



PATIENT'S MEDICAL HOME

IMPLEMENTATION KIT

Ontario College of Family Physicians



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



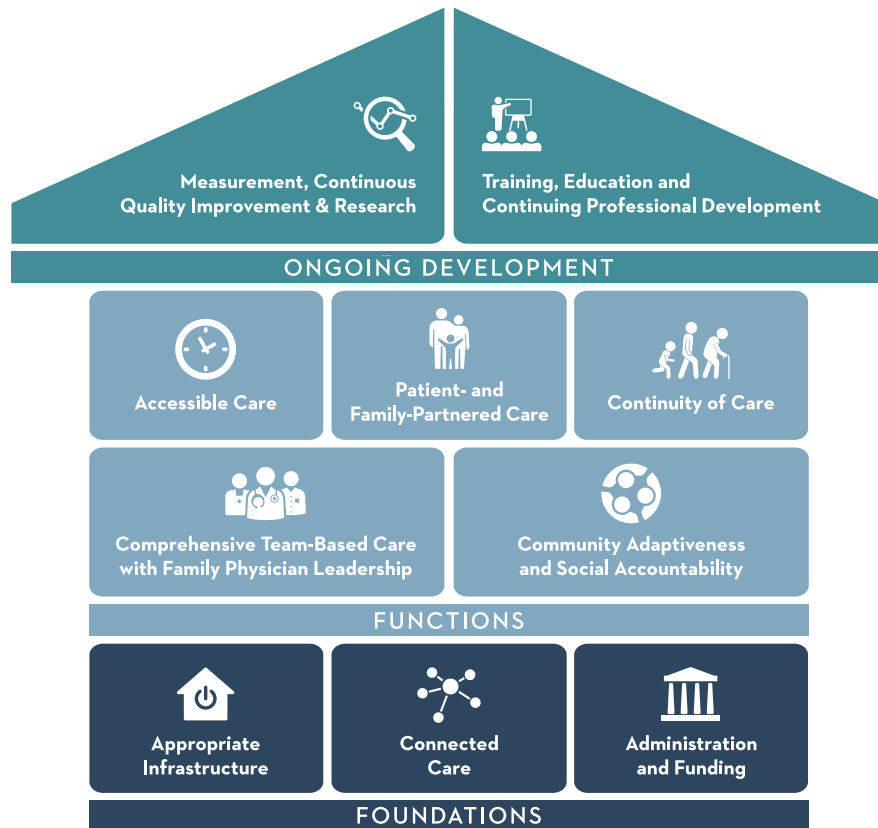
Centre for Effective Practice

Ontario College of
Family Physicians

Leaders for a healthy Ontario.



The **Patient's Medical Home (PMH)** is a vision developed by the **College of Family Physicians of Canada (CFPC)** to support family physicians and their teams in providing coordinated, comprehensive, accessible care to their patients. While many family doctors provide comprehensive care regardless of their practice design, the PMH vision can help enhance care through its 10 key pillars.



This PMH Implementation Kit is a collaboration between the CFPC and the **Ontario College of Family Physicians (OCFP)**. It helps Canadian family physicians further align their practice with this vision by providing a few manageable changes to introduce. The kit is organized around a number of actions you can take right now:

- 🏠 Understand your patient population and their needs
- 🏠 Start quality improvement (QI) projects to enhance your care and your practice
- 🏠 Ensure providers and patients have clear lines of communication

- 🏠 Establish clear roles and responsibilities when caring for patients with interprofessional colleagues as a team

If you are starting from scratch and have decided you want to implement the PMH principles in your practice, the information provided in this kit will help you.

In Ontario, the OCFP can help you align with the PMH vision through provincial resources and recommendations. For more information contact the OCFP at info@ocfp.on.ca.

Note: The resources provided in this kit do not represent an exhaustive list. Resources are hosted by external organizations and, as such, the accuracy and accessibility of their links are not guaranteed.

UNDERSTAND YOUR PATIENT POPULATION AND THEIR NEEDS

Knowing the breakdown of your patient population (e.g., age, social determinants of health), what health concerns are most relevant to each patient group, and what supports they need will help to inform your practice organization, including more tailored patient programming and services.

Learn more from the OCFP's [Patient/Roster Panel](#) web page.

Learn more about your patient panel and find opportunities to enhance your knowledge of your patients' health needs:

- 🔄 Ask your team's electronic medical record (EMR) lead to generate reports about patient demographics and disease prevalence. The data can show trends in your patient population (e.g., age groups, common health conditions) and guide future programming or hiring. Review the data periodically (e.g., quarterly or yearly) to see how your patient panel is changing.
 - ▶ If practice level data are not available through your EMR, access other resources, such as [Public Health Ontario Maps](#) or the [Ontario Community Health Profiles Project](#), for more data relevant to your region on chronic disease, socioeconomic status, and health usage. Data resources are also available to participants in the Association of Family Health Teams of Ontario (AFHTO's) [Data to Decisions program](#).
- 🔄 Sign up for Health Quality Ontario (HQO)'s [Primary Care Practice Report](#) to obtain more detailed information specific to your opioid prescribing, cancer screening, and diabetes management, as well as any available information about your patients' health services usage
- 🔄 Add and use screening tools to obtain more detailed information about your patients' health and access to services. Tools for enhancing patient screening are available through the following organizations:
 - ▶ The OCFP's [Comprehensiveness resources](#): includes Ontario resources for chronic disease management, palliative care, home visits, mental health, pediatric medical homes, health promotion, and medications
 - ▶ [Poverty: A Clinical Tool for Primary Care Providers](#): a primary care tool for screening and supporting patients' living situation and socioeconomic concerns as part of their overall health
 - ▶ [Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care](#): evidence-based recommendations for chronic disease prevention and screening including an algorithm for targets and care pathways adjusted for diabetic and non-diabetic patients
- 🔄 Increase your patients' knowledge of community resources to improve their overall health and well-being. Direct your patients to [211 Ontario](#) (available via phone and email), which provides a database of community, social, non-clinical health, and related government services that are searchable by location. The [211 \[Ontario\] Central](#) database is also available (via phone and text), which specifically covers Toronto and the regions of Peel, York, and Durham.

Learn more about how your patients feel about their care and health needs:

- ❖ Create and regularly review policies in your practice to ensure that they are effective and appropriate for your unique circumstances. AFHTO provides a [manual](#) that offers template solutions for various practice issues (e.g., governance, risk and safety, human resources).
- ❖ Develop and execute a plan to survey patients; use examples provided by [HQO](#) and the [Canadian Institute for Health Information](#)

START QI PROJECTS TO ENHANCE YOUR CARE AND YOUR PRACTICE

Any initiatives that you and your colleagues implement that are aimed at improving care, office efficiencies or workflows, effectiveness, patient safety and experience, or clinical outcomes, and that link learning to action, are considered QI. Any QI effort helps build a PMH where continuous practice improvement is a priority and an everyday occurrence.

Take on QI projects that are manageable in scope and size for your practice:

- ❖ Identify and celebrate QI activities that your practice may already be undertaking as a starting point for future quality initiatives (e.g., changing office hours to address patient accessibility, reducing the use of bundled tests)
- ❖ Use HQO's step-by-step [Quality Improvement Guide](#) to identify, plan, measure, and test changes within your practice

Find ideas:

- ❖ Develop a [quality improvement plan](#), a public commitment to meet QI goals
- ❖ Participate in the OCFP's [Collaborative Mentoring Networks](#), which is a mentorship program to enhance family physician confidence and capacity to manage challenging clinical care areas: mental health, addictions and pain, palliative and end-of-life care, medical assistance in dying, as well as rural medicine, leadership skills, and early years in practice
- ❖ Use other OCFP tools for [choosing a focal area and quality improvement](#).

- Learn from the AFHTO [Data to Decisions Planning and Preparation Tool and Interactive Reports \(Available to anyone\)](#)
- Establish and monitor metrics, such as [Third Next Available Appointment](#), as a tool for evaluating patient access and measuring efforts to reduce backlog or optimize scheduling
- Participate in the OCFP's Mainpro+® certified continuing professional development program [Practising Wisely: Reducing Unnecessary Testing and Treatment](#), which aligns closely with the Choosing Wisely Canada (CWC) campaign to implement good health care stewardship and avoid over-medicalization
 - Incorporate CWC evidence-based QI recommendations for family practice into your practice
- Participate in [Change Day Ontario](#), a provincial initiative that encourages individual health care professionals to pledge to change one small thing that can improve health care

Integrate patient-centredness in your QI projects or engage patients to improve quality:

- Use resources from [HQO](#), the [Canadian Foundation for Healthcare Improvement](#), or the [Canadian Patient Safety Institute](#) to guide work with patient advocates or persons with lived experience

ENSURE PROVIDERS AND PATIENTS HAVE CLEAR LINES OF COMMUNICATION

Communication between physicians, patients, and other health care providers is central to providing comprehensive and continuous care. It can also provide opportunities to learn and share knowledge with other family physicians and interprofessional providers, both on specific clinical topics as well as on successes or challenges experienced in practice QI.

Learn more from the OCFP's [Patient Engagement](#) and [Person-Centred Care](#).

Learn from other physicians about their experiences providing primary care, or consult with other specialists:

- Use the Ontario eConsult Program, which is a secure web-based platform you can use to quickly consult with other physicians and is available from [OTNhub](#) and [OntarioMD](#)

- 🏠 Connect with OntarioMD's [Peer Leader Program](#), a network of more than 50 physicians, nurses, and clinic managers who are expert EMR users and are available to help physician practices realize more clinical value from EMRs
- 🏠 Participate in the OntarioMD EMR [Practice Enhancement Program \(EPEP\)](#), which helps physicians enhance their EMR skills and efficiency
- 🏠 Connect with family physicians in your province to share knowledge and to learn about other interprofessional practices; the OCFP's [Collaborative Mentoring Networks](#) and Canada Health Infoway's [Clinician Peer Networks](#) provide opportunities to connect on different clinical topics and practice needs
- 🏠 Participate with AFHTO's [Interprofessional Communities of Practice](#) (for AFHTO members only)

Communicate more effectively with your patients:

- 🏠 Investigate and adopt communication supports like a website or online appointment booking for your patients. Setting up an electronic communication system like e-booking gives you the opportunity to communicate information about your practice's services that patients might not otherwise know (e.g., new programs or providers, changes in office hours).
 - ▶ The OCFP's [Implementing and Optimizing Electronic Medical Records](#) section has detailed programs that help connect practices and enable increased communication of patient information
 - ▶ Canada Health Infoway provides resources to guide [e-booking](#) adoption, maintenance, and privacy concerns
 - ▶ The Canadian Medical Association (CMA) recommends that your practice website includes contact information, staff introductions, appointment policies, and patient intake processes. The CMA [Starting Your Practice on the Right Foot](#) guide contains a full list of recommended information.

ESTABLISH CLEAR ROLES AND RESPONSIBILITIES WHEN CARING FOR PATIENTS WITH INTERPROFESSIONAL COLLEAGUES AS A TEAM

Practising effectively in an interprofessional team enhances collaborative, patient-centred care by providing patients with access to providers who are qualified to deal with a variety of health needs. Roles and responsibilities within your practice may vary within your team members' professions and experience. Ensuring that these roles are clear can help your team maximize their professional skill set and improve provider or team experience.

Learn more from the OCFP's [Team-Based Care and Team-Building](#).

Practise more effectively in your interprofessional team:

- Establish clear roles and a clear scope of practice for each provider on your team through open dialogue so that each provider on your team knows, and feels confident in, their role and the roles of other team members. You can obtain American Medical Association Physician's Recognition Award CME credits with your team through [MedScape](#) (a Medscape account is required) to build competency in establishing these roles.
 - Additional resources are available through [Improving Primary Care](#), including an assessment of your current interprofessional care and strategies to improve teams (e.g., working to optimize scope of practice, professional development opportunities, making time for meetings)
- Create and regularly review policies in your practice to ensure that they are effective and appropriate for your unique circumstances; the AFHTO provides [a manual](#) that offers template solutions for a variety of practice issues (e.g., governance, risk and safety, human resources)

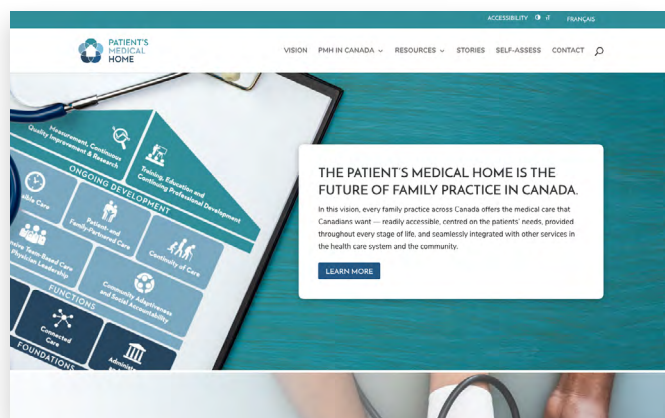
Lead your team more effectively and build your management and leadership skills:

- ☛ Training courses on management and leadership are available from the OCFP's [Leadership in Primary Care Network](#) and [Leadership](#) sections, and the CMA's [Joule](#); AFHTO members may also access [governance and leadership resources](#)

Leverage resources from other jurisdictions to support continued work on the PMH vision:

Access additional resources about the PMH:

- ☛ [CFPC Patient's Medical Home](#)



RESOURCES

Following is a summary list of the websites and online publications contained in this document.

Online Publication/Resource	Website
211 Ontario	211ontario.ca
211 Ontario Central	www.211toronto.ca
American Medical Association: <i>Physician's Recognition Award</i>	www.ama-assn.org/education/cme/apply-ama-physician-recognition-award
Association of Family Health Teams of Ontario: Data to Decisions Planning and Preparation Tool and Interactive Reports	35.182.208.12:8080/index.php/data-review-page/
Association of Family Health Teams of Ontario: Data to Decisions program	http://35.182.208.12:8080/index.php/data-review-page/
Association of Family Health Teams of Ontario: Governance and leadership	www.afhto.ca/afhtos-role-supporting-team-based-care/governance-and-leadership
Association of Family Health Teams of Ontario: Interprofessional Communities of Practice (available only to AFHTO members)	www.afhto.ca/news-events/news/ihp-communities-practice
Association of Family Health Teams of Ontario: <i>Sample Policies for Primary Care Teams and Practices</i>	www.afhto.ca/sites/default/files/2019-03/Provincial%20Policies%20and%20Procedures%20Manual%20Nov2018.doc
Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care	www.better-program.ca/home
Canada Health Infoway: Clinician Peer Networks	www.infoway-inforoute.ca/en/communities/clinical-peer-network/182-our-partners/clinicians-and-the-health-care-community/clinical-engagement-strategy/12-clinician-peer-network
Canada Health Infoway: eBooking resources	www.infoway-inforoute.ca/en/solutions/access-health/access-to-services/e-booking
Canadian Institute for Health Information: <i>Measuring Patient Experiences in Primary Health Care</i>	https://www.cihi.ca/sites/default/files/info_phc_patient_en.pdf
Canadian Medical Association: Joule	joulecma.ca

Online Publication/Resource	Website
Canadian Medical Association: <i>Starting Your Practice on the Right Foot</i>	legacy.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/MEDED-12-00307-PMC-Module-12-e.pdf
Canadian Patient Safety Institute: Patient engagement resources	www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-Resources/Pages/default.aspx
Change Day Ontario	www.changedayontario.ca
Choosing Wisely Canada	choosingwiselycanada.org/family-medicine
Health Quality Ontario: Patient engagement	www.hqontario.ca/Patient-Partnering/Patient-Partnering-Tools-and-Resources/Resources-for-Patients-Families-and-Caregivers/Learn-About-Patient-Engagement
Health Quality Ontario: <i>Primary Care Patient Experience Survey</i>	www.hqontario.ca/Portals/O/documents/qi/primary-care/primary-care-patient-experience-survey-support-guide-en.pdf
Health Quality Ontario: Primary care practice report	www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Primary-Care
Health Quality Ontario: Quality Improvement Guide	www.hqontario.ca/portals/O/Documents/qi/qi-quality-improve-guide-2012-en.pdf
Health Quality Ontario: Quality Improvement Plans	www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans
Improving Primary Care	www.improvingprimarycare.org
Ontario College of Family Physicians: Choosing a focal area	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/choosing-a-focal-area
Ontario College of Family Physicians: Collaborative Mentoring Networks	www.ontariofamilyphysicians.ca/education/collaborative-mentoring-networks
Ontario College of Family Physicians: Comprehensiveness resources	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/comprehensiveness-resources
Ontario College of Family Physicians: Implementing and Optimizing Electronic Medical Records (EMRs)	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/implementing-optimizing-electronic-medical-records
Ontario College of Family Physicians: Leadership in Primary Care Network	www.ontariofamilyphysicians.ca/education/collaborative-mentoring-networks/leadership-in-primary-care-network
Ontario College of Family Physicians: Leadership (general)	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/leadership-resources
Ontario College of Family Physicians: Patient Engagement	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/patient-engagement
Ontario College of Family Physicians: Patient/Roster Panel	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/patient-roster/panel
Ontario College of Family Physicians: Patient's Medical Home	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home
Ontario College of Family Physicians: Person-centred care	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/person-centred-care-resources
Ontario College of Family Physicians: Practising wisely	www.ontariofamilyphysicians.ca/education/about-programs-workshops/practising-wisely
Ontario College of Family Physicians: Quality improvement	www.ontariofamilyphysicians.ca/advocacy/patient's-medical-home/quality-improvement
Ontario Community Health Profiles Partnership	www.ontariohealthprofiles.ca
Ontario Telemedicine Network Hub	otnhub.ca/patient-care/#econsult
OntarioMD: Ontario eConsult Program	www.ontariomd.ca/pages/overview-of-econsult.aspx
OntarioMD: EMR Practice Enhancement Program	www.ontariomd.ca/products-and-services/emr-practice-enhancement-program/overview
OntarioMD: Peer Leader Program	www.ontariomd.ca/pages/overview-of-peer-leader-program.aspx
Poverty: A Clinical Tool for Primary Care Providers	www.cfpc.ca/Poverty_Tools
Public Health Ontario Maps	www.publichealthontario.ca/en/DataAndAnalytics/Maps/Pages/default.aspx
Third Next Available Appointment	www.safetynetmedicalhome.org/sites/default/files/Third-Next-Appointment.pdf
Vega CP, Bernard A. <i>Establishing Roles and Responsibilities for Interprofessional Care Team Members</i> . New York, NY: Medscape; 2016.	www.medscape.org/viewarticle/857825_authors