

Results of Family Physician Survey

Family physicians took time to complete a survey over the summer that is providing information for Primary Care Initiative projects. Over 60% of surveys were returned, with family physicians indicating their interest in projects and offering suggestions and comments on the direction of the Primary Care and Community Health Initiative.

The top three project areas included mental health, diabetes and seniors. These were followed closely by palliative care, cardiology and communication between Trillium Health Centre and family physicians.

Trillium family physicians also provided suggestions that can assist them in their practice of family medicine. These covered the areas of communication, patient care, and health systems.

1 Communication Summary

- improve electronic access to diagnostic tests
- allow internet bookings
- provide directories about Trillium's Programs and Services

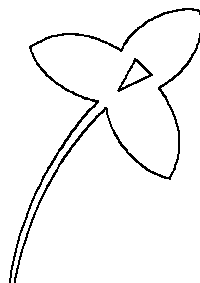
- community resource information for family physicians
- directory of consultants
- list of family physicians accepting new patients

2 Patient Care Summary

- improved access to consultation, "mini-consults" by phone/e-mail
- preliminary handouts for patients referred to programs with long waiting times

3 Health Systems

- facilitated access appointments
- alternative therapy support
- home care support



Where do we go from here?

Several projects are already underway addressing suggestions and interests of Trillium's family physicians. (See 'Shared Mental Health Care Pilot with Family Physicians Launched', 'Physician Referral Line for Family Medicine at Trillium')

Several programs at Trillium, including the Diabetes Education Centre and the Heart Function Clinic, which cares for patients with congestive heart failure, are eager to work with family physicians to develop programs which can assist with patient care. These are currently under development. The Primary Care & Community Health Initiative is building on current communications between Trillium and family physicians. Several family physicians that have identified themselves as being interested in this issue, will be contacted to provide information as to the future directions of communication with family physicians.

Shared Mental Health Care Pilot with Family Physicians Launched

Trillium Health Centre recognized an opportunity to support family physicians as mental health care providers.

The Mental Health System at Trillium had previously developed a shared mental health care model with LAMP Community Health Centre and was eager to pioneer another shared care program.

Family physicians with privileges at Trillium had indicated that mental health was a clinical area in which they would welcome innovative approaches to care.

After discussion with hospitals, the Ontario College of Family Physicians and other shared mental health care programs, a model of shared care was proposed to Trillium's primary care physicians. The project is being piloted by several family physicians and a clinical team, and is supported by Trillium's Mental Health System and the Primary Care & Community Health Initiative.

In the shared mental care pilot, family physicians can refer a patient to a team of nurses and social workers and a psychiatrist for a rapid consultation. Recommendations are made by the team and provided to the family physician. The team makes an effort to assist family physicians in linking the patient to



Our new team is ready to provide support for family physicians participating in the new Shared Mental Health Care pilot. Left-Right: Catherine Huddleston, Social Worker; Dr. Suzanne Legault, Chief of Psychiatry; Ann Doran, Psychological Associate; Marie Gillespie, Mental Health System Manager; and Michelle Carneiro, Nurse.

appropriate treatment. While the patient remains in the care of their family physician, the team will be available by telephone and e-mail to advise family physicians and help them implement recommendations. Physicians will meet once a month to discuss cases and learn about mental health topics such as new medications.

“This project will provide rapid access to consultation for patients whom we are managing ourselves and allows us back up to continue to manage those patients”, says Dr. Cheryl Hewitt, a family physician participating in the pilot. “It is a great advantage to have that support as mental health care providers and we look forward to

working with the team.” Dr. Suzanne Legault, Chief Psychiatrist at Trillium Health Centre and the participating psychiatrist on the team says that offering this service will enhance both primary care and mental health services through better communication and learning opportunities.

Trillium's shared mental health care pilot will begin Oct 2002 and continue until June 2003. The pilot is expected to demonstrate an increase in family physician's knowledge and comfort in handling the mental health problems of their patients due to the rapid access to consultation

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Mental Health cont'd.

services and support received from the mental health team. Mental health services will be able to learn what is required to better serve primary care, and patients will have rapid access to a psychiatric consultation. Positive evaluation results based on patient and provider satisfaction, patient outcomes, and physician knowledge and comfort in handling mental health problems will result in an effort to expand to all family physicians at Trillium Health Centre in the future.

Facilitating the Implementation of Assessment Tools & Clinical Guidelines

For every clinical issue, there are many assessment tools available. However, not all are applicable to the primary care setting. A group comprised of several family physicians will begin to review assessment tools for use in offices. It is hoped that many clinical areas could be addressed, and tools could be made easily available to family physicians. Training and advice on how to implement the tools in practices is also a possibility. More information about this new project will be available in the future.

If you have assessment tools you currently use in your primary care practice and would like to share them with your colleagues, please send them to Sheryl Farrar

If you are interested in participating or learning more about this exciting initiative, please contact Sheryl Farrar, Coordinator, Primary and Community Care Initiative at Trillium Health Centre 416-259-7580 ext 5511.

Queensway Site
150 Sherway Drive
Etobicoke M9C 1A5



Physician Referral Line for Family Medicine at Trillium

Trillium Health Centre offers a Physician Referral Line as a service to family physicians on staff. This service has been in existence for several years and currently connects family physicians on staff at Trillium Health Centre who are looking for new patients, with individuals living in Mississauga and Etobicoke who are looking for a family physician. In 2001-2002, the Physician Referral Line averaged over 189 calls per month.



Once every two months, a volunteer from Trillium's Health Information and Wellness Centre, Physician Referral Line Service, contacts family physician offices to determine if the practice is accepting new patients. If it is, then the physician's name is placed on the updated Physician's list. Remember, the list is updated every two months by calling your office, so any changes are quickly made.

Individuals from the public can access the service by calling the Physician Referral Line and are matched with a family physician (often patients are looking for a specific gender or language spoken). The family physician's name and office telephone number are provided to the patient, who contacts the office to arrange an appointment.

You may contact Lee-Ann Charszewski, Manager, Health Information and Wellness Centres at 905-848-7100 ext 3409 if you have any questions about the Physician Referral Line.

For Your Information

Primary Health Care Review Process in Halton-Peel

The Halton-Peel District Health Council is proposing a task force be established to assess the current environment of primary health care in the District, identify issues and barriers to voluntary participation in Family Health Networks, and recommend new ideas and solutions on improving primary health care reform. The

group will have membership including the five chiefs of family medicine, family physicians, nurse practitioners, hospital liaison officers, and the College of Family Physicians. The contact for this group is Ron Wray, Senior Planner, Halton-Peel District Health Council Tel: 905-814-5995.

Community information

Community information

Important Information for Family Physicians & Their Staff About COMMUNITY CARE ACCESS CENTRES

The Etobicoke and Peel Community Care Access Centres provide:

- **In-Home Health Services:** The Etobicoke and Peel Community Care Access Centres are accepting new clients for our In-Home Health Services.
- **Information and Referral Services:** We provide information on community and health resources, such as Meals-on-Wheels, adult day programs and transportation programs.
- **Placement in Long-Term Care Facilities:** Case Managers determine eligibility for, and authorize all admission into Long-Term Care Facilities such as nursing homes, homes for the aged. We can also arrange for short-stay respite care.

Our In-Home Health Care Services include:

- **Case Management:** CCAC staff coordinate in-home services and develop an individualized plan of care with each client. Our priority for in-home services is to provide medically necessary services and assistance with activities of daily living, such as bathing, to people living at high risk with little or no support.
- **CCAC services may include:**
 - Nursing
 - Physiotherapy
 - Occupational Therapy
 - Speech Language Therapy
 - Dietetic Services
 - Social Work
 - Personal Support (bathing, feeding, and dressing)
 - Drug Benefit Card for medications
 - Medical Equipment and Supplies
 - Laboratory Services
- **Other specialized services:**
 - Palliative Care
 - Respite Care
 - Acquired Brain Injury Services

Case Managers work with you and the patient to:

- Assess needs
- Determine eligibility for services
- Coordinate and develop an individualized plan of care
- Arrange for the delivery of health care and support services
- Discuss and identify alternate community resources as required (for example, retirement homes, supportive housing, Meals-on-Wheels)

To be eligible to receive in-home CCAC services, patients must:

- Have a valid Ontario Health Card
- Have needs that cannot be met as an outpatient
- Have a medical condition that can be treated adequately at home
- Require at least one professional/ personal support service
- Have family participation in their care, when appropriate

Other sources of payment, such as private health insurance, may be used to enhance services when needed.

Hours of Operation are:

Etobicoke Community Care Access Centre

Case Managers are available between 8:30 a.m. and 8:00 p.m., seven days per week, including holidays

Phone 416 626 2222

Web site: www.etobicokeccac.com

Community Care Access Centre of Peel

Case Managers are available between 8:30 a.m. and 10:00 p.m., seven days per week, including holidays

Phone: 905 796 0040 or Toll free at: 1 888 733 1177

Web site: www.ccacpeel.org

Community Care Access Centre Staff are available at both of the Trillium Health Centre Sites.