



# **Primary Care Communications Protocol: Enabling Success through Connecting Primary Care and Physician Partners**

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ÉQUIPE SANTÉ  
**ALGOMA ONTARIO**  
HEALTH TEAM

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We are working to embed provider voices at all levels of OHT work in order to co-design and implement a health system that is driven by the needs of the community, guided by best practice in health and social care, and feasible for current capacity and resources.

- ✓ Tailored Communication
- ✓ Provider Champions
- ✓ Professional Development
- ✓ Organizational Recruitment
- ✓ Representation

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## Who is included in “Provider Voices”?

For the purpose of this protocol, we use “providers” and “provider voices” to include physicians, nurse practitioners, frontline workers, and other professionals involved in the delivery of care.

**Throughout the planning stages of the Algoma Ontario Health Team (AOHT) and into our first year of operations, we've been very fortunate to have a substantial number of engaged primary care providers who have helped shape our work in its early stages (see Appendix A).**

High functioning primary care is essential for our OHT, as it is the foundation on which our health system and integrated care is built<sup>1</sup>. It is also the first point of contact for the majority of our population who are seeking to access the health system<sup>1</sup>. In the coming months and years, this protocol will be an evergreen commitment to

building on and expanding our group of engaged providers in the pursuit of a co-designed, integrated health system.

In addition to recognizing the value of communicating with and engaging primary care providers, we are using this protocol to acknowledge and capture the voices of frontline workers and other health professionals who are directly involved in the delivery of care for our attributed population. Actively recruiting those who are at the point of care to participate in OHT activities was included as a recommendation to improve collaboration across the health system in Algoma in the final report of the Algoma Citizens' Reference Panel on Integrated Care<sup>2</sup>. Ensuring that diverse provider voices are embedded

throughout the OHT will strengthen our work and lead to solutions, outcomes, and projects that are feasible within the capacity and resources available to those providing care across Algoma.

## **STRATEGIC GOAL**

We are working to embed provider voices at all levels of OHT work in order to co-design and implement a health system that is driven by the needs of the community, guided by best practice in health and social care, and feasible for current capacity and resources.





## ENABLERS

We have identified the following enablers to optimize communications and engagement activities with providers and reduce barriers to participation:



### Tailored Communications

Best practice in communications always begins with identifying your audience and tailoring communication products and approaches to suit their needs. In recognizing that providers hold busy schedules and are often needing to “create space” to engage in OHT activities, we want to ensure that our communications and engagement efforts are timely, clear, concise, and relevant for providers.



### Provider Champions

When looking to recruit providers, we will leverage existing provider partnerships and spotlight OHT provider successes to help showcase the value and impact of advancing integrated care.



### Professional Development

To help add immediate and high-impact value for providers, we will promote the availability of continuing professional development (i.e. MainPro+ credits for family physicians) and explore professional development ideas for providers to help build a well-rounded, multidisciplinary team. Professional development may include webinars, training, resources, and more.



### Organizational Recruitment

Recruiting entire practices, including board members, CEO/EDs, and physicians (and in our case, frontline workers), has been identified as a key enabler to enhance engagement with providers<sup>3</sup>.



### Representation

As part of our efforts to actively engage a representative group of providers, we are committed to creating spaces that are inclusive, safe, and welcoming for providers who identify as Indigenous, Francophone, a visible minority, LGBTQ+, and/or rural and remote.



## TACTICS

Guided by our strategic goal and facilitated by our enablers, our tactics for provider communication and engagement will include:

### Embedded Leadership

In-line with our community engagement strategy, we will focus our efforts on embedding provider voices in governance and leadership as well as project design and operations. Specifically:

- A primary care physician representative tri-chair on Leadership Council
- Additional provider representation on Leadership Council
- A minimum of two provider voices on every working group, including creating project leadership roles for providers (e.g. Geriatrics and Primary Care Co-Leads for Healthy Aging)

### Newsletter Communications

Recognizing that ongoing engagement and staying up-to-date on OHT developments can be a challenge for frontline providers, the AOHT is committing to regular newsletter communications as a low-commitment and easily accessible engagement option. Communication may include, but is not limited to:

- Working group developments that affect delivery of care
- Opportunities to provide feedback or become involved in OHT work
- Upcoming events and opportunities for providers
- Calls for review/ideas from providers
- Spotlights on provider champions
- Excerpts/blog-style updates from participating providers

### Semi-annual Meetings

In lieu of a traditional provider council, we have elected to bring providers together twice a year to discuss OHT-wide projects, ideas, gaps, and developments that are related to delivery of care. This work will be sponsored by a provider champion and may also include relevant continuing professional development opportunities with a focus on quality improvement for our identified populations.

### Ad Hoc Engagement

In addition to embedded leadership and scheduled engagement activities, we will also include ad hoc engagement opportunities where appropriate to support OHT work. These opportunities may include, but are not limited to, focus groups, interviews, surveys, workshops, and advisory panels<sup>3</sup>.

## CONTINUOUS REVIEW

Continuous measurement and evaluation will help ensure that our provider communication and engagement meets their needs and is impactful to AOHT projects. Our tactics for continuous review will include:

### Review Groups

In-line with our semi-annual meetings, we will schedule short recurring review sessions with a group of participating providers and transformation office representatives to evaluate provider engagement and communications tactics.

### Ongoing Feedback

We will put a mechanism in place, be it email or website-based, that welcomes ongoing feedback (including comments and ideas) from providers on engagement and communication tactics.

## Measurement and Impact Communication

Communicating value added for patients, measuring impact of engagement, and evaluating engagement effectiveness have all been identified as tactics to promote meaningful engagement with providers<sup>4</sup>. As such, we will use the above mechanisms in addition to quantitative measures to track success that can be communicated to providers to strengthen engagement and promote growth. Measures may include, but are not limited to:

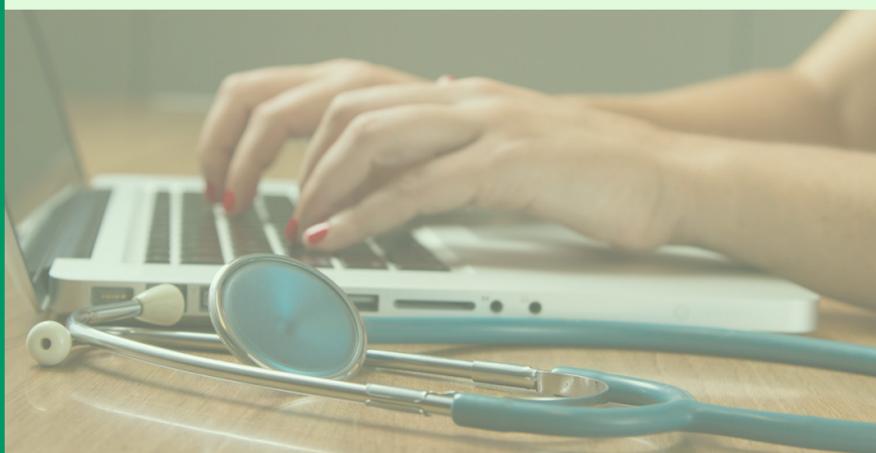
- Number of providers engaged in governance and leadership
- Number of providers engaged in project design and operations
- Number of provider interactions with digital newsletter
- Number of provider participants in professional development opportunities

## APPENDIX A: Primary Care Organizations in Algoma

Region	Name	PEM Type
East Algoma	Central Algoma Health Centre*	RAN
	Huron Shores Family Health Team*	FHO (FHT)
	N'Mninoeyaa Aboriginal Health Access Centre	N/A (AHAC)
	North Channel Nurse Practitioner-Led Clinic	N/A (NPLC)
	St. Joseph Island Medical Clinic*	RAN
	Thessalon Medical Clinic*	RAN
North Algoma	Northern Neighbours Nurse Practitioner-Led Clinic	N/A (NPLC)
	Wawa Family Health Team*	RAN (FHT)
Sault Ste. Marie	Algoma Nurse Practitioner-Led Clinic	N/A (NPLC)
	Baawaating Family Health Team	N/A (FHT)
	Group Health Centre (Algoma District Medical Group)*	GHC
	Group of 3 in Sault Ste. Marie Family Health Group*	FHG
	Superior Family Health Team (Sault Family Health Organization)*	FHO (FHT)
Other	Independent Family Physicians	N/A

\*Patient Enrolment Models (PEMs) that the Algoma OHT population is attached to.

**Note:** Nurse Practitioner-Led Clinics and Indigenous Primary Care Models are not included in OHT data package PEM models but have been added in here to create a more comprehensive list of primary care providers and OHT collaborators in the region.





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<sup>1</sup> The College of Family Physicians of Canada. (2019). *A new vision for Canada: Family Practice – The Patient’s Medical Home*. <https://patientsmedicalhome.ca/vision/>

<sup>2</sup> Algoma Citizens’ Reference Panel on Integrated Care. (2021). *Final Report of the Algoma Citizens’ Reference Panel on Integrated Care*. Algoma Ontario Health Team.

<sup>3</sup> LHIN Collaborative. (2010). *Engaging Primary Care Physicians in LHIN Processes: Primary Care Physician Engagement Resource Guide & Toolkit*. <http://www.northwestlhinc.on.ca/~media/sites/nw/uploadedfiles/Primary%20Care%20Physician%20Engagement%20Resource%20Guide%20Toolkit%20%20v1.0%20December%202010.pdf>

<sup>4</sup> Ontario College of Family Physicians. (OCFP; 2020). *Involving Family Physicians in Health Reform: Tips for Ontario Health Teams*. [https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/ontario-health-team-oht-overview/tipsheet\\_oht\\_online-feb2020.pdf](https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/ontario-health-team-oht-overview/tipsheet_oht_online-feb2020.pdf)

**Guidance from:**

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**Connect with us!**

[info@algomaoh.ca](mailto:info@algomaoh.ca)  
[www.algomaoh.ca](http://www.algomaoh.ca)  
705-989-4813

