



COUNCIL OF ADVISORS - PEI

Reported Findings



NOVEMBER 23, 2016 CARREFOUR CENTRE CHARLOTTETOWN PEI 1



MSSU PEI Council of Advisors

Meeting Overview

Maritime SPOR SUPPORT Unit (MSSU) collaborates with the research communities in Prince Edward Island, New Brunswick and Nova Scotia on governance, priority setting, and the planning and conducting of health research. Within each province is a Provincial Advisory Committee (PAC), which is responsible for the oversight of MSSU goals and objectives, and for the establishment of a framework to prioritize, conduct, collaborate and report on patient-oriented research projects in each province. In PEI, the PAC assists the PEI Department of Health and Wellness and Health PEI in providing context to study findings and in implementing health policy and health service changes.

To inform future research priorities in the province, PEI's PAC engaged stakeholders on November 23, 2016 to gain insight into current opportunities for research, based on issues various stakeholders within the healthcare system are facing in delivering high quality, effective healthcare to Islanders. Twenty stakeholders from various areas of the healthcare system in PEI, including several patient advisors, participated in the workshop. A list of participants can be found in Appendix A.

Following a presentation from the MSSU, participants were first asked to independently note, in their view, the top three issues that affected patient outcomes and their ability to deliver on their respective mandates. These issues were shared within and across the discussion groups to develop an understanding of the commonalities and priorities across the province. The discussions focused on four broad themes that captured a great depth and breadth of issues facing the Island healthcare system.

General Strategic Themes

Changing the Culture of Healthcare in PEI

- Shifting from a reactive model of care to a proactive model of care
 - How do we keep people out of the healthcare system in the first place?
 - Providers struggle to provide proactive care that is needed in a reactive setting
 - More focus on disease prevention, health promotion, and upstream, root causes of health
 - Helping the public understand their own power in creating a sustainable healthcare system. Empower individuals to take their health in their own hands, and work on what

they can control.

- Greater consideration and integration of the social determinants of health (e.g., income, food security, social supports) in health care delivery and policy
- Shifting focus and resources from acute care to primary/community based care
 - Reduce alternate level of care (ALC) days in hospitals by increasing and enhancing community based care and supports
 - How do we ensure patients receive the appropriate continuity of care? For example, are individuals released from hospital receiving the proper supports?
 - “Meet people where they are”
 - Improve access to primary care
 - Improve the timeliness of access to health care services (reducing wait times)
- Considering moving from physician as gatekeeper model to other models of care
 - Many Islanders are without a family physician
 - What are the impacts of this?
 - Can this be solved by adopting a different model of care?
 - Can we utilize Nurse Practitioners to a greater extent?
 - Can collaborative practice clinics improve patient experience and outcomes?
 - Can we look to other jurisdictions to see what is and isn’t working?
- Adapt our system to address the complexity of patient needs, our aging population, and the social determinants of health
- How do we support physicians in adopting evidence based practice?

Leveraging E-Health to Improve Patient Outcomes

- Use research evidence to inform policy, decision making, and healthcare practice
- Introduce a provincial Electronic Medical Record (EMR) to enhance care to improve patient outcomes, and to allow for better research to help inform decision making and practice
- Use the EMR to improve integration of records between departments and providers to reduce patients having to retell their story over and over, which causes frustration and a lack of trust in the system
- Improve data collection and access for research use and analytics
- Use health analytics to identify areas requiring improvement, and to monitor system performance

Patient Voices and Engagement

- Patients should be an equal partner in healthcare delivery
 - There is a lack of attention and focus on listening to patients. There is often a “we know best” attitude in health care delivery where patients are not seen as equal partners

- Explore the dichotomy between patients, and government/health care providers
 - The former are concerned about quality. The latter can be perceived by patients to be concerned mainly about the cost, although this is not the case from the perspective of government and providers. They struggle to balance quality with cost, as they face the reality of limited resources
 - Both aspects are important, how do we integrate them?

Maximizing Outcomes through Effective Allocation of Resources

- How do we identify improvements and reachable goals within a reasonable budget?
- How do we ensure we are using our limited resources effectively and efficiently to support the best patient outcomes?
- Should we examine the cost-effectiveness of off-Island health services compared with other potential alternatives?
- Are the healthcare investments being made by the province doing anything to improve outcomes?
- Given we know that a small proportion of the population uses the majority of the healthcare budget, what can we learn about these individuals in order to reduce costs and improve their quality of life?

Next Steps

The results from this event will be summarized and collated with information from similar Nova Scotia and New Brunswick events, so that the MSSU can establish Maritime-wide research priorities where applicable. The results may also help drive research that is specific to issues faced in Prince Edward Island. Additionally, these results will be circulated back to the participants, with the goal of establishing new partnerships with interested stakeholders in health research initiatives in Prince Edward Island. We also wish to engage with participants to discuss specific research projects that will be proposed based on the results of this event.



Appendix A

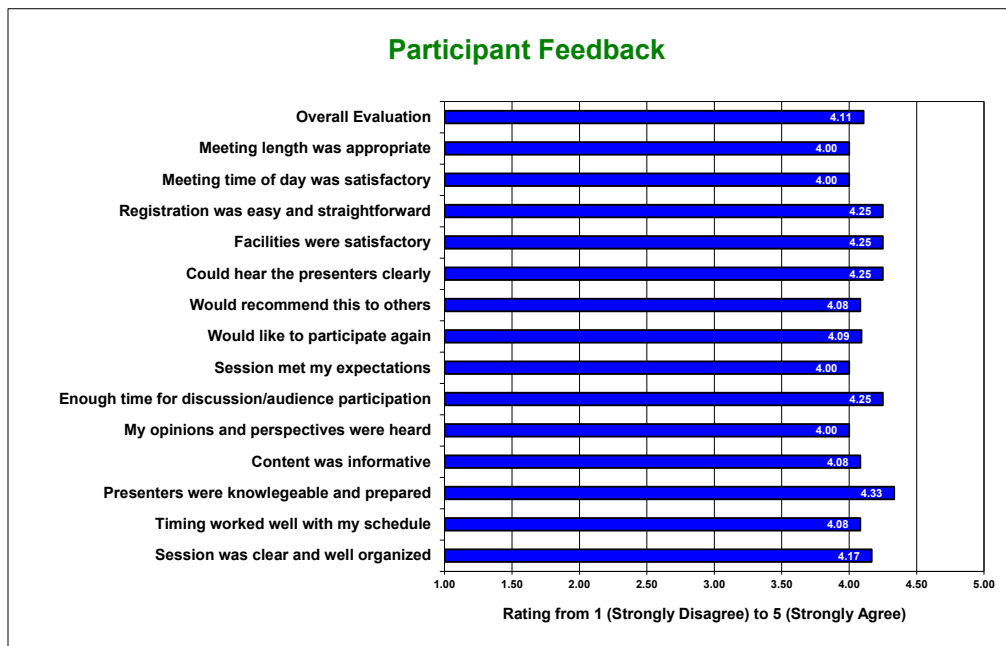
Thank you to all of the stakeholders that participated:

Rick Adams	Executive Director Quality and Safety	Health PEI
Jan Coffin	Strategic Research Initiatives Manager	UPEI Research Services
Colin Davis	MSSU Patient Advisor	Retired
Heather Diamond	Manager, Patient Flow & System Utilization	Health PEI
Catherine Freeze	Seniors Policy Advisor	PEI Department of Family and Human Services, Office of Seniors
Jim Jenkins	MSSU Patient Advisor	Viscount Properties Ltd., General Manager
Juergen Krause	Director, Dean, School of Business	UPEI Centre for Health and Community Research
Eileen Larkin	Consultant, Community Care Facilities & Nursing Homes	PEI Department of Health and Wellness
Carolyn MacPhail	Manager Chronic Disease Prevention and Management	Health PEI
Mary-Ann MacSwain	Data Analyst	UPEI Centre for Health and Community Research
Luke Marriott	Research Assistant	UPEI Centre for Health and Community Research
Peter McKean	Family Physician	Kensington Health Center
Olive Moase	Policy / Program Analyst	PEI Department of Health & Wellness
Michelle Patterson	Research Manager	UPEI Centre for Health and Community Research
Carolyn Sandford	Provincial Epidemiologist	PEI Department of Health and Wellness
Mark Spidel	Chief Information Officer	Health PEI
Garth Waite	Organizational Development Lead	Health PEI, Human Resources Organizational and Board Development
Alana Walsh	Executive Coach/Patient Advocate	Surge Executive Coaches
Barbara Weeks	Administrative Manager	UPEI Centre for Health and Community Research



Appendix B

Participant Feedback



What did you like about this session?

- The underlying context of the session is one of the most important in all of health care services, how to improve outcomes and experiences for patients.
- Focused discussion created efficient discussion.
- Chance to hear other opinions.
- Informative; timing was appropriate; good listening to all.
- Small group discussions.
- Opportunity to provide input areas of challenge.
- Facilitator and process good – led to a reasonable result.
- Small groups, facilitated discussions worked well.
- Multi-sector [sic] involvement.
- Facilitation was excellent – good mix of group work and individual thoughts.

What would you improve about this session?

- A clearer take-away point. It's one thing to talk but another to know where things headed next.
- Have people send suggestions in advance, summarize/collate, and discuss/interpret as a group.
- Focus on outcome of discussion, and achievement of consensus.
- More time for networking.

- Could be a little more targeted – but this may occur over time.
- More time to stream, prioritize – perhaps enabling self-directed affinity charting versus small group consensus.
- Advance time to consider input/options
- More time and group/individual discussion.
- Groups were pretty diverse – which made it challenging to land on common issues. I felt we were really coming from quite different perspectives – some drilling down to specific research questions to general priorities, more informed by work with public (not patients) to those who were currently working in healthcare now and see “patients” not the public.

What did you learn AND how will you use this information in your work / research / education?

- There a wide array of issues that patients may deal with that are outside of my personal purview – learning from other is an illuminating experience.
- Broadened my idea of health topics, always a good lense.
- Gathering information.
- I will review the report (once received) and share with colleagues.
- An unusual amount of time spent discussing budgets, and costs of supplying services, with no actual figures available.
- More about the importance of MSSU.
- Work – expand conversation with colleagues; Research – may consider personal project.
- I learned there's research on the health system coming, what it will be and how it will affect the public and the degree to which it will impact the health care experience are all unknown at this point.

Please provide any general comments.

- Great first meeting.
- Good to build a collateral and effective group so awareness of opportunities.
- Well done.
- Thank you!
- Still a little lost on overall direction and timelines. What is the partnership involvement with decision making in moving this work forward? Thank you.
- Thanks for providing snacks – great at end of day.
- Heath care in PEI remains largely a mystery.



Health
PEI



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