Primary Health Care Services
OF PETERBOROUGH

ANNUAL REPORT 2011

Peterborough Networked
FAMILY HEALTH TEAMS

Ontario

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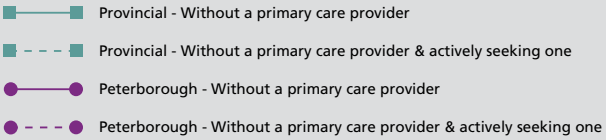
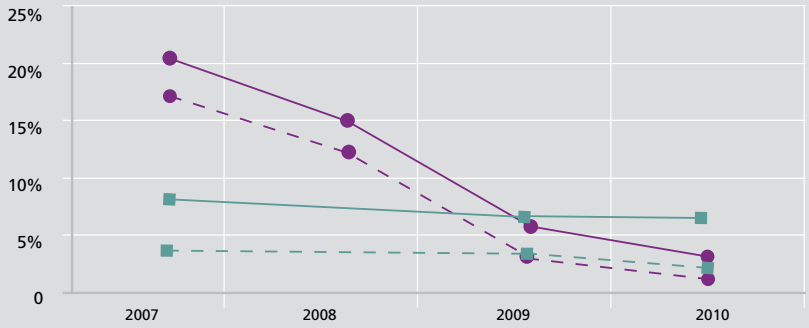
Percentage of Adults who are:





Ontario Health Quality Council 2011 Quality Monitor Report

Figure 2

Peterborough Family Health Teams Extended Hours Visits

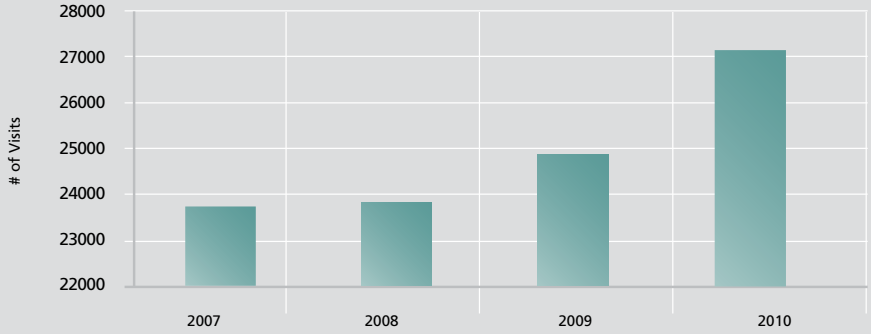
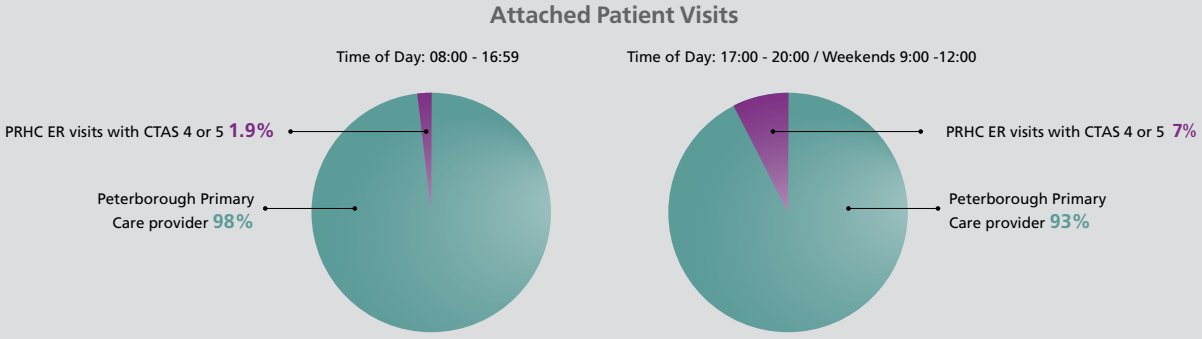
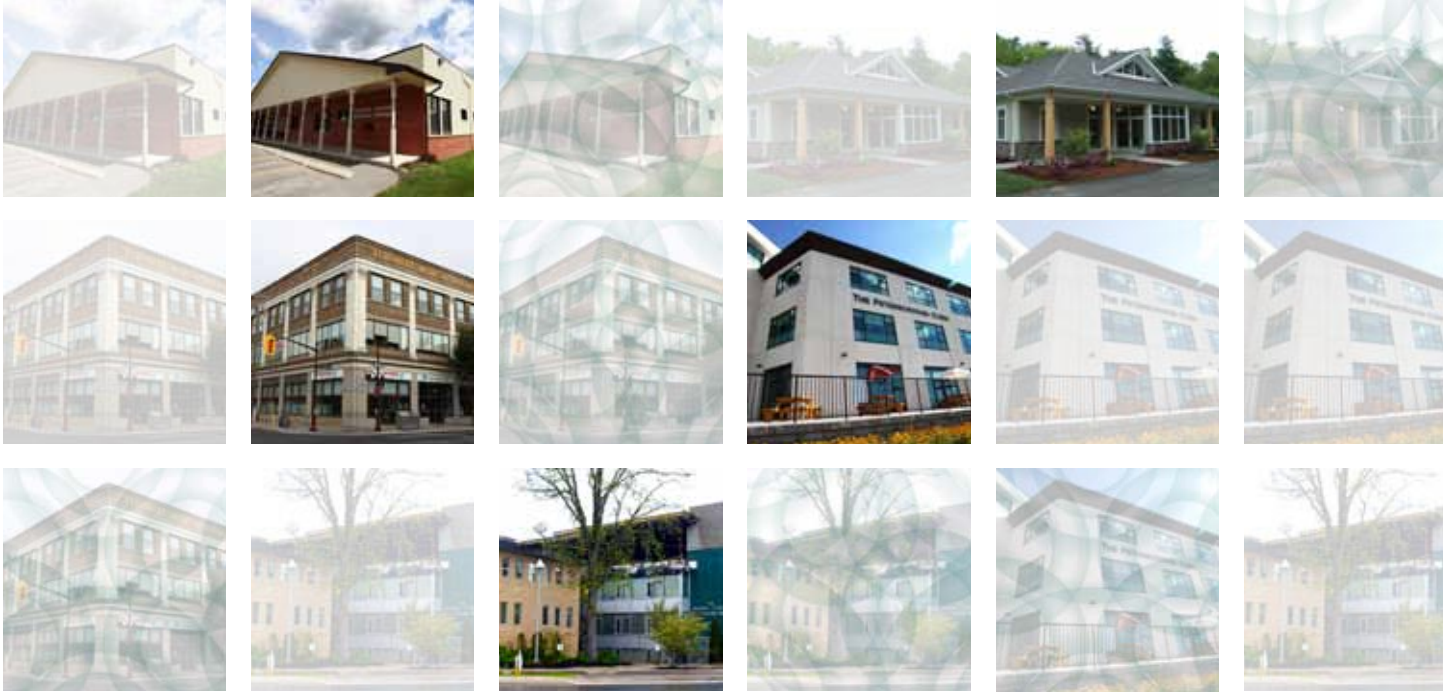


Figure 3

Primary Care Patient Visits





MESSAGE FROM BOARD CHAIR & PHYSICIAN LEAD

In 2006, Primary Health Care Services of Peterborough assumed responsibility for placing our 27,000 unattached patients with a primary care provider. The number of patients without access to a primary care provider exceeded 25% of the total population of our community at a time when the provincial average was close to 10%. (See figure 1 on the opposite page) The burden of care for those individuals without access to care fell largely on Primary Health Care Services of Peterborough.

Our focus at Primary Health Care Services of Peterborough continues to be on improving patient care while reducing health care utilization. We strive to do this by providing innovative health care programs in collaboration with our numerous partners. Today it is rewarding to observe our collective achievements in providing superior health care services to our community.

Currently, we have over 117,000 individuals, approximately 88 percent of our population, attached to a primary care provider across our five teams. The number of after-hours visits provided to patients has increased by 14 percent from 23,751 visits in 2007 to 27,125 visits in 2010. (See figure 2 on the opposite page.) This clearly demonstrates our ability to provide greater access to primary care services for our citizens where and when they need it the most.

With the higher proportion of attached patients and the increased number of after-hours visits provided by primary care, we are creating a more accessible primary care system while successfully reducing the burden on our ER for non-urgent visits. In 2010, our primary care providers had over 387,286 patient visits compared to approximately 8,400 non-urgent visits to the ER. This means that our primary care providers handled 98 percent of all non-urgent visits during regular office hours and 97 percent of non-urgent visits during extended hours. (See figure 3 on the opposite page.)

In addition to these successes, our newest and most innovative initiatives have provided early and meaningful results across a broad spectrum of care from better vascular disease prevention, improved family care, and enhanced support for our mental health patients.

These positive outcomes combined with many other examples of progress described in this report demonstrate the effectiveness of our interdisciplinary primary care model and the collaboration among a great number of individuals and health teams across our community and the leadership provided by Primary Health Care Services of Peterborough. Our partnerships are built on the foundation of collaboration and integration between our family physicians, allied health care professionals, Primary Health Care Services of Peterborough, The Greater Peterborough Health Services Foundation, community-based specialists, health charities, and industry organizations. By working together, we are advancing our goal of increased patient care and more effective use of our health care services.

Changing Perceptions of Family Medicine

Annals of Family Medicine published a study in their March/April 2011 issue on the progress of Ontario's Family Health Team Model. The study refers to Ontario's Family Health Teams as possibly North America's largest example of a patient-centred medical model and one that the US should consider as they face the problem of adding 40 million people to their health system if proposed health care reforms are passed.

The study, conducted by Dr. Walter Rosser of Queen's University in Kingston, Ontario and Dr. Jack Colwill of the University of Missouri, reported that in Ontario as a result of the interdisciplinary primary care model, there is high satisfaction among patients, higher income and more gratification for family physicians, and trends for more medical students to select careers in family medicine.

Primary Health Care Services of Peterborough presented the Peterborough Model of Care at the "*The International Forum in Health Policy and Innovation*", in New York in March 2010.

The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and providing grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

The participation of Primary Health Care Services of Peterborough in the symposium prompted a recent visit to Peterborough by the New York Metro Chapter of Physicians for a National Health Program to meet with the Primary Health Care Services of Peterborough administrative team on a fact-finding mission on behalf of their 18,000 members across the United States. The organization endorses "a fundamental change in America's health care, that is, the creation of a comprehensive National Health Insurance (NHI) Program. Such a program, which in essence would be an expanded and improved version of Medicare, would cover every American for all necessary medical care." They found our model to be quite impressive and Dr. Elizabeth R. Marsh who led the mission stated, "Your system is music to my ears, it's like my vision of heaven."

Primary Health Care Services also participated in "*Tools for Change: Levers and Incentives for Integrating Patient Care Ontario Symposium*" in Toronto in April 2010, hosted by the Change Foundation. The objective of the symposium was to i) identify barriers to providing integrated patient care that are associated with financial systems/payment; ii) profile innovations, "work arounds" to address barriers; and iii) identify areas for action for Ministry, provider organizations and others. The symposium

"

I have been very impressed every time I see my Nurse Practitioner. Her thoroughness and confidence have been excellent. She was very successful in solving my primary health problem and even managed to address a secondary concern that I did not expect her to deal with, which is also being corrected now.

included provocative presentations, and opportunities for participants to dialogue about challenges and solutions. The outcome of the symposium provided recommendations for both immediate steps and longer-term objectives. The symposium probed the impact that funding frameworks and incentives for healthcare providers have on the integration of patient care.

Among the esteemed guests was keynote speaker Howard Dean, former six-term Governor of Vermont, former Chairman of the Democratic National Committee, physician and author. Bill Casey, Executive Director, Primary Health Care Services of Peterborough attended to present and facilitate panel discussions featuring leaders from Ontario's primary care providers, hospitals, Community Care Access Centres and Local Health Integration Networks. The discussions brought out the challenges, barriers, and disincentives associated with current funding and payment methods as well as the potential to apply innovations more broadly across Ontario's health system to help direct an agenda for change.

Primary Health Care Services of Peterborough is also being featured in an upcoming e-news bulletin from the Collaborative Learning and Innovation Group at Simon Fraser University. PHCS was approached by the organization when they learned of the CVDPMI program and its effective implementation of a multi-stakeholder engagement. The Collaborative Learning and Innovation Group conduct workshops across Canada on the spectrum of multi-stakeholder engagement, framework planning, effective implementation strategies, network mapping and outcomes. They intend to use Primary Health Care Services of Peterborough, and the CVDPMI model, as a case study for future workshops.

We are very proud of our interdisciplinary primary care model and the progress we have made in reforming primary health care for the benefit of our patients and health care providers. It is also gratifying that other regions across the country and beyond are taking notice and holding us up as a model of care that works.

PETERBOROUGH'S PRIMARY CARE MODEL IN THE NEWS

On April 3, 2011, CTV National News, inspired by the article in the Annals of Family Medicine, profiled


CTV NEWS

Could family health teams save family medicine?

DR. DON HARTERRE
PETERBOROUGH FAMILY HEALTH TEAMS

Photos

EXECUTIVE SUMMARY

Primary Health Care Services of Peterborough believes that the level of collaboration achieved among our partners in Peterborough is unprecedented across Ontario and perhaps across Canada. Successful collaboration continues to drive innovation and leads to sustained and meaningful primary care reform. The positive response to our efforts and to our model for primary care reform continues to enable Primary Health Care Services of Peterborough to provide leadership to individuals and organizations that seek to create innovative solutions in their communities.

Going forward, Primary Health Care Services of Peterborough will continue to advance the work described in this report, with a focus on evaluating the results of our current initiatives. To ensure that our collective efforts are sustainable, we will continue to explore innovative ideas to prevent and manage illness and disease while reducing the overall utilization of scarce healthcare resources.

Peterborough is a provincial leader in primary care reform with the ongoing expansion of our interdisciplinary primary care model and the additional patient services offered by our allied health care professionals. We continue to develop innovative solutions to illness prevention, chronic disease management, and patient education.

Since our last report, in addition to the Comprehensive Vascular Disease Prevention and Management Initiative, we implemented a number of new programs including Same Day Access for Patients, Youth Sports Concussion Program, Healthy Families Program, Mindfulness Based

> **I have had my doctor for 12 years. I think he is the best family doctor in the world. I feel like he has worked with his Nurse Practitioner to be the same. Both are the best primary care providers.**

Stress Reduction, and Shared Care Approach to Mental Health consistent with our overall philosophy of patient extended care. Our Partners in Pregnancy Clinic responded to patient requests and introduced a series of programs that address a number of topics including PURPLE crying, post partum mood disorder and nausea and vomiting of pregnancy (NVP).

Family physicians continue to be attracted to our community. We have two additional family physicians at the Medical Centre, four at the Peterborough Clinic and three at the Lakefield Clinic, which allows us to provide better access to the rural areas of our community. Increasingly our family physicians are discovering the benefits of admitting and tending to their patients in hospital, thus integrating hospital and primary care services while providing seamless care for the patient.

We are committed to development of our workforce and this past year we have had a surge in training provided to our allied healthcare professionals. A great number participated in training related to diabetes, mental health programs, and individual developmental opportunities. The enthusiasm of our allied healthcare professionals to participate in ongoing training is testament to their passion and commitment to integrated quality patient care.

Our nurse practitioners continue to play a vital role in our collaborative approach to primary care. Since our last report, we have been successful in finalizing the Collaborative Practice agreements between our nurse practitioners and family physicians.

Our pharmacy program has introduced its fourth Anticoagulation Clinic at the Peterborough Clinic. Our Medication Review and Reconciliation Program as well as our Diabetes Education program are growing and both are poised for further expansion.

The Chemong Clinic successfully opened its new building in Lakefield and all members of the team have settled in. The building combines the additional services of pharmacy, physiotherapy, and radiology for the convenience of our patients.

Our ability to offer innovative health services to the people of Peterborough is based largely on our collaborative efforts and strong partnerships. We continue to reach out to local agencies such as the YMCA, the Health Unit, the City and County of Peterborough, local school boards and others to offer health and wellness in the community with the delivery of wellness expos, participation in Opiod Risk Reduction and evacuation planning. We would not be able to offer some of our most innovative initiatives if not for the partnerships that we have formed with industry such as AstraZeneca Canada, Merck Canada and the ongoing support of partners in the non-profit sector including Greater Peterborough Health Services Foundation.

Our successful and unique relationship with the Greater Peterborough Health Services Foundation keeps us connected to the community and provides critical funds for practical elements of our services such as automated external defibrillators, transport chairs, pulse oximeters and electrocardiogram monitors which further our program's effectiveness.

CVDPMI

Improving the Flow to Vascular Health

PROGRAM PROFILE

Primary and specialty care providers in Peterborough have implemented a population-based care model for vascular disease called the Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI). This initiative targets the asymptomatic "non-help-seeking" patients and uses the electronic medical record and practice protocols to screen them for conditions like high blood pressure or high cholesterol. Those found to be at high risk for vascular events receive dietary counselling, lifestyle management planning and medications where needed. Initial clinical findings show that CVDPMI patients have an up to 50% reduction in cardiac event risk.
- Ontario Health Quality Council 2011 Quality Monitor Report

Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI)

Vascular disease is the number one cause of preventable death in Canada. It is more than a heart problem; it includes many illnesses and conditions such as stroke, heart attack, chronic kidney disease and aneurysm. Diabetes, high blood pressure and high cholesterol can all lead to vascular disease if they are not detected and managed properly. To help prevent and manage vascular disease in Peterborough, we have implemented an innovative program, the Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI).

The CVDPMI is an integrated, community-wide program that applies a systematic, guidelines-based approach to the prevention and management of vascular disease. It involves dietitians, nurses, family physicians, allied healthcare organizations, cardiologists, and nephrologists. The program aims to streamline and integrate services among the various partners through the application of clinical guidelines and medical directive protocols. This integrated approach to detect, prevent, manage and treat arose from the high burden of vascular disease in our community.

CVDPMI leverages the abilities and willingness of strong provider networks in the community of Peterborough. Given that the needs identified in the community of Peterborough exist within many communities across the province, it was the intention of the leadership steering committee of the CVDPMI to create a model that would be transferable to a variety of communities and practice settings. As a result of CVDPMI the community has benefited from a number of innovative partnerships such as the Heart and Stroke Foundation of Ontario, AstraZeneca Canada and the Central East Local Health Integration Network.

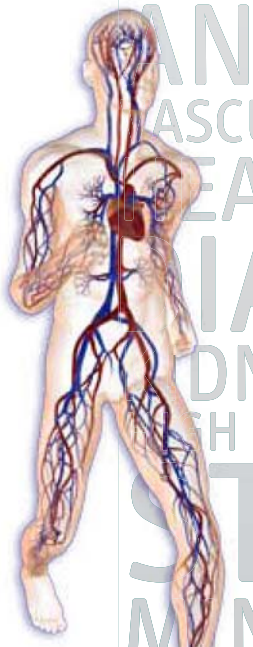
Primary Health Care Services OF PETERBOROUGH

PRNA Peterborough Regional Nephrology Associates

AstraZeneca

VHN Vascular Health Network

Early results provided by an external evaluation indicate up to a 50% decrease in cardiac events, such as stroke or heart attack, among the target population.



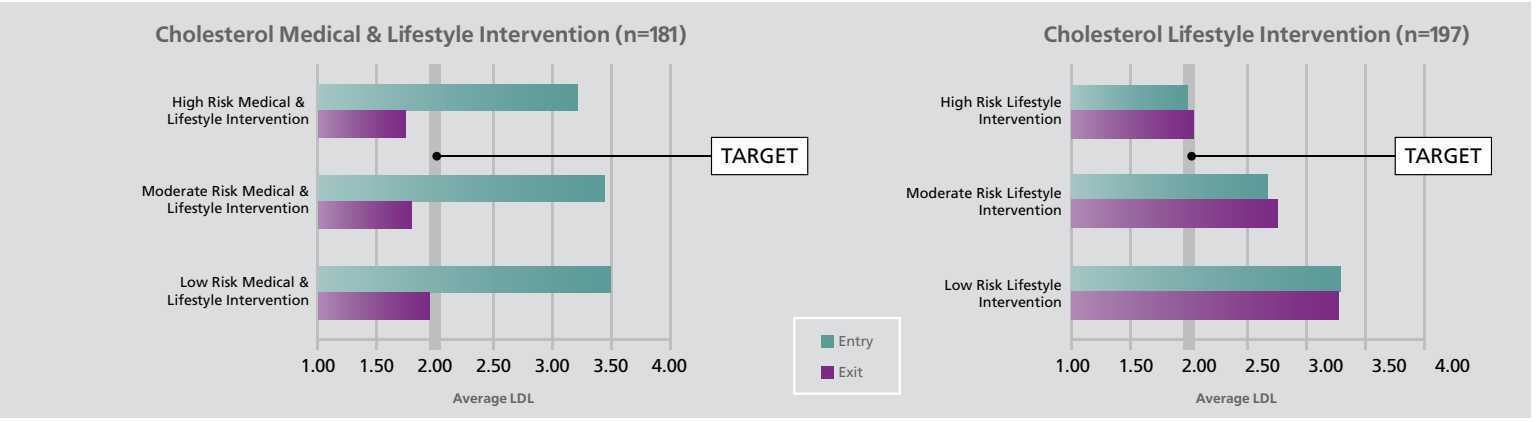
How it Works

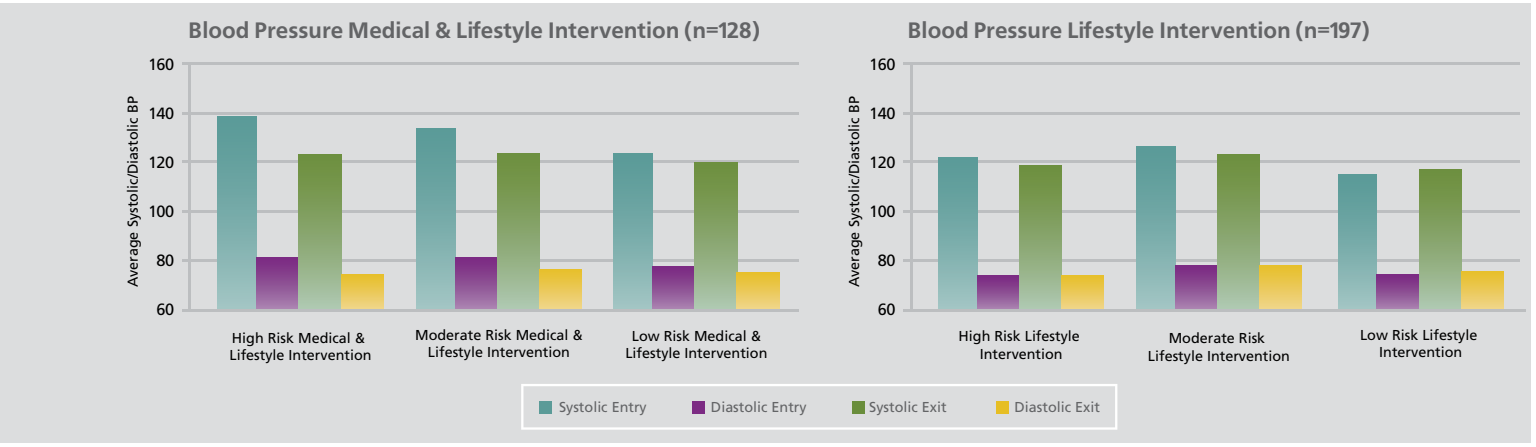
CVDPMI is a multi-faceted approach to patient care that targets individuals in the Peterborough area who are at risk of vascular disease, do not display symptoms, and are not currently seeking help from their physician. Patients are identified with the use of the electronic medical record (EMR) and the screening protocol developed by the physician and the nurse.

There are three components to the program. The first component addresses asymptomatic, non-help seeking patients within family practices. The second component serves communities within Peterborough County as well as the four Counties surrounding Peterborough. This aspect of the program addresses hard to treat populations and those patients being discharged from hospitals post a vascular related event. The third component of the CVDPMI program is also regional in nature and addresses renal insufficiency through screening, outreach and referrals. In both the second and third components, care in these communities is facilitated by a partnership between the Primary Health Care Services of Peterborough and Peterborough Regional Nephrology Association.

Once enrolled in CVDPMI, the patient receives individualized disease identification and assessment by specially trained and experienced registered nurses. Patients are supported and advised by family doctors, specialists and registered dietitians and commit to five visits with their designated registered nurse over a period of approximately nine months. The enrolled patients are counseled with prevention and self-management strategies and are provided with a special CVDPMI logbook to track their progress as well as a CVDPMI folder with specific resource information adapted to their specific needs.

Through the CVDPMI protocols, patients at risk of vascular disease are screened through the use of electronic medical records. These are patients that are mostly non-help seeking, inactive within the primary care setting, and may also be asymptomatic. This is a population of patients that often default unnecessarily to the Emergency Department when unwell, or when victimized by an adverse event. "CVDPMI is a tectonic shift within primary care from treatment to prevention





and management. A key factor of the CVDPMI and its success is the role the patient plays in their health care and increased patient awareness about their individual health risks. The result is streamlined care delivery with improved patient and system outcomes. Early results provided by an external evaluation indicate up to a 50% decrease in cardiac events, such as a stroke or heart attack, among the target population." Bill Casey, Executive Director, Primary Health Care Services of Peterborough.

Currently, the Chemong, the Peterborough Community and the Peterborough Clinic teams are actively involved in delivering CVDPMI. Our plan is to extend the program to all of the Peterborough teams.

Lifestyle Modification Classes

Dietitians offer lifestyle modification classes for participants of the CVDPMI.

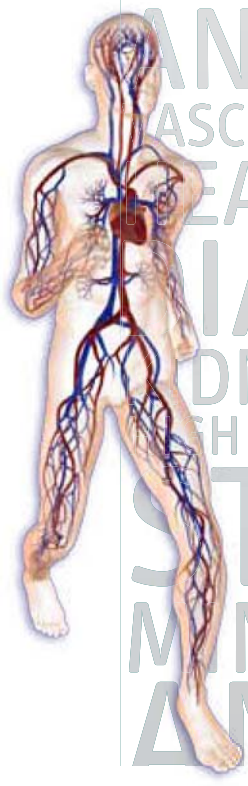
A total of 93 patients in the classes were surveyed and the results were favourable. Participants were asked to rate themselves based on their level of physical activity and their eating habits. Healthy eating improved by approximately 10% from 65.9% to 75.4% and physical activity improved by approximately 7% among the participants.

"Excellent program especially the follow-up with labs and dietitian's accessibility, lots of opportunity to ask questions." *Class participant.*

"Can't wait to start working with the dietitian." *Class participant.*

CVDPMI Provides Leadership to Communities Across Ontario

The word is spreading about the success of our CVDPMI and other communities are seeking our leadership to help implement a similar program. The CVDPMI was designed to be able to transfer its concept to other communities and other disease states. To support the transference of our model, we have created a dedicated website located at **www.cvdpmi.ca** as well as a clinical manual that includes guidelines-based decision support and necessary algorithms, protocols and directives. An operations manual and implementation toolkit have also been developed.



CVDPMI
Improving the Flow to Vascular Health

IMPROVING PATIENT ACCESS

Providing patients with optimal access to primary healthcare has been the major focus for the Primary Health Care Services of Peterborough. We have been improving access by providing extended hours clinics combined with weekend clinics. As well, on call physician services are offered by each team.

To continually improve and ensure that patients have optimal access to their family physicians and allied healthcare professionals, we are building capacity and capability and implementing innovative scheduling schemes. Two examples include "same day access program" and "managing early readmissions". "Improved health and wellness for the patient and an overall reduction in healthcare utilization are important benefits of optimal patient access to primary care." Dr. Nick van der Kamp, Board Chair, Primary Health Care Services of Peterborough.

Same Day Access

One of the things we are most proud of amongst the Peterborough teams is our ability to attract new physicians to our community. Our integrated approach to primary care helps enable our family physicians to provide optimal care to our patients; this is good news for our patients and very rewarding for our physicians.

Recently Dr. Jordan Crane joined our community and set up his family practice. As a new family physician, Dr. Crane has taken an innovative approach to his practice, which combines the support of his team and the allied healthcare professionals along with a modern scheduling method to provide his patients with same day access.

How it works, Dr. Crane, his medical secretary and registered nurse, work as a team; they pre-book patients for non-urgent care for the first two to three hours of each day. The remainder of the day is open to patients who call the same day and need urgent or instant care. The medical secretary starts making same day appointments at 8:30 a.m. to accommodate demand and the registered nurse tends to chronic disease management patients, arranges cancer-screening tests, and conducts smoking cessation counseling and more. Dr. Crane is able to focus on providing effective treatment to his patients in a timely manner.

In addition, Dr. Crane provides telephone consultation to his patients every morning between 8:00 a.m. and 8:30 a.m. with quick questions that may be dealt with expediently by phone and preventing the need for an office visit. Dr. Crane also works as a hospitalist at PRHC and is able to admit and provide care for his patients in hospital. "Being able to provide the continuum of care for patients is good family medicine and personally rewarding for me as a healthcare professional". Dr. Jordan Crane

Members of the Peterborough Clinic FHT have also been participating in the QIIP (Quality Improvement and Innovation Partnership), recently renamed as Health Quality Ontario (HQO). Doctors Judith Armstrong, Rick Whatley, Vanita Lokanathan, and Bruce Cameron, along with their office and administrative staff, Nurse Practitioner Elizabeth Broomfield and Elizabeth Kerr, Registered Nurse, have been working with HQO over the last seven months to establish and pilot the system of Advanced Access Booking. The goal of Advanced Access is to allocate time in the schedule to accommodate patient needs for an appointment when they want and not simply when they can be fit in. This appointment booking paradigm has been shown to promote continuity, and therefore optimum quality of care, and less burden on on-call and ER services, not to mention increased patient satisfaction.

Timely Discharge (Managing Early Readmission)

When a patient is discharged from the hospital, the discharge physician recommends a time within which the patient should have a follow up appointment with their family physician. This follow up appointment is crucial to ensure the patient is progressing well with their ongoing treatment, necessary lifestyle changes and any other follow up care that may be required. When a patient is not able to see their family physician in the designated time following their discharge from hospital, complications may occur and the patient may be readmitted to hospital. A patient readmitted to hospital within 30 days of their discharge for the same diagnosis is known as an "early readmission".

Our aim is to work collaboratively with the hospital to help reduce the early readmission rate within our healthcare community. A ward secretary has been designated to the early readmission program at the Peterborough Regional Health Centre. Her responsibility is to work with discharged patients to ensure that they get an appointment with their family physician in the time recommended by the discharge physician. The ward secretary will follow up with the physicians to make the appointment for the patients. Five family physicians have signed on as early adopters to test the program and design their practice to accommodate appointments for discharged patient. Our goal is 100% participation by our family physicians and 100% of discharged patients securing an appointment with their family physician within the recommended time.

The pharmacist also plays an important role to ensure that discharged patients and their family physician have a clear record of their updated medications. When a patient leaves hospital, he or she may have additional medications and/or changes to existing treatments. The pharmacist conducts a medication reconciliation program and updates the information on the patient chart using the electronic health record. The family physician can easily and readily review the patient chart to ensure that all treatments are in order.

Youth Sports Concussion PROGRAM

YOUTH SPORTS CONCUSSION PROGRAM

To help ensure the health and safety of our young athletes, we are developing the Youth Sports Concussion Program. The program will apply best practices in assessment, treatment and prevention of concussions in youth from 10 years of age right through until high school graduation. All young people in our community who take part in collision sports such as hockey, football, lacrosse, rugby, soccer, wrestling, boxing, basketball and baseball will be included in the program and provided with a neuro-phsych baseline test, which is an on-line test that takes 10 minutes to complete. This baseline can then be utilized should the youth suffer from a sport induced head trauma as they then repeat the test and the difference in outcomes from the baseline will provide a measurement tool in relation to the severity of the injury.

Education and training in best practices and treatment plans for head injuries will be provided to family physicians and allied healthcare professionals across our teams. A special phone-line will be set up to ensure that any youth suspected of having had a concussion will get an appointment with a trained healthcare professional within 48 hours. This will also include a repeat of their baseline testing and the development of a care plan that will review return to school and play time frames. Patients with more severe trauma will be referred to specialty care.

In order to create a higher level of understanding and education in the community, we will launch a public awareness campaign for coaches, trainers, school boards, sports organizations, and others, about the risk, signs and symptoms of concussions. In addition, we will create an education toolkit for first responders to be able to immediately support players that have received a head injury and could potentially have a concussion.

We have already been able to secure support from the National Hockey League Player's Association, as well as endorsements from professional hockey players Marc Savard, Kurtis Foster and Keith Primeau and are working to secure professional athletes across all sports to align with the program. Partnerships with local school boards and sports organizations in our community will be an important component of this program.

"The NHLPA applauds the Peterborough Youth Sports Concussion Program for the measures it is taking to ensure greater safety among young athletes – in any sport they may play. We are encouraged to see Dr. Krete and the Primary Health Care of Services of Peterborough launch this program, which recognizes the seriousness of concussion injuries for those young athletes in the Peterborough area potentially affected by this injury. Just as we greatly value the safety of our NHLPA members, it is a positive when steps are being taken to better protect athletes through the diagnosis and care of concussions." – *Mathieu Schneider, NHLPA Special Assistant to the Executive Director, and former NHL player*

NHLPA®

> **Improvements are astounding, from reduced anxiety, depression, in pain control improvements and in hypertension.**
>
> *Brenda Whiteman, Mental Health Clinician*

MINDFULNESS-BASED STRESS REDUCTION (MBSR)

Mindfulness-Based Stress Reduction is an innovative and intensive eight-week training program to empower participants to take an active role in the management of their health and wellness. During the eight-week period, the group meets weekly for two and a half hours. Participants are asked to practice mindfulness meditation and/or mindful movement. Upon completion of the Stress Reduction Program, alumni can continue with a once a month refresher graduate program.

Dr. Jon Kabat-Zinn, Ph.D, from the University of Massachusetts Medical Centre pioneered this program in 1979. There are over 200 medical centres in the United States that offer MBSR programs and a growing number in Canada. Research demonstrates that MBSR improves the participants' ability to live and cope with pain, illness, fear, anger, anxiety, depression, and hypertension. There are also reports that indicate a decrease in the length and frequency of medical visits to hospitals, emergency rooms, and healthcare professional offices.

Within our teams, we have three mental health clinicians who provide MBSR training for patients in our community. They are able to offer up to eight group sessions per year. Participants are referred to the program by their mental health clinician. Each session can accommodate approximately 30 people. The normal drop out rate in the early weeks for MBSR training is usually about 50%. In our programs, the drop out rate has decreased to less than 30% and the patient response has been very favourable.

"Patients come in wary, but by the end of the sessions, they don't want it to be over. Improvements are astounding, from reduced anxiety, depression, in pain control improvements and in hypertension." Brenda Whiteman, Mental Health Clinician.

HEALTHY FAMILIES PROGRAM

According to the Ontario Ministry of Health Promotion and Sport, Childhood obesity is a real problem and one that is growing. In 1979, 15% of 2 – 17 year-olds were overweight and obese. In 2004, that number had climbed to 26%. Children have become overweight and less active, and as a result, are experiencing serious obesity-related health problems. For example, Type II diabetes, a disease that was once known as adult-onset diabetes because it was rarely seen in anyone under the age of 40, is now being diagnosed in children as young as nine or 10. The Ontario Ministry of Health Promotion and Sport estimates that the cost of dealing with diabetes alone will soon account for more than 15% of health care budgets.

Diabetes is not the only health problem associated with childhood obesity. Obesity in children is linked to an increased risk of cardiovascular disease and osteoarthritis of the knees and hips, as well as higher risk for depression and cancer.

In 1979, 15% of 2 – 17 year-olds were overweight and obese. In 2004, that number had climbed to 26%"

To address the concern of childhood obesity in our community, we have developed a six-week pilot for 15 – 20 families with a child between nine and 12 years of age.

The program takes a family based approach with a healthcare professional referral based on the BMI percentile for age, assessment of medical markers such as lipid levels, insulin levels, fatty liver, and others. A registered dietitian assesses the family to determine their readiness for group participation.

The Healthy Families program is a family based approach to address some of the issues of childhood obesity. It consists of weekly two hour sessions that include a physical activity/games component led by a YMCA outreach staff responsible for physical activity and a Fleming Health Promotion Placement Student as well as demonstrations of home based physical activities. It also includes a nutrition component with hands on food preparation by the participants, nutrition tips for busy families and is facilitated by a registered dietitian.

Homework for families is also a part of the program as families are asked to track their screen time, and put into practice what they have learned at the weekly session. Validated questionnaires are administered at the beginning and end of the six week group session to evaluate initial change in behaviours, and are tracked mid-way through the 10 month follow up sessions.

Once the families have completed the six week program, they are provided with a four week complimentary membership at the YMCA to help foster their family commitment to a healthy lifestyle, as well as participation in the YMCA Member Connect program, which connects the family with a YMCA personal trainer to further encourage participation, develop goals and create the support required for success.

The program has been developed by our Childhood Obesity Committee to create a family-based platform to deal with the issues of childhood obesity.

Fleming College

YMCA

PARTNERS IN PREGNANCY CLINIC (PIPC)

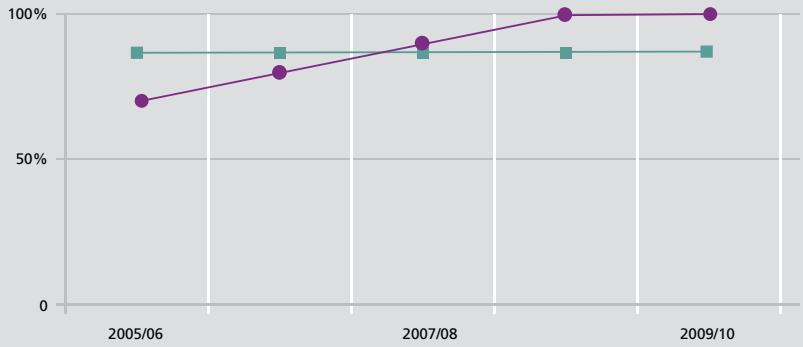
PIPC continues to build on its success of optimal maternity and newborn care by offering additional supportive programs and information tools requested by patients and the community.

We are providing help to our parents with newborns to understand normal infant development, specifically, about crying in normal infants. The Purple Crying program includes a 10-minute DVD and an 11-page information booklet. The program was developed by the National Centre of Shaken Baby Syndrome and is based on 30 years of research on normal infant crying.

The information is provided to new parents as part of their discharge package when they leave the hospital with their newborn. Family physicians throughout Peterborough's primary care teams are aware of the information and can answer questions related to purple crying from their patients.

PIPC provides special support to maternity patients who have a persistent problem with morning sickness, also known as nausea and vomiting of pregnancy (NVP). Patients receive nutritional counseling and treatment from

Percentage of newborns who had a follow-up appointment with a primary care provider within one week of birth.



Ontario Health Quality Council 2011 Quality Monitor Report

a dietitian and a nurse practitioner. This program was adapted from Sick Kids Hospital in Toronto's Motherisk program. According to the Motherisk program, nausea and vomiting in pregnancy are very common for the first seven to 12 weeks. If it persists beyond this time frame and is disruptive to a woman's physical, mental or social health, it can and should be treated.

Not all of our patients are able to attend our prenatal classes. For these patients, we offer a condensed one-to-one prenatal program at the clinic called "What to expect in the first week home with baby". Providing this type of flexibility ensures that all of our clients are well prepared when they return home after their baby is born.

Our food and clothes cupboard are two programs that allow us to provide support for some of our patients who could use a little extra help. We have partnered with Kawartha Food Share, a local agency in Peterborough who provides and stores non-perishable food items and diapers for us, as well as Recycled Kids who provide us with overstocked clothes items. Both programs welcome the participation of our clients who often donate diapers and clothing once they are no longer using them.

We have implemented an innovative program to combat post partum mood disorder (PPMD) for our new mothers who may be at risk called Yakety Yak. Our clients over the age of 30 who are either new to the community, or have been focused on their careers, tend to display a higher level of anxiety and have high expectations of themselves as mothers, factors that could trigger PPMD.

Yakety Yak provides these new mothers with an opportunity to connect with their peers in a structured but informal setting to openly share experiences. Mothers prefer to wait until their babies have reached at least six weeks before they are comfortable joining the group. The groups meet once a week for eight weeks at the clinic. Feedback from our clients indicates that the mothers, who have participated in Yakety Yak, appreciate the opportunity to get out, meet others and make friends. Participants tell us that they have "made life-long friends, felt worthy and not alone, and had access to professionals if they needed a safety net."

SHARED CARE APPROACH TO MENTAL HEALTH

Our shared care model for mental health represents a new collaborative approach to improved care for our mental health patients. There are three formal components to this approach: monthly interdisciplinary team teaching and clinical rounds, psychiatric on-call telephone consultation service, and connecting stable, adult outpatient mental health patients with a primary care provider.

With respect to the rounds, the teams' consulting psychiatrist meets together monthly with the teams' family physicians, nurse practitioners, mental health clinicians to review approaches to specific mental health problems, to review challenging clinical cases, and to inform each other of community clinical resources. The meetings are interactive, educational and have covered topics such as approaches to diagnosing and managing anxiety disorders, panic disorder, attention deficit hyperactivity disorder, depression, psychoses, sexual dysfunction, grief, substance abuse, post-traumatic stress, and post partum depression, to name a few. The learning occurs in a small group, is confidential and based on specific problems and cases. The results are immediately relevant and include patient-specific care enhancement, improved general mental health knowledge reference base, and strengthened inter and intra-professional working relationships.

According to Dr. Lisa Hicks, who is a participant and helps to coordinate the shared care program for the Greater Peterborough Family Health Team, "I am able to integrate the information from our monthly discussions to provide my patients with effective, relevant, timely mental health care in the community, whether the issue is a serious mental health concern or a stressful life event challenge."

The formal psychiatric on-call telephone service provides immediate clinical case based guidance from the consulting psychiatrist to team members about any clinical questions that cannot wait for the monthly meetings or are more appropriately dealt with by a direct phone call. Questions include a number of topics such as medications, adverse effects, and hospital services.

As part of our shared care approach to mental health, family physicians will be accepting stable serious mental health patients from the Peterborough Regional Health Centre adult outpatient program psychiatrists into their practice. This will provide these patients with a primary care provider and should improve access times for new acute and sub acute psychiatry referrals.

Informally, team members such as family physicians and mental health clinicians, meet regularly to review their cases, to enhance integrated mental and overall primary health care.

> **My mental health clinician has always treated me with the utmost respect. She is able to support my autonomy and independence while maintaining her clinical integrity.**

nurses, nurse practitioners, dietitians and other allied healthcare professionals for diabetes prevention and management within primary care teams.

According to Lee-Ann Quinn, a nurse practitioner with the Greater Peterborough team, "The program provided tremendous insight to the complexities of diabetes for primary care front line workers. It was a great help to me in understanding how to change insulin dosing. It will definitely help us to serve our patients better."

Training for our Dietitians

Certification as a diabetes educator recognizes experience and excellence in diabetes education and verifies that an individual possesses the knowledge, skill and abilities to practice effectively and safely within their professions' scope of practice and according to the Canadian Standards for Diabetes Education. Three of our dietitians are currently completing this accreditation process.

Alyson, Kubica, registered dietitian with the Greater Peterborough team, also recently completed additional accreditation as a personal trainer. In addition to providing nutritional counseling to patients, she can also develop and implement a tailored physical activity, fitness and lifestyle plan as a certified personal trainer.

Mindfulness-Based Stress Reduction (MBSR) Training

Two of our mental health clinicians received MBSR training through a generous grant by our foundation, The Greater Peterborough Health Services Foundation. This is an intensive training program; one that our mental health clinicians were eager to undertake. Our mental health clinicians are committed to always striving to offer the best care for our patients.

Eye Movement Desensitization and Reprocessing (EMDR) – coming soon

Eye Movement Desensitization and Reprocessing (EMDR) is an accepted technique used by leading mental health organizations throughout the world for the treatment of a variety of symptoms and conditions. It is an integrative approach that has been extensively researched and proven effective for the treatment of trauma. EMDR is a set of standardized protocols that incorporates elements from many different treatment approaches.

Scientific research has established EMDR as effective for post traumatic stress and many other conditions including, panic attacks, pain disorders, eating disorders, stress reduction, addictions, and others.

There is a rigorous licensing process for EMDR and only qualified mental health clinicians are eligible for training. Our Peterborough teams are committed to providing optimal care and therefore, all mental health clinicians will be trained in EMDR.

“

Having worked in a collegial environment with dietitians before, I found my registered dietitian to be one of the friendliest and most understanding of personal life and stressful situations that I have ever met.










OCCUPATIONAL HEALTH AND SAFETY

Primary Health Care Services of Peterborough is taking a leadership role to ensure that all employees are safe from harassment and violence in the workplace. A survey was conducted of Family Health Team employees to determine their needs for safety. As result, we have taken steps keep our employees safe.

The steps we have taken include:

- Installed panic buttons and special telephone alarms
- Implemented both a workplace Harassment Policy and Program and Workplace Violence Policy
- Adopted protocols for dealing with hostile patients
- Developed safety policies in collaboration with employees
- Reviewed emergency procedures for crisis situations with employees
- Developed protocols to flag potentially violent patients to ensure proper procedures are taken in all interactions
- Prepared a safety tip sheet for communication with a potentially violent person

The consultation process allowed me to kick-start my recovery! No more excuses.

NURSE PRACTITIONER UPDATE

Focus on Collaboration

In our previous Annual Report we described the essential role of our nurse practitioners in providing care to our patients. Since that report, we have introduced and implemented the Collaborative Practice Agreements, developed with balanced input from our family physicians and nurse practitioners. The Collaborative Practice agreement states that:

> *Through a process of consensus and collaboration, underpinned by mutual trust and respect, nurse practitioners and physicians will practice collaboratively, providing appropriate, accessible, quality patient-centred care. It is recognized that the nurse practitioner requires the same resources as their physician partner. All team members are equal and should be included in the discussion when setting policies and procedures.*

The Collaborative Practice Agreements were developed under the guidance of Dr. Daniel Way and Linda Jones, a nurse practitioner and expert in the field of collaborative agreements.

Collaboration is much more than a positive working relationship amongst our healthcare professionals. It is a way of working, organizing, and operating within and among our family health teams that effectively utilizes health care professional resources to deliver comprehensive primary health care in a cost-efficient manner to best meet the needs of the patients within the practice. Successful collaboration benefits patients, providers, and the healthcare system. For example, our patients benefit because they have two healthcare professionals they can turn to, healthcare professionals benefit because they can each work on different aspects of care, one on treatment and the other on prevention.

PHARMACY UPDATE

In our previous report, we introduced the Anticoagulation Clinics and the anticoagulation (blood thinner) program offered by our pharmacists. The clinics continue as part of the Pharmacy Program within the Chemong, Community, and Greater Peterborough Teams and in 2010, pharmacists Lyne Edington initiated an Anticoagulation Clinic at the Peterborough Clinic.

New patients continue to be seen by the Anticoagulation Clinic on a referral basis. Patients who are initiated on warfarin therapy are managed by the Anticoagulation Clinics. The Anticoagulation Clinics work closely with family physicians to manage patients during bridging protocols and prior to surgery and dental procedures. The Anticoagulation Clinics continue to garner very positive results in patient feedback surveys.

The Medication Reconciliation Program continues to develop at the Medical Centre and Peterborough Clinic where medications are reviewed following patient visits to acute care, nephrology, and cardiology. Medications are reconciled with patients via telephone or in person to ensure appropriate medication treatment and patient charts are updated accordingly using the electronic medical record. The program is poised for further expansion as the Patient Discharge pilot with Peterborough Regional Health Centre is initiated.

“I just wanted you to know how much I appreciate the outstanding care and attention the pharmacist has given me over the past 3 months. Visiting the pharmacist has been the highlight of my summer.

Connecting with the Community

Peterborough City and County Health Unit (PCCHU) – In addition to our quarterly meetings with the Chief Medical Office of Health, we are also working closely with the Health Unit on a number of initiatives including the following:

Opioid Risk Reduction

- Promoting MMAP (Medical Mentoring for Addictions and Pain) along with the Peterborough County City Health Unit and the Ontario College of Family Physicians, to our 82 family physicians.
- Promoting the PCCHU Medicine Clean Out Campaign – This provides information to physicians along with posters and clean-out bags to distribute in their offices that highlight the dangers of prescription narcotics being left in the home and offers sites where patients can 'dump' their old medications.

Evacuation planning

- This initiative is being driven by the PCCHU and also includes representatives from Peterborough Reginal Health Centre, City of Peterborough, Peterborough County, VON, EMS, CCAC the Fire Department and Primary Health Care Services of Peterborough in emergency preparedness for internal and external evacuation planning.
- Vital components of evacuation planning include: providing primary care for prescription reconciliation, access to medication and delivery of primary care to evacuees. Primary Health Care Services of Peterborough has been able to provide a number of nurse practitioners, physicians and pharmacists who have volunteered to participate in the delivery of primary care.
- A trial run of an internal evacuation with all partners actively implementing their role is scheduled to take place in Fall 2011, followed by a trial run of an external nuclear evacuation, tentatively scheduled for some time in 2012, in association with the Ontario Power Generation.

YMCA partnership – We have partnered with our local YMCA to offer the Healthy Families Program. The YMCA has generously offered the families who have completed the six-week Healthy Families Program a four-week complimentary membership at the YMCA to help foster their family commitment to a healthy lifestyle. The YMCA has also offered participation in their Member Connect program, which connects the family with a YMCA personal trainer to further encourage active participation and goal setting to achieve sustainable lifestyle changes.

Peterborough Wellness Fair – Primary Health Care Services of Peterborough is active in the community promoting patient education and awareness. Recently, Primary Health Care Services of Peterborough participated in a wellness fair hosted by the Ministry of Government Services for the Ministry of Natural Resources' 900 employees in Peterborough. There were two PHCSP staff onsite for the full day duration of the event. Others who participated in the wellness fair included dietitians, pharmacists, nurse practitioners, and mental health clinicians. PHCSP ran two mental health workshops during the fair led by mental health clinicians. One was on the effect of anxiety and depression on sleep, and the second on mindfulness based stress reduction.

Health Care Connect – If you are without a family health care provider, Health Care Connect refers you to a family doctor or nurse practitioner that is accepting new patients in our community. The Peterborough teams are active participants and promoters of this Ontario Ministry of Health program to connect all patients in our community to primary care. To register contact Health Care Connect at 1-800-445-1822 or visit their website:

www.health.gov.on.ca/en/ms/healthcareconnect/public/

PARTNERSHIPS

Industry Partnerships

Working in partnership with key individuals and organizations has been the cornerstone of our success in providing optimal health care programs to our community. This is particularly true in the case of our Comprehensive Vascular Disease Prevention and Management Initiative. Partnerships with specialty care such as cardiology and nephrology were essential for the programs success but it soon became apparent that we required a partner that could connect our program with key elements required for success, such as business planning, program design and professional support in the areas of communications, legal and evaluation. Based on the recommendations of the CE LHIN we approached AstraZeneca Canada.

Through a number of meetings we were able to clearly define the roles of all of the program partners, including the role that industry would play. In addition, AstraZeneca were able to provide some much needed funding to implement the program, as well as provide all of the supports that we were missing.

While the program was still in the inception stages, AstraZeneca was invaluable at providing business case development and connecting us with the expert resources in order to effectively measure our levels of success and outcomes of the initiative, such as Dr. Paul Oh, Medical Director, Toronto Rehab and bringing the Heart and Stroke Foundation on board as a steering committee member.

The expertise and in-kind support furthered the development of the program in the production of a patient log book, Clinical Manual, website and a General Operations Manual. Through AstraZeneca the group was able to reach out to federal organizations and key stakeholders such as the Canadian Heart Health Strategy and Action Plan, and as a result they are now one of our partners in strategic alignment.

Throughout this process, AstraZeneca has been an outstanding partner and guide. Their areas of expertise brought CVDPMI to a new level and had AstraZeneca not been a partner, it is doubtful that we would have had the capacity to measure the success of the program, or engage with patients, providers, policy influencers and decision makers in the way that has been afforded to us.

We have recently partnered with Merck Canada to beta test an innovative software program for primary care physicians and patients. The program, called MiHealth, can be downloaded to a computer or smart phone.

MiHealth transforms medical records to something that is personal for the patient. The information is validated by the physician, is timely and secure. It connects patients with their doctor, improves information flow and eliminates information gaps. It allows the patient to be involved in their care.

For the physician, MiHealth is an integrated communication channel with patient information and a natural flow into electronic medical records. Physicians can e-mail reminders, test results, provide wellness tips and accept questions between clinical visits. It has the potential to support better workflow and lower costs, while meeting good record requirements.

To date six physicians are on board and very soon there maybe more. Primary Health Care Services of Peterborough will be the hub for the beta test of MiHealth.

FOUNDATION

Primary Health Care Services of Peterborough is a nationally registered charity with a mandate to improve health care in our community. Our unique governance structure has enabled us to formalize a relationship with the Greater Peterborough Health Services Foundation. Funds raised by the Foundation are utilized to enhance our community-based health care initiatives. Over the past few years Primary Health Care Services of Peterborough and the Foundation have been incredibly busy raising funds and supporting a number of exciting initiatives to promote the health and well being of the citizens of our community.

Recent contributions include:

- 17 life saving automated external defibrillators (AEDs) that can be used by non-medical personnel to restore heart rhythm and life,
- Funding for our nurse practitioners, registered nurses and dietitians to attend the Diabetes Boot Camp training,
- 20 transport chairs, also known as heavy-duty wheelchairs, for patients who have had a sudden onset of conditions and those who do not have a wheelchair at home,
- 40 pulse oximeters used to measure patients' pulse rate, pulse strength, the level of oxygen in the blood, and it can be used to assess influenza-like illness, breathing problems and pneumonia, and
- An electrocardiogram (ECG) monitor, which is a diagnostic tool used to measure the heart's electrical activity.

Recently, the Foundation was selected as the charity of choice for Docs on Ice. The popular charity hockey tournament rotates through communities in Ontario and will be in Peterborough in 2012.

In addition, the Greater Peterborough Health Services Foundation is proud to be one of the 3 beneficiaries of the Peterborough Festival of Trees, and to carry on the enduring legacy of the Sisters of St. Joseph, who first inspired the formation of this Foundation.

On September 8, 2010, the Foundation announced that it raised $43,500 from its Freedom 55 Financial Charity Golf Classic. The life changing funds were donated to the Comprehensive Vascular Disease Prevention and Management Initiative

LOOKING AHEAD - CHALLENGES AND OPPORTUNITIES

Primary Health Care Services of Peterborough was created in response to a crisis in the health care system in our community. While the genesis of our development was to address our immediate crisis, our mandate has evolved to develop an innovative, coordinated and cost effective health system that our community can rely on for generations to come. A vibrant and effective primary care model is paramount to the future of our health system.

When primary care providers are empowered to deliver longitudinal, comprehensive and patient-centered care, access to preventive interventions is increased. In addition, management of ailments that often accompany aging and chronic disease is enhanced. Primary care providers are also guides and advocates for patients in navigating the health system. Attachment of a patient to a primary care provider improves the appropriateness of diagnostic referrals and specialty treatment. International research has shown a clear link between access to a primary care provider and overall improvement to health system performance.

The overall performance of our health system has become a concern for every resident of Ontario. Primary Health Care Services of Peterborough will continue to work hard to ensure that our resources are used to provide the best possible care in a manner that is consistent with the new standards set out in the Ontario Excellent Care for All Act, which became law in June of 2010. These new standards are designed to ensure that Ontarians receive health care of the highest possible quality and value.

Rising health care costs present a challenge to our governments who are attempting to manage growth in health care spending without crowding out other priority investments. That is why the government of Ontario is committed to ensuring that every health care dollar is used to provide care of the highest quality and value. It is a collective failure of the health system that the challenge of managing health costs has remained unmet -- year after year, decade after decade. The failure to address health care costs has led us to the breaking point in which we currently find ourselves.

The Excellent Care for All Act, attempts to align the health system toward a common purpose, the patient experience. The main tenets of the Act are (a) health care providers put the needs of the patient first, (b) the best available evidence is used to render decisions on the care received by the patient, (c) the patient experience is viewed as an important aspect of the quality of care received by the patient, and (d) the patient will have more information and greater choice in treatment options. A high quality patient-centered approach to health care delivery is the objective of the government of Ontario, and it is an objective that Primary Health Care Services of Peterborough has been delivering since 2005 and will continue to deliver in the months and years to come.

However, the problems that continue to plague Ontario's health care system are not limited to the appropriate use of resources. There is a growing burden of disease, an escalation in costs and human health resources, an unsustainable burden being placed on taxpayers, and there remains a lack of coordination in the utilization of resources at a local level. Failure to address these challenges will render the objectives of the Excellent Care for All Strategy unattainable, leaving health care costs to continue to escalate and increasing pressure on other government programs. Eventually, if we continue to ignore the challenges of health care costs, there will be more spending on health care than every other government program combined.

In this environment of growing health care challenges, Primary Health Care Services of Peterborough began to develop a primary care system based on the best and latest evidence about the qualities of effective primary care. These health system investments laid the foundation for improving quality through inter-professional collaboration and information management.

Ironically, these improvements in primary care have contributed to a divide between primary care and the rest of the health system. As a result, the full potential of investments made to strengthen primary care, have yet to be realized; the role of primary care in a sustainable and effective health system remains underdeveloped. In many communities, primary care and other healthcare providers have attempted to collaborate to meet patient needs. But initiatives that try to cross traditional provider boundaries have been hindered by competing structural incentives and the lack of a clear mandate for either organization to make integration successful.

No governance or funding mechanism is in place to help resolve these conflicts and drive innovation. Across the health system, these boundaries between primary care and other care providers perpetuate inefficiencies and waste. The result – patients are missing out on opportunities for increased continuity and quality care. More needs to be done to strengthen and support existing relationships between primary care and other parts of the health system.

Targeted funding for primary care initiatives that advance provincial priorities could help to sustain innovative and typically less expensive community-based care models. For example, primary care and specialists can work together to address diabetes and vascular disease prevention and care, to reduce morbidity and mortality and avoid costly hospitalizations. Unfortunately, such initiatives currently fall into the gap between hospital and primary care funding and responsibility, as do the benefits they bring to patients.

There are also opportunities for hospitals and shared services organizations to augment primary care's limited infrastructure capacity. Shared-services organizations could help to increase primary care capacity for program development and eHealth adoption, and save costs in capital and procurement management. This would also facilitate joint initiatives between hospitals and primary care, such as technology and service integration. To be effective, however, the governance of the shared-services organization would have to reflect the unique and potentially conflicting needs of its primary care and institutional clients.

In the longer-term, Ontario needs a strategy to enhance the role of primary care providers as patient managers. Continued investment in developing primary care capacity is essential. Any effort to enhance the role of primary care within the health system must fully address current inequities in compensation for allied health professionals between the community and institutional sectors of the health system.

The investments made to date in expanding and enhancing primary care are paying off for patients and communities across Ontario. But without a strategy for integrating primary care with the rest of the health system, we risk losing the momentum for change and failing to maximize our return on investment. New investments in primary care should be accompanied by policies to nurture local innovation, increase resource efficiency, and plan for the future role of primary care in improving our health system's performance.

To achieve continued development of high quality low cost health care there are some essential elements that need to remain in place. The first is the fundamental importance of a strong, well-resourced primary care sector to community health and to the sustainability of the health system. In order to remain worthy of investment, Primary Health Care Services of Peterborough must continue to reflect community needs and recognize the relationship between our work and the prosperity and well-being of our community.

In addition, the comprehensive and longitudinal relationship between the clinician and the patient, which in turn affects the patient's experience of health and illness, must be recognized by the broader health system. Primary Health Care Services of Peterborough believes that a well-functioning health system has this relationship at its heart, and must therefore depend on a strong primary care sector. This relationship also means that good primary care practitioners have responsibility for the patient's entire well-being. By implication, chronic disease prevention and management, for example, should be approached as part of that relationship rather than as a separate silo of care.

The practice of community-based primary care has been reinvigorated through the integration of nurse practitioners, mental health practitioners, pharmacists and dietitians within the traditional family practice. It is the continued mission of Primary Health Care Services of Peterborough to lead the development of an integrated health care system that meets community needs and provides a seamless experience of care for our patients. In the coming year, we will continue to develop and nurture partnerships with local specialists to share best practices, expertise, and knowledge of the patient across care pathways that include education, prevention, identification, and treatment at all levels of disease acuity and complexity.

Over the coming years, Primary Health Care Services of Peterborough will continue to develop primary care and community practice. Team-based care is only in its infancy, and the roles and interactions of every practitioner require continuous improvement. In Peterborough, this improvement has focused on collaborative, multidisciplinary education.

Last year a major focus was the successful integration with community specialists in cardiology and nephrology to develop a comprehensive program for vascular disease and diabetes/renal insufficiency. Integration of specialist services with team-based primary care, created a seamless and safe experience for the patient and ensured that the patient was provided with the highest standard of care at all times and in all circumstances. Coordination ensured the best possible use of health resources.

Across the health system, there are opportunities for a unified primary care sector to provide the basis for improvements in the patient experience and the effectiveness of care delivery. In undertaking these new challenges, Primary Health Care Services of Peterborough remains confident in the enthusiasm and will of our clinicians and our community. We will continue to apply the lessons learned to date to improving primary care and strengthening the health system.

Primary Health Care Services of Peterborough was created by the physicians of Peterborough to address systemic crises in local health care: too many unattached patients, growing strain on outpatient services, and a rising incidence of chronic disease. With those challenges largely met, we do not fear the future of our health system; we remain committed to shaping the future of the health system in Ontario. We still believe we can do great things.







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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Primary Health Care Services

We have audited the accompanying financial statements of Primary Health Care Services, which comprise the statement of financial position as at March 31, 2011 and the statements of operations and changes in fund balance and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal controls as management determines are necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of our qualified audit opinion.

Basis for Qualified Opinion
Note 2 describes the accounting policy with respect to the organization's capital assets. This note indicates that the organization's capital assets are reported as an expenditure on the statement of operations and changes in fund balance in the period of acquisition which is not in accordance with Canadian generally accepted accounting principles.

Qualified Opinion
In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion Paragraph, the financial statements present fairly, in all material respects, the financial position of Primary Health Care Services as at March 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Collins Barrow Kawarthas LLP

Chartered Accountants
Licensed Public Accountants

Peterborough, Ontario
June 28, 2011

STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2011

	2011 $	2010 $
ASSETS		
Current assets		
Cash	1,384,385	4,916,739
Short term investments (note 3)	2,009,713	-
Accounts receivable (note 4)	843,591	87,089
Prepaid expenses	21,049	254,257
	4,258,738	5,258,085
Long-term investment (note 5)	1,004,334	-
	5,263,072	5,258,085
LIABILITIES AND FUND BALANCE		
Current liabilities		
Accounts payable and accrued liabilities	447,186	151,757
Deferred revenue	-	442,321
Due to Ministry of Health and Long-Term Care (note 6)	4,808,071	4,656,192
	5,255,257	5,250,270
Fund Balance		
Unrestricted	7,815	7,815
	5,263,072	5,258,085

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Chartered Accountants

The accompanying notes are an integral part of these financial statements.

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCE

FOR THE YEAR ENDED MARCH 31, 2011

	2011 Budget $	2011 Actual $	2010 Actual $
Revenues			
Ministry of Health and Long-Term Care	9,498,718	9,344,441	7,892,608
Central Ontario Healthcare Procurement Alliance and Peterborough Regional Health Centre	291,621	291,621	532,826
Greater Peterborough Health Services Foundation	224,699	224,699	26,047
Interest income	-	37,864	34,320
Other recoveries	-	7,206	48,691
	10,015,038	9,905,831	8,534,492
Expenses			
Human resources	7,745,197	7,828,539	7,197,354
Rent	662,458	625,044	391,137
Administration and general overhead	573,733	502,656	342,003
One time costs	378,247	364,869	248,267
Training and development	94,350	88,341	73,879
Travel	116,629	66,962	45,367
Consulting, audit and legal	66,494	31,933	68,856
Insurance	41,514	29,174	31,303
Recruiting	44,795	26,018	136,326
Other professional fees	291,621	342,295	-
	10,015,038	9,905,831	8,534,492
Excess of revenues over expenses for the year	-	-	-
Unrestricted - beginning of year	-	7,815	7,815
Unrestricted - end of year	-	7,815	7,815

Collins Barrow
Chartered Accountants

The accompanying notes are an integral part of these financial statements.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2011

	2011 $	2010 $
CASH PROVIDED FROM (USED FOR)		
Operating activities		
Excess of revenues over expenses for the year	-	-
Change in non-cash working capital items		
Increase in accounts receivable	(756,502)	(18,886)
Decrease (increase) in prepaid expenses	233,208	(56,089)
Increase (decrease) in accounts payable and accrued liabilities	295,429	(274,598)
Increase (decrease) in deferred revenue	(442,321)	442,321
Increase in due to Ministry of Health and Long-Term Care	151,879	1,490,754
	(518,307)	1,583,502
Investing activity		
Decrease (increase) in investments	(3,014,047)	2,882,384
Increase (decrease) in cash	(3,532,354)	4,465,886
Cash - beginning of year	4,916,739	450,853
Cash - end of year	1,384,385	4,916,739
Other information		
Interest received	37,864	34,320

Collins Barrow
Chartered Accountants

The accompanying notes are an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2011

1. NATURE OF OPERATIONS

Primary Health Care Services is a not-for-profit organization incorporated on October 12, 2005 under the provision of the Corporations Act of Ontario and received its status as a registered charity on October 15, 2009. The organization was formed to assist in the provision of enhanced primary health care services to the residents of the City of Peterborough, Peterborough County and surrounding areas.

2. SIGNIFICANT ACCOUNTING POLICIES

(a) *Basis of accounting*

These financial statements have been prepared in accordance with the significant accounting policies set out below. The basis of accounting used in these financial statements materially differ from Canadian generally accepted accounting principles in that expenditures for capital assets are not capitalized but expensed in the period incurred.

(b) *Revenue recognition*

Primary Health Care Services uses the deferral method of accounting. Restricted contributions are recognized as revenue in the year in which the related expenditures are incurred. Unrestricted contributions are recognized as revenue in the year when received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

(c) *Capital assets*

Capital assets are reported as an expenditure on the statement of operations and changes in fund balance in the period of acquisition.

(d) *Income taxes*

Primary Health Care Services qualifies as a charitable not-for-profit organization as defined by the Federal and Ontario Income Tax Acts and consequently is not subject to corporate income taxes.

(e) *Management estimates*

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period.

Key areas where management has made complex or subjective judgments (often as a result of matters that are inherently uncertain) include, among others, accounts payable and accrued liabilities, revenue recognition and fair value of investments. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods.

(f) *Financial instruments*

The organization utilizes various financial instruments that are separated into one of the following categories based on the purpose for which the asset was acquired. The organization's accounting policy for each category is as follows:

Held-for-trading: This category is comprised of cash and investments which are carried in the statement of financial position at fair value with changes in fair value recognized in the statement of operations.

Receivables: These assets are non-derivative financial assets arising from the delivery of cash principally through service delivery or HST rebates which will be collected after returns/reports have been submitted and approved. They are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment.

Other financial liabilities: This category includes financial liabilities other than those classified as held-for-trading and comprises accounts payable and accrued liabilities and due to Ministry of Health and Long-Term Care. These liabilities are initially recognized at cost which approximates fair value and subsequently measured at amortized cost using the effective interest rate method.

The accompanying notes are an integral part of these financial statements.

3. SHORT TERM INVESTMENTS

Short term investments recorded at market are as follows:

	2011 $	2010 $
Cash and cash equivalents	21	-
Royal Bank of Canada GIC, maturing on June 28, 2011, interest at 1.25%	504,726	-
Royal Bank of Canada GIC, maturing on January 17, 2012, interest at 1.8%	1,003,646	-
Bank of Montreal GIC, maturing on January 17, 2012, interest at 1.3%	501,320	-
	2,009,713	-

4. ACCOUNTS RECEIVABLE

Accounts receivable consists of the following:

	2011 $	2010 $
Trade receivables and HST receivable	238,786	87,089
Due from Ministry of Health and Long-Term Care	604,805	-
	843,591	87,089

5. LONG-TERM INVESTMENT

Long-term investments recorded at market are as follows:

	2011 $	2010 $
Bank of Nova Scotia GIC, maturing on January 17, 2013, interest at 2.2%	1,004,334	-

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6. DUE TO MINISTRY OF HEALTH AND LONG-TERM CARE

Short term investments recorded at market are as follows:

	2011 $	2010 $
Capital and development grant advances	88,504	88,504
Family Health Team Funding 2007	902,058	902,058
Family Health Team Funding 2008	2,239,462	2,239,462
Family Health Team Funding 2009	(64,586)	(64,586)
Family Health Team Funding 2010	1,490,754	1,490,754
Family Health Team Funding 2011	151,879	-
	4,808,071	4,656,192

7. FINANCIAL INSTRUMENTS

The organization's financial instruments consist of cash, investments, accounts receivable, accounts payable and accrued liabilities and due to Ministry of Health and Long-Term Care. Investments are recorded at fair value. All other financial instruments are recorded at carrying value which approximates their fair value due to their short term nature.

(a) Interest rate risk

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. Investments are subject to interest rate risk as their value will fluctuate with changes in the interest rate.

(b) Credit risk

Credit risk arises from the potential that a counter party will fail to perform its obligations. The organization has limited exposure to credit risk as trade receivables are insignificant and all other receivables are due from various levels of government.

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8. CAPITAL DISCLOSURE

The organization's capital includes the balance retained in the fund balance, which is generally the difference between its assets and liabilities as reported on its Statement of Financial Position. This fund is maintained and disbursed under the terms of the relevant funding agreements and the organization's management is responsible for adhering to the provisions of these agreements.

The organization's objectives when managing capital are to safeguard the organization's ability to continue as a going concern so that it can continue to provide delivery of its services, facilities and programs to the public.

Management maintains its capital by ensuring that annual operating budgets are developed and approved by the Board of Directors based on known or estimated sources of funding available each year.

9. ECONOMIC DEPENDENCE

The organization receives the majority of its revenues from the Ministry of Health and Long-Term Care. The nature and extent of this revenue is of such significance as to affect the viability of the organization and accordingly, the organization is economically dependent upon the Ministry.

10. BUDGET AMOUNTS

The 2011 budget amounts on the Statement of Operations and Changes in Fund Balance, are presented for information purposes only, are unaudited and not covered by the audit report of Collins Barrow Kawarthas LLP, Chartered Accountants, dated June 28, 2011.

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The accompanying notes are an integral part of these financial statements.

ACKNOWLEDGMENTS

We express our sincere gratitude to our current and past Board of Directors and staff for their commitment, dedication and contribution to our success.

We also acknowledge and thank the Ministry of Health and Long-Term care and the various physicians and institutions that have contributed to the conceptualization of Primary Health Reform.

PHCSP BOARD OF DIRECTORS

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