



Our Vision

“Quality primary care is available to all Manitobans; through networked Primary Care Physicians in collaboration with other providers.”





What is the Physician Integrated Network (PIN) Initiative?

- The Physician Integrated Network (PIN) represents one approach to primary care service delivery.
- PIN focuses on the engagement of autonomous, independently owned fee-for-service physician groups. Interdisciplinary Collaboration will be a key feature as this approach evolves.



Why Physician Integrated Network (PIN)?

Rationale:

- Need to re-orientate the health delivery system to recognize the importance of Primary Care and the role of Family Physicians.
- Need to demonstrate high quality primary care.
- Need to address the challenge of Family Physician isolation.
 - Support inter-professional, collaborative care.
- Need to address physician work life.
- Increasing demand for, and challenge of, chronic disease management.
- Current and anticipated health care provider shortage.
- Lack of access to primary care; including Family Physicians.
- Desire to establish predictable and stable funding which supports Chronic Disease Management and the delivery of quality of care.
- Need for integrated Decision Support Tools within Primary Care.



Primary Care Provider Practice Issues (What we heard...)

- Frustration with wait times (e.g. breast health, diagnostics, access to specialists);
- Lack of communication related to details of the patient visits at emergency rooms (e.g. – diagnostic tests, recommended follow-up etc);
- Funding barriers which inhibit practice change. (e.g. inter-professional collaboration and chronic disease management);
- Service coordination gaps between group practices and RHAs e.g. home care, public health;
- IT connectivity:
 - Group practices utilizing EMRs are still functioning in isolation of the remainder of the health system (e.g. MIMS, DPIN, diagnostic services, labs, hospital IT systems etc). This isolation limits the effectiveness and efficiency of an EMR based practice
- Difficulty providing call in some cases due to workload;
- Lack of direct family physician input.



PIN Objectives

- To improve access to primary care;
- To improve Primary Care Providers' access to and use of information;
- To improve the working environment for all primary care providers; and,
- To demonstrate high quality primary care with a specific focus on Chronic Disease.



PIN Core Elements

Structure and Practice

- Primary Care physician groups
- Collaboration with providers in service provision
- Partnership with Regional Health Authorities

Funding and Remuneration

- Identify evidence of quality based funding models
- Identify key components of quality based funding models including:
 - quality indicators and targets
 - Weighted indices (E.g. cost avoidance impacts, number of physician participants, numbers of patients)
 - Determination of funding allocation and distribution **within** physician groups.



PIN Core Elements

Information Management

- Utilization of Electronic Medical Record to support practice
- Linkages to provincial and regional strategies (e-Health)

Monitoring and Evaluation

- Quality of Care
 - Health Risks
 - Preventive practices
 - Chronic Disease Management & Mental Health practices
- Addressing Access & Improving Work Environment
 - Patient and Provider Satisfaction (to address patient access and provider lifestyle issues)
 - Utilization of other providers
- Access and Use of Information



Funding Models

- Dr. Dominika Wranik, (Ph.D Health Economics) has been contracted through the North South Group to produce two reports on quality measure based funding formulas.
- The objectives are:
 - Gather evidence of quality based funding models
 - Identify key components of quality based funding models including:
 - quality indicators and targets
 - Weighted indices (E.g. cost avoidance impacts, number of physician participants, numbers of patients)
 - Determination of funding allocation and distribution within physician groups.



Evaluation Plan

Process:

Short term (Dr. Katz and Dr. Martin)

- Electronic Medical Record (EMR) Data Analysis
- Primary Care Assessment Tool (PCAT)
 - Provider Survey
 - Patient Survey
- Clinic Manager and provider focus sessions

Long Term (Manitoba Centre for Health Policy)

- MCHP Deliverable – Administrative Data Study verification & validation



Practice and Patient Profiles

Practice Profiles

- Summary of Clinic Managers interview to better understand the clinic's business function.

Patient Profiles

- Review of EMR data to determine clinic's core client base:
 - Demographics
 - Medical services



PIN Progress

Three Practice Groups as Demonstration Sites

- Dr. C. W. Wiebe Medical Clinic (Winkler);
- Agassiz Medical Clinic (Morden);
- Assiniboine Medical Centre (Winnipeg).

One Practice Group as a Control Site

- Steinbach Family Medical Centre (Steinbach)

Understanding the Primary Care Environment

- Completed an environment scan on Primary Care (National/International); Manitoba Strategic Alignment Scan.
- Contacted various colleges and associations for alternate providers and obtained fact sheets on practice in primary care.
- Developed Practice Profiles of the four demonstration sites.



PIN Progress

Developing the Operational/Implementation Plan

- **PIN Planning Day I (Nov. 17) with Demonstration Site Providers & Health Stakeholders:**
 - Provided an opportunity to begin the development of a PIN Network;
 - Identified potential activities for each objective; opportunities and requirements to achieve the potential activities for each objective; and barriers to achieving the identified activities for each objective
- **The main issues identified by the primary care providers at the November 17th PIN Strategic Planning session include:**
 - Use of additional primary care providers (multidisciplinary teams)
 - Need to understand delegation of functions and liability issues
 - Need to develop funding supports
 - Flexibility as each site has different characteristics and needs
 - Need to focus on the intended outcomes of the objectives, namely access, quality of care and healthy work lives.



PIN Progress

- Development/Support of:
 - Interdisciplinary Team Toolkit;
 - Guide to Demonstration Site Plan Development.



Next Steps

- Collaboratively establish Demonstration Site deliverables
(February/March)
- PIN Planning Day II: Clinics' Presentation of Deliverables
(March 16, 2007)
- Implement deliverables at the four Demonstration Sites
(April/May 2007)

Physician Integrated Network (PIN)

Questions?

PIN Resource Team

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