Group Health Centre

GHA Services
April 1, 2021 through March 31, 2022

Analysis of Operational Performance, Targets and Risks

1. Funded Health Promotion and Chronic Disease Management Initiatives

1.1 The GHA - Health Promotion Initiative

The foundation of the GHC is the collaboration between the FMPC and the GHA. The FMPC provides the medical expertise, while the GHA role is to provide clinical and administrative support to health care delivery offered at the GHC.

The main focus of the health care program has fostered a collaborative approach to primary care delivery. While the physician-patient relationship has remained central to this model, a multi-disciplinary team approach to care aims to ensure that services are provided by the most appropriate health care professional.

Clinical Programs fall into three basic categories:

A. Illness Prevention and Wellness Promotion

i. **Immunization Surveillance** - Identified cohorts of the GHA Enrolled Patients are monitored to ensure access to immunization vaccines is administered according to appropriate guidelines. An example of this action would be the delivery of flu shots for high-risk Enrolled Patients for influenza vaccination on an annual basis.

Plan for Year:

- Continue offering annual Flu Shots and other vaccines (COVID) in the "Injection Clinic" for enrolled patients at the main building 240 McNabb
- Volumes may vary depending on Public Health vaccination plans, including potentially supporting missed Grade 7 and 10 vaccinations as a result of COVID
- Currently offering weekly COVID clinics in alignment with the Provincial vaccine roll out plan. Group Health Centre anticipate to administer 3000 plus Covid Vaccines from April-July (as of June 18th – Group Health Centre has administered 1929 doses). Ongoing COVID vaccination planning and implementation will align with future Provincial COVID Vaccination plans for Primary Care.

Prior Year Performance

- During COVID the Injection Clinic was operating at ~50% capacity where Group Health Centre saw 2,829 patients at its Injection Clinic last year. In past years Group Health Centre has averaged 5850 patients seen in the Injection Clinic.

B. Screening and Early Diagnosis

i. **Cervical Screening** - Early detection of endometrial carcinoma via regular pelvic examination and Pap test is the goal of this program. All eligible women will have access to this service through their primary care provider or a nurse practitioner. GHC employs a dedicated Women's Health Nurse Practitioner to support cervical screening and other services, by referral, to increase screening capacity and free up GP appointments for enrolled patients.

Plan for Year:

- Continue providing Cervical Screening to enrolled patients through their primary care provider and/or nurse practitioner
- Increase overall screening volumes by up to 20% by coordinating overall women's health, as well as counseling and other services, to facilitate increased numbers of screening tests in GP and NP offices

Prior Year Performance

- GHC performed 2,245 PAP tests last year, including 1,607 GP-referred screening visits performed by the women's health-focused Nurse Practitioner

C. Chronic Disease Management

i. **Diabetes:** The Algoma Diabetes Education and Care Program serves as the prototype for the chronic disease management programs. A registry has been developed to continuously evaluate GHA Enrolled Patients with diabetes. Evidence –based composite score GHOD (good health outcomes in diabetes) has been developed to monitor performance. Monitoring of HPID results demonstrate that a dedicated outcomes management program can improve the processes of care that have been shown to optimize patient outcomes. The diabetes program is a community program that services both the adult and pediatric diabetes populations.

Plan for Year:

- Maintain Algoma Diabetes Education and Care ("ADEC") services

in light of current staffing challenges
- Recruit / retain staffing to support ADEC program
- Improving equitable access with expansion of virtual appointments and group classes with Group Health Centre's updated telephony system
- Staff development and re-certifications for Insulin Pump Therapy
- Work with Ministry / LHIN regarding program funding
- Target: 17,500 (ADULT - 16,500; PEDS – 1000)

Prior Year Performance

- Group Health Centre's ADEC program performed 15,948 ADULT visits and 1058 PEDS visits last year, plus an additional 1,328 Nutrition counseling visits

1.2 **Cardiac Rehab and Vascular Intervention Program (VIP)** - Identification, management and follow-up of patients with known cardiovascular risk factors such as hypertension and hyperlipidemia is the objective of this program. Nurses, dietitians and kinesiologists work with the patient and his/her primary care team in this outcome management program for the community.

Plan for Year:

- Maintain Cardiac Rehab services (currently operating out of the McNabb YMCA)
- Improving equitable access with expansion of virtual appointments and group classes with Group Health Centre's updated telephony system
- Target volumes: At least 310 target of new patients

Prior Year Performance

- The Cardiac Rehab clinic saw a total of 268 new clients last year and performed 1,522 visits. The Cardiac Rehab was closed due to COVID restrictions from April-Sept 2020 and again for 6 weeks in Jan-Feb 2021.

1.3 **Anticoagulation Clinic** - This clinic is staffed by nurses who educate patients, monitor INR values and change the doses of anticoagulation therapy according to a written medical directive. Medications, INR values and adverse outcomes are tracked via a software program. Stroke prevention is a major goal of this program and major bleeds among patients in this clinic are rare.

Plan for Year:

- Maintain Anticoagulation services in line with demand
- Continue to collaborate with Life Labs on improvements and efficiencies with the recently established integrated service of Point of Care Testing for INR at the Group Health Centre
- Projected volumes: average of 700 visits per month (reduction of 0.6 FTE)

Prior Year Performance

- The Anticoagulation clinic performed 9,516 visits last year (793/month)

1.4 **<u>Congestive Heart Failure/Family Health Program</u>** - Reducing hospital readmission rates is the primary outcome of this program. Regular assessments in a nurse managed outpatient clinic provide education, medication monitoring and referral to allied health professionals if required.

Plan for Year:

- Maintain Congestive Heart Failure program, operating within the Family Health Worker program
- From program efficiencies and demands for the CHF/ Family Health Program the program will increase capacity by 20% from restructuring resources
- To adopt care planning best practices from Health Links Guided Care
- Projected volumes: At least 4500 patients (initial estimate due to a transition from the Guided Care model introduced under Health Links)

Prior Year Performance

- Group Health Centre performed 4,171 Family Health Worker visits last year

1.5 **<u>Algoma Respiratory Education Program</u>** – The Algoma Respiratory Education Program is a service provided by the Group Health Centre to the people of the Algoma District who have, or are at risk of developing, respiratory problems. Certified Respiratory Educators provide evidence-based screening, assessment, treatment, education and support in order to assist patients improve their quality of life. The Certified Respiratory Educators assist clients who have asthma, chronic obstructive pulmonary disease (COPD) or who need screening for lung disease.

Plan for Year:

- Maintain volumes at pre-COVID levels, assuming ability to open fully
- To install, train and utilize the recently purchased new spirometry software and equipment
- Target at least 3000 visits

Prior Year Performance

- The Respiratory Education Program performed 2,941 patient visits last year this is with a reduction in service due to COVID restrictions.

OTHER PROGRAMS AND SERVICES PROVIDED BY THE GHA

2. Other Programs Funded In Whole or in Part by the Ministry (Extended Primary Care and Related Services)

(a) Nurse Practitioners

The Nurse Practitioners will provide a variety of primary care services, including family practice care, obstetrics/gynaecology, work in the Day and Evening Clinic, and the Health Promotion Initiative Programs.

Plan for Year:

- Group Health Centre's 11 Nurse Practitioners will continue to provide services in Primary Care (direct practice as well as Physician Support), obstetrics/gynaecology, the Day and Evening Clinic, and the Health Promotion Initiative Programs
- We will evaluate opportunities for more efficient practices, including group practices, to support improving Primary Care efficiency and capacity

Prior Year Performance

- Nurse Practitioners at the Group Health Centre performed 18,436 patient visits last year

(b) Injection Clinics

Nurses under a FMPC Physician direction will provide injections, including but not limited to, vitamin B12, the Provincial Flu Program and allergies.

Plan for Year:

- We will continue to run Injection Clinics, using cost-efficient staffing models, to deliver vaccinations and other injections

Prior Year Performance

- Group Health Center saw 2,829 patients at its Injection Clinic last year

(c) Physiotherapy

A portion of the physiotherapy services offered at the GHC differ from those generally available within the Community as physiotherapists are used as primary care providers to act as first contact for patients with certain conditions. Diagnosis and treatment of orthopedic issues can be addressed by a physiotherapist, freeing up valuable Family Medicine appointment capacity. The GHA encourages Enrolled Patients to access this service prior to visiting their PC Physician or via referral, thereby avoiding unnecessary PC Physician visits.

Plan for Year:

- Physiotherapy at the Group Health Centre is a combination of EOC (Episode of Care) and Private-pay
- We will seek to meet our EOC targets of 1200 Episodes of Care, and maintain Private Pay volumes
- The department supervisor is resigning this year, and we will recruit internally or externally for a replacement

Prior Year Performance

- Group Health Center met its target with 1200 Episodes of Care performed last year (7,825 visits in total, including private pay. Note a single Episode of Care can include multiple visits

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GHA Services Report – 2021/2022

Service	Activity Levels	Expected Outcomes / Performance Targets
Nurse Practitioners	18,436 patient visits	17,500 patient visits
Physiotherapy	1,200 EOCs	1,200 EOCs
Respiratory Care	2,941 visits	3,000 Visits
Administration	N/A	N/A
Human Resources/Payroll	N/A	N/A
Financial Services	N/A	N/A
HPI	N/A	N/A
HPI - Diabetes (ADEC)	17,006 Visits	17,500 Visits
Member Services (Educ./Comm)	N/A	N/A
Injection Clinic	2,829 visits	3,000 Visits

RISKS:

GHC's ability to meet its performance targets depend on a number of factors:

- Stable staffing levels (nursing, administrative, IHPs and physicians)
- COVID or other external event that interrupts operations
- Continued uptime of critical infrastructure
- Ongoing funding for key programs

These risks will be mitigated through hiring for actual and anticipated vacancies, downtime and emergency planning and the completion of the EMR project with The Ottawa Hospital, and working with our Ministry funding partners for key program support.