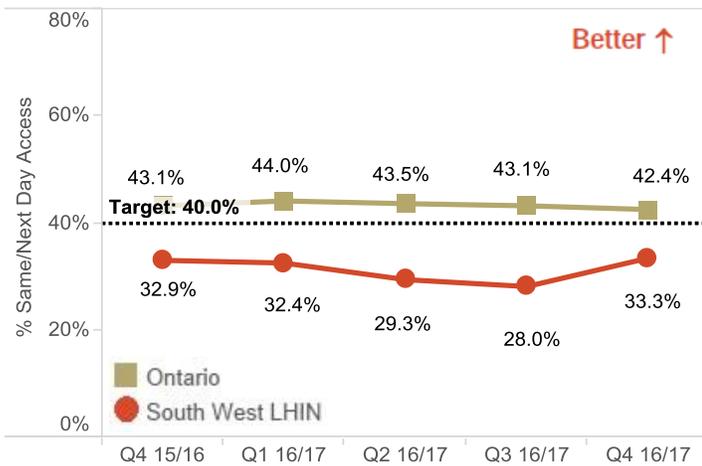


How Will We Know We Have Been Successful?

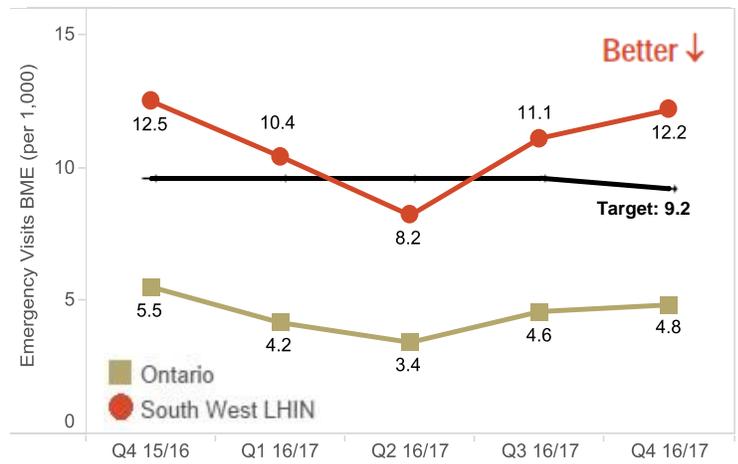
- Faster access to primary care when you are sick
- Fewer visits to the Emergency Department (ED) for conditions that are better managed in primary care
- More people see their primary care provider following discharge from hospital

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, 33% 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 result is 21% below the provincial average, but has improved throughout FY 16/17. Although only 33% of LHIN residents reported same/next day access to Primary Care services, 68% felt that the wait time they did experience until their appointment felt “about right” (Ontario: 72%).
- The South West LHIN continues to have the 2nd highest rate of avoidable ED use in the province, now almost three times higher than the provincial average. 64% of residents living in the South West LHIN who responded to the Health Care Experience Survey over the past year reported difficulty accessing medical care in the evenings/weekends and on holidays without going to the ED (Ontario: 54%).
- Avoidable ED visits are highest in the Grey Bruce sub-region (26.4%). This sub-region has the highest proportion of the population without access to a consistent primary care provider (13.5%), defined as a provider who regularly bills the majority of a patients’ claims.

What Is Impacting Performance?

Initiating & Planning: **a) Improving Access to Team-Based Care** - The South West LHIN will be an early adopter of a facilitated-outreach approach that will connect solo Primary Care Providers and their patients to care teams located in London Middlesex. The project will begin in late FY 17/18. **b) Implementation of the Sub-region Primary Care Strategy** – Primary Care Alliances will be launched in Q3 17/18 in each sub-region. Membership will represent the broader primary care sector and will work to identify local care issues, needs and interests in order to improve patient access, quality and experience of care.

Executing: **a) Primary Care Capacity Planning** - Several recommendations from the *Understanding Health Inequities and Access to Primary Care in the South West LHIN* report were actioned in Q1 17/18 relating to targeted recruitment, new physician orientation and managed entry processes. **b) Targeted Recruitment** - The South West LHIN is working with Health Force Ontario to recruit family physicians in high-needs communities. In Q1 17/18, three new family physicians were recruited to areas in Oxford and Huron Perth.

Monitoring & Closing: None at this time.

Potential Future Opportunities and Considerations

- 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.