

**Physician Integrated Network (PIN)  
PIN Day VI – September 11, 2009**

**Workshop Summary**

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Over 85 participants attended the workshop held on September 11, 2009 at the Holiday Inn South in Winnipeg. The participants represented Phase 1 PIN sites, the newly selected Phase 2 sites, other interested group practices, Doctors Manitoba, several regional health authorities, Manitoba eHealth and Manitoba Health and Healthy Living.

**Workshop Objectives**

The objectives of the day were to:

- › welcome and introduce new PIN sites,
- › increase awareness and knowledge of Primary Care Renewal activities in Manitoba,
- › learn from the experiences of Phase 1 sites; and
- › identify potential strategies to address two of the four PIN Objectives:
  - › improving access to primary care, and
  - › improving the work life of primary care providers.

**Introduction and Updates**

The Honourable Theresa Oswald, Minister of Health and Healthy Living welcomed the participants and acknowledged the importance of family physicians in renewing the health care system. The Minister thanked the PIN sites – referring to them as visionaries and pioneers - for their commitment to improving health care and for improving the way patients view health.

Jeanette Edwards, Special Advisory to the Deputy Minister on Primary Care, then built on these themes by highlighting the progress made by the four Phase 1 PIN sites. Of note has been their remarkable progress on indicators and quality of care. An overview of the work underway at Manitoba Health and Healthy Living (MHHL) was also provided, including an update on the progress of the four MHHL working groups which have been established to address: indicator development processes; data collection and analysis processes; funding and remuneration; and information technology and management support. It was noted, however, that there continues to be a great deal of work to do, in particular, respecting the PIN objectives of improving patient access and improving primary care providers' work life.

An overview of the nine new PIN Phase 2 clinics (including approximately 68 physicians) was also provided. It was noted that there were more applicants for Phase 2 than could be accommodated; however, the PIN Core Team will continue to engage all those who are interested, as there are many policy and practice issues that require physician input in order to move forward. Particularly, there is much work to be done around the application of PIN to alternate funded sites; defining "group practices;" and understanding the concept of primary care homes.

## Primary Care Renewal Activities Update

Six presentations on primary care renewal activities underway in the province followed the introductions. Central to each of these activities is Manitoba's vision for primary care, which emphasizes that primary care is the foundation of the health system, and that quality primary care will be accessible to all Manitobans.

Barb Wasilewski, Director of Primary Care for MHL spoke about **Advanced Access** as one tool available for addressing access issues within primary care clinics. It was noted that, while it may not be possible to implement Advanced Access in the same way in every environment, results from clinics that have implemented it demonstrate significant progress in increasing patient satisfaction, increasing physician satisfaction and reducing wait times. MHL will support physicians as they implement Advanced Access by providing them with access to subject matter experts and learning forums. In addition, 16 clinics have recently gone through training and MHL is looking for them to share their experiences with others.

Dr. Luis Oppenheimer, Provincial Director of Patient Access with the Winnipeg Regional Health Authority, and Brie DeMone, Director of the Wait Times Task Force for MHL, provided an overview of another set of access tools currently available or in development. These are the **Catalogue of Specialized Services, Bridging Generalist and Specialist Care (BGSC)** and **Booking Ahead**. The Catalogue was identified as a web based tool allowing family practitioners to identify the range of services that are out there and who provides them. A web based version has been released, although a CD version is also available. BGSC is an electronic referral system which also provides family practitioners with information on the criteria for appropriate referrals. A web based version is currently in use. Booking Ahead will provide hospitals and specialists with the ability to book specialized services much further in advance, providing a better measure of the true demand for these services and allowing both hospitals and providers to better plan. This project is in the early stages of development and the intention is to understand the system requirements by early Fall.

Tom Fogg, Director of Strategy, Planning and Research for Manitoba eHealth provided an overview of **eHealth's strategy**, and highlighted that primary care is presently seen as a main driver of this strategy. eHealth envisions electronic medical records (EMRs) as key tools that will support primary care and connect primary care providers to the broader health care system (e.g. to lab information, diagnostics, and specialists). In addition, as the emergency system is deployed more broadly, it will link back to EMRs allowing physicians know about encounters with the emergency system. The iEHR will be released in December 2010 and will provide access to information on lab results, prescriptions, immunizations. In 2011, it will be expanded to provide access to diagnostic imaging and will provide some integration with EHR.

Liz Loewen, Director of Telehealth and EHR Services for Manitoba eHealth presented on the work and activities of the **Primary Care Information System (PCIS)** office. The PIN program was very much the catalyst for the development of the office, as it identified the need for leadership and support around EMRs. One of the roles of the PCIS office is to promote EMR use and optimization. The PCIS office also ensures there are linkages and

interfaces between EMRs and other systems under development. In addition, the PCIS office manages relationships with the EMR approved vendors and would be happy to assist physicians with EMR selection.

For more information regarding the primary care renewal strategies presented at PIN Day VI, please see the presentation available at:  
<http://www.gov.mb.ca/health/phc/pin/workshops.html>

### **Open Dialogue with PIN Phase 1 Sites**

Following a brief break, the four group practices that participated in PIN Phase 1 were invited to speak about their experiences, including their challenges and accomplishments. The four Phase 1 sites were: the **Agassiz Medical Centre** in Morden, the **Dr. C. W. Wiebe Medical Centre** in Winkler, the **Assiniboine Clinic** in Winnipeg, and the **Steinbach Family Medical Centre** in Steinbach.

Among the various benefits noted by the sites were:

- › greater access to interdisciplinary providers,
- › an ability to increase nursing hours,
- › better workflow within clinics,
- › the ability to access and review physician-specific data,
- › a greater team approach, and
- › improvements on quality indicators.

Among the challenges the sites noted were:

- › difficulties using and extracting data from EMRs,
- › difficulties accessing services outside of the clinic,
- › difficulties with indicator development,
- › the need to build buy-in within the practice, and
- › the time necessary to integrate PIN into their processes.

Looking ahead, some of the PIN Phase 1 sites indicated that they intend to focus on:

- › integrating more interdisciplinary providers,
- › working more closely with the RHAs to learn how they can best address the needs of their population, and
- › addressing information barriers between primary care providers.

Some of the key messages imparted by the presenters were:

- › the importance of evaluating the impact of PIN on your unique practice, and
- › everyone needs to be involved in PIN within the clinic to make it work.

Although, in some respects, each of the four sites had different approaches and different experiences, all Phase 1 sites indicated a commitment to PIN going forward.

For more information regarding the presentations by PIN Phase 1 sites provided at PIN Day VI, please see the presentation available at:  
<http://www.gov.mb.ca/health/phc/pin/workshops.html>

## Break-out Session

Following a networking lunch, PIN Day VI participants were asked to break into groups to discuss two of the four core PIN objectives: improving **access** to primary care, and improving the **work life** of primary care providers. For a detailed summary of the thoughts and suggestions that emerged from these discussions, please see the Break Out Session Summary available at:

<http://www.gov.mb.ca/health/phc/pin/workshops.html>

