AFHTO response to the *Patients First* discussion paper

March 4, 2016

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AFHTO wholeheartedly supports the direction set out in *Patients First*

Thank you to the Ministry of Health and Long-Term Care for the opportunity to contribute AFHTO's recommendations for implementing the proposals set out in *Patients First*. We draw from the experience and views of the leaders of our member FHTs and NPLCs, as well as from our colleagues in the Ontario Primary Care Council.

AFHTO and its members are highly supportive of the direction. We were among the first to publicly declare this with an opinion piece published in at least three Ontario newspapers – http://www.afhto.ca/highlights/policy-positions/afhtos-response-to-patients-first-discussion-paper/ . As we stated:

> With the *Patients First* proposal, the Ontario government launches the next phase of health system evolution. The proposal would bring all parts of the health system under a single jurisdiction for planning and performance reporting, and focus attention on how best to meet the needs of people living in each community. It pays particular attention to strengthening primary care. These are absolutely critical steps toward ensuring more comprehensive and equitable health care services for all Ontarians.

As also stated in this piece, we see many opportunities to improve health, health care, and value for the people of Ontario. We also see some cautions. In this response we offer AFHTO's advice for achieving the best possible results.

AFHTO's response is aligned with the Ontario Primary Care Council (OPCC) submission

By mid-March the Minister and Ministry will receive a joint response from six associations within the Ontario Primary Care Council. As an OPCC member, AFHTO fully supports all OPCC recommendations. This response from AFHTO amplifies and adds to the OPCC recommendations. Some are specific to AFHTO and/or interprofessional teams, namely:

- The need to continue to move toward a level playing field to compete for health professionals. (See recommendation #1.1)
- Adoption of the "Starfield Principles" to track and evaluate performance, allocate resources, and address inequities over time. (See recommendations #2.2 and 3.3)
- Aligning roles of Ministry and LHIN in governing, planning, funding and managing performance of interprofessional teams. (See recommendations #4.1 to 4.3)

Recommendations

1 Ensure the critical enablers are in place

1.1 Continue on path to fully stabilize the primary care work force

Successful implementation of *Patients First* requires the energy and commitment of primary care leaders, front-line providers and support staff. AFHTO gratefully acknowledges government's commitment to add $85 million in funding over three years to improve retention and recruitment in team-based primary care. This is a welcome start, but it is only a start toward levelling the playing field in the competition for health professionals. The front door of the health system cannot be a revolving door. For this same reason, AFHTO strongly encourages the Ministry and Ontario Medical Association to find common ground to improve the work environment for family physicians.

1.2 Provide adequate investment in information, data systems and QI support

Successful implementation of *Patients First* is also dependent upon the ability of primary care providers to exchange patient data within the circle of care, and to extract and meaningfully use data to achieve outcomes. Adequate investment in data, technology and the necessary skillsets is critical. Among the issues to consider:

- Funding that physicians had previously received from OntarioMD has terminated. Direction from the Ministry is that there is no additional money – it has to be found through reallocation.
- Further development of data infrastructure – through collaboration of multiple entities such as eHealth Ontario, OntarioMD, Health Quality Ontario, Institute for Clinical Evaluative Sciences.

1.3 Invest in the people and processes needed to lead successful change

LHINs, primary care teams and individual primary care providers require capacity, skills and enablers to do the work required for success – engagement, planning, implementation, managing transitions. While the health system is financially strapped and shifts need to be made, successful change does require leadership, skill and resource support.

When it comes to leadership, as noted in the OPCC response, there are multiple types needed. These include leadership focused on clinical practice, on research and quality improvement, on education and mentoring, and on management and governance. A leader's focus may also be oriented to his/her practice environment and/or to the broader system. As the Ministry, LHINs and the primary care sector move forward, these different foci must be understood, and leadership must be distributed to engage many people in these different facets.

TRUST and RESPECT are key to success. This is true in any change process, and even more so in primary care. Physicians have unique relationship with teams – it's based on common purpose rather than accountability. This is absolutely true for the patient's relationship with the team as well. Common purpose is critical for all team members – turnover in primary care is high already due to more lucrative opportunities elsewhere (see #1.1); there is concern that if staff are not engaged and buying-in to the changes ahead, it will result in further turnover.

2 Consistent performance measurement is critical

Performance measurement is absolutely essential to assessing and improving quality of care. Performance measures must be consistent and comparable across the province, while allowing adaptability for the local context. By identifying those who excel at care delivery, we can learn from one another and scale up improvements to providers in a positive and not punitive way.

While many primary care teams have been measuring performance, this will be new for the majority of our primary care colleagues. As we've learned – there's nothing to fear from being held accountable. But clinicians will need to receive support to help identify and capture the most meaningful and manageable data to improve care for patients. The Ministry must ensure clarity and consistency across all LHINs on what is to be measured.

2.1 Listen to the field to ensure indicators are measurable, meaningful and manageable.

There is much to learn from the hands-on experience of 116 AFHTO member organizations caring for nearly 2 million Ontarians, through Data to Decisions (D2D).

2.2 Adopt the "Starfield Principles" to track and evaluate performance, make informed investments, and deal with inequities over time

AFHTO members are guided by the Starfield Principles – focusing on the relationship with patients and the primary care team's ability to deliver the care patients value. Its objective is to optimize quality, access and total health system cost of care for patients. Quality is measured through a single composite score – it reflects what matters to patients in a way that also considers what is important to providers, using indicators from Health Quality Ontario's Primary Care Performance Measurement Framework (with some modifications guided by input from front line providers). Early results are showing an important relationship between increasing higher score for overall quality and lower total cost of care.

2.3 Streamline multi-level reporting requirements and processes, and provide feedback to teams

FHTs and NPLCs are now sending multiple reports to the Ministry and Health Quality Ontario. Introducing an additional reporting relationship with LHINs runs the risk of adding yet more work burden that generates no value to patient care. Careful thought is needed to streamline reporting requirements and processes to avoid unnecessary, unproductive time.

Having collected all of this data from teams, they would welcome feedback on their results as valuable input to guide their further planning and improvement.

3 Broaden access to primary care teams

3.1 Ensure that each subLHIN has a critical mass of team resources from which to start

When the Deputy Minister speaks of communities that are making good progress in integrating care for patients and improving outcomes, he points to places like Chatham-Kent, Collingwood and Guelph. These are all communities where over 80% of the residents are patients in FHTs or CHCs. Interprofessional teams have the infrastructure and skills essential to achieving the goals of *Patients First*. This level of coverage is clearly making a difference to the quality and integration of care for these communities, and must be kept in place.

Many subLHINs are much less fortunate, however. Through analysis of available information on subLHINs, AFHTO and AOHC have identified at least two subLHINs that have NO interprofessional primary care teams at all (Bolton-Caledon in CW-LHIN and James Bay in NE-LHIN). There are many others where teams currently cover less than 30% of the population. Additional funding must be allocated to interprofessional primary care, and priority given to these disadvantaged communities. Without a critical mass of team resources, how can they succeed in achieving the promise of *Patients First*?

3.2 Optimize the ability of professions to collaborate

Both the OPCC response to *Patients First* and AFHTO's evidence-informed paper – *Optimizing value of and access to team-based primary care* – point to the need for a "shared care" approach to enabling physicians currently outside of teams to form a deliberate relationship with the team for the purpose of caring for patients who would most benefit from team-based care. This relationship would set out minimum requirements for meaningful communication and collaboration.

3.3 Use the "Starfield Principles" to guide HHR planning and investment

Team capacity must be managed, however, such that additional demand does not cause unacceptable increases in waits for appointments and/or decreases in quality of care. Robust measurement described above (the Starfield Principles, see #2.2) tracks human resource capacity against overall quality and total cost of care, thereby supporting sound decisions for further investment in primary care teams.

As noted in #3.1 above, the Ministry must act to address gross inequities in distribution of primary care team resources across subLHIN regions. This includes planning for family physician resources, and designating 'underserved' areas. Once again, the Starfield Principles can bring a more robust and consistent way to assess where additional primary care resources are needed.

3.4 Embed care coordinators into primary care teams and broaden their scope to care for "whole" people

As a member of OPCC, AFHTO continues to assert the role of primary care providers to lead care coordination – please refer to *OPCC Position Statement on Care Co-ordination in Primary Care.* Building on this, AFHTO published *Transitioning care coordination resources to primary care*. Recognizing this is a process that will take time to fully implement, we call on the Ministry to:

- Begin redistributing resources to fulfill this function, from CCACs to existing teams that are prepared to receive these resources.
- Ensure that CCAC staff are transitioned to primary care under an appropriate compensation and labour relations framework that includes the principle of internal equity across employee groups.
- Expand the reach of primary care teams, such that all Ontarians have access to comprehensive primary care and coordination of care through these teams.
- Foster knowledge exchange and greater consistency across each LHIN and the province through appropriate primary care and care coordination networks.
- Re-invest the savings made possible through the elimination of CCAC administration and infrastructure to the delivery of effective primary care, home care and community care to keep people as healthy as possible.

4 Governing, planning, funding and managing performance of interprofessional teams

4.1 Ministry must establish minimum requirements for the LHINs' role in planning and overseeing primary care, and hold LHINs accountable for meeting those requirements

To date LHINs have had no mandated role with primary care. To promote consistency across the province, successful integration of primary care planning and performance management into LHINs requires:

- A strong and explicit commitment up front from the Government of Ontario to strengthen primary care and make it the foundation of the system.
- Ministry requirement that LHINs demonstrate their commitment to strengthen primary care, through the Ministry's assessment of LHIN priorities and actions in light of the *Ontario Primary Care Council's Framework for Primary Care*.
- Ministry requirement that LHINs meet minimum standards for meaningful collaboration with primary care. These would include:
    - Consistent and transparent framework and tangible support for clinical leaders to co-develop and design solutions in LHIN and sub-LHIN planning.
    - LHINs identifying clear roles and competencies for clinical leadership that go beyond advising to being part of decision-making processes.

- Ministry has put in place a consistent and manageable approach to performance measurement and a capacity to for consistent, robust needs-based planning and HHR planning. (See #2.1, 2.2 and 3.3 above.)
- Ministry and LHINs have put in place appropriate mechanisms for dispute resolution or other appropriate intervention when significant issues become apparent and do not get resolved.

4.2 Ministry and LHINs must ensure that funding and performance requirements set out in contracts with primary care organizations, individual or groups of primary care providers, and other entities are aligned to achieve desired outcomes for the population and the health system

Having established performance measures and reporting processes that are manageable and meaningful (see all of section #2 above), outcomes and targets for those measures must be set in collaboration with primary care providers and patients. Alignment includes ensuring that incentive/disincentive schemes are aligned with evidence-based practice to achieve the desired outcomes, and do not penalize providers for actions that are outside their control. As stated in #2.3 above, reporting requirements and processes must also be streamlined to avoid adding an unnecessary administrative burden.

4.3 As capacity and trust are developed within each LHIN over time, evaluate whether funding and contractual relationships should remain with Ministry or shift to LHIN

As stated in #1.3 above, TRUST and RESPECT are key to successful change. Respect includes confidence in the capacity to make sound decisions. Trust and respect must be developed in all four points of this governance relationship – public, Ministry, LHINs, and primary care providers. As that develops, the Ministry, LHINs and primary care providers, through their associations, should evaluate the impact of the governing, planning, funding and performance management functions and the best approach for creating, as stated in *Patients First*, “a responsive health system where someone is accountable for ensuring that care is coordinated at the local level.”