

Physicians and Nurse Practitioners and the Ottawa Health Team-Équipe Santé Ottawa INFORMATION SHEET

Why the Ottawa Health Team - Équipe Santé Ottawa?

While we have a health system of world class care providers and cutting edge institutions, the system itself remains a disconnected patchwork with little integration between the parts and other systems that impact well-being. The consequences of this fragmentation lead to frustrating and complex journeys for clients and burdensome system navigation and administrative headaches for the physicians and nurse practitioners trying to ensure their clients have access to the services they need.

Primary health care is the foundation of the health system and improving the provider experience is one of the quadruple aims for health system reform. The contributions of physician and nurse practitioner partners are vital to our system redesign. As one of the approved Ontario Health Teams, the long-term goal of the [Ottawa Health Team-Équipe Santé Ottawa](#) (OHT-ESO) is to answer this call and begin working collaboratively across partner organizations to re-organize health and community services within the city and at a neighbourhood level. At maturity, we aim to provide a full and coordinated continuum of care and support where patients can count on a seamless and accessible experience and physicians and nurse practitioner can focus on spending their time and resources delivering quality care to clients.

In practice, the aim is to provide access to care coordination to help you get your complex clients the services and support that they need, streamlining access to specialized services and using digital health options that work for you and your patients. Our aim is to ensure that clients with complex needs of any primary care provider will have access to team-based care and support.

Where are we now?

The kind of transformation we are engaged in will not happen overnight. Reaching maturity will take several years but we are committed to working as fast as we can and learning as we go. A constellation model of collaborative governance currently guides our work. This model is a way to bring multiple groups or sectors together to work toward joint outcomes.

We have chosen two initial population groups as priorities for our work: **Adults with moderate to complex mental health and addictions issues and Frail older adults (55+ years of age)**. Our hope is to make a significant difference in the lives of these population groups while closing gaps and reducing impact on the system. We aim to bring the learnings into subsequent years, using our experience to unlock future improvements in healthcare and inform how best to build a high functioning system that is grounded in a strong foundation of primary care with low barrier access to specialized services.

The role of physicians and nurse practitioners

As key providers within the health-care system, we need physician and nurse practitioner partners to reach our goals. Evidence clearly shows that physician and nurse practitioner leadership, voluntary participation, and primary-care centrality are fundamental elements to successful health system integration. We aim to build a trusting relationship between the OHT-ESO and physicians/nurse practitioner in our community and to create an open and effective way for them to get the information they need *from*, provide input *to* and communicate *with* the OHT-ESO. We have recruited a leadership group of 9 Primary Care Physicians and Nurse Practitioners. They provide representation at the convening partner table and in the action teams and are developing a simple, easy to access approach that enables providers in our community to stay informed and share input. As we learn from this experience, we will widen our scope to include the full spectrum of care providers in our community.

Ottawa Health Team-Équipe Santé Ottawa
Primary Care Partner Table
Terms of Reference

Role Overview:

The Primary Care Partner Table provides leadership amongst the primary care sector to support effective engagement and planning that align with the vision and commitments of the OHT-ESO. The intention is to engage many primary care providers through different mechanisms in advancing the vision and commitments of the OHT-ESO. Examples include but are not limited to participation in co-design through action teams, focus groups or forums and/or other initiatives that advance change.¹

Responsibilities:

- Provide guidance, foster connections and support effective engagement of primary care providers in the work of the OHT-ESO
- Explore and advance options and models to evolve a strong foundation of primary health care
- Provide effective representation at the convening partners table

Co-Chairs:

Two primary care providers will co-chair the Primary Care Partner Table.

Participants:

The Primary Care Partner Table will include 8-12 primary care providers that:

1. Support the vision, mission and commitments of the OHT-ESO
2. Commit to evolving primary health care as the foundation of the health system that is well connected across the system
3. Represent the perspectives of different primary care models
4. Include both physicians and nurse practitioners (and possibly other primary care practitioners over time)
5. Are committed to driving change in the health system
6. Understand how the OHT-ESO is organized and the commitment to share the resources required to support the infrastructure.

Term:

Providers are asked to commit to a 2 year term with the possibility of renewal for one additional term. The terms shall be staggered to ensure appropriate succession planning and continuity. Terms of office shall be established in such a manner that no more than one-third (1/3) of providers will end their terms in any one year.

Frequency of Meetings:

The Primary Care Partner Table will meet monthly on an ongoing basis.

Resource/Support:

The work of the Primary Care Partner Table will be resourced through partner organizations linked to the convening partner table. Support is provided to organize meetings, take notes, bring forward models for analysis etc.

¹ Work will be needed in areas such as re-designing care pathways, advancing the use of digital health tools/processes, work force planning