process. Determine what level of engagement the LHIN requires and which techniques might achieve the LHINs goal and objectives.

Key Success Factors

- Identify the engagement level
 - Does the LHIN need to convey information? Does the LHIN want to get certain information from primary care physician stakeholders? Is the LHIN striving to collaborate together when making decisions?
- Determine the engagement goals and techniques
 - Is the goal to share information? Collect and compile input? Bring physician and LHIN leaders together? Is this a short term or long term initiative? How often do physicians need to be engaged?
- Make physicians partners
 - Is the LHIN as an administrator ready to share information, power and resources with physician leaders in this initiative? Are physician leaders ready to be accountable partners? How will treating physicians as partners impact or enable this initiative?
- Develop project management skills
 - Does a physician need to be the project leader for this initiative? If so, how will the LHIN train and support that physician so that the project will be led effectively?

STEP 5: Evaluate the techniques that have been identified for their suitability. Determine if the plan is working as indicated by results. Evaluation should reflect success relative to identified success factors for process, outcomes and impact of engagement.

Ongoing evaluation of engagement methods will help determine if the techniques employed are effective in meeting the desired engagement goals and objectives. The evaluation component will depend on a variety of inputs, but the best indicators are what the LHIN hears in ongoing informal conversations with physicians and asking physician leaders for feedback on the level of physician engagement. Suggested evaluation methods include:

- Team debriefs after activities, milestones, project and process
- Feedback forms
- Informal chats with physician participants
- Informal calls and meetings with key physician stakeholders
- Observations at participation activities

Key Success Factor

- Demonstrate what has changed or improved as a result of engagement and input received
- Communicate candidly and often
 - What results from this initiative is the LHIN planning to measure and communicate; to whom, and how often?

Appendix I

i) Ontario Medical Association (OMA)

Representing the Profession:

The OMA represents the political, legislative, economic, professional and health policy interests of the physicians of Ontario – both family physicians and specialists. As the legally recognized representative of the medical profession in Ontario to negotiate Physician Services Agreements with the Ministry of Health and Long Term Care (MOHLTC), the OMA is uniquely positioned to partner with government in health system management through the conjoint work of the Physician Services Committee and its extensive committee infrastructure. Although there are many voices and interests in the system, the OMA is the body that speaks comprehensively for the profession. Decisions taken in primary care will, necessarily, have an impact upon other parts of medicine and it is therefore important that the OMA be actively engaged in discussions and decisions that will have effects throughout the system and the profession.

Stemming from the Physician Services Agreement with the MOHLTC, the OMA is party to the Physician – LHIN Tripartite Committee (PLTC) with the MOHLTC and representatives of the LHINs. The PLTC provides all three Parties a forum to meet regularly to discuss, review, and respond to matters of mutual interest for the benefit of the health care system.

Shaping Health Care:

The OMA is governed by a structure that comprises representatives from local physicians who are grouped within medical societies, academies, districts and sections. There are currently 62 clinical sections representing physicians who share a common specialty or area of clinical or practice interest, including the Section on General and Family Practice (SGFP).

The representatives enhance the OMA's ability to engage with local physicians to shape decision-making and ensure that patient care remains foremost in policy decisions. This allows the OMA to bring together front line physicians with experts from across the province to address important clinical and legislative issues facing physicians and patients. Programs, discussion papers, and educational material arising from the work of the OMA are important components of the medical profession's contribution to the development of public policy on health care.

Engagement:

Through its Member Outreach Services program, the OMA provides support to local physicians in developing meaningful engagement with policy makers, and dealing with matters related to the OMA. Seven Regional Managers are regionally based and strategically located throughout the province to actively participate in developing and supporting local activities by medical societies, academies, districts, and physician representatives of the OMA. They help organize and facilitate physician engagement activity including meetings, events, workshops, information sessions, etc, involving a large number of physicians.

A focus of the program is facilitating physician engagement in health system planning processes at the regional and local level by working with LHINs and other health care organizations and partners to develop joint physician/LHIN workshops and meetings in communities throughout the province. Regional Managers are able to engage with local physicians to encourage and support their involvement in LHIN activities and committees. Regional Managers are important

partners that are optimally positioned to support physician engagement in all 14 LHINs with various health care organizations and partners.

Connecting and Communicating:

Through its 34,000 members the OMA receives and responds to local issues affecting health care and the profession. It regularly and continuously communicates issues of importance and relevance to all its members. Its communication and networking system accesses every licensed physician in Ontario. Conversely, every physician in Ontario can access the OMA to be informed, to inform, to participate in shaping health care and provide solutions to issues affecting the profession.



ii) The Ontario College of Family Physicians (OCFP)

Mission Statement

“Promoting the Quality of Family Medicine in Ontario through Leadership, Research, Education and Advocacy”

The Ontario College of Family Physicians (OCFP) represents over 9500 family physicians and is the voice of family medicine in the province of Ontario. The OCFP is the Ontario Chapter of the College of Family Physicians of Canada. The College was provided a federal charter and a mandate to set standards of practice and education for family physicians across Canada. As a Chapter of the National College, the OCFP works closely with the six medical universities in Ontario to support primary care research and to oversee the education of medical students and family medicine residents. Core to the OCFP's mandate is the provision of continuing professional development education programs for family physicians and the accreditation of programs developed by other organizations. While the OCFP is well regarded for its academic role, the OCFP is also recognized for our abilities to work collaboratively with government, the LHINs and other healthcare organizations. As a result of our work to support and drive best practices throughout the healthcare system, the OCFP is recognized for its many efforts to place a “quality filter” over all policy discussions.

The College was founded in 1954 to advance the needs of “general practitioners”, as they were known in those days, in the wake of general shift towards specialization. Since that time, the College has gained a positive reputation as a driver of high quality care and education across the country. The OCFP is seen as a strong leader in this regard. During the last ten years, the OCFP has received government support to truly meet our Mission to “improve the quality of family medicine in Ontario through leadership, research, education and advocacy.” To advance primary care research and the continuing professional development of family physicians in Ontario, the OCFP has received more than \$35,000,000 in grants that have been used to provide the framework for the Primary Health Care Research Network of Ontario and to develop internationally recognized innovations in the education of family doctors. Our Collaborative Care Network model is changing the relationship of family doctors and our consulting specialists throughout the province by bringing knowledge and skills to family practices rather than patients being sent for specialty or emergency care.

As the voice of family medicine in Ontario, government, LHINs and the major healthcare organizations look to the OCFP for guidance and advice in regards to health policies that impact upon family physicians and their patients. Our ability to conduct research, bring key stakeholders together and craft consensus papers is second to none. (See Communications section or our website www.ocfp.on.ca) Our latest document “Vision 2020: Partnering in the Quest for the Healthcare Gold Medal” is but one example of the OCFP consultative approach to the development of policy and effective implementation strategies.

The OCFP as a Major Support for LHINs

The OCFP was invited to become a member of the LHIN Action Group and has been a strong supporter of the LHINs since their very conception. Working with the original LHIN Board Members and CEOs, the OCFP provided an orientation to the issues that had faced family doctors in 1990s, the progress made in addressing the issues and the strategies needed to continue to strengthen family medicine and the primary care sector in general. The orientation process was used to alert the CEOs of the willingness of the OCFP to assist them in their efforts to engage family doctors.

The OCFP's Board/LHIN Structure

The OCFP restructured its Board in keeping with the LHIN boundaries. Our Board is organized into 7 regions with 2 LHINs in each region. Within each region, there are four Board Members, two Regional Board Members from one of the LHINs and an Executive member and a Regional Member in the other

LHIN. This organizational change was made to ensure that there were two Board members in each LHIN who serve as a liaison between the LHINs and the OCFP.

Structuring of Our Membership List

The OCFP organized its current membership list of 9500 family doctors to reflect LHIN boundaries as well. This organization of our list has made it easy and straight forward for the LHINs to contact our Members in their specific LHINs. To this end, most LHINs have taken advantage of the OCFP's offer to serve as an information depot for the LHINs. We have been using our list serve and our staff to notify members of the activities of specific LHINs and to facilitate their attendance at LHIN functions. In addition, LHIN representatives have used the OCFP's Annual Regional Meetings and our many educational activities to meet with our Members.

Leadership Connect

Many LHIN CEOs and their staff, indeed healthcare organizational leaders in general, believe that their access to family doctors is a daunting task given the number of practice sites in the province. Communicating directly with so many physicians in the communities in Ontario has been hampered in so many respects by this perceived barrier. The OCFP was provided with funds to develop the Leadership Connect. The Leadership Connect consists of Chiefs of Family Practice at each of the Hospital, the Physician Leaders of each FHG, FHN, FHO and FHT, the Academic Leaders of the six medical universities and our Board. Each of these leaders has direct and personal access to our family physicians. Since they are opinion leaders, they are able to influence their peers. The OCFP's is able to support the LHINs to access these leaders in their own LHINs. LHIN leaders are also able to interact with them when they meet at the provincial level with the OCFP during our consultation symposiums and other meetings. The facilitation role of the OCFP supports access to the physician leaders who can provide two-way communication with the LHINs.

CME-on-the-Road/CPD Program Development

The OCFP provides over 150 CME workshops in small, medium and large communities across the province each year. LHINs have used our programs to meet with our Members when they gather in LHIN communities. In addition, as program changes or as emphasis is made on improving care in specific areas, the OCFP is able to work with the LHINs to develop specific educational programs to meet identified needs.

Summary

The OCFP sees itself as a valued partner of the LHINs in providing access to quality care in each community in every LHIN throughout the province. Our joint efforts to engage family physicians in planning and delivering "Excellent Care for All" will serve our patients well, now and in the future.

Appendix 2

i) Health Professionals Advisory Committee (HPAC)

A Health Professional Advisory Committee (HPAC) was established in each LHIN in 2007 and is comprised of members from a range of health services professions. The role of this multi-disciplinary committee is to serve in an advisory role to the LHIN CEO and provide advice to the LHINs on how to achieve patient centered health care. Membership was mandated to include four members of the College of Physicians and Surgeons of Ontario, including one member who is authorized to practice in the area of family medicine and who practices in the community.

In early 2009, OMA Regional Managers initiated discussions with physician HPAC members. At the time, it was identified that some physicians do not have a clear understanding of the mandate of the HPAC, some are unclear regarding the issues they have been asked to address, and some are unsure of the power given to the committee, given the legislated frequency of meetings.

In order to begin enhancing and improving HPACs to the benefit of LHINs, physicians made the following practical recommendations:

- Meeting times to be determined at the beginning of each calendar year and communicated to all committee members;
- Agendas should be approved by the CEO and the HPAC Chair prior to the subsequent meeting;
- HPAC members should have input into the agenda of each subsequent meeting;
- Minutes should be kept and circulated with agenda prior to each subsequent meeting;
- Chair of HPAC should have the opportunity to address a LHIN Board meeting at least once a year;
- Chair of HPAC should develop a personal/professional working relationship with the CEO to accomplish the above initiatives; and
- On an annual basis, the CEO/Board should survey HPAC members with the goal of evaluation and quality improvement.

Feedback obtained through the LHINs and Primary Care Physician Panel suggests HPAC has the potential to be an effective method for primary care physician engagement, but it has not been utilized to its full potential. Additional suggestions include establishing a clear mandate for HPAC, and developing specific goals and objectives with clearly defined timelines for this committee.

ii) PHYSICIAN - LHIN TRIPARTITE COMMITTEE (PLTC)

Mandate

The Parties understand that the significant changes to the Ontario health care system require new multilateral and collaborative approaches. The Physician – LHIN Tripartite Committee (PLTC) will provide a forum for the OMA, the MOHLTC and representatives of the LHINs to meet regularly to discuss, review, and respond to matters of mutual interest for the benefit of the health care system.

Areas of Responsibility

The PLTC will:

- Provide a mechanism through which the parties can obtain input from each other about proposed planning, funding and service delivery decisions that affect physicians;
- Provide a mechanism through which the parties can receive early notice about activities/initiatives that involve physicians and may have implications for the other Parties;
- Establish and monitor programs and targets for the LHIN Physician Collaboration Incentive Funds established in Section 9 of this 2008 Physician Services Agreement;
- Discuss effective strategies for communicating with physicians and engaging physicians in LHIN initiatives;
- Collectively identify and address issues of provincial significance;
- Address any specific issue directed to it by the parties;
- Conduct reviews identified in the 2008 Agreement: HOCC; CHC.

Membership

Each party will appoint 3 representatives, for a total of 9 members. Each party will identify a Co-Chair.

Co-Chairs

Meetings of the Committee will be facilitated by an agreed upon neutral facilitator. The Co-Chairs will set the agenda.

Reporting

The PLTC reports to the parties.

Frequency of Meetings

The Committee will meet every 2 months or more often as agreed to by the parties.

Appendix 3

i) Primary Care Physician Engagement Assessment Worksheet

Assessing Impact & Outcomes : At the time of preparing this initial assessment, in the view of the project lead or planning team, how will primary care physicians be affected by the project, if implemented? Impact on primary care physicians can be categorized as “low”, “moderate”, “high” or “unknown” at this stage of planning.

Level of Outcomes impact: indicates the degree to which you anticipate **primary care physicians** will be affected by the outcome, if implemented, of the idea you propose (i.e. by the decision being made, service being changed etc.).

Level of Influence on outcomes: indicates the degree to which you anticipate **primary care physicians** may influence or affect change on the outcomes you propose if your idea is implemented. For example, do **primary care physicians** have to agree to the change? Is their cooperation important to successful implementation?

Level of Concern or interest: indicates the degree to which **primary care physicians** are aware or care about how they are impacted by the outcomes of your proposed idea, if implemented. Will they know how they might be affected or perceive themselves to be adversely or positively affected? Are the outcomes aimed at improving patient outcomes or improving efficiencies for primary care physicians and their patients?

Issue of greatest concern or opportunity: Building on what is identified as the level of concern or interest on the part of **primary care physicians**, what is the single greatest idea, concern or concept to require communication?

Low Impact/Influence: **Primary care physicians** are unlikely to be aware of how they may/will be impacted, if implemented and are unlikely to show interest in influencing the direction of the idea or project – as judged by project lead or planning team *at time of writing*.

Moderate – High Impact/Influence: **Primary care physicians** will be aware and will know/feel the impact on themselves and would have interest in influencing the direction of the idea or project, to varying degrees – as judged by project lead or planning team *at time of writing*.

Unknown Impact/Influence: More work needs to be done by the project lead or planning team to understand the potential impact, influence or level of concern that **primary care physicians** may have in relation to the project under contemplation. This may be explored by connecting with contacts in the community, organizing a focus group, conducting a survey or other creative means.

Priority and/or Critical Initiative/Project	Level of Physician Outcomes, Impact and Relationship to Project None*, Low, Mod, High, Unknown Positive? Negative?	Level of Physician Influence on outcomes None*, Low, Mod, High, Unknown	Level of Physician Concern or Interest None*, Low, Mod, High, Unknown	Issue of greatest concern or opportunity to Physicians	Which Physician Stakeholders need to be involved and how can they Contribute? Help define the issue? Contribute data? Help to establish decision criteria? Help to develop options? Help to evaluate options? Make recommendations or decisions?	Level of involvement recommended Educate/Inform (i.e. provide balanced and objective information to assist with understanding the problem, alternatives, opportunities and/or solutions) Consult (i.e. obtain feedback on analysis, alternatives and/or decisions) Involve (i.e. work directly throughout the project to ensure that concerns and aspirations are consistently understood and considered) Collaborate (i.e. partner in the decision process including the development of alternatives and identification of preferred solutions) Empower (i.e. to promote shared decision-making)
1.						
2.						
3.						
4.						

ii) Evaluation Framework Worksheet

How you will evaluate the success of your engagement activities? Evaluation should reflect success relative to identified success factors for process, outcomes and impact of engagement.

Process measures will look at whether the method(s) used were the most appropriate to gain the involvement of primary care physician stakeholders.

Outcomes measures will look at whether the engagement activity achieved its desired outcome.

Impact measures will look at how the outputs of the engagement activity contributed to the final results. (How will primary care physicians who contributed to this process see themselves reflected in the project plan or decision?)

Stakeholder	Engagement Method	Key Objective	Process Measures <i>What are the factors for success?</i>	Process Evaluation <i>How will you assess your success?</i>	Outcomes Measures <i>What are the factors for success?</i>	Outcomes Evaluation <i>How will you assess your success?</i>	Impact Measures <i>What are the factors for success?</i>	Impact Evaluation <i>How will you assess your success?</i>

Report Authors

Bryn Hamilton

Project Consultant, LHIN Collaborative
bryn.hamilton@lhins.on.ca

Liane Fernandes

Senior Consultant, LHIN Collaborative
liane.fernandes@lhins.on.ca

The following members of the Primary Care Physician Panel are acknowledged for their input and collaboration on developing the Resource Guide & Toolkit.

Primary Care Physician Panel Membership	
LHIN Members	
Paul Huras, CEO, South East LHIN (Chair)	
Mimi Lowi-Young, CEO, Central West LHIN	Kelly Gillis, Senior Director Planning, Integration & Community Engagement South West LHIN
Greg Stevens, Senior Consultant, Funding & Allocations Toronto Central LHIN	
Janine Hopkins, Senior Director, Community Engagement & Corporate Affairs Toronto Central LHIN	Dr Jennifer Everson, BScN, MD, CCFP, FCFP Physician Lead, Clinical Planning and Integration HNHB LHIN LHIN Liason, McMaster University Faculty of Health Sciences.
LHINC Members	
Bryn Hamilton, Project Consultant	Liane Fernandes, Senior Consultant
Primary Care Physician Members	
Lee Donohue, MD, MHSc, CCFP Chair and Physician Lead Connexion FHT, Ottawa District 8 representative to the OMA Section of General & Family Practice OMA Board, Director General & Family Practice Assembly	Dr Ross Male Family Practice, Terrace Hill Family Health Group, Brantford Assistant Clinical Professor DeGroot School of Medicine, McMaster University Chair, Section of General and Family Medicine, OMA
Dr Kevin Mardell MD CCFP FCFP Family Physician, West Elgin Community Health Centre Chair, OMA Section of CHC and AHAC Physicians. Associate Professor, Schulich School of Medicine and Dentistry, UWO.	Dr Sean Blaine Lead Physician, STAR Family Health Team Stratford, Ontario Member, Board of Directors, Ontario College of Family Physicians
Dr James Edney Medical Director, Castleview Wychwood Towers, Medical Coordinator, City of Toronto, homes and services for seniors, President, Ontario Long-Term Care Physicians	Dr Pauline Pariser M.ASc. M.D. C.C.F.P. F.C.F.P. Chair and Physician Lead, Taddle Creek Family Health Team, Toronto Chair, HPAC
Dr Tim Nicholas Family Practice, Southlake Academic Family Health Team, Aurora	Dr Jonathan Kerr, BScH, MD, CCFP Belleville Queen's University Family Medicine Centre Member, Board of Directors, OCFP
Dr Itamar Tamari MD CCFP FCFP Stonegate Community Health Centre	Dr Stan Lofsky Willowdale

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