

COORDINATING SENIORS CARE INITIATIVE: Networking Event Summary



OVERVIEW

On October 29, 2018, the Shared Care Committee (SCC) hosted a networking event to officially launch the Coordinating Seniors Care Initiative. The initiative offers support to interested communities, to better connect specialist physicians to other providers and family caregivers for integrated health care delivery.

OBJECTIVES FOR THE DAY

- ✓ Establish a consistent understanding of the intention and vision of this initiative
- ✓ Build a shared understanding of the definition, attributes and principles of coordinated care
- ✓ Identify opportunities to align with other emerging and established initiatives (PMHs/PCNs), and how this work supports the system of care
- ✓ Find innovative ways to increase the engagement of Specialists into a coordinated system of care

PARTICIPANTS

The event brought together **85 attendees** to share ideas and insights, and discuss emerging themes in coordinated care. Participants included:

GP & specialist : Ministry : **Nurses and Allied**
PHYSICIANS : of Health : **Health Providers**

27 DIVISIONS OF FAMILY PRACTICE

HEALTH DATA COALITION : **Family Caregivers of BC**

ACTIVITIES

In keeping with the objectives, the day included an overview of the initiative, with interactive discussions helping to clarify scope and purpose. Participants were also provided with the opportunity to engage in a practical exercise, by reviewing case studies of complex older adults, and then working together to identify gaps and potential strategies to address them.

A presentation by the US National Committee for Quality Improvement (NCQI) described their approach and learnings from instituting their Patient-Centred Medical Home initiative, including timing and structure of partner/specialist involvement, and the process of spread to thousands of communities.

The Doctors Technology Office (DTO) provided a summary of their IMIT strategy and role in supporting physicians, [including useful resources available](#), and a presentation by Valerie Nicol described the Collective Impact Framework as a potential tool to support this initiative.

Participants then grouped into their regions to discuss local issues, and how the Coordinating Seniors Care initiative could support integration of Specialist Physicians into Patient Medical Home and Primary Care Network planning.

WHAT WE HEARD

Throughout the day, we heard key feedback from recipients:

- **Including patients, families and caregivers** is fundamentally important
- Providing **care coordination** is essential for improvement
- Creating **locally defined models of care** will increase impact
- **Information Technology** will enable innovation and spread

"Hearing the commonalities among communities was excellent for sharing and reinforcing key priorities and values."

"It would have been interesting to try to expand the range of Specialists involved."

"The collective impact framework, table conversations to share learnings, and the report out at the end to summarize themes were interesting and useful."

"Visioning coordinated care strategies and sharing our models with other communities was very valuable"

NEXT STEPS

Interested communities will meet with the initiative team to discuss their goals and the process to submit an [Expression of Interest](#) leading to a full project proposal. Support provided includes community partnership coaching, project development and management, physician engagement, and an evaluation framework.

KEEPING IN TOUCH

Regular communication will be circulated to communities with new information and developments regarding this initiative as it progresses. Planning is already underway for a second networking event in Spring 2019.

LINKS TO PRESENTATIONS

- [Coordinating Seniors Care/Completing the Circle of Care – Valerie Nicol](#)
- [Coordinating Seniors Care/Collective Impact 101 – Valerie Nicol](#)
- [Lessons Learned Implementing PCMH & PCSP programs – Tricia Barrett, NCQA](#)

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www.sharedcarebc.ca/our-work/coordinated-seniors-care-initiative

