

**Concerto Health
Program**

**A Canadian
Innovation**

Pathways in prevention and chronic diseases management in primary care
A 3 years action plan in family medicine and nursing
Measurable and sustainable results

HEALTH AND SERVICES COORDINATION TOOLS	BENEFITS	IMPLEMENTATION SCHEDULE
<ul style="list-style-type: none"> • Categorization of patients in medical clinics • Interdisciplinary care pathways • Functional flow charts for managing patients according to their pathologies • Clinical protocols (based on guidelines and assessed by specialists and patient groups) • Collective prescriptions • Interdisciplinary and individualized intervention plans for patients with complex problems and at high risk of complications (including frequent users) • Healthier lifestyle habits program • Toolbox for professionals • Toolbox for patients • Telehomecare deployment guide for targeted medical clinic patients with complex problems and at high risk of complications • Clinical protocols for telehomecare (DCOPD, Chronic heart failure) • Dashboard and indicators (clinical processes and outcomes); patient satisfaction, patient empowerment, Efficiency gains, Improve sate of patient heath) • Legal frame approved by the Quebec’s Ministry of Health • Support for clinical administrative coordination, coaching and change management for the medical clinic interdisciplinary team 	<ul style="list-style-type: none"> • Prevention and promotion of healthy lifestyles • Early screening for complications related to chronic diseases • Harmonization of clinical practices, based on relevant data • Patient participation and self-care • Coordination of interdisciplinary care and optimization of the nurse’s role • Continuous access to up-to-date information for each patient, based on all the pathologies • Personalization of care • Optimal medication management • Accessibility, continuity and quality of primary medical services • Support adapted to challenges and complexity of the medical Family practice 	<ul style="list-style-type: none"> • Year 1: diabetes, high blood pressure, dyslipidemia, COPD, asthma • Year 2: chronic heart failure (CHF), arteriosclerotic heart disease (AHSD), chronic renal failure (CRF), mental health - depression, anxiety disorders, Hyperactivity disorder (ADHD) • Year 3: oncology and palliative care (chronic pain), dementia and loss of autonomy, neonatal follow-up, pregnancy follow-up

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concerto
Health Group

For strategic medical alliances

TRAINING AND SUPPORT TOOLS	BENEFITS	IMPLEMENTATION SCHEDULE
<ul style="list-style-type: none"> • Clinical training and coaching programs • Training programs for professionals in interdisciplinary work • Change management and work organization support in family medical clinics delivering primary health care services 	<ul style="list-style-type: none"> • Knowledge updated according to pathologies • Optimal coordination of interdisciplinary team interventions • Optimization of the role of nurses as key coordinators and case managers 	<ul style="list-style-type: none"> • Based on the needs of each medical clinic

FINANCIAL ANALYSIS TOOLS AND SERVICES	BENEFITS	IMPLEMENTATION SCHEDULE
<ul style="list-style-type: none"> • Calculation of efficiency gains per institution or region, in collaboration with the medical clinics • Expertise and support for analysing results and follow-up 	<ul style="list-style-type: none"> • Potential of \$1 million in efficiency gains per year per average medical clinic in return for an investment of \$500,000 for an interdisciplinary team at the medical clinic • Cost base: \$300 per avoided inpatient day; \$500 per avoided stretcher day in the emergency department 	<ul style="list-style-type: none"> • Estimate at mandate the start • Analysis with real data based on patient demand

ASSESSMENT TOOLS AND SERVICES	BENEFITS	IMPLEMENTATION SCHEDULE
<ul style="list-style-type: none"> • Dashboard • Care process indicators <ul style="list-style-type: none"> ▪ Patient satisfaction indicators ▪ Societal costs ▪ Professional satisfaction indicators • Outcome indicators <ul style="list-style-type: none"> ▪ Behavioural changes in patients, patient empowerment, improved state of patient health, level of use of health services ▪ Population data ▪ Public health database 	<ul style="list-style-type: none"> • Dynamic assessment of new care processes and the outcomes of implementing new clinical practices in medical clinics • Ongoing adaptation of practices based on results • Analysis of the change in the state of health of a population • Health management based on pathologies and pathology groups (comorbidity) 	<ul style="list-style-type: none"> • At mandate start • New data produced quarterly

CHANGE MANAGEMENT TOOLS AND SERVICES	BENEFITS	IMPLEMENTATION SCHEDULE
<ul style="list-style-type: none"> • Maturity indexes and conversion plan of the Concerto health Model (see information sheet) 	<ul style="list-style-type: none"> • Optimization of success factors before the Program implementation 	<ul style="list-style-type: none"> • Analysis of the maturity indexes with the Model's criteria • Conversion plan tailored to each medical clinic and Health center