

# Strategic Clinical Networks 101

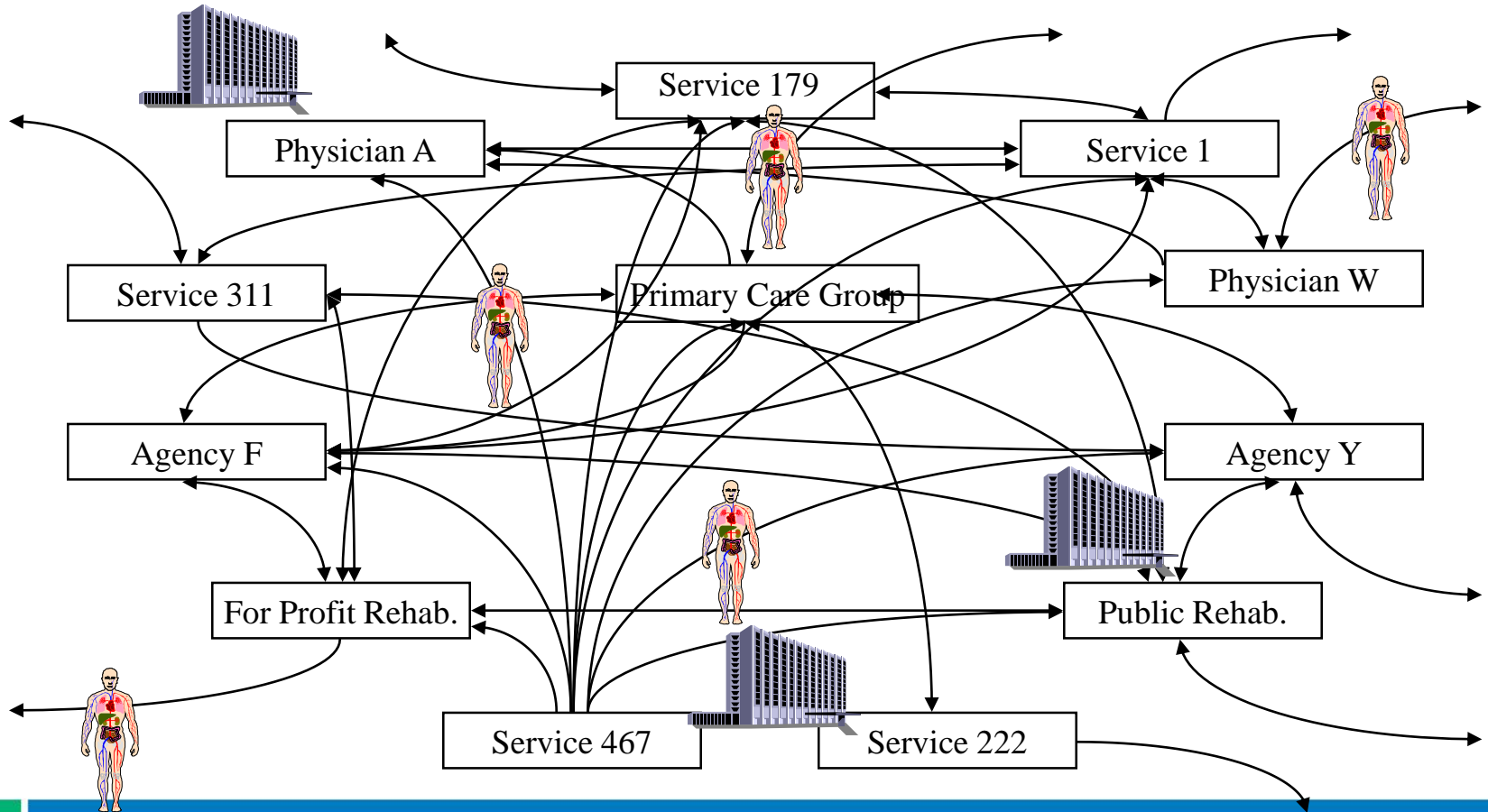
*Kathryn Todd*

*Blair O'Neill*

*Ardene Robinson Vollman*

# Why Networks?

## Complexity of care is increasing



## The top 20 characteristics of ‘high performing health systems’

1. **Success is defined and terminology is clear for all stakeholders. Quality is defined.**
2. Physicians are engaged at all levels.
3. ‘Innovation’ is defined and embraced: people, processes, and systems. Not just devices/drugs.
4. **People in teams and networks - that lead a culture of innovation across boundaries (people, processes, systems, services).**
5. People test innovation; it’s OK to fail.
6. Champions of change (and leaders) are identified, developed and supported.
7. **There is an engaged and empowered public (the public is actively involved).**
8. **Evidence-based treatments and approaches are used wherever possible and/or are pursued through research.**
9. There is fusion of health, environment and education in a planned way: the health system addresses broader determinants.
10. The system improves value (and value for money) for all as a major goal.
11. **Good information for decisions is essential: real time evidence is key.**
12. Prevention is ‘part of doing business’ (it is somebody’s job).
13. The system invests to buy positive changes.
14. There is a good human resource system.
15. Careful (avoid perverse) incentives are used to incent all stakeholders.
16. Careful (avoid perverse) on-line measurement with feedback to those who need it. Measure for goals and beware of what is not measured.
17. Strong and engaged primary care and strong community care.
18. Planning models with embedded research.
19. Be patient but always keep the patient in mind. Meet or exceed patient expectations as a top priority.
20. **‘Top down’ meets ‘bottom up’ in all ways (structures, programs, goals).**

## The Goal

***Alberta to have a sustainable health system that creates the healthiest population and best health outcomes in Canada***



Target: 100% of Albertans to be impacted positively  
by SCN priorities and plans – **with evidence**



*Safer... Healthier... People...*



# Starting Point

## Progress/Innovation



Linear, slow  
Proprietary knowledge  
Ideas as strategic advantage  
Mentors  
Learn by reverse-engineering  
Progress by “Shoulders of Giants”  
Wisdom of experts

**Old (closed)**



Exponential, networked, quick  
Shared knowledge  
Ideas “paid forward”  
Micromentors  
Lessons-learned benefit all  
Progress by “The Mosh Pit”  
Wisdom of crowds

**New (open)**

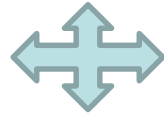
**CORE = 'top to bottom' alignment in setting priorities  
to balance needs and perspectives**



Patients



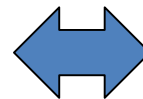
Administrators



Providers



Policy Makers/Payers



Researchers

## What are Strategic Clinical Networks ?

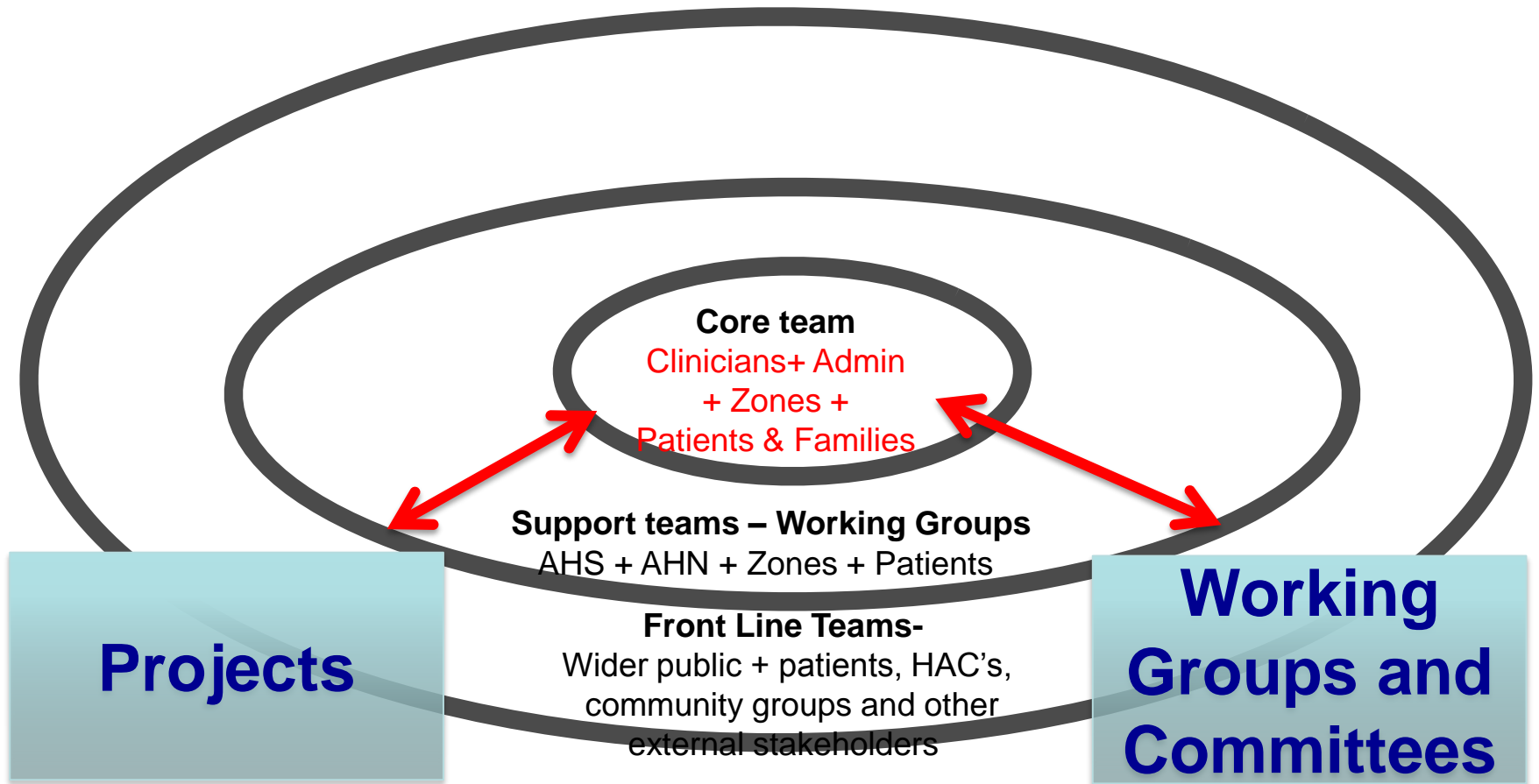
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- Engines of clinical innovation
- Collaborative clinical teams with a provincial mandate
- Led by clinicians, driven by clinical needs, based on best evidence
- Comprised of an all-inclusive membership, with core members & clinical leadership



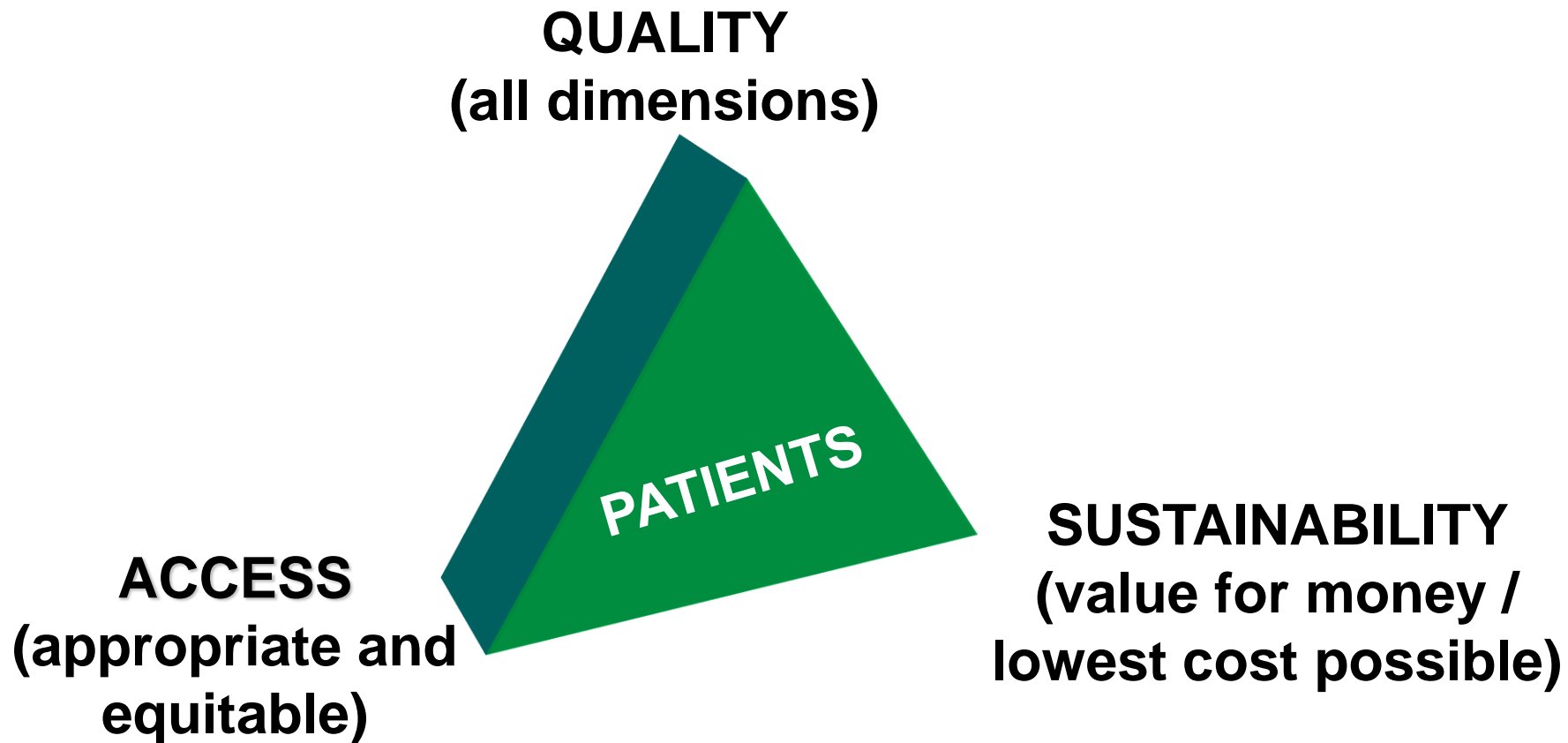
**SCNs designed to lead with cores = “orchestra leaders”**  
*to engage every Albertan as a network member*

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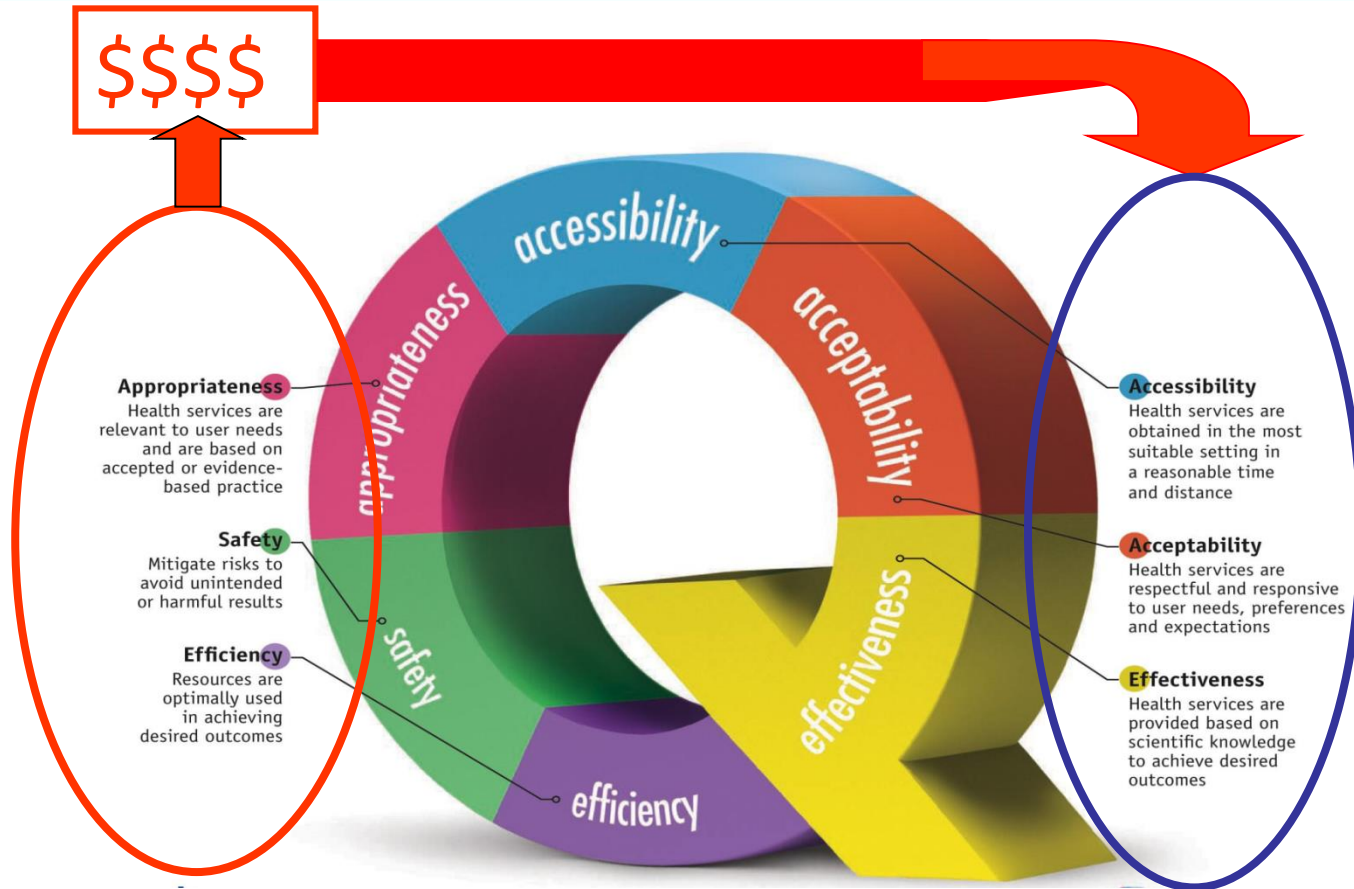


# Healthcare in Alberta: The Need for Balance

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# Quality: the winning 'formula'- SCNs Use a Common Quality Definition and measure and improve one or more of 6 quality dimensions



**To Eliminating Waste**  
Focus first on Appropriateness, Safety and Efficiency



**NOTE: SCNs are NOT just AHS alone!!**



UNIVERSITY OF  
CALGARY



**.....intended to include many other groups: Patients, public, industry, etc**



# SCN



# SCNs – May 2015

2012 - 2015 (under consideration)

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1. **Diabetes, Obesity and Nutrition - SCN**
2. **Seniors Health - SCN**
3. **Bone & Joint Health - SCN**
4. **Cardiovascular Health and Stroke - SCN**
5. **Cancer - SCN**
6. **Addiction & Mental Health - SCN**
7. **Emergency - SCN**
8. **Critical Care - SCN**
9. **Surgery – SCN**
10. **Respiratory Health - SCN**
11. **Maternal, Newborn, Child & Youth Health – March, 2015**
12. **Population, Aboriginal & Public Health –2015**
13. **Primary Health Care – 2ndQ 2015**
14. **Kidney – 2nd Q 2015**
15. **Gastrointestinal**
16. **Neurosciences, Vision, ENT**

## High Level Functions of SCNs:

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- Improve quality and safety of patient care
- Develop evidence-informed best practice based care models and pathways
- Prioritize outcomes and interventions for improvement across care continuums
- Undertake long term views of needs and service developments
- Engage clinical experts, users, researchers, patients, and members of the public in achieving SCN goals
- Proactively develop/use research to solve clinical problems of importance

## High Level Functions of SCNs:




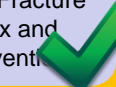















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- Ensure that measures and performance of SCNs are distributed across all 6 quality dimensions
- Identify innovations and with AAHN and government partners, initiate commercialization
- Assess and reassess technologies/practices/service models and enable evidence development
- Develop outcome improvement agreements in accordance with AHS/Zone strategic and planning processes (resources and change management)
- Recommend appropriate allocation of available resources



# Snapshot of Existing SCN Projects

*Developed in 2012-13 and in Various Stages of Implementation Now*

CVS	DON	Seniors'	BJ	Cancer	AMH	Surgery	Emergency	Critical Care
Vascular Risk Reduction C-CHANGE** 	Insulin Pump criteria** 	appropriate use of antipsychotics** 	Fragility & Stability - Hip Fracture Rx and Prevention 	E-referral 	Depression Pathway 	aCATS** 	ED Content 	OPPACA 
Stroke Action Plan 	Enhancing recovery after surgery** 	Elder Friendly Care** 	Hip & Knee 5 year Plan 	Lung Cancer 	EMPATHY 	Safe Surgery Checklist** 		iNO 
		DEMENTIA Strategy 				NSQIP 		

 Underway & achieving results  
 Completed

Over  
6000 staff and clinicians  
Involved across 5 Zones & Partner  
Organizations

# IMPACTS

- Stroke Action Plan 14 sites 
- Hip & Knee Plan – 12 sites 
- Insulin Pump Program – 8 centers 
- Vascular Risk Reduction 
- Fragility & Stability – 12 Sites 
- Appropriate Use of Antipsychotics 
- Empathy – All Schools in Red Deer 
- E-Referral – Lung / Hip & Knee 
- Safe Surgery Checklist - 59 sites 
- Enhanced Recovery After Surgery – 6 Sites 



# Partnership for Innovation & Research in the Health System



The Researcher

Users of Knowledge

On the same team creating value for money

# Primary Health Care SCN

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- Poised to launch!!
- Science Unit operational since April 2014
- Supported several successful grant proposals
- Formative evaluation and SWOT analysis
- Next steps: Strategic Plan for the Science Unit



# Definition of Primary Health Care

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Primary health care (PHC) is the **first place** people go for health care or wellness advice and programs, treatment of a health issue or injury, or to diagnose or manage physical and mental health conditions. In Alberta, PHC includes a **wide range of services** delivered by **teams of providers** ... depending on the **needs of the people** with whom they are working. **Social and community initiatives** ... are part of the programming people can draw on to support their overall health and well-being.

# Mission and Vision of Science Unit

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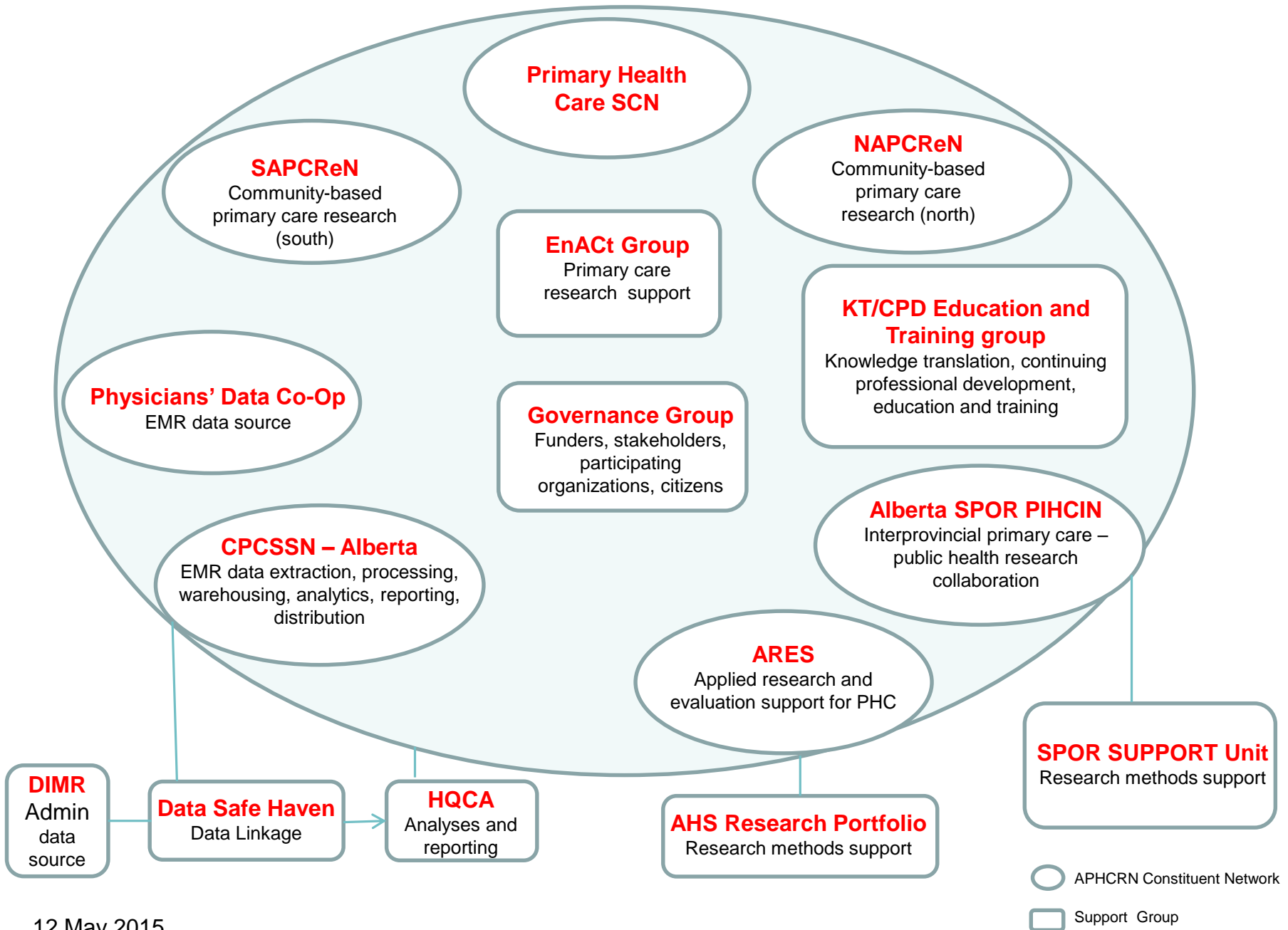
- **Vision:** to understand Alberta's primary health care system and transform it into a more effective and efficient system.
- **Mission:** To support research and innovation in PHC
  - Improved health outcomes
  - Improvements in service delivery
  - Better access to patient data
  - Smoother transitions for patients
  - Better PHC workforce integration
  - Improved patient satisfaction

# Robust PHC Research Landscape

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- Alberta Primary Health Care Research Network (APHCRN)
  - SAPCReN: Maeve O'Beirne
  - NAPCReN: Donna Manca
  - CPCSSN: Neil Drummond
  - EnACT: Lee Green
  - Data CoOp: Charles Leduc
  - ARES: Scott Oddie
  - PHC SCN: Ardene Robinson Vollman

# Alberta Primary Health Care Research Network





# PHC SCN Science Unit Roles

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- Create knowledge of relevance to the primary health care system
- Support knowledge translation, dissemination and implementation in clinical practice
- Encourage continuing professional development and in-service training in primary health care research

## Research Focus (current)

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- Data extraction, liberation and access
- Patient attachment
- Panel management
- Managing transitions effectively and efficiently
- Health care system navigation
- Optimizing primary health care interventions
- Interprofessional integration in primary health care

# Guiding Principles for Support

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1. A primary health care provider **MUST** be in a leadership role.
2. The research topic must be timely, appropriate & relevant.
3. The proposal must receive science and ethics review.
4. There must be funding to support the research process.
5. Participation of primary health care providers, offices, networks, and patients must be voluntary.

# QUESTIONS

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- **Comments?**
- **Observations?**

