June 29, 2015

Ms. Joanne Vanderheyden
Mayor
Strathroy-Caradoc
52 Frank St.
Strathroy ON N7G 2R4

Dear Mayor:

We are pleased to provide you with a copy of the Thames Valley Family Health Team's 2015 Community Report.

In this year's Report, we feature patient stories that showcase the exciting results of the Family Health Team model, which we believe is key to effective, sustainable health care in Ontario. Our overall vision is to enhance our patients' wellbeing, improve their health and ultimately ease pressure on the health care system.

For example, you will read about “Brian” (not his real name) who came to one of our Strathroy sites in April 2012, “deeply depressed” while suffering from Charcot Feet and after being told he would have to have his foot amputated. After working with one of our nurses, he received the help he needed in navigating the health care system. Brian avoided amputation and now has “a little more hope in seeing a positive future” through community-based care, which has helped to reduce pressure on the hospital system.

As stated in the Report, one of our key themes for the Thames Valley Family Health Team in 2014 was growth. With 18 clinic sites, including nine across the city of London, we are home to over 110 family physicians and our patients are served by more than 130 staff. Forty-three percent of people in Middlesex County are patients of the Thames Valley Family Health Team.

We invite you to browse our website at www.thamesvalleyfht.ca for additional information on the Thames Valley Family Health Team and its programs and services.

If you have any questions or comments about our 2015 Community Report or about the Thames Valley Family Health Team, please feel free to contact me at 519-473-0530, ext. 111.

Regards,

Keri Selkirk
Executive Director
Thames Valley Family Health Team (TVFHT) now includes 18 clinic sites that are home to over 110 family physicians, and our patients are served by more than 130 TVFHT staff. In 2014, we had approximately 92,000 patient visits—an extraordinary number that speaks to the opportunity we have to serve in our community (and doesn't include tens of thousands of visits to our affiliated physicians and their staff).

A patient experience at TVFHT may include contact with a number of different providers in one visit in order to make the best use of the collaborative team. A visit may be a counselling session or a consult with a nurse practitioner, dietitian, pharmacist, or some other specialist. Our staff offer referrals to services offered at our sites and through our partners in the community.

Visits might also come via one of the many programs we offer based on patient needs. We are helping patients practice mindfulness to reduce stress, self-manage diabetes and other conditions, eat and sleep better, and face a wide variety of health challenges through our programs. Our vision is built around enhancing our patients' wellbeing, which improves their health and ultimately eases pressure on the health care system.

We believe that primary care delivered collaboratively through the Family Health Team model is the key to effective, sustainable health care in Ontario. As you will read in the following pages, we have seen exciting results already, both at the program level and at the individual patient level. We know that we will only continue to grow if Family Health Teams and the staff who make them successful are supported.

Thank you for your interest in the Thames Valley Family Health Team. Please enjoy this update on our work, our progress, and our success so far!
Brian* has no problem saying he was deeply depressed when he finally came to one of the TVFHT's Strathroy sites in April of 2012. "I thought God wanted me dead," the sixty-four-year-old confesses. "I thought, 'This is it, I'm finished. Permanently ame.' That would be the inciting factor that put me into the tailspin."

Brian was suffering from a condition called Charcot foot, commonly associated with diabetes and causes bones in the feet to degenerate and fracture. By the time he came to the clinic, he had developed an ulcer on the bottom of his foot as a result of the collapsing bones pushing against his skin. The ulcer was badly infected, with Brian told more than once that his foot would have to be amputated.

Through various circumstances, Brian was left without a lot of help in managing his injury. He began visiting the Strathroy Medical Clinic for wound care three times a week - a decision that introduced him to nurse Sandra Burton and, ultimately, made all the difference.

Burton took an immediate interest in Brian's case. Charcot foot patients are rare in primary care. As she learned more about Brian's challenges, she knew he needed help navigating the health care system.

Burton also helped him get what he calls his "magic boot" - a Charcot Restraint Orthotic Walker (CROW) boot designed to stabilize and cushion his lower leg.

"I think the biggest thing for me is that the foot has been saved," she says. "There's a mood elevation that goes along with that, and a little more hope in seeing a positive future. We've also been able to provide community-based care, which helps reduce pressure on the hospital system."

Registered Nurse Foot Care Visits

966 VISITS IN 2013

1,827 VISITS IN 2014

He would have dressing changes with Burton at the Strathroy Medical Clinic four times a week and travel to London for treatment on the other three days.

Burton's help, Brian was admitted to a hospital in London, where he again encountered - but refused - the prospect of amputation. After a ten-day stay, he returned home on his own two feet, and committed to a challenging recovery program.

"Names have been changed to protect patient privacy."
It isn’t easy living with chronic pain. The effects are more than physical. Being in pain can become a mental burden too, contributing to depression, loss of confidence, and a feeling of isolation.

The Thames Valley Family Health Team’s Chronic Pain Self-Management program was created to help patients suffering from chronic pain face those issues. This group program brings participants together for six sessions, where they develop practical strategies to manage their pain, and a support network of people who understand what they’re going through.

“There is a pain symptom cycle that we talk about where you have pain, muscle tension, depression, anxiety, sleep issues, fatigue,” says social worker Karen Gilbert. “It’s about noticing what your pain cycle is. There is a whole tool chest of things we start walking through. People can pick the ones that work best for them.”

Some of those tools include meditation, distraction techniques, breathing, and even changes in the person’s diet. The program also teaches pacing, which helps people approach physical activities in more manageable chunks, rather than powering through them and hurting themselves. The focus is on helping people take responsibility for managing their own pain in a way that works for them.

Many participants are simply encouraged to know other people are in the same situation as they are. Bridget®, suffering from pain-related to fibromyalgia for over a decade, credits her group with helping her improve her outlook and confidence.

“I learned that I was not alone, and we as a group could help each other,” she says. “The other members of the group were uplifting and very supportive. I have continued to stay in touch with them.”

Gilbert says the shared experience builds strong bonds, even though the group format can be intimidating at first.

“We’ve seen people on week one feeling badly and by week six, they’re a whole other person,” she says. “It’s amazing. Group members have said, ‘This is the only place where people get me. I can talk about my pain and nobody’s telling me what to do or getting angry because I’m talking about it.’”

Bridget encourages others to take advantage of the Chronic Pain Self-Management program as well. “The program has definitely had a positive effect on my life,” she says. “The positive change in my attitude has brought increased confidence and motivation toward depending on myself in dealing with my chronic pain condition.”

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Managing Addictions with Coordinated Care

For the first time in her life, Lisa* has hope.

It took almost three decades for her to find it—a difficult and dangerous journey that has taken her through childhood physical abuse, severe depression, and nearly a decade of addiction to street drugs and prescription pain medication.

At thirty years old, she has attempted suicide seven times.

"I got into a bad state where I couldn’t even leave my apartment for a couple of months," she remembers. "I couldn’t talk on the phone. I would have anxiety attacks just walking past my front door. It was bad."

Lisa says she smoked her first cigarette at age four. She did her first shot of tequila at seven. She tried cocaine for the first time at 17. At 20, she became an exotic dancer, which not only led to chronic hip and back problems, but opened the door to a ready supply of narcotics she used to cover her pain, both physical and emotional.

She was referred by her doctor to TVFHT’s pain clinic after her most recent suicide attempt. Through the pain clinic, she met an addiction specialist who has helped her beat her addiction to drugs.

Lisa’s treatment included medication to help her get through her withdrawal symptoms.

Arrangements were also made to get her into rehabilitation facility in Toronto, where she spent 21 days recovering. Throughout the next year, TVFHT staff kept close tabs on her, helping her stay substance-free and work through the issues that triggered her drug abuse.

“When I met Lisa, she had no personality,” says nurse Jolene Head, who worked with Lisa. “She was isolated, so she didn’t have friends. And now she’s working with her church, she has friends, she is active in the community. And even though life is still throwing her curve balls, she remains addiction-free.”

Lisa is a changed person after working with TVFHT’s pain clinic. “I never had hope before,” she says. “My will to live has changed. I still have a lot of pain, but I’m able to deal with it. I’ve had some pretty amazing people in the health team helping me.”

*Names have been changed to protect patient privacy.

FACTS & FIGURES

Health Canada Canadian Alcohol and Drug Use Monitoring Survey (2012):

Of the three categories of pharmaceuticals, opioid pain relievers were the most commonly used in 2012, with 1 in 6 Canadians ages 15 years and older reporting their use in the 12 months preceding the survey.

Among users of opioid pain relievers, 5.2 (or 243,000 Canadians representing 0.9% of the total population) reported abusing them.

Canadian Centre on Substance Abuse Canadian Drug Summary, Summer 2013:

Prescription opioid-related admissions to substance use treatment programs doubled from 2004-2009 in Ontario. In 2005-2006, prescription opioids were identified as the presenting problem substance by 10.6% of individuals seeking addiction treatment in the province. By 2010-2011, the numbers had increased to 18.6%.
Promoting Happiness as a Key to Overall Health

Happiness matters.
Most human behaviour is about finding happiness, either now or in the future. Happy people also tend to be healthier, more successful, and more confident.

But is happiness something you can learn?

Angela Rolleman thinks so. Rolleman, a social worker at one of TVFHT’s Woodstock sites, is the program lead for Happiness 101 – a crash course in approaching life with a happiness mindset. Over the course of seven group sessions, it teaches participants to change their perceptions of happiness and gives them practical ways to bring more happiness into their lives.

The group also provides a common framework for people who have related problems such as social isolation, anxiety, even physical or psychosomatic pain. Instead of having a group for each issue, Happiness 101 brings them together to provide insight on thought patterns and behaviours that can help them deal with their unique challenges.

“It’s not enough to just make people not depressed,” Rolleman says. “That doesn’t necessarily mean they’re happy. Happiness in its own right has some very scientific or physical benefits, like decreasing cortisol in the system, increased immunity, decreased physiological reactivity to stress, and more resilience and optimism.”

The program starts with a discussion about the “myths” of happiness. Can it be bought? Does it come with a change of circumstances or scenery? Does it depend on someone else? From there, the group looks at how happiness benefits people physically and emotionally.

Participants learn about specific strategies and behaviours they can adopt to increase their happiness and deal with things that may detract from it. Approaches like practicing gratitude, thinking positive thoughts, and being present can help people increase their happiness in day-to-day life.

Rolleman also teaches an “act-as-if” component, encouraging participants to visualize themselves at their happiest and most confident. During the program’s last session, participants take time to be that person and feel what it’s like.

While Happiness 101 isn’t necessarily about depression, it does include measurements of depression & anxiety before and after the program. So far, participants have shown improvements in each category.

“The other important thing is that offering a group like this is both preventative and treatment in a way,” Rolleman says. “There are people who don’t quite fit the criteria for depression, but maybe they would get there. By coming to a happiness group, they can learn tools to deal with things and not get to depression.”

HAPPINESS 101 BY THE NUMBERS

- 100% of Happiness 101 participants decreased their score on the PHQ-9 Scale, which measures an individual’s depression level and screens for mental health problems.
- 100% of patients increased their score on the Subjective Happiness Scale, which measures overall happiness levels.
- 73% of participants decreased their score on the GAD-7 questionnaire, which measures anxiety levels.

“...My co-workers say they notice a difference in me since I started this group. They look forward to Thursdays because they know I’ll have a boost from attending Happy Class on Wednesday night.”

- A participant
Using Data to Expand and Improve Services

Can you get a same-day appointment with your family physician?

In most cases within the Thames Valley Family Health Team (TVFHT), yes you can. Or, if not same-day, then a next-day appointment with either a physician or a nurse practitioner. 2014 data for TVFHT shows that 75% of physicians and 83% of our nurse practitioners and registered nurses offered same or next day non-urgent appointments.

“Access to care is one of the most talked about issues in health care,” says Michael Oates, TVFHT’s Director of Quality and Integration. “Often, the focus is on emergency departments or surgeries, but access to primary care is just as important and is tied to positive outcomes for patients and for the health care system. We know that access improves patient health and happiness, which means fewer emergency department visits and less demand on other services.”

TVFHT’s Quality Improvement department has made patient access one of its key areas of focus over the past year, tracking access statistics at each site weekly. The data provides solid evidence of where access standards are being met, and where there is room for improvement. It’s part of a systematic approach to measuring success that is being adopted throughout the organization.

**Providers Offering Same or Next Day Non-Urgent Appointments**

*Percent of TVFHT Providers*

- 75% Physicians
- 83% Nurse Practitioners & Registered Nurses
- 97% Pharmacists
- 94% Occupational Therapists
- 85% Dietitians
- 75% Social Workers

In 2015, TVFHT will continue focusing on access, as well as patient improvement through programs built around diabetes self-management, Chronic Obstructive Pulmonary Disorder, and mental health and wellbeing. The Quality team is also working on using electronic medical records more effectively, and exploring partnerships with other organizations including Cancer Care Ontario to increase and improve collaboration among health care providers.

“Data is a huge piece of the quality puzzle,” Oates says. “We’re working to collect and use data that is relevant, revealing, and contributes to practical changes to make a difference for our patients.”

**ACCESS BY THE NUMBERS**

In 2014:

- At 12 TVFHT sites, patients were offered an appointment with a physician or nurse practitioner on the same or next day.
- 75% of our physicians offered same or next day non-urgent appointments.
- 83% of our nurse practitioners or registered nurses offered same or next day non-urgent appointments.

**On Average:**

- Patients were offered an appointment with a registered dietitian within 15 days, and 85% of patients could be seen within 3 to 4 weeks.
- Patients were offered an appointment with a social worker within 3 weeks.
- Wait times for social workers decreased from an average of 28 days in the first half of the year to 15 days in the latter half of the year; over 75% of patients were offered an appointment within 4 weeks.
- Patients were offered an appointment with a pharmacist within one week.
- Patients newly referred to an occupational therapist received an appointment within 3 weeks.

Providers Offering Non-Urgent Appointments within 4 Weeks

*Percent of TVFHT Providers*

- 75% Physicians
- 97% Pharmacists
- 85% Dietitians
- 75% Social Workers
VISION
As leaders in the provision of primary health care, we will enhance the wellbeing of the people of Thames Valley.

MISSION
We are a dynamic primary health care network providing exceptional care.

VALUES
Patient and Family Centred Care:
We make a difference in people's lives by providing comprehensive, compassionate care that responds to the evolving needs and expectations of our patients and their families.

Trust and Respect:
Trust for each other and mutual respect for the unique roles we play as colleagues and professionals is critical to our inter-disciplinary model of patient care.

Collaboration and Teamwork:
In order to help our patients and families, we value working together as a team of professionals where the contribution of each team member is optimized in a professional atmosphere of camaraderie and collegiality.

Honesty and Open Communication:
We value open and honest dialogue which promotes information sharing and supports collaborative problem solving.

Accountability:
We accept our individual and team responsibilities and we meet our commitments. We take responsibility for our actions, our decisions and our performance as both team members and individual professionals.

BOARD OF DIRECTORS:
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Norm Furtado, Medical Director
Michael Oates, Director of Quality & Integration

Thames Valley Family Health Team