Patient Centered, Community Designed, Team Delivered

A framework for achieving a high performing Primary Health Care system

Saskatchewan Ministry of Health

What is Primary Health Care?

Primary health care is foundational to the health system. It is often the first point of contact people have with a health care provider when they have a health concern. It may be a Family Physician/Nurse Practitioner visit, advice from the pharmacist or information on chronic disease management.

A strong primary health care system provides access to high quality care delivered by a team of health professionals that meets the needs of patients and their families of all ages in any health care setting.

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Primary Health Care - Objectives

- **Develop a draft framework on the approach to strengthening and progressing Primary Heath Care in Saskatchewan.**
- **Engage in consultations with stakeholders to affirm direction of the framework.**
- **Test new models of primary health care delivery while progressing PHC across the province.**

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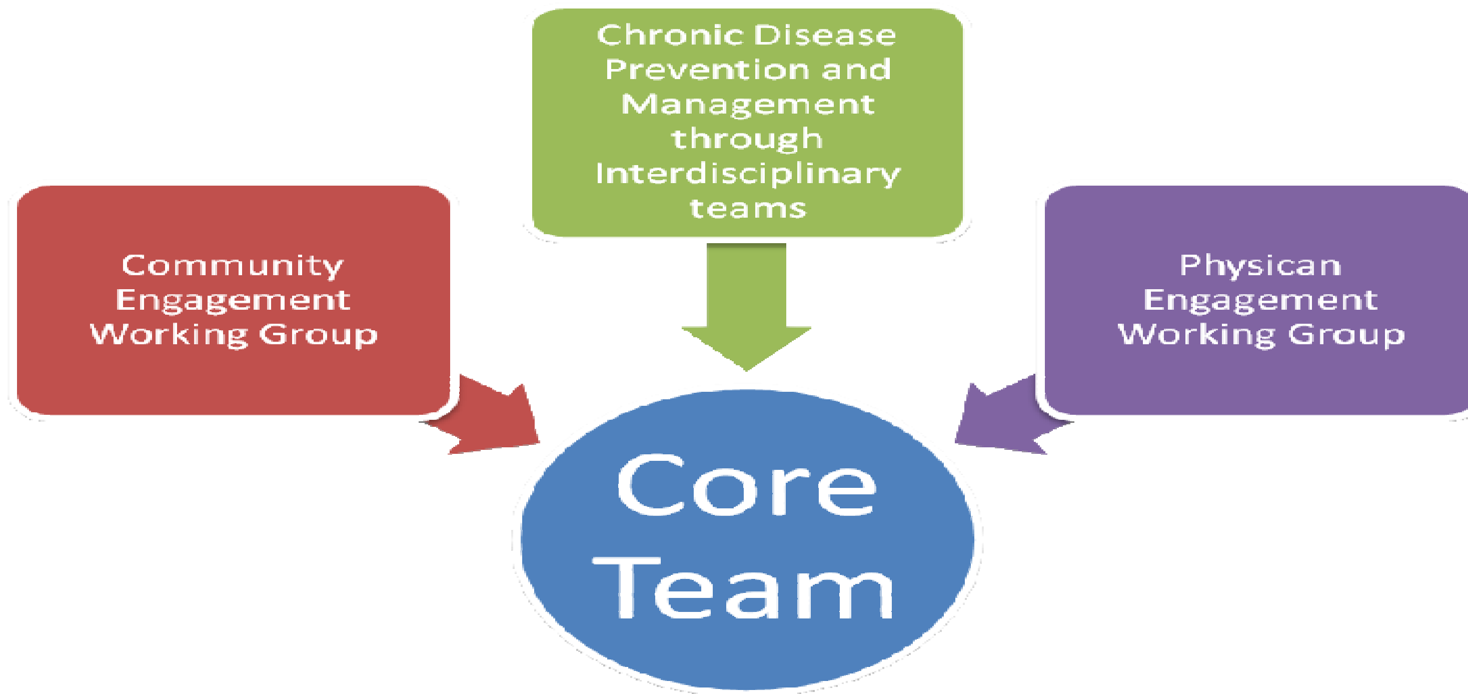
Governance Structure for Framework Development



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Why change?

- **Patients want to be more informed and involved with their own care.**
- **Communities would like greater say in the design and delivery of health care services for their residents.**
- **First Nations and Métis peoples need a culturally responsive system.**
- **The federally-funded First Nations health system must also work in partnership with the provincial health system.**
- **Family physicians and other health care providers seek more flexible funding options, greater work life balance and more teamwork.**

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Saskatchewan's Vision and Aims for PHC

Vision	Primary Health Care is sustainable, offers a superior patient experience and results in an exceptionally healthy Saskatchewan population.

	Access	Patient & Family Experience	Healthy Population	Reliable, Predictable & Sustainable
Major Aims	Everyone in Saskatchewan - regardless of location, ethnicity, or 'underserved' status - has an identifiable primary health care team that they can **access** in a **convenient and timely fashion.**	A model of patient and family centered care has been implemented to achieve the **best possible patient and family experience**.	The primary health care system has contributed to achieving an exceptionally **healthy population** with **individuals supported and empowered** to take responsibility for their own good health.	We are achieving **reliable, predictable and sustainable delivery** of primary health care.

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Proposed Framework Recommendations

- **Everyone in Saskatchewan will have access to a Primary Health Care Team that meets their every-day health needs and helps them navigate the rest of the system.**
- **Primary Health Care services will be designed with patients and the community and rooted in community.**
- **Build a culturally responsive system that is representative of the community it serves, with specific attention First Nations & Métis.**

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Proposed Framework Recommendations

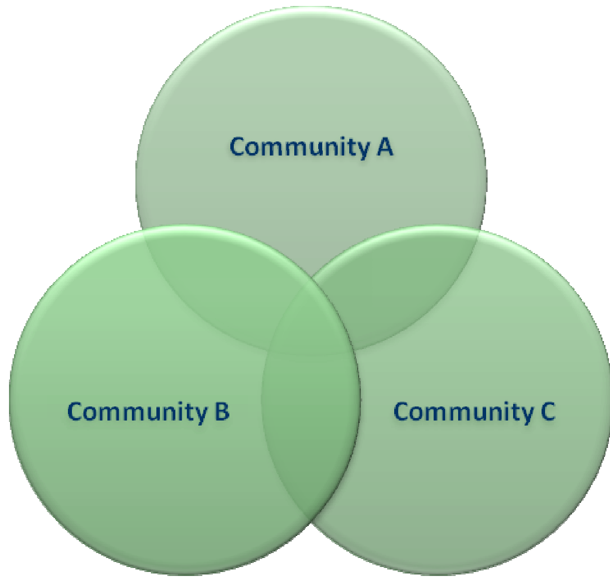
- **Flexible approach to service delivery model design and Primary Health Care Team composition to meet community need and match with community resources and assets.**

- **Build a coordinated system that includes independent family physician practices, RHA managed primary health care services, and the federally-funded First Nations primary health care delivery system.**

- **Flexible funding approach, with resources and decision making located closest to the patient, community and RHAs. An accountability framework will be developed to support this flexibility.**

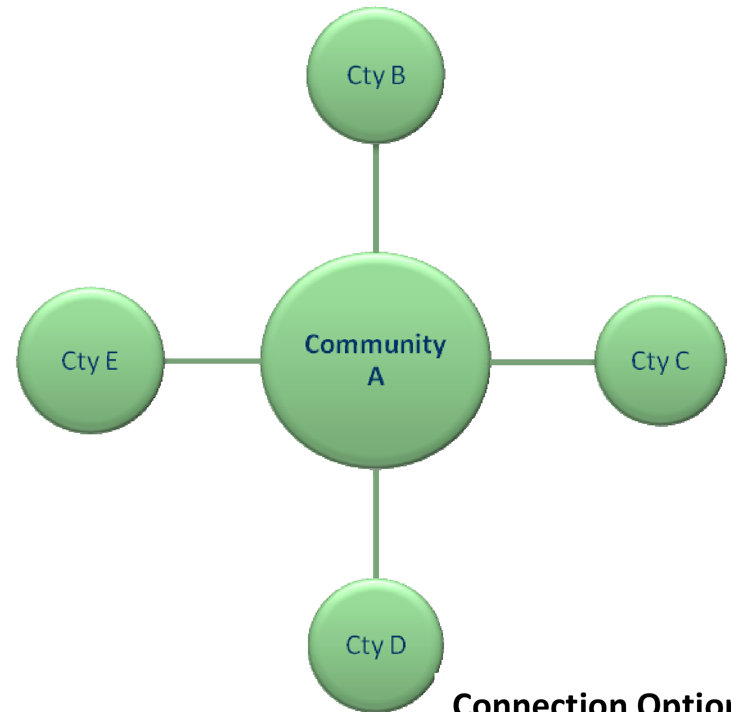
Service Delivery Models

Multi-Community Delivery



Single-Community Delivery

Hub and Spoke Delivery



Connection Options

- Itinerant
- Outreach (Bus)
- Virtual

Elements of High Performing Primary Health Care Systems

- Team-based, patient and family centered care
- After hours access
- Evidence-based care incorporating best practice including that for chronic disease management
- Patient/Community Advisory Councils
- Supports patients in system navigation
- Collects data and measures performance
- Continuous quality improvement

Benefits to patients and families

- **Patients and families are true partners in their health care.**

- **Patients and families will be assisted in managing and maintaining their own health to the greatest extent possible.**

- **Patients living with or at risk of chronic disease will be supported and empowered to manage their conditions and given timely access to care when needed.**

- **Patients will choose their primary health care team and understand and appreciate the benefits of being connected to a team as their home base for health services and improved access.**

Benefits to communities

- **Primary health care development in every community will begin with the community's involvement in assessing its needs and planning how to meet those needs.**
- **Community engagement is essential to building the trust and relationships required to successfully implement and evaluate effective primary health care.**
- **Community engagement will lead to an on-going exchange of information and ideas among health care leaders, providers, and planners.**

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Benefits to First Nations and Métis People

- **First Nation and Métis communities will participate in building a system that provides their members with the best possible care and experience.**

- **There will be increased collaboration between the First Nations and RHA primary health care systems.**

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Benefits to health care teams

- **Practitioners will enjoy the full benefits of team-based care, including better job satisfaction and increased information sharing between health care professionals.**
- **Health care policies and funding will focus more on promoting health, managing chronic disease, and developing teams and innovative programs that reflect patient and family centred care.**
- **Opportunities for input and joint problem solving will exist at all levels of the primary health care system, and will include representatives from all stakeholder groups: patients and families, community leaders, First Nations and Métis peoples, and health care providers.**

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Benefit to physicians

- **Physicians will be able to work to their full scope of practice while enjoying a better work-life balance through improved team work.**

- **Physicians will be better linked to RHA support services, such as Clinical Practice Redesign, patient experience survey's, dietitians and social workers to improve patient care and experience.**

- **Strengthened relationships between Physicians, health regions and communities.**

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How will we do this?

- **Build Long Term Relationships**
- **Increase Patient and Family Self-Reliance**
- **Engage Communities**
- **Engage First Nations and Métis Communities**
- **Enable Primary Health Care Teams to Flourish**

How will we do this?

- Proactive chronic disease prevention & management
- Build models that work
- Shift focus to promoting health
- Transition support

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Building on SCHR Success:

- **CDM clinics:**

  Next steps – group visits, spread of clinics and programs, navigation.

- **Team based care:**

  Next steps – utilize Pharmacy, Mental Health across the region; team building sessions to better understand Collaborative practice

Building on SCHR Success:

- **EMR/IT**

  Next steps – fall of 2012 – 2nd PHC Solution, assist in linking present EMR to new

- **PHC Sites and Future site development**

Opportunity for Discussion

What is your vision for better care,
better teams, better access,
healthier populations
in your area of SCHR?

Thank You!

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