

## PCP Engagement Activities Classification Guide

This table is meant to be a guideline for categorizing activities on the engagement continuum. Always refer to the ‘Function’ column to ensure the function is aligned with the activity.

Engagement Activity	Function
<b>Pre-engaged – Primary care providers are unable to be reached or not ready to hear about LHIN initiatives or activities</b>	
1. Unsuccessful activity attempt (e.g. can’t reach PCP; email bounce-back; PCP contact information outdated; passive or active refusal by PCP)	
<b>Inform – All primary care providers will be informed of the TC LHIN strategy, implementation processes and will know how to participate</b>	
1. Targeted education sessions; Professional Development Events	Presentations to organized groups to raise awareness, share information, answer questions and generate greater interest in participation. Opportunity to educate PCPs on specific LHIN activities or decisions (e.g. resources for new priority projects). Effective early in the process to create awareness, build rapport and trust.
2. LHIN Websites	Reaches people who don’t come to meetings or events. Act as information repositories – locations where project background materials are available for review and use by PCPs. Can be used to educate PCPs on the services available in the LHIN.
3. LHINfo Minute; newsletter; E-blast; Community report; fact sheet	Periodically share information to PCPs about TC LHIN strategy, implementation processes, opportunities to participate, new services, updates, etc.
4. PCP outreach using PCP’s preferred method of communication* (e.g. contact via telephone, fax, email)	Confirm contact information, practice demographics. Opportunity to introduce LHIN/Sub-region, discover new or retiring PCPs, and share relevant information (e.g. new services) to build PCP-LHIN relationship.
*Note: It is not necessary to confirm whether information was received or read in order to categorize the activity as Inform. I.e. If a message is sent to PCPs by their preferred method of communication (and doesn’t bounce back), it can be categorized as Inform.	
<b>Consult – Gather input and feedback from comprehensive primary care providers</b>	
1. Surveys/Questionnaires	Use to understand the opinions or preferences of a large group of PCPs from a variety of practice settings. Provides an opportunity to develop agreement without the need for face to face meetings.
2. One-on-one or group discussions or interviews	Learn about individual PCP perspectives or to bring out specific solutions/ideas.
3. Online forum, electronic bulletin boards, Lunch and Learns	Can be used to host ongoing conversations among PCPs and LHINs specific to a priority, project or initiative. Opportunity to obtain feedback on challenges and/or suggestions for improving the program.
4. PCPs provide input on content for communications, etc.	Ensures content created is specific and relevant to PCPs; PCPs provide feedback about content, materials, agenda.
5. Neighbourhood events (hot spotting)	Meet with PCPs in these areas to discuss the health and social needs of the local populations, assess primary care resource and succession planning needs.
6. Community Health Centre (CHC)/Family Health Team (FHT) Outreach	Opportunity to provide overview of the PC Strategy, including the 5 priority projects, share about the work underway in the sub-region and learn about PCP’s current strengths and challenges.
7. Networking and Health Service Provider (HSP) Meetings	Opportunity to inform PCPs about PC strategy and discuss relationship between community and primary care.

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Involve – Providers participate in new and expanded change initiatives	
1. Focus Groups/Expert Panels	Used to gauge PCP opinions and to explore their attitudes in depth at the start of a project or initiative. Can be a powerful means to evaluate LHIN proposals or test new ideas.
2. Workshops	Allows LHIN and PCPs to work in small groups and to focus on providing input that can feed directly into the decision making process.
3. LHIN Committee participation (Project or Task Groups)	Provides opportunity to include PCPs as members of project teams or task groups that require primary care input or involvement. Can help demonstrate the value added or impact of the project/initiative to primary care practices and their patients.
4. Priority Project Onboarding Event (e.g. SCOPE, TIP, ONE ID)	Introduce, enroll, and register PCPs in program to increase PCP participation. Work with PCPs to identify and improve on program issues.
Collaborate – Physician leaders are engaged in co-designing and informing solutions and strategies	
1. Consensus-building forums	Working through options/solutions to find common ground or agreement.
2. Primary Health Care Advisory Groups/Networks/Councils (e.g. HPAC)	Develop a primary care strategy related to specific LHIN initiatives. Opportunity for multi-disciplinary committee (members from a range of health service professions) to serve as a communication liaison on primary health care issues.
Empower – Select physician champions participate in the leadership of the design, implementation and evaluation of solutions and strategies	
1. Primary Care Clinical Leads (PCCL)	Final decision-making authority, leading to action assigned to a committee or other organized body (project-related work group or task).
2. Primary and Community Care Committee (PCCC)	Opportunity to engage PCPs as well as community partners in governing priority projects and sub-region initiatives. Allows PCPs to make decisions about project inclusion/exclusion, issues and give suggestions on improvement.

### **Reminder: Always consider the function.**

**There are some activities that can be categorized differently each time, depending on the specific function.**

For example, ‘**Priority Project related events**’ are planned to improve awareness and increase PCP participation or use of a program, which can include:

- Lecture-based education sessions – Inform stage
- Onboarding events – Involve stage
- Priority project advisory group – Collaborate stage