

Physician Integrated Network (PIN)

PIN Day V - October 24th 2008

Workshop Summary

PIN Day V / PIN Information Day

Over 70 participants attended the workshop held on Oct 24, 2008 at the Holiday Inn South in Winnipeg. The participants represented Phase 1 Demonstration Sites and their associated Regional Health Authorities, Manitoba Health & Healthy Living representatives, the Manitoba Medical Association, and family medical group practices in Manitoba interested in participating in Phase 2.

Workshop Objectives:

- ✓ Provide an opportunity for the PIN Demonstration sites to share their experiences and insights with each other.
- ✓ Provide an opportunity for networking and information gathering for potential new Phase 2 PIN sites.

PIN Day 5 Themes (as reported by PIN Phase 1 Demonstration Sites)

Change is difficult

...But well worth it. All of the PIN Phase 1 sites commented that changing their practice posed some challenges but all would do it over again. Sites reported that there was some resistance to change at each site, particularly around changing how data is entered into EMRs.

Improved care for the patient

Implementing PIN has given physicians a better understanding of their patient population and has supported practice modifications to better suit patient needs. In particular, improved care for chronic disease patients has been observed.

Financially Cost Neutral

When asked about the costs associated with PIN, all but one site concluded that participation has been financially neutral. There are some costs (e.g. physician time) that were not initially documented. It was noted that although PIN may not be a financial windfall, it does allow clinics to cover the costs of incorporating other providers and implementing practice change. One site noted that IT upgrade costs were significant.

Making & Taking Time

All sites agreed that change takes time and could not have “gone any faster”. In order to overcome resistance and accommodate the learning curve involved with practice change, clinic staff need to be given time to adjust.

Concern was voiced from potential sites that implementing PIN might take time away from physician’s clinical practice. There was agreement from participating sites that the work involved with PIN does take time but if you believe in it you will find a way to “make time”. Some also noted that the time is an investment that will have future benefits.

Leadership is very important

All sites noted that leadership makes a big difference in the outcome of PIN and that it is important to have both administrative and clinical leadership. A clinic manager can be a big asset in helping plan the upcoming changes. Physicians also play a key role; a physician champion is very important.

“No one is going home early... yet”

Physician workloads have not yet decreased, nor has there been a significant improvement in their work life. However, there is hope that this will change in the near future now that PIN is established in the clinic. Despite no noticeable decrease in workload, it was noted that the work has become more satisfying; other providers support physicians in focusing on the areas where their expertise is most needed and that is rewarding.

Each site is different

Each clinic chose how to integrate PIN into their practice based on what worked best for them; no two sites are exactly the same. How they overcame challenges or integrated other providers was completely up to them. For example, each clinic shared quality target results slightly differently. Some sites preferred anonymity while others shared all of the information.

A new relationship with MHHL

PIN has provided an opportunity to have a “new” kind of relationship with Manitoba Health and Healthy Living (MHHL). The clinics were not told what to do, but rather supported to come up with their own plan.

Introduction to the Day

Jeanette Edwards, Special Advisor to the Deputy Minister on Primary Care, opened the day by presenting a brief overview of Phase 1 accomplishments, challenges and lessons learned. An overview was provided on the four Department Deliverables within Manitoba Health and Healthy Living that are being developed during Phase 2 to support PIN: *Indicator Development, Data*

Collection and Analysis, Funding and Remuneration, and Information Technology and Management Support.

PCISS Update

Tom Fogg, Divisional Director, Strategy, Planning & Research, Manitoba eHealth, provided an update on the Primary Care Information Systems Strategy (PCISS). The PCISS plans for the upcoming year were outlined. In particular, an explanation of the EMR Vendor Qualification process was provided; a small number of vendors will be selected by November and announced on Manitoba eHealth's website. This was followed by a short question period. (To learn more about the EMR vendor qualification process, please see <http://www.manitoba-ehealth.ca/dr-EMRQual.html>.)

Networking Lunch

During the networking lunch, participants were invited to speak with PIN Phase 1 Demonstration Site representatives who had brought site specific materials to help answer any questions.

Panel Discussion

The majority of the afternoon was spent engaged in a panel discussion. The panel was made up of representatives (clinic managers and physicians) from each of the sites involved in PIN Phase 1. The discussion was facilitated by Jeanette Edwards. (Please see "Themes of the Day" above for an overview of the discussion that took place.)

Information Technology and Management in Primary Care

Rick Guerard, Project Director - Manitoba Electronic Health Record, Manitoba eHealth provided an update on Manitoba's Electronic Health Record (EHR) timeline and status for "Version 1" of the EHR. Version 1 is taking place in three stages over the next four years, beginning with the procurement which is expected to finish in the next 6 months. (If you would like to learn more about the development of Manitoba's EHR, please visit <http://www.manitoba-ehealth.ca/ehr.html>.)

PIN Phase 2: Next Steps / Recruiting New Sites

Jeanette Edwards, Special Advisor to the Deputy Minister on Primary Care, outlined the application and site selection process taking place in Phase 2, including a review of the general criteria to be considered as a Phase 2 PIN site. All interested sites are invited to submit an Application of Interest; the PIN team will begin presentations to all interested sites Spring 2009.

More Information

To view the presentations from PIN Day V, please visit our website <http://www.gov.mb.ca/health/phc/pin/workshops.html>.

For more information about the Physician Integrated Network, please visit our website www.manitoba.ca/health/phc/pin. You may also contact:

- Carlee-Ann Dueck at 788-6750 or carlee-ann.dueck@gov.mb.ca
- Jeanette Edwards at 788-6750 or jeanette.edwards@gov.mb.ca.

