

Seniors Prototype Evening

April 21, 2016

BACKGROUND

- Richmond is a late addition to the Senior's prototype, attending the October 14-15, 2015 provincial session as observers
- The invitation to join the prototypes came about due to the alignments between the goals of the senior's prototype with existing work underway in RDFP's A GP for Me-Neighbourhood Network's project, namely around bringing together groups of geographically linked GPs to address primary care needs unique to their practices, patients and geographical community.
- As the third prototype to the VCH sites our Working Group launched December 2015 meeting weekly through February 2016 with active involvement by RDFP leadership + 5 community GPs.
- Richmond's Senior's Prototype project has focused solely on the development of a primary care home for seniors. Other elements such as GP in the ED, redesign of home health, etc. was out of scope as these projects had been developed by VCH prior to our involvement, in order to access the overall funding stream from the Ministry to the health authorities.

CURRENT STATE

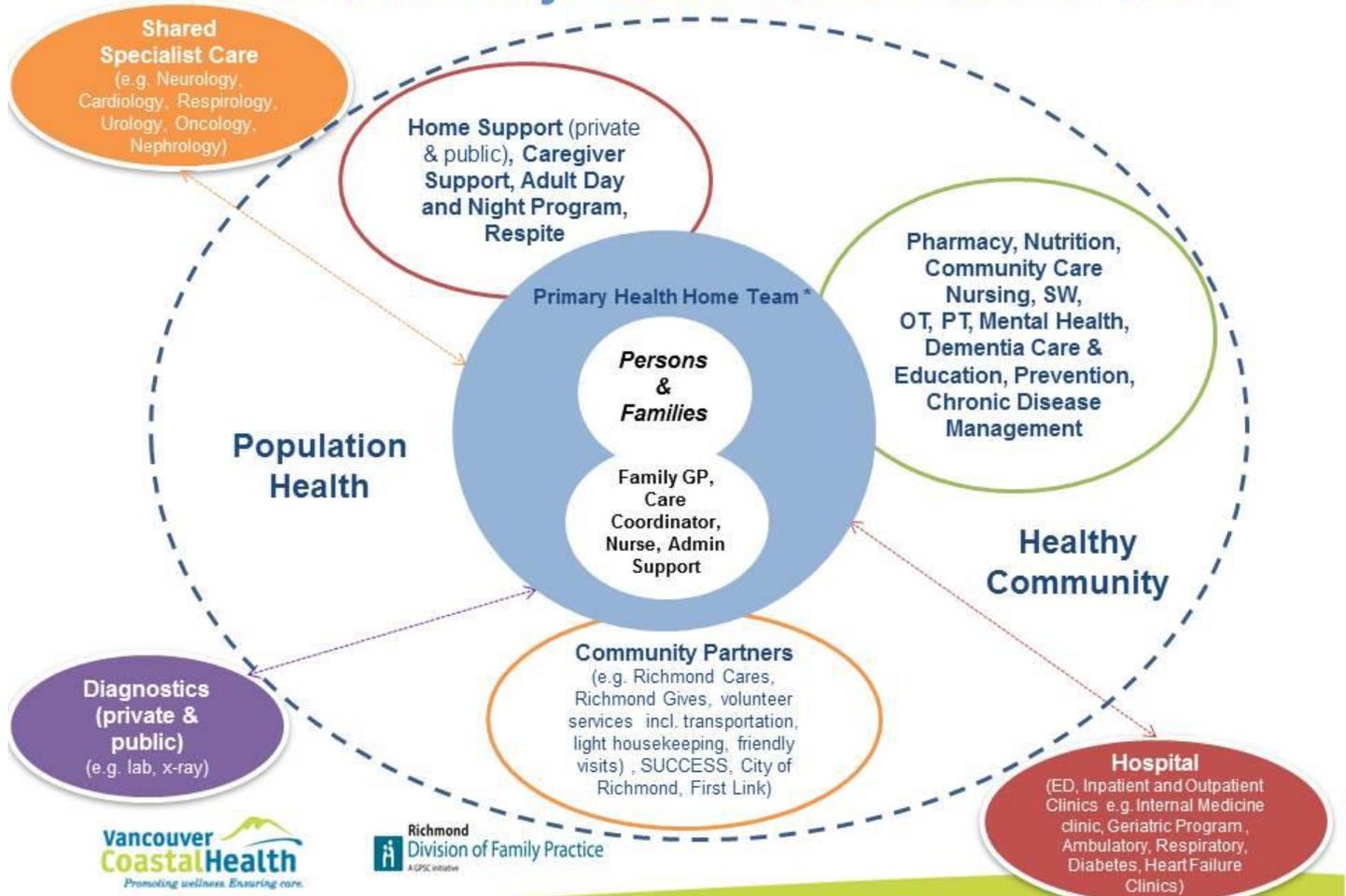
- The Richmond Primary Health Model has been approved by RDFP board and CSC, to be presented to VCH Leadership next week.
- The project benefited greatly from the work of the first cohort of projects as well as the recent shifts toward the patient medical home seen at both national and provincial levels.
- The model has been designed to ensure flexibility and scalability of the model to meet the needs of other vulnerable patient groups, community needs and health resources.
- The project proposal should be finalised this week and needs approval by our Board and CSC in early May.
- It is anticipated that the implementation of the Senior's Model will leverage the existing Neighbourhood Network strategy for its implementation.

SUCCESES and CHALLENGES

Physician Engagement	Ensuring physician engagement to truly "co-determine priorities and co-design solutions" within existing constraints such as physician capacity, compressed timelines and existing organizational priorities can be challenging. Despite this, GP engagement was robust: -5 GPs involved in Working Group, GP participants reflected GP community -RDFP supported the Co-Chair role (appointed as Board representative), considerable Exec. Director resources were directed to project oversight. -Both E.D. and Co-Chair (GP Lead) committed to weekly meetings of the Leadership Group, tasked with steering the Working Group. -40 GPs attended a member engagement event planned and led by RDFP, funded by VCH. 15 GPs reported that they would be interested in participating in the project. -Board involved through monthly reports, document review and meetings
Planning Process	-Inadequate VCH project management resources -Lack of transparency about other related work such as home health redesign, hospice beds, etc. -Positive working relationship within both the Working Group and a Leadership Group and willingness to respond to recommendations/direction from RDFP.
Support for the work through infrastructure	-A GP for Me work provided many valuable assets to the planning process., starting with a rich data stream through partnership between the Ministry's health utilization data and the City of Richmond's social demographic to integrating allied health and specialty resources into a NN, these will offer many benefits to the implementation process. - A NN is not a primary health home and while the Network concept is aligned with the patient medical home, it's ultimately a structure for activities that cannot be done (or are not incentivized) in the fee-for-service model. Some components of the 'medical home' can be built within the Network structure but it will also house initiatives that are unique to the practice and community

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Richmond Primary Health Home Model of Care



* Each core Primary Health Home team may be supplemented differently to address health needs of the specific community being served.