

VASCULAR HEALTH IN SOUTHEASTERN ONTARIO

A Focus on
Primary
Care



RATIONALE



- Reported high rates of vascular-related diseases and associated risk factors such as hypertension, obesity and smoking
- Decision to move beyond what is known as cardiovascular disease
- Recognition of common related risk factors for vascular disease

RATIONALE CONT'D...

- Primary care is complex and expanding rapidly
- Functions and services within primary care related to vascular health may not be fully understood
- Two initial steps have been taken to better understand the nuances within primary care: Environmental Scan and *Think Tanks*

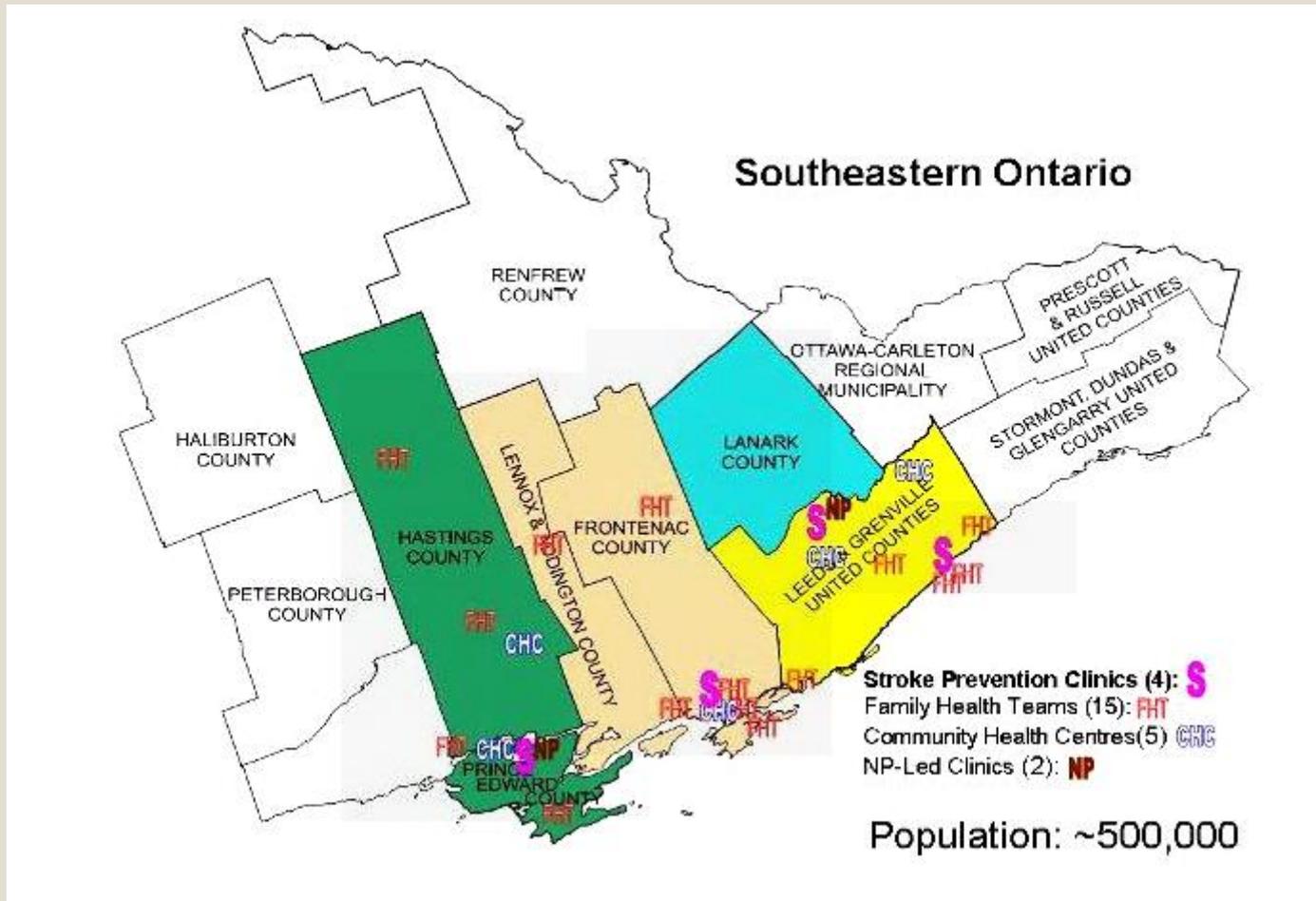


OBJECTIVES

- Discover current tools, resources, or programs
- Identify primary care needs in relation to vascular health
- Determine collaboratively what is needed to support vascular health



ENVIRONMENTAL SCAN



Summary of Environmental Scan Themes and Opportunities for Planning

- o Global Integrated Vascular Disease Prevention Program within primary care
- o What would be the vascular related indicators that should be tracked consistently
- o Improve functionality of the EMR /Improve knowledge of application:
 - pre-populated referral forms
 - generate reports
 - data evaluation
 - link to community resources
 - consistent way of documentation among providers
 - one data flow sheet
 - reminder prompts for clinic visit and tests (clerk can facilitate with directives)
 - include all staff in regular EMR refresher training
- o One vascular health integrated guideline
- o Improved linkage with speciality clinics
- o More sharing of lessons learned from initiating programs or services (e.g. how to attract clients and keep them engaged, interest in how to prepare for an on-site exercise program.
- o Sustaining programs or how did others maintain successes
- o Staff working to their full scope of practice
- o How to expand successful programs or services
- o Educational updates for related vascular topics via on-site or OTN(e.g. behaviour change/motivational interviewing)
- o Fund test strips for point of care blood work (e.g. INR level)
- o Further collaboration by working with others; more partnering and sharing of resources (e.g. public health, health networks)
- o Consideration of socioeconomic barriers to prevention services (e.g. transportation costs)

THINK TANKS

- Consistent theme was to increase information sharing between primary care organizations
- Collectively explore needs further in relation to vascular health
- Held in Belleville, Brockville & Kingston (n=73 participants)



VISION



TOP 3 NEEDS

LLG	KFL&A	HPE
1. Public Policy Funding & Resources (e.g., equitable access such as dental health and transportation; access to smoking cessation meds)	1. Quality Improvement Data/EMR (e.g., start with 1-2 measures; increase training; data coordinator)	1. EMR (e.g., user-friendly system ID of high risk patients; shared tools such as clinical flow sheets)
2. Healthy Lifestyle (e.g., coordinated vascular health centre)	2. Integrated Vascular Health Program & Community Partnership (e.g., on-site vascular health programs; better partnerships)	2. Engage Practitioners not associated with multidisciplinary teams (e.g., develop partnerships with other organizations)
3. EMR (e.g., embed validated tools & guidelines; consistent documentation)	3. Clinical Tools EMR, Guidelines (e.g., POC testing; registry of patients with risk factors)	3. System Navigation (e.g., one vascular health referral form; dedicated person)

SUMMARY OF THINK TANK THEMES AND OPPORTUNITIES FOR PLANNING

- EMR seemed to be the common thread between all three locations. Many hope for **one integrated EMR** to become a reality. Ongoing training to improve local knowledge of the EMR is required. Expand functionality of the EMR to include such elements as **reminder prompts** for visits and testing (more medical directives); ensure new applications or **improvements are user-friendly**. Embed agreed upon evidence-based guidelines and validated tools within the EMR.
- Integration related to a vascular health prevention program. Aim for **one-integrated vascular disease prevention guideline**.
- **Key lifestyle priorities within programs or services** related to vascular health: smoking cessation, physical activity and a healthy diet. Include people who have not had an event; include all ages.
- **Improved access to prevention programs** (e.g., accessible transportation).
- **Continue to build partnerships** and improve collaboration between primary care organizations, networks, hospitals, public health and other members involved with the circle of care and prevention.
- **Exercise** seems to be a priority on all the lists including engaging youth. Starting early seems to ring a familiar bell.

ACTION PLANS

EMR

Local & Regional:

- Improve the electronic data flow between organizations
- Sharing of information such as flow sheets, forms' templates
- Engage different primary care providers and obtain agreement of evidence-based guideline to adapt within EMR
- Provide regular training
- Determine what health data elements are essential for collection, abstraction and tracking
- LHIN to collect & share quality improvement info with providers

Provincial:

- A consistent integrated EMR and continue plans for EHR and support EMR initiatives
- Utilize a common quality improvement methodology

ACTION PLANS CONT'D...

Integrated Vascular Health Program

Local:

- Increase awareness of available recommended community resources. If applicable, refer to them first. Utilize recommended resources such as Diabetes Education Centres
- Define roles and responsibilities of different team members
- Improve coordination and collaboration with other resources (e.g., lifestyle programs)
- Include the patient when planning services

System Navigation

Regional/Provincial:

- Support funding for system navigators
- Wait time strategy to include referral time from primary care provider to specialist.

ACTION PLANS CONT'D...

Healthy Lifestyle

Local Plans:

- Encourage more self-management groups and training
- More recognition that rural areas require applicable program planning
- Consider more collaboration & coordination of lifestyle programs

Public Policy

Local Plans:

- Promote better utilization of already existing resources (e.g., Public Health Units).
- Develop an inventory of current resources in relation to vascular health. Provide an electronic link within EMR

ACTION PLANS CONT'D...

Primary Engagement

Local Plan:

- Survey other primary care providers to obtain feedback about vascular health needs and possible action plans
- Examine methods to facilitate collaboration such as utilizing CHC space after-hours
- Suggest to “re-brand” CHCs as a “community program provider”

Regional:

- Southeastern Health Collaborative should continue to work with primary care

Provincial:

- Continue to improve access to human resources

COMMON ELEMENTS: ACTION PLANS

- Integration improvements of the EMR
- Collaboration was a common theme in the action plans: sharing of resources, programs and services; promoting established resources working well; collaborating with other partners when planning vascular health related initiatives.
- Sharing of information. This could involve a shared website or vascular health portal to enter and identify what's working well in their practices

POSSIBLE BARRIERS

- Many organizations mentioned being in “transition”
- Service large and diverse geographical areas
- Challenges involve poverty, illiteracy and mental health issues
- Lack of trust expressed of “outside organizations or networks”

“The cost of ASA is an issue for our patients. Some of our patients just stop taking their medications because they can’t afford them” (NP from FHT)

WHAT IS WORKING WELL

- Smoking cessation program
- Diabetes education and services
- Self-management programs
- Partnering or linking with other community groups or networks (e.g., Vascular Protection Clinic, Cardiac Rehabilitation and the YMCA)

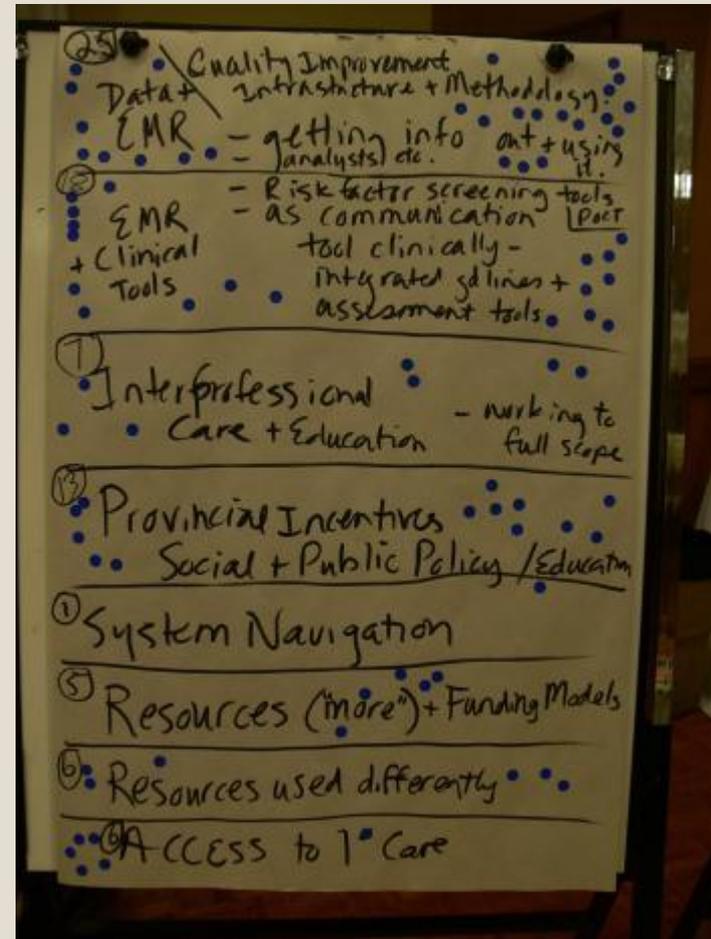
NEEDS: COMMUNICATION & COLLABORATION

- Sharing information between primary care organizations
- Facilitate consistency (e.g., documentation)
- Innovative methods for providing vascular health updates
- Continue to improve connections
- Increase awareness/promotion of established resources



NEEDS: INTEGRATION

- One integrated EMR
- Incorporate vascular tools within EMR
- Regular training of EMR
- Clinical tools (POC testing)
- One integrated patient-centred vascular health service (e.g., Global Risk Reduction program at the Upper Canada FHT)



CONCLUSION

- Much detailed information has been obtained for future planning purposes
- The patient or client has a significant role to play in the prevention of vascular diseases
- Primary care is the main point of contact with the health care system and plays a critical role in optimizing vascular health

NEXT STEPS

1. Share the report: Primary care providers; Southeastern Ontario Health Collaborative and each respective steering committee; South East Primary Health Care Council; SE LHIN; The leads for the Cardiovascular Clinical Services Roadmap; the Project Manager for OIVHS
2. Local Action plans will be followed up
3. Southeastern Ontario Health Collaborative will review report to help guide regional activity for the coming year in partnership with SE Primary Health Care Council
4. Consideration to local community vascular health tables
5. Discussion about establishing *Regional Vascular Collaborative*
6. Areas within the report that align with the OIVHS be referred on

REFERENCES

- Microsoft. (2012). *Clip art*. Mississauga, ON: Microsoft Office.
- Stroke Network SEO. (2012). *Vascular health in Southeastern Ontario: A focus on primary care*. Kingston, ON: The Stroke Network of Southeastern Ontario.

DISCUSSION & QUESTIONS

