

Physician Integrated Network (PIN)

Linkages with the Central RHA Lessons Learned thus Far

Our Vision

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





PIN: RHA-Central Experience

Emerging Issues

1. Complementary vs. duplicative service
2. Collaborative Planning; Population Driven
3. Information System linkages; sharing clinical information
4. Referral Networks



PIN: RHA-Central Approach

1. **Complementary vs. duplicative service**

- Recognition that we are planning for & serving the same population
- Sharing of resources (Dietician part of regional team so same teaching & tools utilized for consistency & ↓ duplication)
- Systems thinking (PIN & RHA eye to planning across sectors)
- PIN fitness centre client membership



PIN: RHA- Central Approach

2. Collaborative Planning; Population Driven

- RHA views role as one of support & resource sharing to create PIN project synergy
- Created a formal joint sharing-project support structure meets q6mons (administrative/PIN)
- Invite engagement outside/along side the formal structure between front line RHA staff & Clinic staff/physicians
- Created opportunity to do “anticipatory planning”
- Sharing of new initiative ideas “know who to tell”



PIN: RHA-Central Approach

3. Information System linkages; sharing clinical information


- PIN clinic staff included in Regional team meetings and education events
- Compilation & sharing of print, web, pamphlet resources by RHA to PINs
- CDPI – linkage established
- Regional Chronic Disease Pilot - PIN link
- Sharing of Models of care (Stanford/Mayo)



PIN: RHA-Central Approach

4. Referral Networks

- Data sharing (data entry sharing being explored)
- Beginning to think of 'blended service model' or "where is the best place to deliver the service" to an identified population regardless of funder?....RHA provider in clinic setting? Clinic provider in RHA program?



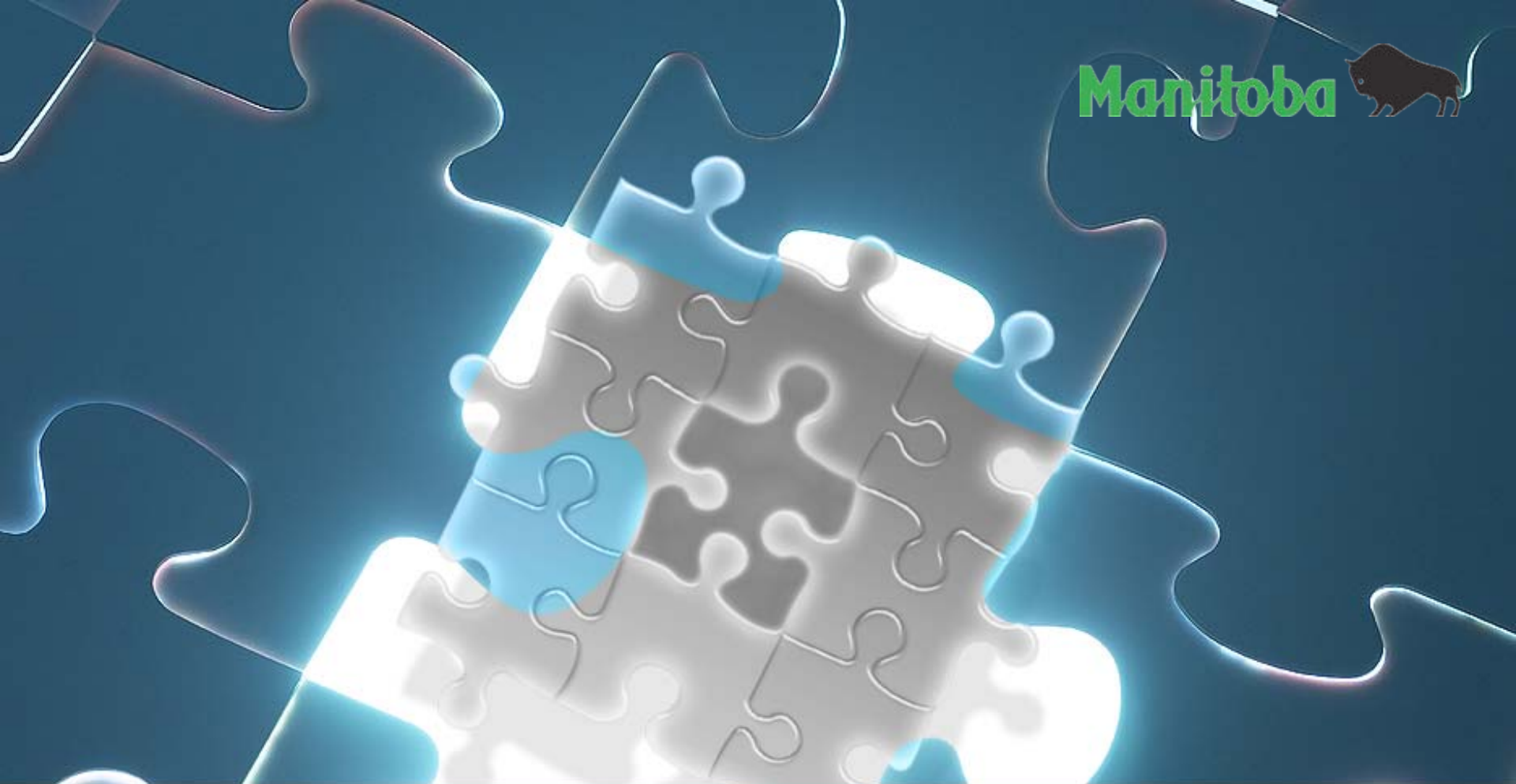
In the words of a staff member...

- A shared patient base between RHA Central and the fee-for-service clinics encourages partnering with resources and educational events. New clinic staff can participate in collegial mentoring and join informal professional groups with regional staff. RHA Staff explain that “those are things we’ve done all along with the clinics. PIN provides an opportunity to solidify the partnership that already existed.”
- The RHA sees PIN as a step towards reforming health care, a move towards “truly providing the most appropriate care with the most appropriate provider in the most appropriate setting.”



PIN: RHAs....Issues for Future Consideration

- What is the role of the RHAs and FFSs Providers in Primary Care....where can services compliment each other and move us to a 'blended service model'?
- How do we better facilitate the sharing of client data (such as immunization records, client education record, pre-natal, lifestyle modification undertakings etc.)
- Future Collaboration required to link RHA delivered client education programs to measurable client outcomes that should be evident to the primary health provider
(such as the "Get better Together" peer education program.
?sustained behaviour change impacting the health status?)
- Research in the making at many levels.....client outcomes, physician practice, qualitative administrative relational research



Questions?

