THE CHAMPLAIN CARDIOVASCULAR DISEASE PREVENTION STRATEGY:

Developing an Integrated System of Excellence for the Prevention of Cardiovascular Disease in the Champlain District of Ontario

OPERATING PLAN

2006/2008

Prepared by the Champlain Cardiovascular Disease Prevention Network

THE CHAMPLAIN CVD PREVENTION STRATEGY: OPERATING PLAN

The Champlain CVD Prevention Network:

The Champlain CVD Prevention Network (CCPN) was formed in November 2005 to provide leadership to the implementation of the Champlain CVD Prevention Strategy. The CCPN represents partners from public health, specialty (cardiac and stroke) care, primary care, hospitals, community health, and academia, who are committed to ensuring the residents of the Champlain District are the most heart healthy and stroke-free in Canada.

CCPN Partners:

Champlain Local Health Integration Network

University of Ottawa Heart Institute

Champlain Regional Stroke Centre

Eastern Ontario Health Unit

Ottawa Public Health

Renfrew County & District Health Unit

Leeds, Grenville & Lanark District Health Unit

Institute of Population Health, University of Ottawa

Department of Family Medicine, University of Ottawa

Eastern Ontario Community Primary Health Care Network

Heart and Stroke Foundation of Ontario

The Ottawa Hospital

Élisabeth Bruyère Research Institute

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Executive Summary

The Champlain Cardiovascular Disease Prevention Strategy:
Business Plan Submission to the Ontario Ministry of Health and Long-Term Care

The Champlain Cardiovascular Disease (CVD) Prevention Strategy is a 5-year plan designed to eliminate disparities in CVD health and make the residents of the Champlain District the most heart healthy and stroke-free in Canada. The plan provides a model for a comprehensive and integrated CVD prevention and management system – shaped by active leadership from within the Champlain District – and driven by the needs of our community.

The business plan presents the case for the Ontario Ministry of Health and Long-Term Care to invest in the Champlain CVD Prevention Strategy. This investment will pay dividends by improving the health of thousands of Ontarians, avoiding unnecessary health care costs and reducing demand for treatment, and transforming the ways in which patients, families, and providers work together.

The Champlain CVD Prevention Network - A Catalyst for Change

The Champlain CVD Prevention Network (CCPN) was formed in November 2005 to provide leadership for the implementation of the Champlain CVD Prevention Strategy. The CCPN is one of the first multi-sectoral partnerships of its kind in Canada and represents partners from public health, specialty (cardiac and stroke) care, primary care, hospitals, community health, and academia, who are committed to a common vision and goals.

The Champlain CVD Prevention Strategy

The Champlain CVD Prevention Strategy is the product of a comprehensive strategic planning process which began in 2004 and included stakeholder consultation, needs assessment, expert panel deliberations, and identification of priority areas for action.

The Approach

The CCPN has adopted an approach to CVD prevention guided by the following principles:

Community-centered: The CCPN is committed to a community-based strategy developed by stakeholders from the Champlain District and tailored to the needs of the region.

Integrated Multi-sector Action: The CCPN is a model for coordinated action among multiple stakeholders and sectors.

Building the Chronic Disease Prevention & Management System: The CCPN will invest in infrastructure, coordination, and interventions to build a best practice system for CVD prevention and management in the Champlain District.

CCPN Vision

To develop an integrated system of excellence in CVD prevention for the Champlain District that acts as a model for Ontario….

Action-oriented: The CCPN is committed to supporting the delivery and uptake of state-of-the-art programs and services in the Champlain District which have been proven to improve the CVD health of our residents.

Results-based: The CCPN's focus is on creating measurable improvements in the health of Ontarians and the quality of CVD prevention and management services.

The Action Plan

The CCPN has identified six priority initiatives for immediate implementation. These initiatives were identified by the CCPN as the most important actions to improve the CVD health of residents in the Champlain District.

Priority Initiative: Champlain Hospital-based Smoking Cessation Network

This initiative is creating a network of hospital-based smoking cessation programs in the Champlain District to help hospitalized smokers quit smoking and stay smoke-free. Ultimately, the Champlain Hospital-based Smoking Cessation Network will create an infrastructure to identify and offer treatment to every hospitalized smoker in the Champlain District using best practice guidelines.

Priority Initiative: Champlain Primary Care CVD Prevention Network

This initiative will create a network of primary care practices in the Champlain District dedicated to delivering evidence-based care for the prevention and management of CVD. The initiative centres on the use of an Outreach Facilitation Model in which skilled health professionals known as facilitators (or Practice Change Consultants) serve as an expert resource to primary care practices. The facilitators will provide hands-on support to practices to implement tools and processes designed to incorporate evidence-based practices into the routine delivery of care. The Champlain Primary Care CVD Prevention Network will also create the infrastructure to strengthen coordination of services between primary care practices and other health sectors including specialty care and public health. The Champlain Primary Care CVD Prevention Network will include more than 250 practices from across the Champlain District.

Priority Initiative: Champlain Hospital CVD Prevention Network *(Guidelines in Practice)*

This initiative will develop a regionalized approach for secondary prevention of CVD according to evidence-based practice guidelines for patients admitted to hospital with Acute Coronary Syndrome (ACS). Expert coaching teams will assist Champlain District hospitals to implement the “Guidelines in Practice” discharge tool. The tool ensures all patients receive care at time of discharge according to evidence-based guidelines for pharmacotherapy and lifestyle modification, as well as supporting patient self-management. These guidelines have been proven to improve patient outcomes and reduce re-hospitalization.

Priority Initiative: Champlain Healthy Living & Risk Factor Management Strategy

The Champlain Healthy Living & Risk Factor Management Strategy is designed to enhance personal skills and support self-management in the areas of healthy living and risk factor management. The strategy will: (1) coordinate the development and delivery of a communications campaign to promote healthy living and risk factor self-management; (2) create a network of community-based resources to support self-management and behaviour change; and (3) create links to community providers and existing public health and community resources.

Priority Initiative: Champlain Healthy School-aged Children Initiative

This initiative aims to address childhood obesity by enabling children in the Champlain District to make healthy choices about nutrition and physical activity on a daily basis and providing them with the skills to develop healthy food and activity behaviours for life. The initiative will coordinate multiple stakeholders committed to reducing the obesity epidemic in children and youth in the Champlain District. A multi-faceted approach will be adopted which targets school, home, and community environments and uses multiple intervention strategies including policy, social marketing, skills and knowledge training, and environmental supports to achieve its impact.

Priority Initiative: Champlain Sentinel CVD Surveillance Program

This initiative will develop a state-of-the-art surveillance system capable of providing timely and ongoing information to support evidence-based decisions around CVD prevention and management activities in the Champlain District. The initiative will involve the integration of data housed in existing health databases as well as the collection of supplemental data from a large population survey of Champlain residents. The initiative will result in the establishment a centralized information system to inform health policy, programming, resource allocation, and performance management activities of the CCPN.

Delivering on Ontario's Health Priorities

The CCPN is consistent with the Ontario Government's plan to transform health care through a comprehensive and integrated system of care that is shaped with the active leadership of communities and driven by the patients and residents.

Transformation through Local Health Integration Networks

The Champlain Local Health Integration Network (LHIN) is a founding partner of the CCPN and has been integral to the growth and development of the Champlain CVD Prevention Strategy. The Champlain CVD Prevention Strategy will be a core element of the Champlain LHIN's Chronic Disease Prevention and Management Strategy. Our approach provides a prototype for integration, as well as coordination of services across the continuum of care.

Performance Management & Accountability

The CCPN Performance Management Framework is guided by provincial priorities, Ontario's Performance Management Framework, and the LHIN Scorecard. The CCPN Performance Management Plan has been developed to link strategy implementation to both system and health outcomes. The plan provides a mechanism for measuring the impact of the CCPN strategy on established Ontario Scorecard indicators.

Priority Initiative Performance Management Agreements

CCPN Performance Management and Accountability Agreements will serve as an important tool in aligning the activities of the CCPN Priority Initiatives with our overall strategic goals. A Performance Management and Accountability Agreement will be developed for each of our CCPN Priority Initiatives.

The Relationship between CCPN Performance Management Strategy and Ontario's Performance Management Strategy

Resource Requirements & Funding Model

The projected cost associated with full-scale implementation of the CCPN strategy is $18.3 million over 5 years. This represents an investment of approximately $3.00 per annum per Champlain resident.

The CCPN funding model calls for 50% to be invested by the Ontario Ministry of Health and Long-Term Care. Matching funds will be secured from the following sources: (1) Other Government Agencies (Ministry of Health Promotion, Public Health Agency of Canada), (2) Private Sector, and (3) CCPN Partner Contributions / Grants.

Introduction

In the Champlain District of Ontario, stakeholders from public health, acute care, primary care, specialty care, community health, and academia have come together to develop an integrated strategy to address the burden of cardiovascular disease (CVD) and its associated risk factors. The Champlain CVD Prevention Strategy is a 5-year plan designed to eliminate disparities in CVD health and make the residents of the Champlain District the most heart healthy and stroke-free in Canada. The plan provides a model for a comprehensive and integrated CVD prevention and management system – shaped by active leadership from within the Champlain District – and driven by the needs of our community.

The business plan presents the case for the Ontario Ministry of Health and Long-Term Care (MOHLTC) to invest in the Champlain CVD Prevention Strategy. This investment will pay dividends by improving the health of thousands of Ontarians, avoiding unnecessary health care costs and reducing demand for treatment, and transforming the ways in which patients, families, and providers work together.

The Champlain CVD Prevention Network (CCPN) was formed in November 2005 to provide leadership to implementation of the strategy. With the support of the MOHLTC, the CCPN is ready to provide state-of-the-art interventions in the following settings: primary care, specialty care, hospitals, schools, workplaces, and communities. The CCPN will also provide an infrastructure, technical skills, and knowledge that can be applied to other jurisdictions in Ontario as a model for chronic disease prevention.

The business plan was prepared using a Results-based Management and Accountability Framework. The plan is presented in seven key sections:

The Case for Action: outlines the rationale for investment in an integrated CVD prevention strategy in the Champlain District as a model for Ontario.

The Provincial Context: describes the current provincial environment which will serve to enable an integrated chronic disease prevention and management model in the Champlain LHIN.

The Local Context: presents the profile of the Champlain District of Ontario and describes the CVD inequities that exist across the Champlain District.

The Strategy: defines the mission, vision, goals, and priorities to establish a system of excellence for CVD prevention in the Champlain District. The CCPN governance structure is also described.

The Action Plan: presents the six Priority Initiatives identified by the CCPN for immediate implementation in 2006-2008 and describes the plan for action plan renewal in 2009.

The Performance Management Plan: describes the CCPN's Performance Management Strategy for steering the activities of the CCPN towards our strategic goals and the priorities of the Ontario Health System.

The Resource Plan: presents the operational resource requirements for the Champlain CVD Prevention Strategy and the proposed funding model.

1 The Case for Action

1.1 The Challenge

Cardiovascular Disease: The Leading Health Issue in Ontario

CVD is the single leading cause of death, disability, and hospitalization in Ontario.

- Approximately 40,000 Canadians and 24,000 Ontarians die each year of CVD[1].
- $5.5 billion is spent annually in Ontario on the treatment of CVD[2].
- CVD accounts for the largest proportion of health care spending in Ontario including 20% of acute care hospital costs, 15% of home care, 10% of medical services, and 17% of drug expenditures.

The CVD epidemic will place an unnecessary burden on Ontario's health system if not addressed.

- The number of deaths caused by CVD is expected to double by 2018 as a result of an aging demographic, population growth, and increasing prevalence of CVD risk factors[1].

Most CVD is Preventable

Much of the existing death, disability, and hospitalization is preventable.

- An estimated 80% of premature CVD deaths are preventable through early management of CVD risk factors[3].
- Evidence-based strategies for CVD prevention and management are already well established and have been proven to be highly cost-effective.
- Despite the rising number of CVD deaths, there has been an overall decline in the rate of CVD mortality in Canada since the 1960s: 25% of the decline is due to primary prevention, 29% to secondary prevention, and 49% to improvements in treatment[2]. These data demonstrate the potential impact of an investment in CVD prevention and the way forward.

The Status Quo is not Enough

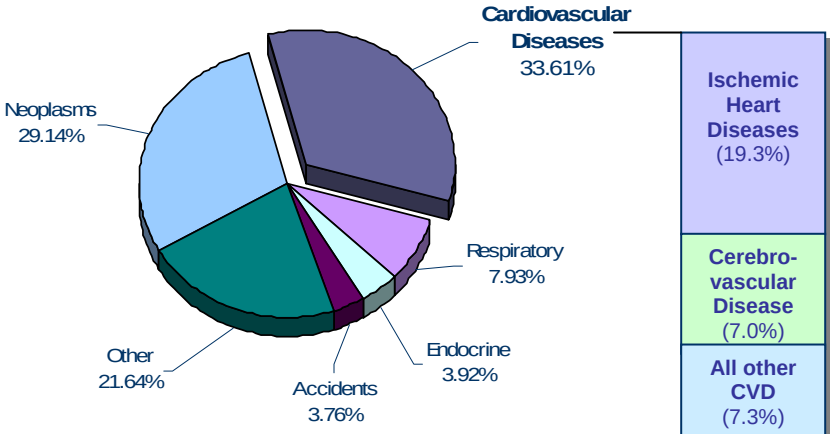
State-of-the-art CVD prevention and management services are not available to Ontario residents.

- The current health system is constrained by artificial divides between stakeholders and services which limits our ability to work as a system.
- Because investment in CVD prevention and management has been fragmented, CVD prevention efforts within regions need to be coordinated more effectively and efficiently.
- If we are to combat the CVD epidemic, the scope and scale of existing CVD prevention programs must be expanded to ensure population health impact.

An Unprecedented Opportunity Exists in the Champlain District to Deliver an Integrated Chronic Disease Prevention Program

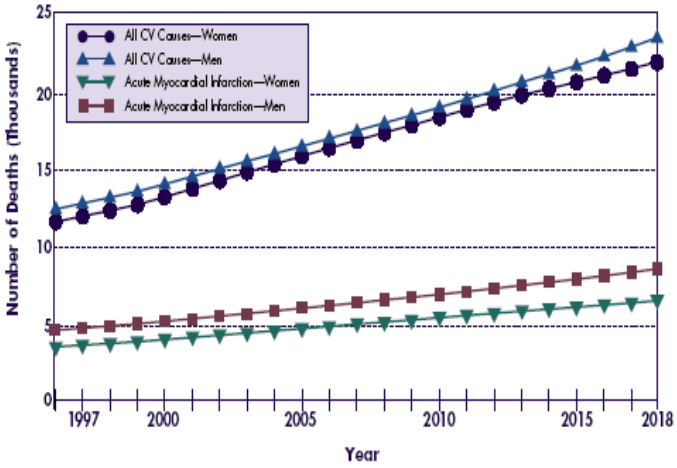
- Health leaders from across the Champlain District have come together to develop a vision and a plan for an integrated system of excellence in CVD prevention to meet the needs of our citizens.
- A leadership team with recognized expertise in population health, chronic disease, and health system design has united to provide direction to the development and delivery of the integrated CVD prevention system.

Figure 1.1: Leading Causes of Mortality in Ontario



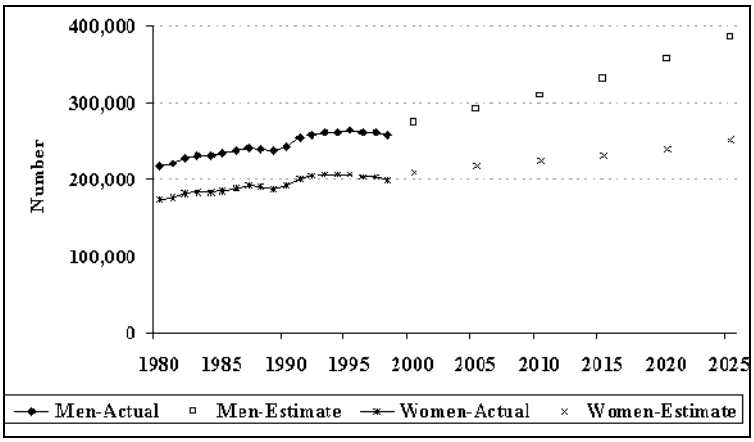
Source: Stats Canada - Mortality, Summary List of Causes, 2003

Figure 1.2: Projected Number of Deaths from All Causes of CVD & Acute Myocardial Infarction in Ontario, 1997-2018



Source: Office of the registrar general, Ministry of Consumer and Commercial Relations, Annual Report, 1997, Ontario Ministry of Finance

Figure 1.3 Number of Hospitalizations for CVD, Actual and Projected, by Sex in Canada, 1980-2025



Source: The Growing Burden of Cardiovascular Disease in Canada, Heart and Stroke Foundation of Canada, 2002

1.2 The Solution

Build an Integrated CVD Prevention System

The burden of CVD requires an integrated, locally driven, and regionalized approach for the prevention and management of CVD. An integrated CVD prevention system will serve to link partners from important health sectors, including public health, community health, and primary, specialty, and acute care. This systems approach aims to develop new ways of working together to impact on the health of our residents and foster shared accountability for our performance. The integration of programs and services will create greater efficiencies and multiply the population impact of programs and services delivered in our communities.

Address Modifiable Risk Factors

CVD is a direct result of poor lifestyle choices by Ontarians.

There are three major drivers of CVD: an aging population, population growth, and risk factors (modifiable). Amongst the major drivers, only risk factor modification has the potential to shift the overall incidence of CVD. As such, a focus on the prevention and management of CVD risk factors is an important strategy for controlling the CVD epidemic in Ontario.

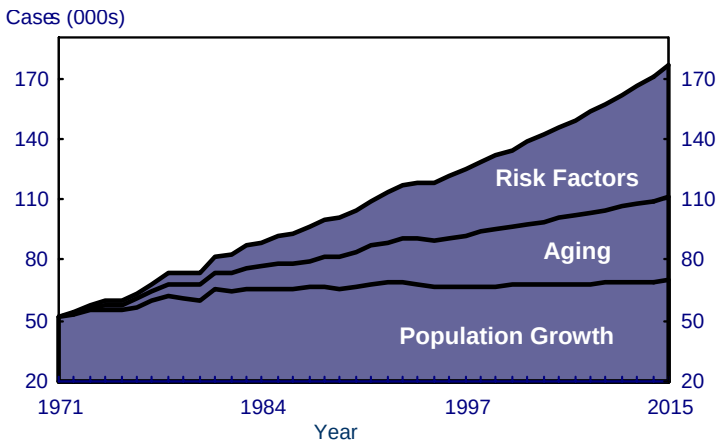
An estimated 80% of Ontarians have at least one modifiable risk factor for CVD, and one in ten Ontarians have three or more risk factors, highlighting the opportunity which exists for preventing and effectively managing CVD and other chronic conditions[2]. The eight major modifiable risk factors for CVD are:

- Smoking
- Physical inactivity
- Unhealthy eating habits
- Alcohol
- Obesity/overweight
- Diabetes/blood glucose
- Abnormal blood cholesterol
- High blood pressure (hypertension)

"Keeping people well and preventing disease is the most cost-effective, affordable, and sustainable strategy for coping with chronic disease"

Jack Lee, MOHLTC

Figure 1.4: Main Drivers of the Rise in CVD Prevalence, 1971-2015



Adapted from S. Letherdale, Cancer Care Ontario, Presentation (2005).

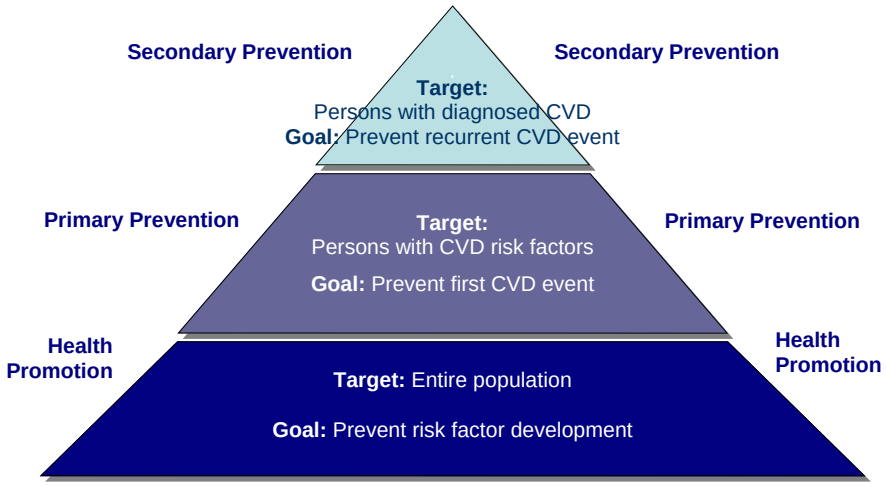
Invest in the Continuum of CVD Prevention

The prevention of CVD requires a balanced approach in which activities are aimed at:

- Reducing risk factors in the population **(health promotion);**
- Preventing the onset of disease in those with CVD risk factors (**primary prevention);** and,
- Preventing recurrent events in persons with established disease **(secondary prevention)**[4]**.**

Figure 1.5 provides an overview of the targets, goals, and impacts of a comprehensive CVD prevention program. Investing in the prevention of continuum requires strategies be designed and delivered to reach each of the identified populations in a coordinated fashion using best available knowledge.

Figure 1.5: The Continuum of CVD Prevention



Source: Adapted from Mensah, G., Dietz, W., Harris, V. et al. Am J Prev Medicine 2005; 29 (5S1): 152-157.

Expansion to Other Chronic Diseases

CVD shares risk factors with other major chronic diseases including cancer, diabetes, and chronic obstructive pulmonary disease. The effective prevention and management of CVD risk factors will also impact other chronic illness and will create the building blocks for an integrated chronic disease prevention strategy in the Champlain District. The long-term CCPN vision includes the expansion of partnerships to other chronic disease partners who share common risk factors and delivery systems.

2 The Provincial Context

2.1 The Ministry of Health and Long-Term Care

Ontario's vision is to build a health system that can help people stay healthy, deliver good care when it is needed, and be there for the generations to come. The Ontario Ministry of Health and Long-Term Care (MOHLTC) is working to establish a patient-focused, results-driven, integrated, and sustainable health system. The MOHLTC is making investments in transforming the health system through several important priority strategies: (1) Local Health Integration Networks, (2) Primary Health Care Reform; and (3) Chronic Disease Prevention and Management.

2.2 Transformation through Local Health Integration Networks

Local Health Integration Networks (LHINs) have been created across Ontario as a vehicle to plan, coordinate, integrate, fund, and monitor local health care services. They were designed to create a more efficient and accountable health system through a focus on improved integration and coordination of services at a regional level. Ontario LHINs will be responsible for improving the quality, access, equity, and health status of Ontarians and ensuring the system is sustainable. Chronic disease prevention and management has been identified as a priority by most LHINs and will be a central issue to Ontario's health system transformation agenda.

"Our vision is of a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stakeholders and services: a system driven by the needs of patients, not providers."

The Hon. George Smitherman,
Minister of Health and Long-Term Care

2.3 Primary Health Care Reform

The MOHLTC has made an investment in the establishment of Family Health Teams (FHTs) across Ontario to provide better access to care that is closer to home and will help patients navigate their way through the health care system. An important part of Ontario's vision is to have FHTs provide evidence-based primary health care, chronic disease management, and self-help tools to improve health.

2.4 Ontario's Chronic Disease Prevention and Management Framework

Ontario's Chronic Disease Prevention and Management (CDPM) Framework was designed to help Ontario shift from a predominant focus on acute care to systems that improve clinical, functional, and population health outcomes by fostering coordination and integration. The Ontario CDPM Framework is intended to foster productive relationships among individuals, families, health care organizations, and the community that will in turn, have a positive impact on health outcomes related to chronic disease and lead to better use of resources.

Figure 2.1: Ontario's Chronic Disease Prevention and Management Framework

3 The Local Context

3.1 Profile of the Champlain District of Ontario

Geographically, the Champlain District encompasses a significant portion Eastern Ontario (approximately 15,500 square kilometres) and includes four municipal planning areas:

- City of Ottawa;
- Renfrew County;
- Eastern counties of Prescott & Russell and Stormont, Dundas & Glengarry; and,
- parts of northern Leeds, Grenville & Lanark County.

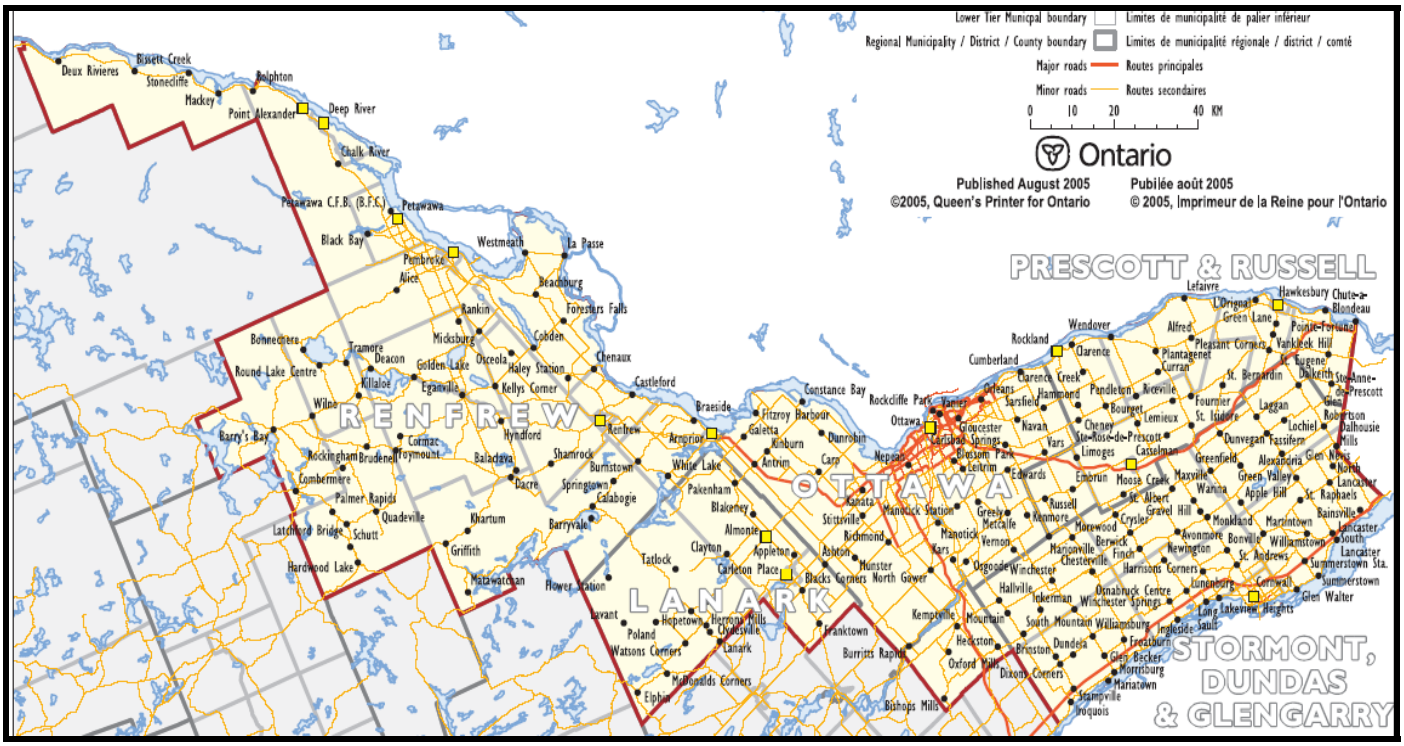
The geographic boundaries of the Champlain District also align with the boundaries of the Champlain LHIN.

In many ways, the Champlain District may be considered a microcosm of the rest of Ontario. The region boasts a rich diversity of urban and rural communities, as well as socio-economic, cultural, and linguistic populations. Its communities are home to almost 1.2 million residents, including 206,000 Francophones (20.7% of the Champlain District population)[5].

"The Champlain District is a microcosm of the rest of Ontario – representing a cross-section of urban, suburban and rural communities…"

Dr. Andrew Pipe
Chair, Champlain CVD Prevention Network

Figure 3.1: The Champlain District of Ontario – 1.2 Million Residents



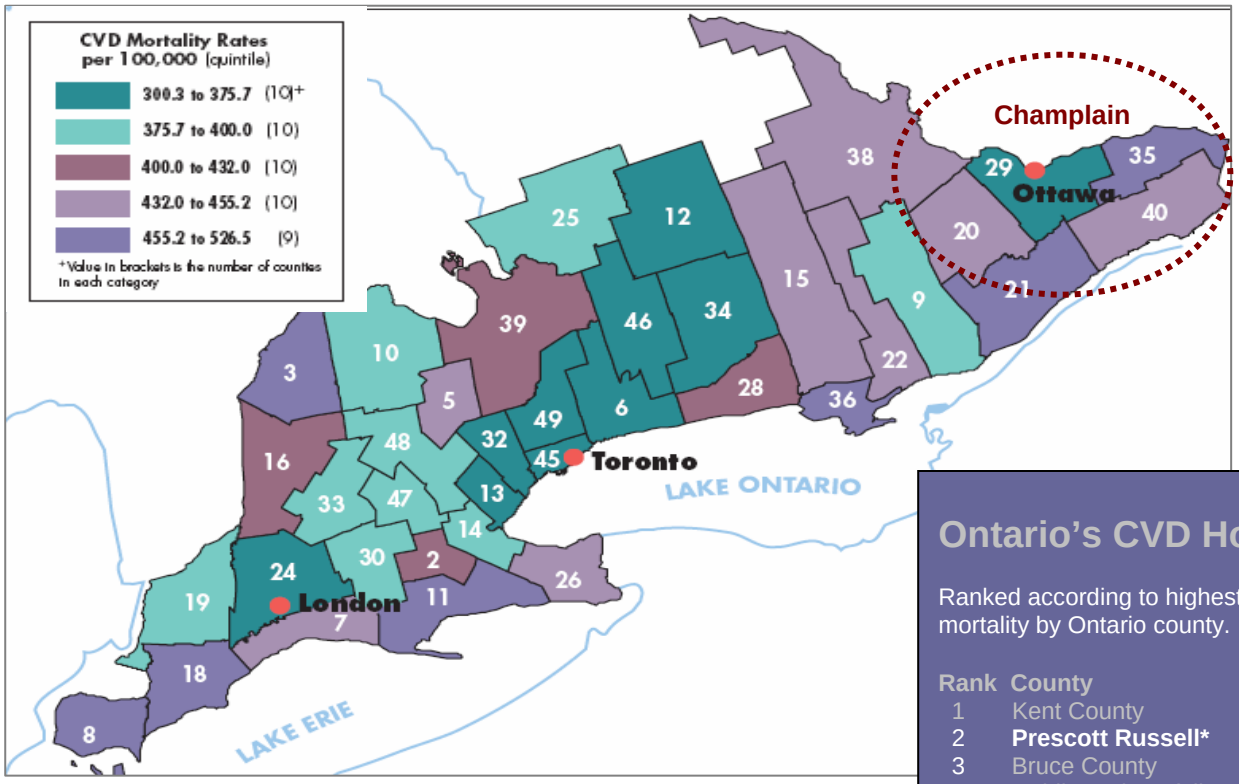
3.2 CVD Health Disparities in Champlain

Champlain communities have higher rates of CVD and CVD risk factors.

Significant differences in the rates of CVD mortality and CVD risk factors exist within the Champlain District. Since 1999, three of Champlain's counties - Renfrew, Eastern Ontario (Prescott & Russell), and Leeds, Grenville & Lanark - have been identified as Ontario hot spots for CVD morbidity and mortality[6]. These counties experience rates of morbidity and mortality which are significantly higher than both the City of Ottawa and the provincial average (see Figure 3.2).

The increase in CVD mortality in these communities is also associated with higher prevalence of CVD risk factors. The rates of several key CVD risk factors (such as smoking, hypertension, and diabetes) in these counties are significantly higher than the provincial average[7].

Figure 3.2: Age/Sex-adjusted CVD Mortality Rates per 100,000 Population Aged 20 Years and Over by County in Ontario



Source: The Burden of Cardiovascular Disease in Ontario, ICES, 1999.

Ontario's CVD Hot Spots

Ranked according to highest rates of CVD mortality by Ontario county.

Rank	County
1	Kent County
2	**Prescott Russell***
3	Bruce County
4	Haldimand-Norfolk Reg. Municipality
5	Prince Edward County
6	Thunder Bay District
7	Sudbury District
8	Essex County
9	**Leeds & Grenville United Counties***
10	**Renfrew County***

*Counties located within Champlain District/LHIN

4 The Champlain CVD Prevention Strategy

4.1 The Planning Process

The Champlain CVD Prevention Strategy was developed as part of a comprehensive strategic planning process which began in 2004 and included stakeholder consultation, needs assessment, expert panel deliberations, and identification of priority areas for action. Table 4.1 presents an overview of milestones.

An advisory committee and five expert panels were formed to provide leadership and guidance for strategy development. More than 100 experts and 40 organizations from across the Champlain District were actively involved in the planning process. Each of our five expert panels delivered a report which included a total of 15 recommendations on priority areas for action. In July 2005, the Champlain CVD Prevention Strategy was approved by regional partners, and a commitment was made to support its implementation as a model for Ontario.

Table 4.1: Champlain CVD Prevention Strategy Milestones

ACTIVITY	DATE
Advisory Committee Established	September 2004
Environmental Scanning / Stakeholder Consultation Completed	December 2004
Expert Panel Deliberations	January to May 2005
Strategic Planning Retreat	July 2005
Strategy & Action Plan Approved	September 2005
Creation of Champlain CVD Prevention Network (CCPN)	November 2005
Priority Initiatives for 2006-2008 Identified	November 2005
Executive & Partner Plans Developed	December 2005
Action Plans Developed & Finalized	January – August 2006
Rollout of Priority Initiatives	April 2006 – January 2008
Business Plan Submission	February 2007

4.2 The Approach

The CCPN has adopted an approach to CVD prevention guided by the following principles:

Community-centered: The CCPN is committed to a community-based strategy developed by stakeholders from the Champlain District and tailored to the needs of the region.

Integrated Multi-sector Action: The CCPN is a model for coordinated action among multiple stakeholders and sectors.

Building the CDPM System: Guided by Ontario's CDPM Framework, the CCPN will invest in infrastructure, coordination, and interventions to build a best practice system for CVD prevention and management in the Champlain District.

Action-oriented: The CCPN is committed to supporting the delivery and uptake of state-of-the-art programs and services in the Champlain District which have been proven to improve the CVD health of our residents.

Results-based: The CCPN's focus is on creating measurable improvements in the health of Ontarians and the quality of CVD prevention and management services.

4.2 Vision, Mission, and Goals

Vision

To develop an integrated system of excellence in CVD prevention for the Champlain District that acts as a model for Ontario and Canada.

Mission

To implement unified approaches to reduce the burden of CVD in the Champlain District, spanning the continuum from healthy persons to those with sub-clinical and known disease.

The CCPN will act to mobilize and integrate partners in public health, community, primary care, institutional sectors, and academia to eliminate disparities in CVD risk and ensure the citizens of the Champlain District are the most heart healthy and stroke-free in Canada.

Health Goals

To ensure the citizens of the Champlain District are the most heart healthy and stroke-free in Ontario & Canada.

1. To decrease the incidence and burden of CVD in the Champlain District.
2. To increase the proportion of Champlain residents with healthy blood pressure, blood cholesterol, blood glucose, and body weight.
3. To increase the proportion of Champlain residents who are smoke-free, physically active, and making healthy food choices.
4. To eliminate inequalities in cardiovascular risk and CVD mortality across the Champlain District.

System Goals

To build a system of excellence in integrated CVD prevention.

5. To create a community of practice dedicated to evidence-based CVD prevention and management in the Champlain District.
6. To create proactive health practitioners in health settings across the Champlain District.
7. To increase access to key CVD prevention and management services.
8. To create a regional infrastructure to deliver evidence-informed CVD prevention policies and practices in communities and organizations across the Champlain District.
9. To empower patients, families, and communities to prevent and better manage CVD.
10. To create policies and environments that enhance the CVD health of individuals, families, and communities.
11. To create a sustainable resource and partnership model to support the work of the CCPN.
12. To contain the cost of CVD and other chronic diseases.
13. To support the dissemination of CCPN best practices, technical skills, and knowledge to other Ontario LHINs and Public Health Units.

4.4 Areas of Focus

The planning process to develop the Champlain CVD Prevention Strategy identified six areas of focus for the strategy:

Strategic Partnership, Infrastructure & Capacity Building

Strengthen partnership and integration with regional, provincial, and national initiatives in CVD and chronic disease prevention, and develop the needed capacity to support the work of the CCPN and strategy rollout.

Community Interventions & Health Disparities

Develop new knowledge, applications, and delivery models to support population health approaches to CVD risk reduction and behaviour change across the prevention continuum, and develop targeted interventions to eliminate cardiovascular health disparities among priority populations.

Knowledge Translation

Establish systems to support effective and timely incorporation of evidence-based information into the practices of health professionals to improve cardiovascular health outcomes and maximize the effectiveness of the health care system.

Monitoring, Surveillance and Evaluation

Develop systems to monitor trends, risk factors, and behaviours to support research, health planning, case finding and patient management, and develop infrastructure, teams, and methodologies to support high quality evaluation of CVD prevention activities on health system performance.

Communications & Marketing

Promote awareness and education regarding CVD, CVD risk factors, and risk reduction strategies.

Public Policy & Environments

Create environmental and policy changes to support cardiovascular health priorities in communities across the Champlain District.

4.5 The Champlain CVD Prevention Network (CCPN)

The CCPN - A Catalyst for Change

The Champlain CVD Prevention Network (CCPN) was formed in November 2005 to provide leadership for the implementation of the Champlain CVD Prevention Strategy. The CCPN is providing leadership for integrated, collaborative action to prevent CVD in the Champlain District. Specifically, the CCPN will:

The CCPN is led and supported by many of Canada's leaders in CVD and chronic disease prevention who are respected for their vision, leadership, expertise and integrity.

- Lead the implementation of the 5-year integrated CVD Prevention Strategy;
- Act as a catalyst for strengthening inter-sectoral collaboration;
- Enhance the capacity of stakeholders to work together to deliver integrated, evidence-based CVD prevention policies and programs;
- Implement large-scale community-based initiatives designed to significantly reduce the burden of CVD in the Champlain District;
- Be accountable for the CVD health of residents in the Champlain District and ensure performance goals and targets are met; and,
- Develop mechanisms and activities that align efforts at all levels of the system.

CCPN Founding Partners

The CCPN is one of the first multi-sectoral partnerships of its kind in Canada and represents partners from public health, specialty (cardiac and stroke) care, primary care, hospitals, community health, and academia. Our founding partners are:

- Champlain Local Health Integration Network
- University of Ottawa Heart Institute
- Champlain Regional Stroke Centre
- Eastern Ontario Health Unit
- City of Ottawa Public Health
- Renfrew County & District Health Unit
- Leeds, Grenville & Lanark District Health Unit
- Institute of Population Health, University of Ottawa
- Department of Family Medicine, University of Ottawa
- Eastern Ontario Community Primary Health Care Network
- Heart and Stroke Foundation of Ontario
- The Ottawa Hospital
- Élisabeth Bruyère Research Institute

Demonstrating Provincial Leadership in Chronic Disease Prevention and Management

The Champlain LHIN is a founding partner of the CCPN and has been integral to the growth and development of the Champlain CVD Prevention Strategy. The Champlain LHIN has identified chronic disease prevention and management (CDPM) as one of its six integration priorities.

While many of Ontario's LHINs are only now developing an action plan, the CCPN represents an investment of more than two years of work towards the creation and implementation of an integrated CVD prevention and management model. The Champlain District is well positioned to lead the province in health system redesign for CDPM and serve as a prototype for other LHINs.

"The CCPN has placed the Champlain LHIN two to three years ahead of other LHINs in Ontario with respect to developing an integrated system for chronic disease prevention and management."

Dr. Robert Cushman, CEO, Champlain LHIN

4.6 Governance Structure

A governance structure has been established to provide direction and oversight to CCPN activities (see Figure 4.1). The CCPN has established an Executive Committee, Steering Committee, Project Management Team, five Expert Panels, and Implementation Teams for each of our Priority Initiatives.

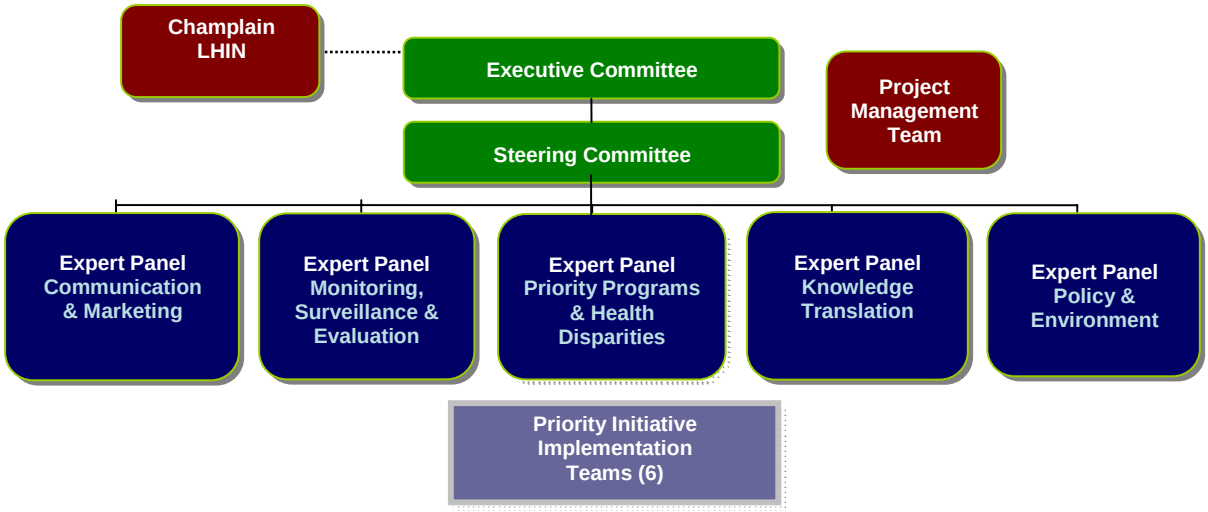
Executive Committee

The Executive Committee is the leadership group providing strategic and operational oversight to the CCPN under the guidance of the Steering Committee. The Executive Committee is comprised of a Chair (Dr. Andrew Pipe) and four members. The CEO of the Champlain LHIN (Dr. Robert Cushman) and the Chairs of each of the CCPN Expert Panels sit as ex-officio members of the Executive Committee.

Steering Committee

The Steering Committee, also referred to as our Coordinating Committee, provides leadership to the CCPN by enacting the vision, mission, guiding principles, and strategic priorities. The Steering Committee consists of our CCPN partner organizations and will oversee activities to carry out specific CCPN actions.

Figure 4.1: CCPN Governance Model



Project Management Team

Under the direction of the CCPN Chair, the Project Management Team provides strategic and operational support to the work of the Executive Committee, the Steering Committee, and the Expert Panels. The Project Management Team supports CCPN planning activities, the coordinated rollout of Priority Initiatives, and performance management activities.

Expert Panels

The CCPN has established five Expert Panels to provide planning and coordination to the CCPN. Each Expert Panel is responsible for one or more of the CCPN's areas of focus. The Expert Panels are responsible for conducting analysis of CVD gaps, developing annual work plans, and ensuring successful implementation of work plan activities. The Panels' mandates also include the development of recommendations on priority areas for action during each planning cycle. The Expert Panels serve as the coordinating mechanism for regional activities under their respective areas of responsibility.

Implementation Teams

Implementation Teams for each of the CCPN's Priority Initiatives will provide specialized expertise and leadership to implement the initiative. Each team reports to one or more CCPN Expert Panel.

5 The Action Plan

The Champlain CVD Prevention Strategy identifies six priority initiatives for immediate implementation. These initiatives were recommended by the CCPN Expert Panels and endorsed by the CCPN Steering Committee as the most important actions to improve the CVD health of residents in the Champlain District. Complete descriptions of these initiatives can be found in Appendices 3 to 8.

5.1 CCPN Priority Initiatives 2006-08

Priority Initiative: Champlain Hospital-based Smoking Cessation Network

Quitting smoking is the single most important intervention for the prevention and management of major chronic diseases, including cancer, heart disease and stroke[25]. This initiative is creating a network of hospital-based smoking cessation programs in the Champlain District to help hospitalized smokers quit smoking and stay smoke-free. Ultimately, the Champlain Hospital-based Smoking Cessation Network will identify and offer treatment to every hospitalized smoker in the Champlain District using evidence-based guidelines. The initiative is based on a best practice model developed by the University of Ottawa Heart Institute. The model ensures each network hospital has systems in place to identify smokers on admission, provide stop-smoking counseling and medication during hospitalization, link the patients back to community cessation resources, and provide follow-up after discharge from hospital. Once fully implemented, the program can reach an estimated 14,000 smokers in the Champlain District annually and is expected to result in 10,000 additional patients who will successfully quit smoking over the next 5 years. The Champlain Hospital-based Smoking Cessation Network is the first of the CCPN priority initiatives to rollout in the Champlain District through the provision of start-up funding from the Smoke-Free Ontario Strategy and the Ontario Hospital Association's Change Foundation. As of January 2007, 11 of the 17 Champlain LHIN hospitals have the program in place, with the remainder scheduled for implementation in 2007.

Priority Initiative: Champlain Primary Care CVD Prevention Network

The aim of this initiative is to increase the uptake of evidence-based practice for the prevention, early detection, and management of patients with CVD and cardiovascular risk factors (hypercholesterolemia, hypertension, diabetes, renal impairment, smoking, obesity, and physical inactivity) in primary care practices throughout the Champlain District. The initiative centres on the use of an Outreach Facilitation Model, in which skilled health professionals known as facilitators (or Practice Change Consultants) serve as an expert resource to primary care practices. The facilitators will provide hands on support to practices to implement tools and processes designed to incorporate evidence-based practices into the routine delivery of care. Specifically, the facilitator will provide support in three areas: (a) practice performance assessment, feedback, and consensus building towards goal setting and implementation, (b) clinical, technical, and organizational resources, and (c) practical advice and support in moving through the challenges associated with practice change. The Champlain Primary Care CVD Prevention Network will also create the infrastructure to strengthen coordination of services between primary care practices and other health sectors including specialty care and public health. This initiative has the potential to reach more than 250 primary care practices and 600,000 Champlain residents and will transform the delivery of primary care services.

Priority Initiative: Champlain Hospital CVD Prevention Network *(Guidelines in Practice)*

This initiative will develop a regionalized approach for secondary prevention of CVD according to evidence-based practice guidelines for patients admitted to hospital with Acute Coronary Syndrome (ACS). Expert coaching teams will assist Champlain District hospitals to implement the "Guidelines in Practice" discharge tool. The tool ensures all patients receive care at time of discharge according to evidence-based guidelines for pharmacotherapy and lifestyle modification, as well as supporting patient self-management. These guidelines have been proven to improve patient outcomes and reduce re-hospitalization. A continuous quality improvement system will monitor program performance against regional and provincial benchmarks. The initiative has the potential to reach an estimated 5,000 patients hospitalized for ACS annually in the Champlain District and significantly reduce regional CVD mortality and re-admission to hospital.

Priority Initiative: Champlain Healthy Living & Risk Factor Management Program

Ensuring individuals, families, communities, and health providers in the Champlain District are equipped with the necessary knowledge, skills, and resources required to prevent and manage CVD will be key to our ability to impact on the prevalence of chronic diseases. This can be best achieved through a coordinated strategy to increase community capacity to effectively deliver health information and behaviour modification programs to Champlain residents.

The aim of the Champlain Healthy Living & Risk Factor Management Program is to empower individuals with the knowledge and skills required for healthy living, risk factor and disease management. This initiative will: (1) coordinate the development and delivery of a communications campaign to promote healthy living and risk factor self-management; (2) create a network of community-based resources to support self-management and behaviour modification; and (3) create links to community providers and existing public and community health resources.

Priority Initiative: Champlain Healthy School-aged Children Initiative

The rise in childhood obesity is one of the biggest public health challenges facing Ontario today[30]. Over the last three decades, rates of obesity and overweight in Ontario boys and girls have tripled. The primary cause of rising obesity has been identified as an increased consumption of energy-dense, nutrient-poor foods combined with decreased levels of physical activity. The prevention of chronic disease begins in childhood and requires a fundamental shift in social norms associated with our children's physical activity and healthy eating habits.

The Champlain Healthy School-aged Children Initiative aims to address childhood obesity by enabling children (ages 4 to 18) in the Champlain District to make healthy choices about nutrition and physical activity on a daily basis, and providing them with the skills to develop healthy food and activity behaviours for life. A multi-faceted approach will be adopted which targets school, home, and community environments and uses multiple intervention strategies including policy, social marketing, skills and knowledge training, and environmental supports to achieve its impact. The initiative will serve to mobilize and coordinate multiple stakeholders (public health, education, community, industry, primary and specialty care) committed to reducing the obesity epidemic in children and youth in the Champlain District.

Priority Initiative: Champlain Sentinel CVD Surveillance Program

This initiative will develop a state-of-the-art surveillance system capable of providing timely and ongoing information to support evidence-based decisions around CVD prevention and management activities in the Champlain District. A surveillance system based on the collection of comparable and valid data is essential for evaluating the burden of CVD, understanding time trends and geographical distribution, and to determine if interventions are performing as planned. This initiative will serve to create an infrastructure for the collection and timely dissemination of demographic, population health, behavioural, clinical, health administration, and policy data. The initiative will involve the integration of data housed in existing health databases as well as the collection of supplemental data drawn from a large sample of Champlain residents. The initiative will result in the establishment a centralized information system to inform health policy, programming, resource allocation, and performance management of the CCPN and the Champlain District at large.

5.2 Action Plan Renewal 2009-11

The CCPN has adopted a phased approach to strategy implementation. The Champlain CVD prevention strategic planning process identified 15 recommendations for action. Our Action Plan for 2006-08 prioritized six of these recommendations (as described above) for immediate implementation. In 2009, the CCPN will conduct a formal review of achievements to date and identify gaps and new priority areas for action to guide strategy implementation for 2009-11.

6 Performance Management Plan

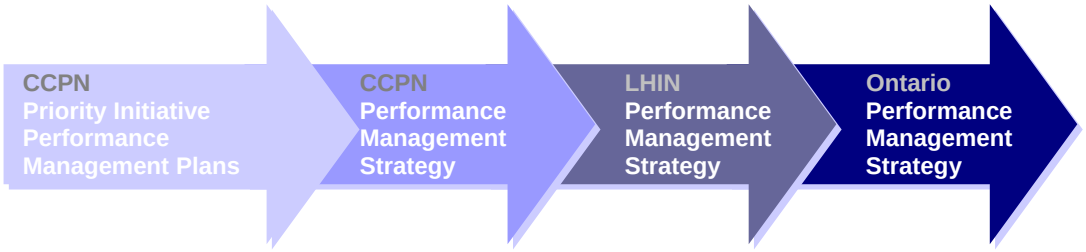
The CCPN Performance Management Plan will serve as the basis for tracking and managing the implementation of the Champlain CVD Prevention Strategy. It was designed to achieve the following objectives:

(1) Link CCPN outcomes to Ontario's Health System Strategy and the LHIN Scorecard;
(2) Link CCPN strategy implementation to measurable health and system indicators;
(3) Align the performance management plans of CCPN Priority Initiatives to the strategic goals of the CCPN; and,
(4) Provide a flexible system to monitor, inform, and manage strategy implementation.

6.1 Alignment with the Ontario Performance Management Strategy

Ontario has identified that successful health system reform relies on the alignment of strategies across different parts of the system. The CCPN Performance Management Plan has been designed to align activities and outcomes of the CCPN Priority Initiatives to the CCPN's overarching goals and objectives, and in a cascading relationship, to the LHIN Performance Management Strategy and ultimately Ontario's Health System Performance Management Strategy. Figure 6.1 provides a graphical representation of this alignment.

Figure 6.1: Relationship between CCPN Performance Management Strategy and Ontario Performance Management Strategy



Ontario's Health System Strategy Map

Ontario's Health Results Team has put in place systems to ensure that the performance of the health system is measured, managed, and oriented towards achieving better outcomes (MOHLTC, 2006). Ontario's Health System Strategy Map identifies nine strategic themes representing loci of strategic action (see Figure 6.2). This map will be the basis for aligning performance management activities at all levels of the system with provincial priorities.

Four categories of performance have been identified:

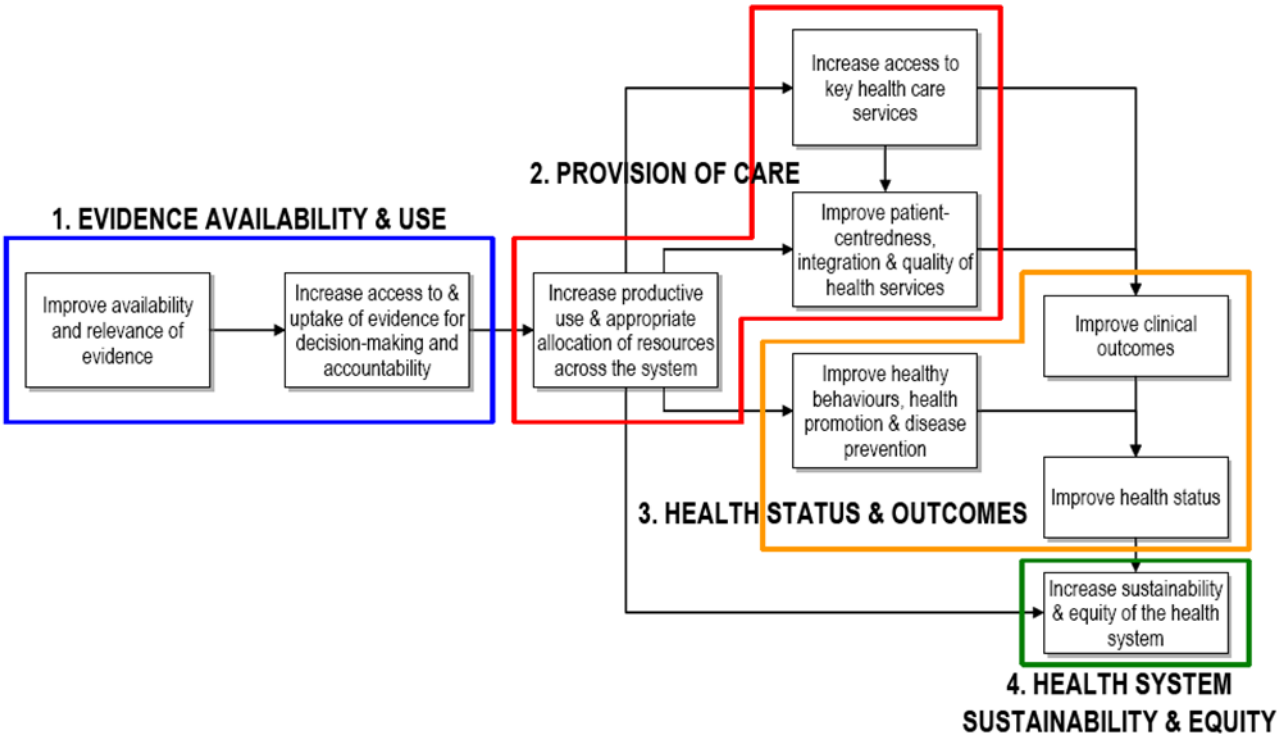
(1) Evidence Availability & Use;
(2) Provision of Care;
(3) Health Status & Outcomes; and,
(4) Health System Sustainability & Equity.

Local Health System Performance Scorecard

The Local Health System Performance Scorecard, or LHIN Scorecard, provides a method for measuring the achievement of high-level health system goals and better managing health system performance.

The LHIN Scorecard presently consists of 27 calculable indicators. Each indicator has been developed to link to one of the nine strategic themes identified in the Ontario Health System Map (see Figure 6.2). The scorecard will serve as a tool for aligning performance reporting at multiple levels (i.e. LHIN-level, sector-level, provider-level) to ensure consistency in performance improvement.

Figure 6.2: Ontario's Health System Strategy Map



Ontario Public Health Standards for Chronic Disease Prevention

The CCPN Performance Management Plan will also seek to integrate outcome indicators identified by the Ontario Public Health Standards.

The Public Health Standards establish the minimum requirements for fundamental public health programs and services necessary for disease prevention as well as the promotion and protection of health. The standards identify those requirements that enable movement towards desired outcomes based on evidence and best practice. The mandatory program identifies both foundational and program standards. For each, a goal and immediate outcomes have been established to guide activities of health boards.

Foundational standards have been identified for evidence-based public health planning and performance in the following areas: population health assessment, surveillance, research and knowledge exchange, program evaluation, and performance measurement. Program standards for chronic disease prevention have also been identified.

6.2 CCPN Performance Management System

Our vision for CCPN Performance Management is a flexible system for steering the activities of the CCPN towards our strategic goals and the priorities of the Ontario Health System.

The CCPN Performance Management System consists of three main elements:

(1) Our performance management map;
(2) Our performance indicators; and,
(3) Our tools, structures, and policies for managing performance.

CCPN Performance Management Map

Appendix 1 presents a summary of the CCPN Performance Management Map. The map provides an overarching framework for linking the thirteen CCPN health and system goals to each of the nine strategic themes identified in the Ontario Health System Map.

The framework also presents a summary of the indicators which will be used by the CCPN to track the performance in each of the thirteen CCPN outcome areas. The map clearly identifies the alignment between the CCPN performance indicators and the LHIN Scorecard indicators. The CCPN is expected to impact on all nine Ontario strategic goals and will provide outcomes for seven of the 27 LHIN Scorecard indicators.

CCPN Performance Indicators

The CCPN has identified working indicators which will be used to measure our ability to achieve the health and system goals we have set out to impact (see Appendix 1). CCPN indicators can be categorized into three main areas:

(a) Health indicators;
(b) System indictors; and,
(c) Priority Initiative indicators.

a. Health Indicators

The following is a summary of the Ontario indicators which will be used by the CCPN to monitor performance in achieving health outcomes:

Prevalence of risk factors for chronic disease
30-day post-hospital acute myocardial infarction survival rate
In-patient readmission rate for acute myocardial infarction
Potential years of life lost (PYLL) due to CVD causes

b. System Indicators

The following is a summary of the Ontario indicators which will be used by the CCPN to monitor performance in achieving system outcomes:

Availability of high quality, relevant evidence
% of clinical cases being treated according to evidence-based clinical practice guidelines
Health Care spending associated with CVD
Mean wait time for cardiac surgery

c. Priority Initiative Performance Indicators

For each of the CCPN Priority Initiatives, process, outcome, and impact indicators will be identified to describe the relationship between immediate actions as well as the medium and long-term outcomes of the initiative. Appendix 2 presents the working draft of performance management indicators for four of the CCPN Priority Initiatives.

Systems, Tools, and Accountability

Priority Initiative Performance Management and Accountability Agreements

CCPN Performance Management and Accountability Agreements will serve as an important tool in aligning the activities of the CCPN Priority Initiatives with the overall performance goals of the CCPN. An agreement will be developed for each CCPN Priority Initiative to serve as the tool for mapping health and system indicators, and to act as the accountability framework for tracking implementation activities against pre-established milestones and performance targets. The Performance Management and Accountability Agreements will be approved by the CCPN Executive Committee prior to the release of Priority Initiative funding.

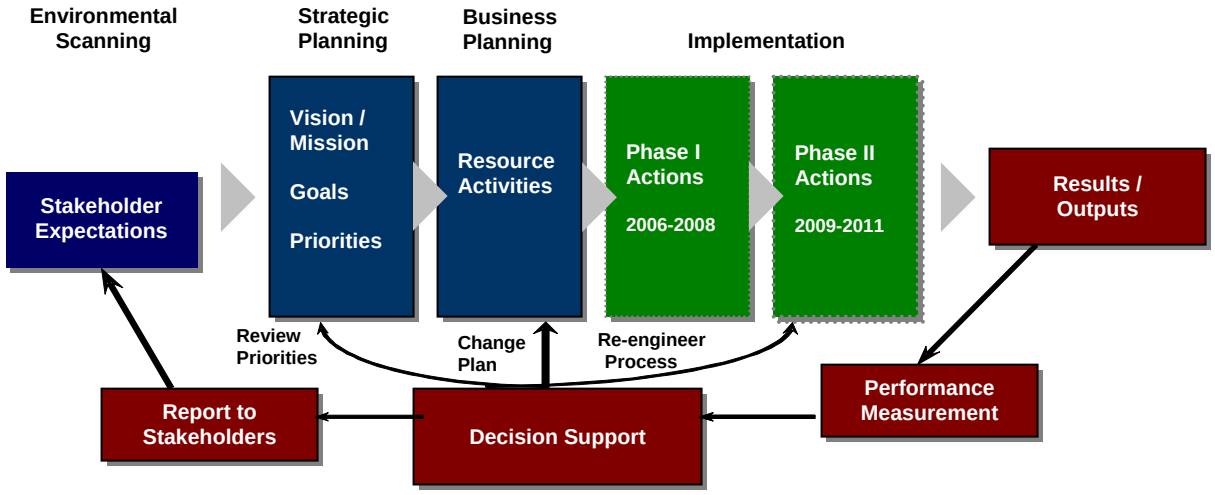
Integrated Planning & Coordination System

The CCPN's integrated system of coordination has been designed to support effective planning, implementation, performance management, and the mid-stream adjustments necessary for success. This overarching accountability framework will ensure the CCPN meets the expectations of its many stakeholders by establishing and communicating strategic priorities, resource allocation, and internal and external accountability.

Six steps are involved in the CCPN's integrated planning and coordination system:

1. **Strategic Planning:** Defining a direction forward and blue print for achieving the desired vision.
2. **Business Planning:** Planning for results as defined by the CCPN strategic planning process.
3. **Implementation:** Implementing priority actions.
4. **Performance Management:** Monitoring and measuring results in a way that ensures required adjustments can be made at the earliest opportunity.
5. **Decision Support:** Using performance management information to re-engineer plans and processes, adjust plans as required, and identify new priority actions.
6. **Reporting:** Reporting on outcomes to network partners, stakeholders, funders, and the citizens of the Champlain District**.**

Figure 6.3: CCPN Integrated System of Coordination & Accountability



Reporting on Performance

The CCPN Executive is responsible for performance management of the CCPN. On a quarterly basis, progress towards achieving performance targets will be monitored by the Executive and Project Management Team.

An annual evaluation of the CCPN will provide the Network and its investors with information required to determine how the programs are being implemented, whether adjustments are necessary, and if progress is occurring towards the achievement of the outcomes and ultimate benefits to Ontarians.

The focus of the evaluation activities will be the following areas:

Impact: Is the program effective in meeting its objectives within budget and without unwanted outcomes? What other significant outcomes (both intended and unintended) are occurring as a result of the program?

System Assets: Is the CCPN creating an infrastructure to inform and provide leadership in CVD and chronic disease prevention activities in the province of Ontario?

Cost-Effectiveness / Design and Delivery: Are the most appropriate and efficient means being used to achieve objectives relative to alternative design and delivery approaches? Are there ways in which the structure or operation of the program could be improved to make it more efficient or effective? Are there alternative means (i.e. other than this program) of achieving these same program objectives that might be more efficient or effective?

7 Resource Plan

7.1 CCPN Operating Budget

The projected cost associated with full-scale implementation of the CCPN strategy is $18.3 million over 5 years. This represents an investment of approximately $3.00 per annum per Champlain resident.

7.2 Funding Components

Network Operations and Management

This component includes costs associated with the CCPN's centralized planning and coordination function. A Project Management Team will be required to lead the work. This team will include a director, coordinator, health planner, performance manager, and administrative support. The Project Management Team will support the CCPN Executive Committee and Expert Panels, as well as lead the planning, reporting, and capacity building activities of the Network. CCPN operating costs include budgets for the CCPN Expert Panels, Network communications, and capacity building.

7.3 Investment Plan

Multi-year funding will be required to implement the CCPN strategy. An investment plan has been developed to seek contributions from four sources:

1. Government of Ontario
2. Public Health Agency of Canada (Federal Government)
3. Private Sector
4. CCPN Partner Contributions / Grants

Ontario Ministry of Health Promotion

The new Ontario Ministry of Health Promotion (MHP) is responsible for improving, coordinating, and delivering programs designed to contribute to the healthy living and wellness of all Ontarians. The CCPN offers an opportunity for partnership in several MHP priority areas, including the *Smoke-Free Ontario Strategy*, *Ontario's Action Plan for Healthy Eating, Active Living (HEAL), and Active 2010.* MHP financial support in 2005-06 made it possible for the CCPN to continue its strategic planning activities and to launch the Champlain Hospital-based Smoking Cessation Network.

Federal Government

The Public Health Agency of Canada's (PHAC) Integrated Strategy on Healthy Living and Chronic Disease Prevention will be the targeted source for Federal Government funding. The Healthy Living Strategy is intended to positively influence individual and community capacity at all levels to create stronger public policies and more integrated, evidence-based, and responsive health systems. Through a federal-provincial funding partnership, the CCPN would be well positioned to attract additional Federal support to identify the Champlain District as a national leader in integrated chronic disease prevention.

Private Sector

The private sector has been identified as an important investment partner. An Industry Roundtable will be established to engage industry partners with a shared commitment to supporting the CCPN's vision and mission. CCPN Industry Partnership Terms have been developed by the CCPN and are available upon request.

CCPN Partner Contributions / Grants

CCPN partners are committed to investing in the Champlain CVD Prevention Strategy through in-kind contributions of financial, human and/or knowledge resources. This will be supplemented by grant applications to appropriate funding agencies (e.g. CIHR, National Stroke Strategy) as opportunities become available.

8 Conclusion

The Ontario Ministry of Health and Long-Term Care is committed to health system transformation and accountability for results. The increasing burden of chronic diseases such as CVD is an important issue for Ontario's Health System.

Through the delivery of an integrated CVD prevention and management system, the Champlain District is ready for action to transform our health system and better serve Ontarians. The CCPN has already made great strides in bridging the silos between health and community partners that have previously limited the ability to successfully address chronic disease prevention and management in a unified manner. We have created a strategy to support health system redesign at the local level and developed a plan for demonstrating results for Ontario.

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