



Capital Health
EDMONTON AREA

Physician engagement : A large health region's experience with implementing the Chronic Care Model

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May 2008



The Canadian Health Care System

- 100% public, no private health care
- federal government provides legislation, <20% of funding
- provincial governments are responsible for provision of services and pay most of the cost of health care
- within provinces, there are generally Health Regions. In Alberta, there are 9 Health Regions:
- each Region receives a global budget
 - provision of care is up to the Region, but most physicians are paid by the government on a fee-for-service bases
 - the Region controls access to facilities and influences medical manpower

The Old Health Care System

- care was episodic, reactive and illness-based
- care was provided by family doctors working individually, or by walk-in clinics
- no teams or interdisciplinary relationships
- fee-for-service
- primary care was independent of the Health Region
- specialists access was by family doctor - referral only
- specialists had a poor opinion of family doctors
- specialists often took on the role of primary care providers
- family doctors felt overworked, undersupported and underappreciated

CDM Philosophy

We are responsible for the care of every individual in the region who is at risk of, or presents with, chronic disease.



CDM Integration Initiative: Principles

- Responsible for entire region population
- Family doctor central to coordination
- Priority on community-based care
- Patient self-management
- Planned follow-up and intervention
- Evidence-based medicine
- Delegated care: right provider, right time, right place
- Specialists and Regional Programs support the primary care team

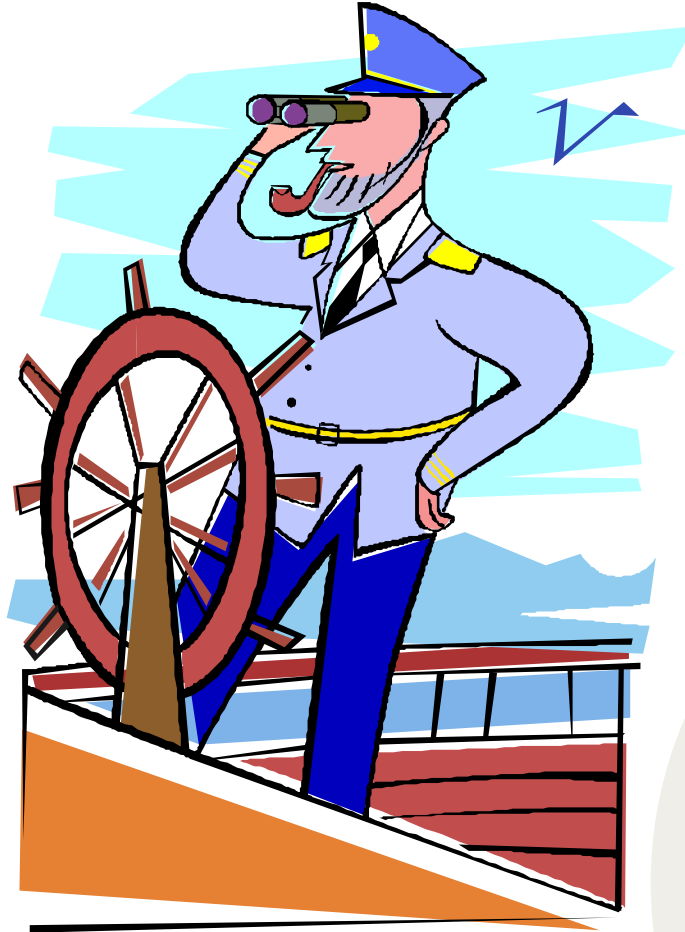


What this means for the family physician

- working as part of an inter-disciplinary team
- delegating care and responsibility
- acknowledging skills of other professionals
- greater patient involvement
- shift to proactive health maintenance
- greater team responsibility – need to look after more complex patients
- greater need to access information in a timely manner
- implementing CDM principles
- implementing process improvement
- **being measured, accountability**

The Role Of The Specialist?

Traditional Role Of The Specialist



New Role Of The Specialist

How may I
help you ?



“The Right Provider At The Right Place At The Right Time”

*This looks like a job for a
Specialist*



Who Should The Specialist See?

- Complex patients
- Atypical patients
- Uncontrolled patients
- Patients where the family physician needs guidance
- Teaching patients
- Other

What Does This Mean To The Specialist?

- Caring for more complex patients
- Co-responsible for a population of patients
- Partnership with the Primary Care Physician
 - Reaffirm the role of the primary physician
 - Mentor / Coach
 - More virtual consultations
- More utilization of clinical information technologies
- Working within an interdisciplinary environment
- Remuneration issues

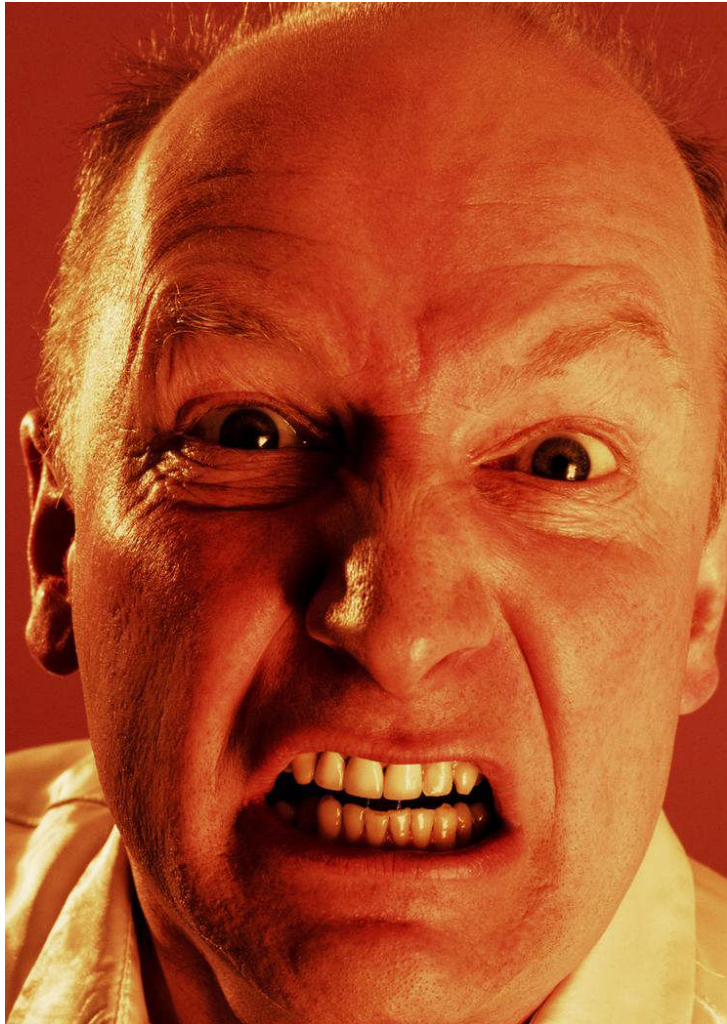
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- implementing CDM principles
- implementing process improvement (“AIM”)
- **being measured, accountability**

How do we get there ?



Change Management



Change Management

**We cannot become
what we want to be by
remaining what we are.**

Change Model for Physicians

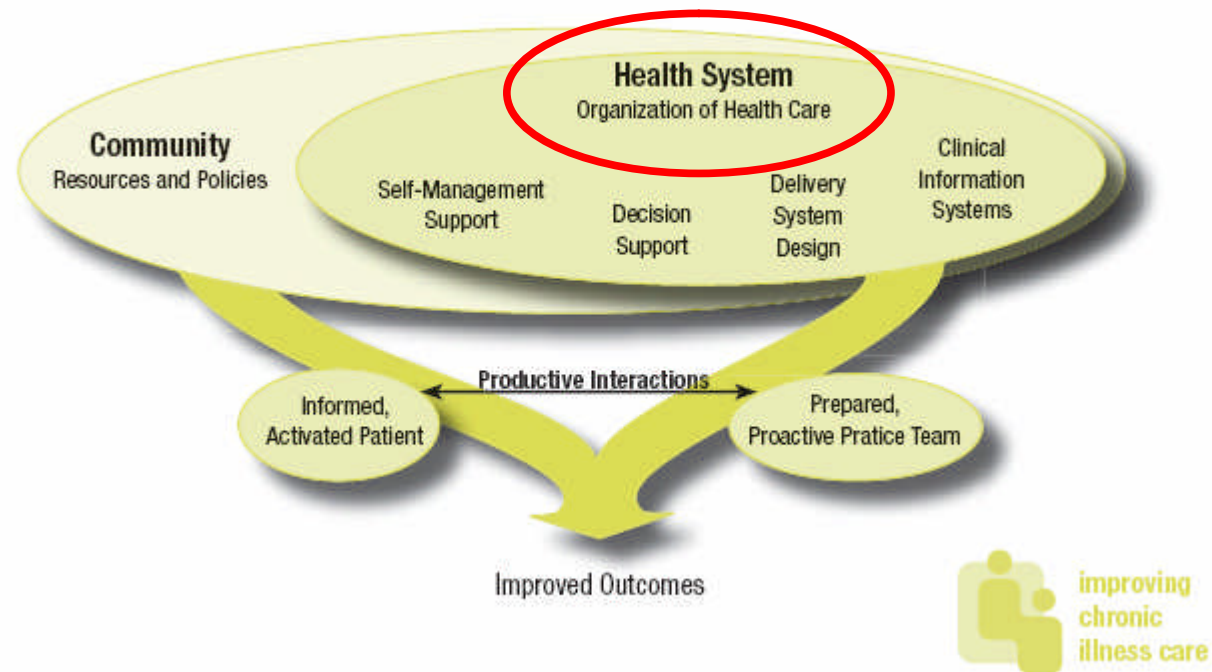
- **The attractiveness of the Vision of the Future**
- **The current level of Discomfort with the way things are**
- **The individual or group's previous Success with change**
- **The peer or workgroup Support for the change**

Change Management Principle:

- Innovators
- Early adopters
- Early majority
- Late majority
- Laggards

Practical Experience with Physician Engagement

The Chronic Care Model



A Mission Statement is defined as *“a long awkward sentence that demonstrates management’s inability to think clearly.”*

All good companies have one.

CDM Integration Initiative: Lessons Learned

- Clear organizational vision critical
- Visible support from senior executives
- Dedicated planning resources & funding
- Commitment to multi-sector, multi-disciplinary planning & communication
- Manage contradictory perceptions: rapid change vs slow progress
- Early success breeds confidence: confidence breeds success
- Buy-in from physicians

Learnings

- Change management is the most important component of implementing a new system

Learnings

- Change management strategies must be planned pro-actively

Learnings

- Work with innovators and early adopters, the rest will follow
- some may never follow

Learnings

- physician champions are critical
- (champions do not have to be the innovators)

Learnings

- negative comments are OK, it means physicians are engaged and thinking and represents OPPORTUNITY for engagement
- apathy is not OK, it reflects disengagement

Learnings

- access every resource on physician change management
- “seek first to understand, then to be understood”

Learnings

- example: physicians are less adept at creative thinking than critical evaluation – strategy: utilize “straw-man models”
- physicians operate by consensus – strategy: “what can you live with?”

Learnings

- Physicians must be involved in decision-making
- Physicians need ownership and responsibility for reorganizing their areas of the system

Nobody Ever Washes a Rental Car...

Scott Simmerman, www.performancemanagementcompany.com

www.capitalhealth.ca

Learnings

- Physician only meetings between Regional physician leaders and physician groups, or between family physicians and specialists are effective in facilitating change

Learnings

- change takes time

***A Desk is a
Dangerous Place
from which to view
the World!***

ASK

ASK

ASK

ASK

ASK

ASK

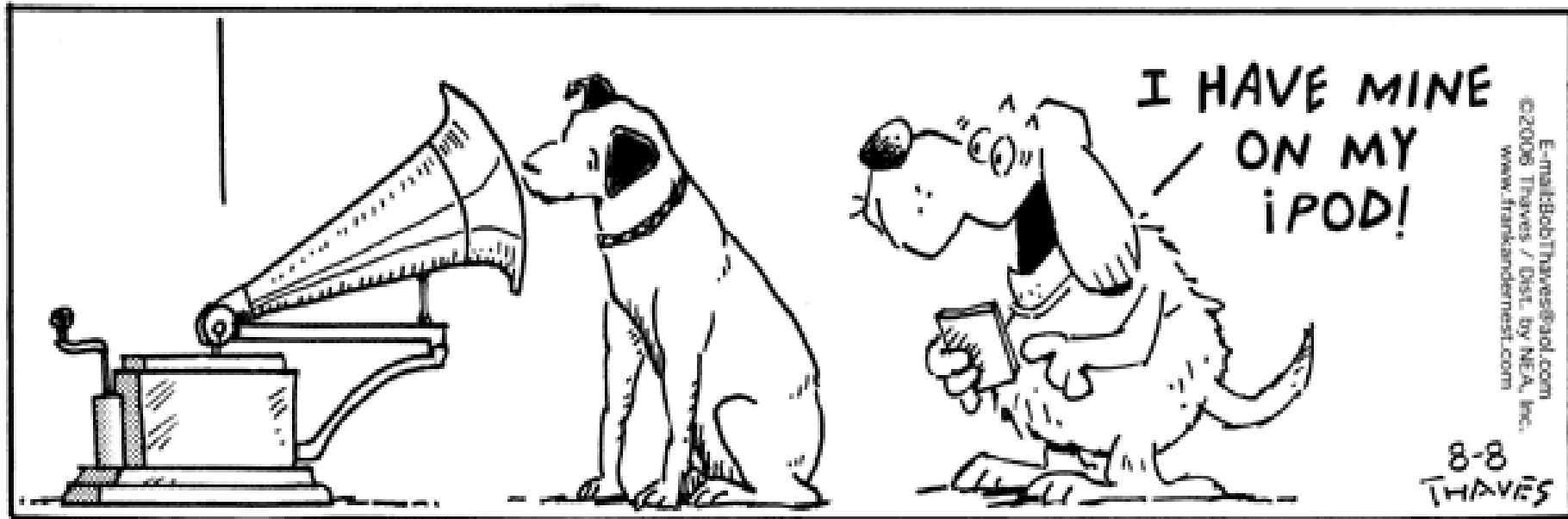
ASK

ASK

The Corollary:

Listen Listen
Listen Listen
Listen Listen
Listen Listen
Listen Listen

Thank-you



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