

St. Michael's Hospital Residents' Health Services Panel 2016 Term

Summary of Results from Panel Meeting held on October 29th, 2016

Topic of Discussion: Academic Family Health Team Services at St. Michael's Hospital

Executive Summary

The St. Michael's Residents' Health Services Panel is a representative group of local residents, made up of 28 randomly selected Panelists. Panelists were asked by the hospital's CEO, Dr. Bob Howard, to advise the hospital over the course of eight meetings throughout 2016 on how best to improve health services for its entire urban community. Panelists are tasked with helping to ensure that specific hospital initiatives are well-aligned with the values and priorities of local residents.

On October 29, 2016, panelists met to learn about St. Michael's Academic Family Health Team (the AFHT) and the interprofessional services they currently offer to their rostered patients, such as chiropody, physiotherapy, mental health care, and tax clinics. The panel was asked to discuss how the Academic Family Health Team could begin offering these interprofessional services to local residents who receive primary care from other providers. After a day of deliberations, the Panel ultimately recommended that the Family Health Team prioritize extending interprofessional services to certain groups of non-rostered patients:

- People who need access to a stigmatized service, since the AFHT's multi-service setting means access to stigmatized care can be anonymous;
- People who need access to multiple (rather than only one of) the interprofessional services, since the AFHT provides coordinated care;
- People who don't speak English, since AFHT has language support services that are harder to access elsewhere;
- Homeless and underhoused people who need access to mental health and addictions services;
- Housebound seniors who need home visits;
- New immigrants and refugees who would benefit from accessing a pharmacist to discuss the medications they may have been taking in their country of origin and how to adapt their medication regimen to their current setting;

- Youth in the St. Mike's catchment area who need access to mental health services; and
- Patients at risk of worsening health issues who do not have access to necessary preventative health services through private health insurance.

As this was the seventh of its eight meetings, the Panel also discussed the impact the Panel's work has had so far on the activities of St. Michael's Hospital. Jason Manayathu, Manager of Strategy and Corporate Planning, presented on the ways that the Panel was having an influence already, as well as some of the reasons that action on priority items sometimes take more time than panelists might expect. After the presentation, panelists noted that:

- They were eager to see their recommendations implemented as soon as possible;
- Progress on the issues the panel has highlighted is necessary and urgent, and the hospital should seek to be leading on these changes whenever possible;
- The panelists were invested in hearing back from the hospital about how the hospital has acted on their recommendations, and felt the hospital should be accountable for explaining prolonged lack of progress if it were to occur; and
- They would be looking to the 2017 Corporate Objectives for evidence of alignment with their recommendations.

About the St. Michael's Hospital Residents' Health Services Panel

The St. Michael's Residents' Health Services Panel is a new initiative of St. Michael's Hospital. In February 2016, 14,500 randomly selected households in central-east Toronto received a letter in the mail from the hospital's CEO, Dr. Bob Howard, asking them to advise the hospital over the course of eight meetings on how best to improve health services for its entire urban community. Over 371 residents responded, and 28 were randomly selected so that together they represent the demographics of those living in St. Michael's diverse catchment area.

The selection process achieved broad representation by ensuring a proportionate number of panel members are appointed to the panel based on their age, gender, household tenure, patient status, visible minority, and indigenous status.

All panelists are committed to helping improve the health care system and each offers an important perspective concerning the needs of local communities. Collectively they bring a wealth of knowledge regarding local resident's experience in the healthcare system, and have a commitment to help healthcare organizations focus their attention where it is needed most.

Over the course of their first four meetings, panelists heard from some of Toronto's foremost health system experts about the way Ontario's health system is structured, the operations of St. Michael's Hospital, and the current demographics and health needs of central-east Toronto. Panelists also participated in a series of facilitated discussions to agree on six guiding principles and 15 priorities that they collectively believe should guide St. Michael's efforts to improve comprehensive care in the local community.

These principles and priorities, along with the member's biographies, are documented in the Panel's Inaugural Report, available here:

<http://www.stmichaelshospital.com/pdf/partners/residents-health-services-panel-report.pdf>

During the second half of their term, panelists focus each of their meetings on specific initiatives at the hospital that are intended to improve local health services. The panelists work together to advise the hospital on how to ensure that these initiatives reflect the needs of local residents. So far, their meetings have focused on the following topics:

- In June 2016, members produced recommendations on creating an information service where patients can find out about all health services available in the sub-LHIN region. This can be found here: <http://www.stmichaelshospital.com/pdf/partners/residents-health-services-panel-160618.pdf>
- In September 2016, members produced recommendations on the existing ambulatory care services offered at St. Mike's. This can be found here: <http://www.stmichaelshospital.com/pdf/partners/residents-health-services-panel-160917.pdf>
- In October 2016, members produced recommendations on extending services offered by the St. Mike's Academic Family Health Team to patients outside their care (details are contained in this summary)

October 29 Meeting: The Process

On October 29th, 2016, the Panel met to discuss the interprofessional services offered by the Academic Family Health Team at St. Michael's Hospital and advise the hospital on which services should be made accessible to local residents who are not rostered patients of the Academic Family Health Team.

Before examining the topic, the panel received an update from Jason Manayathu, Manager of Strategy and Corporate Planning, that outlined the impact the Panel's recommendations were having on the Hospital, how their recommendations fit in with St. Mike's annual planning cycle and what they can expect in the future.

The panel was then joined by leadership from the Academic Family Health Team: Linda Jackson, Executive Director, Academic Family Health Team & Program Director, Inner City Health, and Dr. Karen Weyman, Chief of Family Medicine & Co-Chair, Urban Community Strategic Priority. Linda and Karen presented about the types of care the Family Health Team offers, where their services are offered, and how their team's structure and care tie in to the primary care transition process being led by the Toronto Central LHIN.

Karen and Linda explained how the Academic Family Health Team was beginning to consider opening up access to its interprofessional services to some groups of non-rostered patients, in order to help improve access to care and population health in the St. Michael's catchment area.

Panelists then developed recommendations for the Academic Family Health Team through a sequence of three facilitated activities. The first activity asked panelists to discuss in small groups their own personal or family experiences of access to the kind of interprofessional services offered by the AFHT. Panelists discussed if accessing this care was beneficial and how easy it was to access that service. The second activity asked panelists to create a long-list of the different options they thought AFHT should consider when looking to 'open-up' access to the AFHT's interprofessional services: What groups of non-rostered local residents could have access to which services? The third activity asked panelists to prioritize amongst the long-list of options they had generated and create a short-list of the groups of non-rostered local residents they think the AFHT should prioritize when working to open-up access to interprofessional services.

Results

The Panel's deliberations resulted in the following consensus recommendations regarding the groups of non-rostered local residents AFHT should prioritize when working to open-up access to interprofessional services.

Highest Priority Groups for Non-Rostered Access to Interprofessional Services

Three categories of resident groups emerged as the highest-priority groups.

The panel concluded that, since the Academic Family Health Team was a multi-service, team-based setting, it should prioritize extending interprofessional service to:

- People who need access to a stigmatized service who would otherwise fear seeking the care they need (such as those seeking support for domestic violence, HIV positive patients or those with stigmatized mental health issues). The panel suggested this as a priority group since the AFHT's multi-service setting means access to stigmatized care can be anonymous.
- People who need access to multiple (rather than only one of) the interprofessional services offered. The panel suggested this priority group since the AFHT is designed to provide coordinated care.
- People who don't speak English. The panel suggested this priority group since AFHT has language support services that are harder to access elsewhere.

The panel also suggested that the SMH AFHT should prioritize extending interprofessional services to the following high-need population groups:

- Homeless and under-housed people should have access to mental health and addictions services, since the St. Mike's catchment area has a high population of these groups, and addressing these health issues are central to wellbeing for these individuals

The panel also suggested that the SMH AFHT should prioritize extending interprofessional services to certain populations who would benefit from early interventions that could help prevent health problems from worsening:

- Housebound seniors should have access to needed health services that can be provided through home visits because they are often unable to get to appointments and receive treatment that would help prevent their health from deteriorating. There is also a higher percentage of seniors who live alone in the St. Mike's catchment area than other areas of Toronto.
- Youth in the St. Mike's catchment area should have access to mental health services because it is a growing issue that can be addressed by early intervention.
- New immigrants and refugees should have access to pharmacists to understand the medications they may have been taking in their country of origin and how to adapt their medication regimen to their current setting in order to prevent negative interactions between medications.
- Patients who do not *quite* meet stringent qualifications for free programs elsewhere but who face a mix of health issues that mean they are at high risk of worsening health if they do not receive care should have access to the programs they need to prevent their health from deteriorating.

Average Priority Groups for Non-Rostered Access to Interprofessional Services

If the AFHT were able to offer their interprofessional services to all the high-priority groups outlined above, the Panel also suggested that the following groups be considered to receive interprofessional services:

- That Immigrants and refugees be given access to tax clinics, mental health care, and nutritional advice services;
- That People who would otherwise be put onto very long wait lists be given access to the interprofessional services they need;
- That youth be given access to stress management and nutrition services, as well as physiotherapy if they have no other coverage;
- That LGBTQ community be given access to AFHT's public and social program referral services and stress management service;
- That people who engage in sex work be given access to mental health and addiction services;
- That low income individuals be given access to nutritional advice services; and
- That at-risk mothers be given access to prenatal and postnatal support.

Lower Priority Groups for Non-Rostered Access to Interprofessional Services

If the AFHT were able to offer their interprofessional services to all the high-priority and average priority groups outlined above, the Panel also suggested that the following groups be considered to receive interprofessional services:

- That all local residents who need them be given access to stress management programs, mental health and addiction services, nutrition services, HIV services, family planning and sexual health services, and housing services
- That more local residents should have access to AFHT's public and social program referral service
- That more local residents without health issues have access to nutritional advice

- That all future parents should have access to prenatal and postnatal services
- That all seniors be given access to pharmacist services

Additional Factors that the Panel Recommends be Considered by AFHT

In order for the extension of interprofessional services to non-rostered patients to be effective, panelists believe the following factors should be kept in mind by the AFHT:

- Generally, patients who would most benefit from AFHT services need to be made aware of their existence. It's not clear that, at present, high-need local residents know that the AFHT is an option for their primary care. This would certainly be the case when it came to newly available interprofessional services. A centralized information resource for the sub-region would help ensure people are getting the care they need.
- Interprofessional services offered should be patient-centered; that is, services should be culturally sensitive and welcoming to the groups that are being serviced, and a patient's intersectionality should be considered when seeking to provide patient-centred care (including but not limited to their age, sexuality, income, access to existing services).
- If interprofessional services were offered, family physicians/general practitioners (GPs) and other primary care providers would also need to be made aware that they are available.
- If interprofessional services were offered, AFHT needs to maintain communication with the patient's GP so that there is continuity of care when the patient is receiving interprofessional services through the AFHT.
- Good communication with GPs and other health service providers will also help the AFHT define priority populations and promote referrals (GPs may worry about losing patients and not refer).
- The AFHT should make sure the incentives and disincentives actually encourage other healthcare providers to direct their patients to AFHT's services — they may worry about patients leaving them and enrolling with the AFHT, which could prevent referrals.
- Rules for accessing interprofessional services should be clear and transparent, and there should be explicit, compassionate, and helpful procedures in place for turning people away if they do not meet eligibility criteria.
- The capacity of the AFHT to provide appropriate care to its patients should be considered when expanding services to additional groups — AFHT should make sure they balance the needs of current patients and not expand beyond its capacity.
- Given limited public healthcare funds, AFHT should not provide free interprofessional services to those who can afford to access these services elsewhere.

Individual Commentary from Members

No panelists submitted individual commentary.