

Engagement Workshop

A Developmental
Learning Activity for the
Toronto Central LHIN's
Strategy on Transforming
Primary Health and
Community Care



<https://s3.amazonaws.com/wordpress-production/wp-content/uploads/2015/05/team-brainstorming.jpg>

Pat O'Campo and the C-UHS team, February 28, 2018

St. Michael's

Inspired Care.
Inspiring Science.

Centre for Urban
Health Solutions



**Generating evidence
to support your work.**

February 28, 2018

Overview of Workshop

What we heard from you

01

Using the continuum

02

Aligning engagement goals & strategies

03

Implications for reporting metrics

04

WHAT WE HEARD FROM YOU

We asked what *you* wanted to include in a workshop for engaging PCPs

We want to hear from you about the TC LHIN's Workshop for Engaging Primary Care Physicians

Purpose: To gather information to inform the design of a workshop in the new year to build skills around effective engagement of a heterogeneous group of primary care physicians.

Our Message: As Developmental Learning involves co-creation, we need your input on key concepts to prioritize in a workshop on effective engagement strategies. There are dozens of possible topics we could cover and we can only address a handful in a 1.5 hour workshop.

- Please weigh in on the foci of the workshop.
- This should only take you 10 minutes.
- There is no login required to complete this survey.
- Please select "Submit" at the end of this survey once you are satisfied with your answers.
- If you exit the survey before submission, your responses will not be saved.
- We look forward to having your input on the workshop.

1 Your name:

2 Team name:

E.g. LHIN staff, Sub-region, Priority Project. If you're a part of more than one team, please choose one.

PART A: Current Needs (See figure below of Engagement Continuum, if needed)

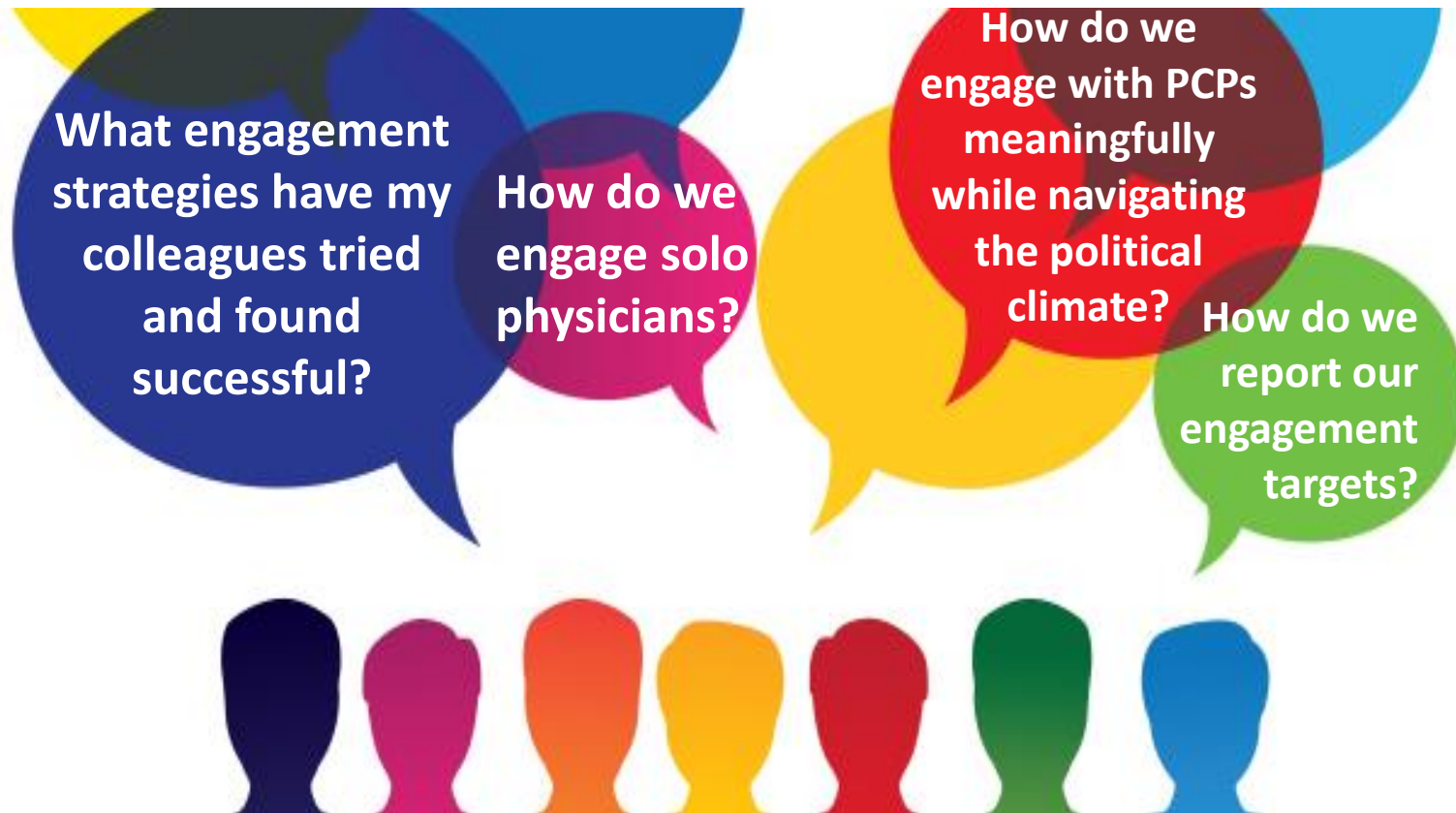
Thank you for participating in our pre-engagement workshop survey in Dec/Jan.

Your insight was very much appreciated.

Your survey responses as well as what you've shared in interviews and meetings helped solidify the priorities for today's workshop.

This is what we heard from you...

Many of you shared similar challenges:



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Objectives for Today

Based upon what we heard from you

1

Understand how to effectively apply a Primary Care-focused engagement continuum to your work

2

Consistently report Primary Care Physician (PCP) engagement metrics to the TC LHIN

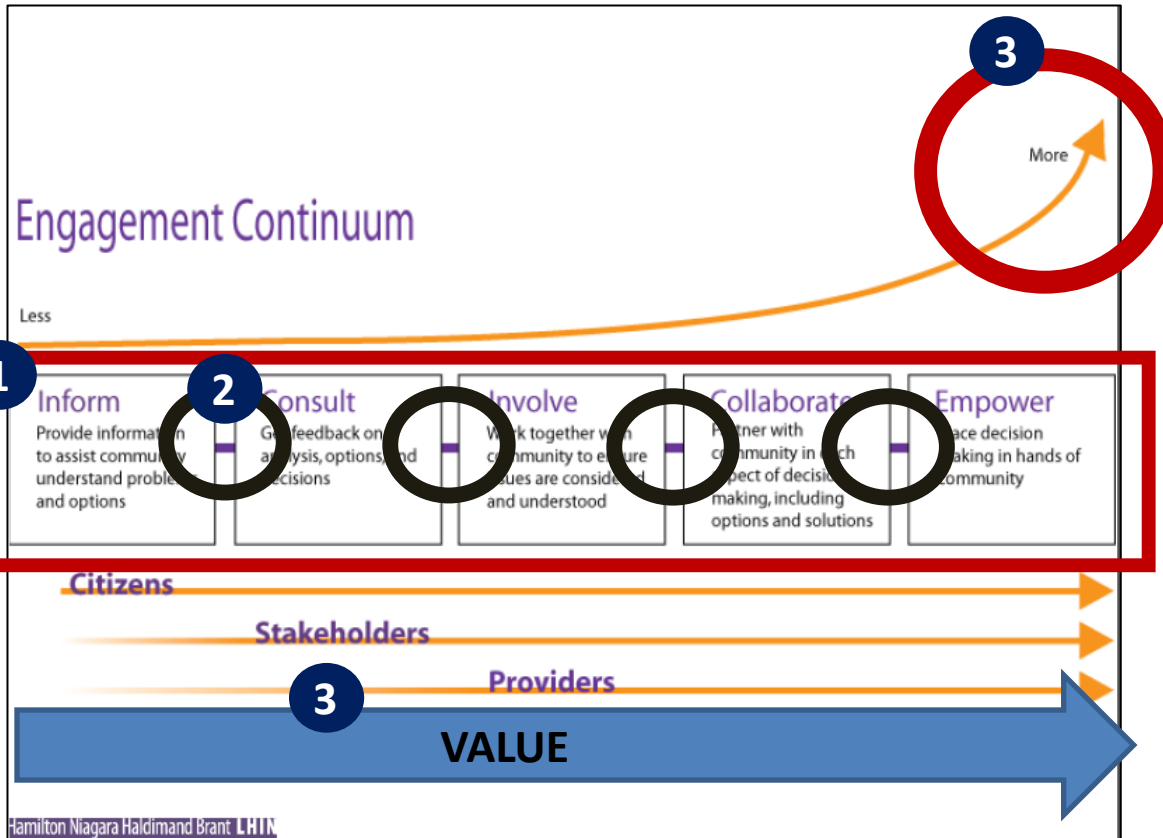


A word cloud of terms related to engagement and primary care. The most prominent words are 'engagement', 'physicians', 'value added', 'patients', 'relationships', 'competing demands', 'engagement continuum', 'strategies', 'listening', 'committees', 'on-going communication', 'long-term', 'OMA', 'solo docs', 'inform', 'collaborate', 'involve', 'empower', and 'relationships'.

USING THE CONTINUUM

Let's talk about this Continuum...

What are some limitations?



Key Limitations:

1. Definitions are not specific to the TC LHIN Primary Care strategy
2. Implied need to progress down continuum (step-wise process)
3. Implied value down continuum (least to best)

Alone, this continuum falls short in informing strategies for PCP engagement...

Where to begin? Use definitions related to our Primary Care work

(refer to LHIN Engagement Theory of Change document)

INFORM

All primary care providers will be informed of the TC LHIN strategy, implementation processes and will know how to participate

CONSULT

Gather input and feedback from comprehensive PCPs

INVOLVE

Providers participate in new and expanded change initiatives

COLLABORATE

Physician leaders are engaged in co-designing and informing solutions and strategies

EMPOWER

Select physician champions participate in the leadership of the design, implementation and evaluation of solutions and strategies

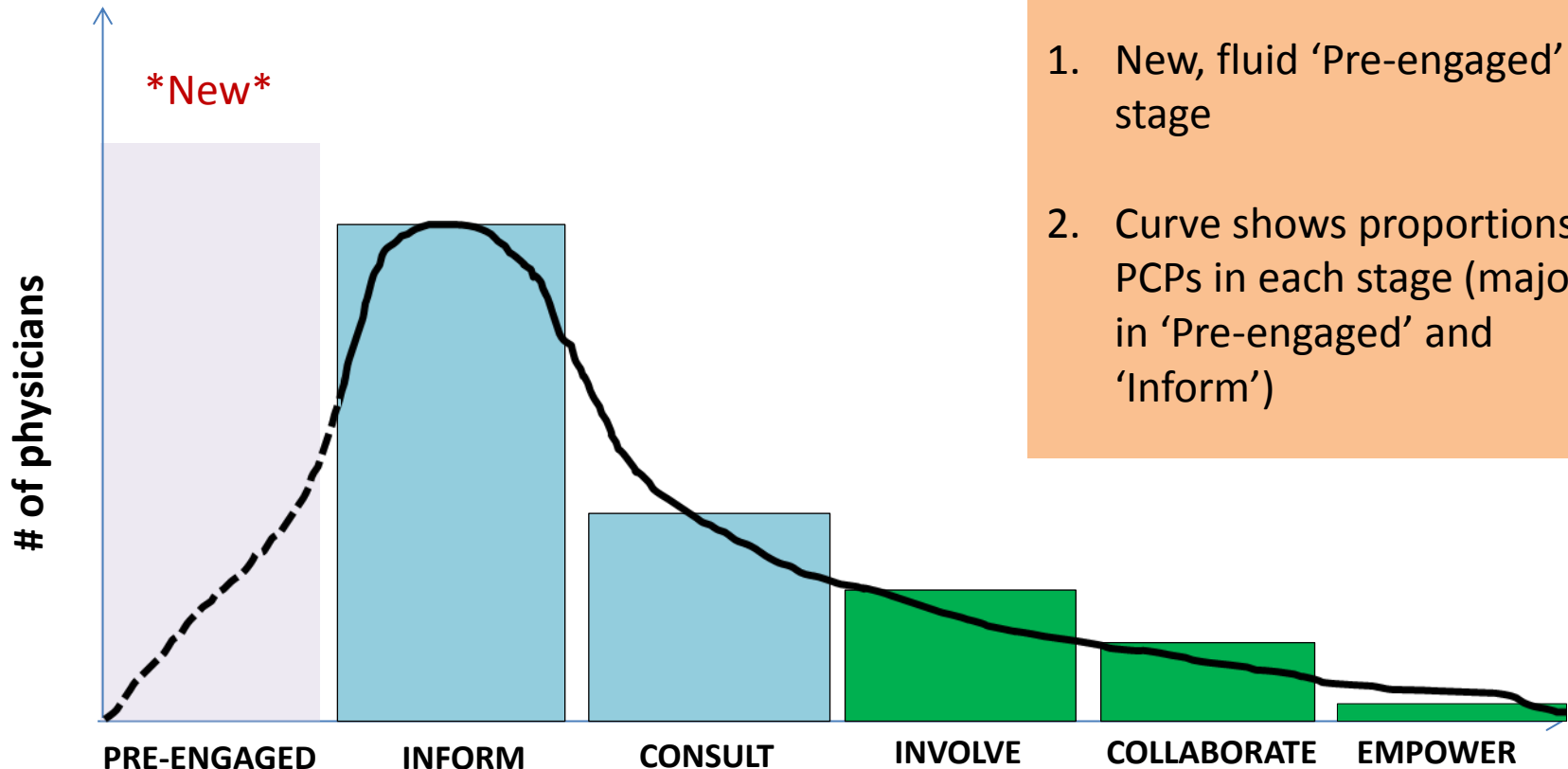
Where would we include PCPs that do not fall under any of these stages?

PRE-ENGAGED

A physician not currently ready to receive or provide any information regarding the PC strategy due to outdated contact info, too busy, political climate, or general apathy to the LHIN, etc.

We recommend working on a single, agreed upon definition to remain consistent across all sub-regions.

Introducing the... Engagement Hill!



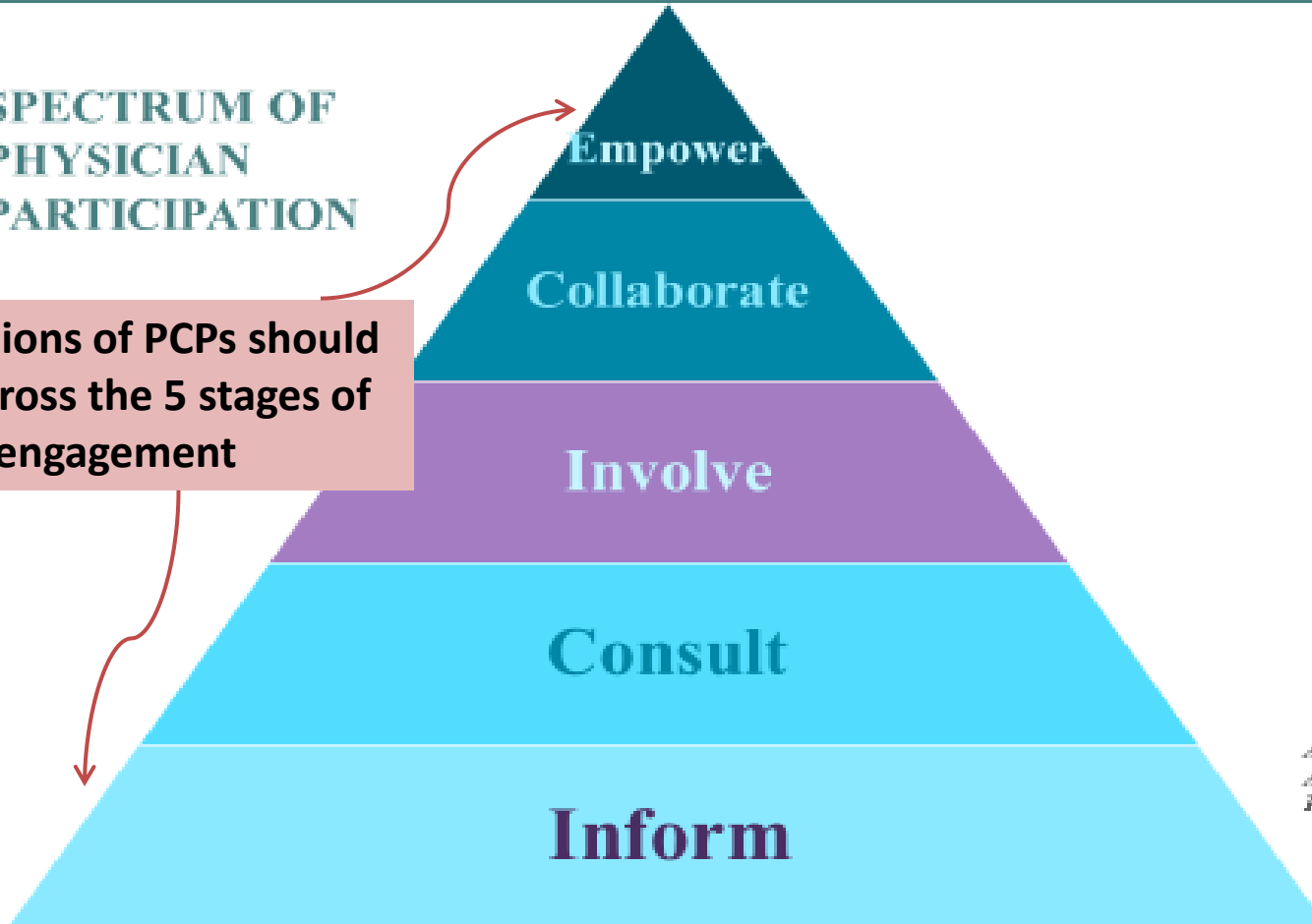
What's Changed?

1. New, fluid 'Pre-engaged' stage
2. Curve shows proportions of PCPs in each stage (majority in 'Pre-engaged' and 'Inform')

Engagement Pyramid

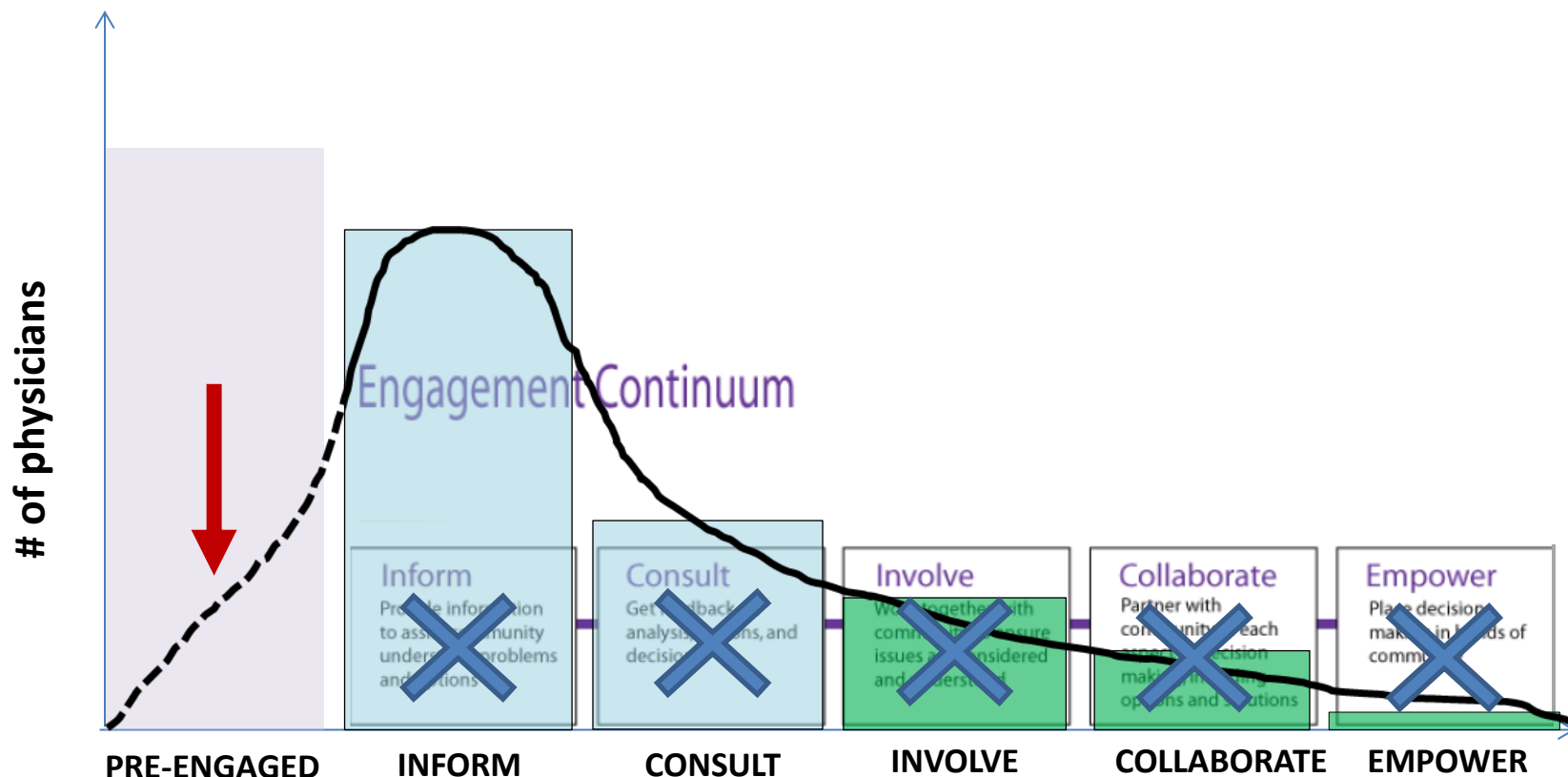
SPECTRUM OF
PHYSICIAN
PARTICIPATION

Proportions of PCPs should vary across the 5 stages of engagement



Adapted from: International Association for Public Participation

What's different? Before and After



New, consistent definitions

A physician not currently ready to receive or provide any information regarding the PC strategy

All PCPs will be informed of the TC LHIN strategy, implementation processes and will know how to participate.

Gather input and feedback from comprehensive PCPs.

PCPs participate in new and expanded change initiatives.

PCP leaders are engaged in co-designing and informing solutions and strategies.

Select PCP champions participate in the leadership of the design, implementation and evaluation of solutions and strategies.

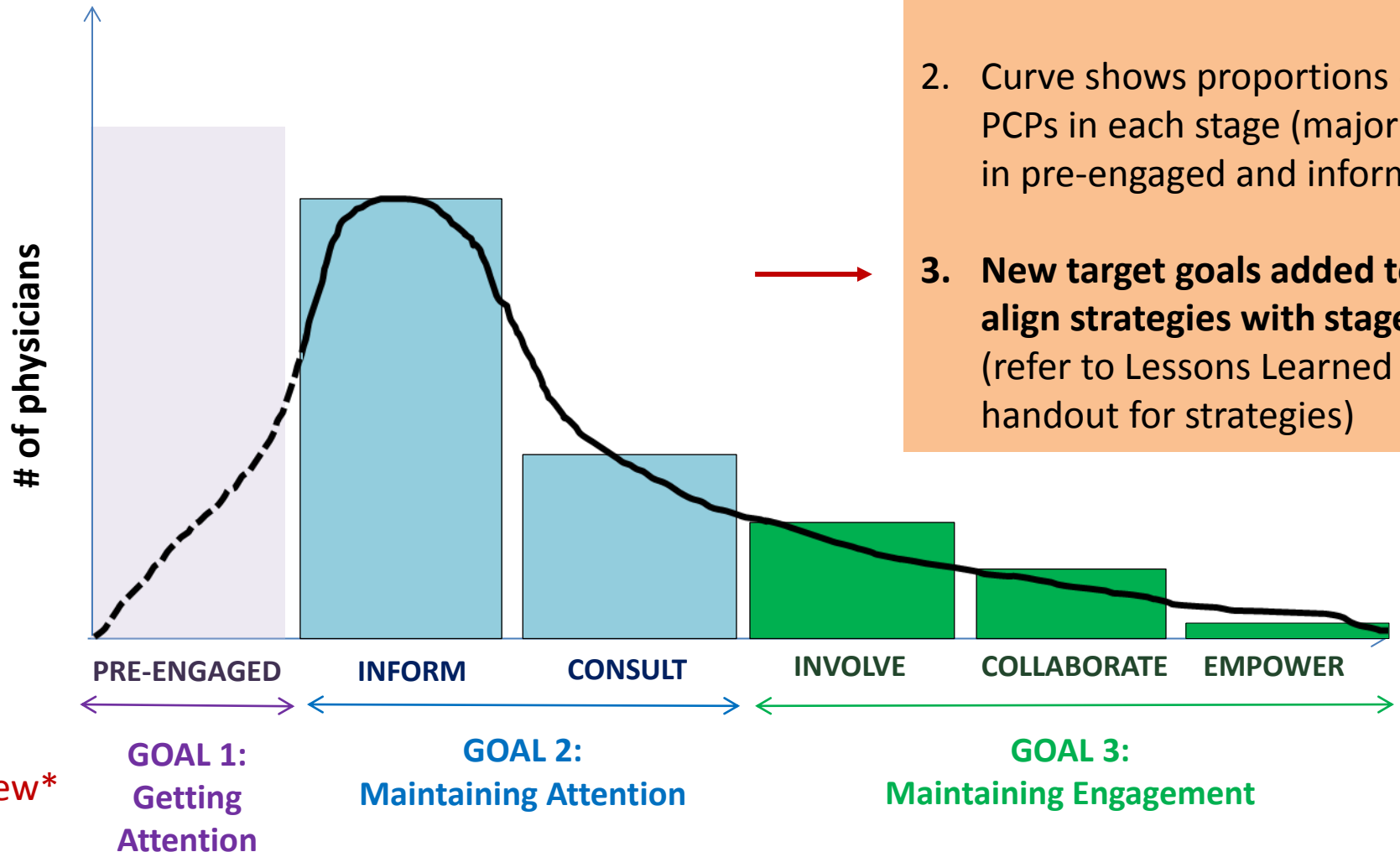
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ALIGNING ENGAGEMENT GOALS AND STRATEGIES

Putting it all together...

What's Changed?

1. A fluid pre-engaged stage
2. Curve shows proportions of PCPs in each stage (majority in pre-engaged and inform)
3. **New target goals added to align strategies with stages** (refer to Lessons Learned handout for strategies)

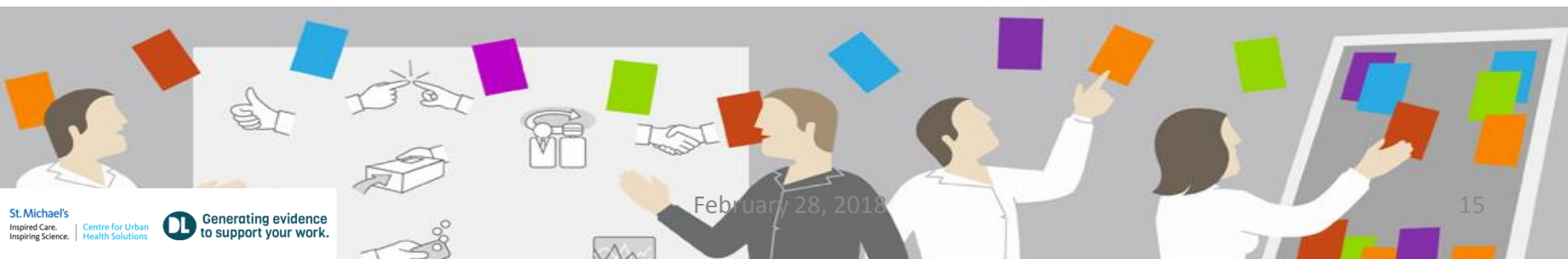


Your turn! Your Engagement 'Challenges'

(10 min)

1. How do we engage with PCPs who do not practice in a group?
2. How do you get PCPs to join committees?
3. How does your approach to PCP engagement differ across all stages of the continuum?
4. What is the value of the lower levels of engagement for PCPs who do not progress to empower? (e.g., PCP remains at "Inform")
5. How do you keep the loop of communication open if there's no new updates to share with PCPs?
6. How do you encourage or support PCPs to adopt new initiatives that will change their work flow or provide additional work for them?

Other questions?

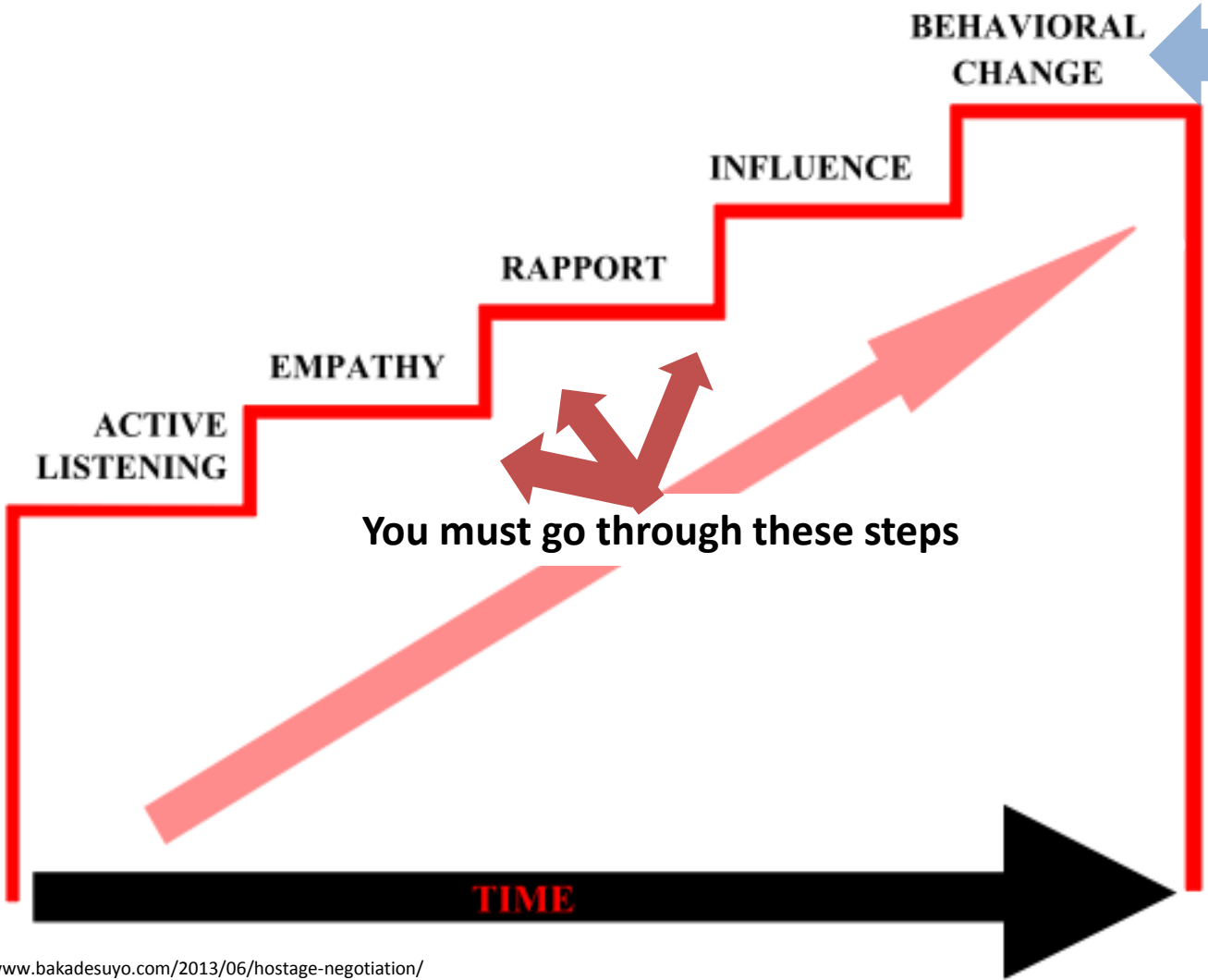




**Time for a
quick break!**

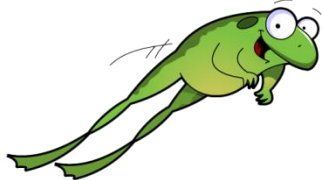


Meaningful engagement takes time & effort.



- To get to these outcomes:
- >Build trust
 - >Informed PCPs
 - >PCP buy-in for vision of primary care transformation
 - >PCP participation in primary care transformation

<https://www.bakadesuyo.com/2013/06/hostage-negotiation/>



Learning to L.E.A.P.



Listen

L

Listen carefully for facts and feelings

Let the person “get it out”, vent, or explain

Don’t defend, explain, or assure

Empathize

E

Acknowledge their feelings

Demonstrate that you understand, that “you get it”

- *“I see your point”*
- *“We have to pay attention to this one...”*
- *“That issue is important”*

Summarize the facts as appropriate

Ask

A

Invite more information with:

1. Encouraging body language & tone
2. Clarifying questions (open-ended)
3. Questions to get at interests
 - *“What’s important to you?”*
 - *“Help me understand why that’s important?”*

Problem-Solve

P

1. Propose a solution, or if appropriate share LHIN strategies
2. Asks what s/he thinks would help, or
3. Ask questions to generate a solution

Provide timely follow-up to ensure accountability

Try it: A frustrated PCP tells you, “The LHIN keeps giving me survey after survey to fill out asking for feedback, but I never hear back from them. I’m tired of the LHIN.”

You try it: Work in pairs and use L.E.A.P. to navigate some real PCP concerns.

- 1. Thoughts of LHIN being a waste of money**
“I pray that this is not an additional layer of bureaucracy to complicate a busy practice with an aging demographic”
- 2. Following OMA suggestions not to cooperate with LHIN due to ongoing contract negotiations**
- 3. Interested but not willing to participate until:**
“...commitment by the LHIN and the Ministry to conduct meaningful consultation with physicians in planning primary care reform”
- 4. “Aspects of Bill 41 (Patients First Act) are intrusive to patient privacy and physician autonomy”**
- 5. Misconceptions who the LHIN was or what the LHIN’s role was and how it affects physicians**
“I do not fall under a LHIN jurisdiction”

“...confused about what the LHIN’s plans and goals were, having perused material available online”
- 6. Works in a busy practice and do not want or have time to listen**

Note: These are real comments provided by real PCPs in Toronto during the TC LHIN 2016-17 PCP Census data collection.

Make it your own.



<https://ih0.redbubble.net/image.264454608.9092/flat,1000x1000,075,f.u1.jpg>

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IMPLICATIONS FOR REPORTING METRICS

Reporting your metrics to the LHIN

Common questions and areas of confusion:

- How do we account for physicians that are part of 2 or more stages of engagement?
- Where do we include physicians that do not fall under any of the original 5 stages of the continuum?
- Are we counting per *individual PCP* or per *engagement activity*?
- How do we set our targets?

Reporting your metrics to the LHIN

Total # of PCPs	Pre-engaged		Inform		Consult		Involve		Collaborate		Empower	
	Current	Target	Current	Target	Current	Target	Current	Target	Current	Target	Current	Target
Mid-East 215												
North 219												
West 187												
Mid-West 523												
East 292												
Total 1,436												

**We created an instructions guide to guide your reporting.
(Refer to Instructions for reporting..., PCP Classification Guide)**

Summarizing What's Changed

Original guidelines:

5 stages of engagement

Definitions used vary across all sub-regions

PCPs can be double-counted by event

Inconsistent target estimations

1

2

3

4

What we are suggesting:

6 stages of engagement

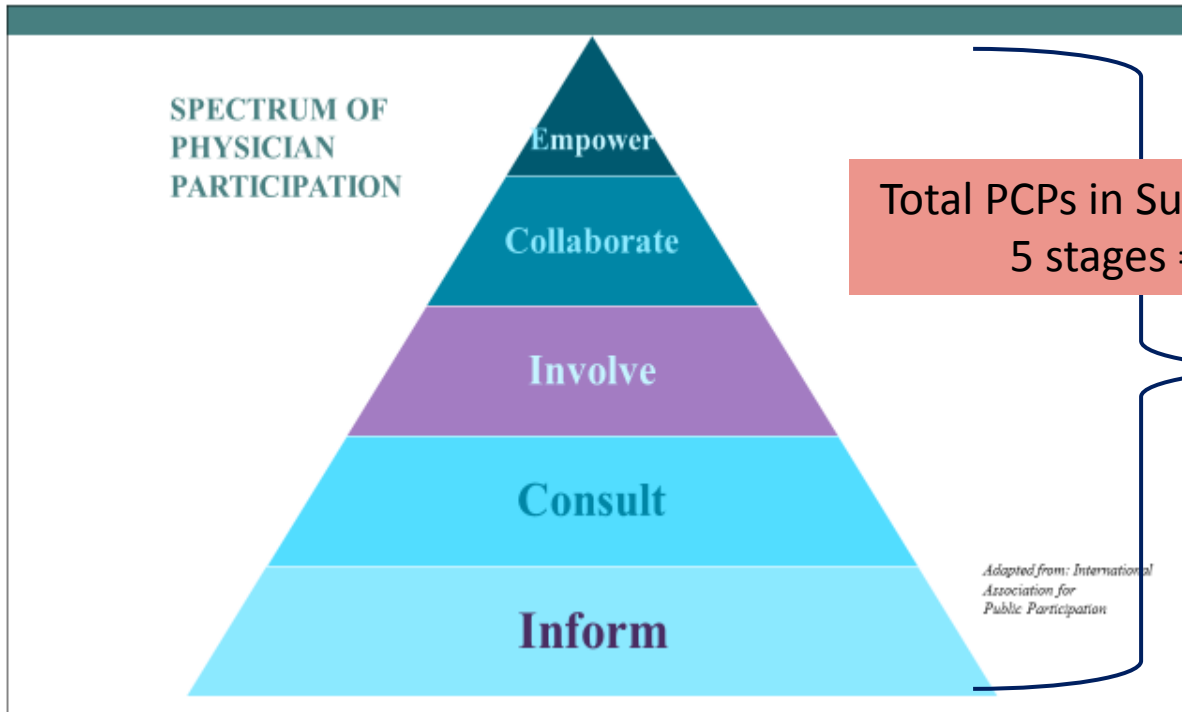
Single set of definitions across all sub-regions

Count by individual PCP's highest level of engagement attained

Target estimation based on Engagement Hill

Goal: increase clarity, consistency in reporting across all sub-regions

Using the pyramid to estimate targets:



Primary Care Strategy Work Plan Overview

1. **Use the pyramid to guide your targets in each stage**
 - E.g. highest proportion of PCPs in Inform, lowest in Empower
2. **To calculate # of pre-engaged physicians:** Total PCPs in sub-region – (# Inform + # Consult + # Involve + # Collaborate + # Empower)



Questions?

Thank you for your participation!

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Generating evidence
to support your work.