

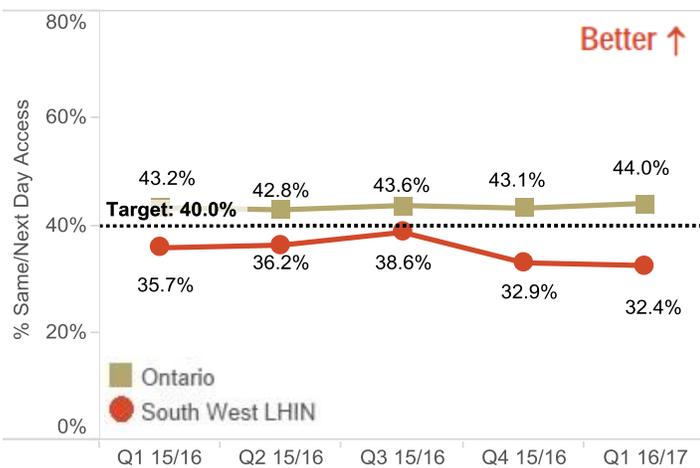


How Will We Know We Have Been Successful?

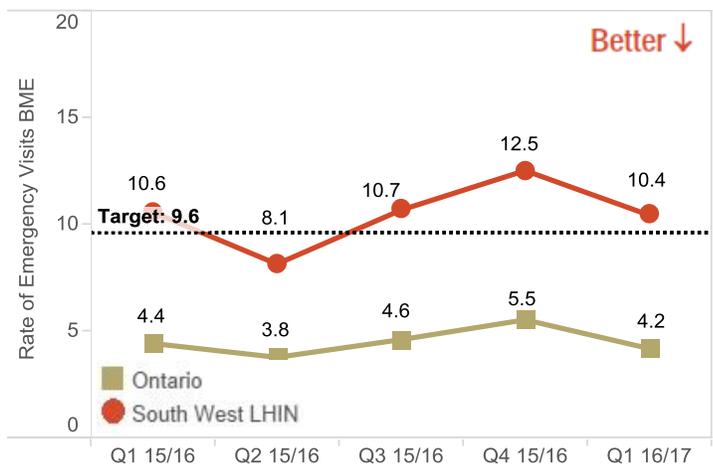
- Faster access to primary care when you are sick
- Fewer visits to the Emergency Department (ED) for conditions that are better managed in primary care
- More people see their primary care provider following discharge from hospital

How Are We Doing?

#1. Percentage of Adults Able to See a Primary Care Provider on the Same or Next Day When They Were Sick



#2. Rate of Emergency Visits for Conditions Best Managed Elsewhere (BME)



- Over the past year, 32% of residents across the South West LHIN reported they were able to see a primary provider on the same or next day when they were sick. This represents a 26% decrease from the provincial average and continued decline in access to primary care across the region, ranking 12th of the 14 LHINs.
- The South West LHIN continues to have the 2nd highest rate of avoidable ED use in the province.
- Avoidable ED visits are highest in the Grey-Bruce sub-region. This sub-region has the highest proportion of the population without access to a consistent primary care provider (13.5%).

What Is Impacting Performance?

Initiating & Planning: a) Primary Care Capacity Planning - Feedback from key stakeholder groups on draft recommendations and supporting actions from the *Understanding Health Inequities and Access to Primary Care in the South West LHIN* report were gathered beginning in Q2 16/17. Actioned recommendations are not expected to impact performance until fiscal 17/18.

Executing: a) Targeted Recruitment - The South West LHIN is actively working with Health Force Ontario over the next six months to recruit new Family Physicians in targeted high-needs communities of Meaford, Thornbury, and rural Elgin.

Monitoring & Closing: None at this time

Potential Future Opportunities and Considerations

- Prioritize and act on the recommendations found in the *Understanding Health Inequities and Access to Primary Care* report.
- Adopting Research to Improve Care (ARTIC) research grant is under consideration to spread the People in Need of Teams (PINOT) model of primary care.
- Engage with hospitals, Family Physicians and residents to understand when and why patients are seen in the ED for visits that could be treated in primary care settings; understand ED coding standards, practices and incentives for these visits.