afhto association of family health teams of ontario

AFHTO response to Expert Advisory Committee recommendations on Population-based primary health care for Ontario

1 Summary

On behalf of its members, the Association of Family Health Teams of Ontario (AFHTO) submits this response to the concept of implementing "Patient Care Groups"[1] This response was developed through a consultation session with about 200 leaders from AFHTO member organizations held on October 28, immediately before AFHTO's 2015 Conference. This leadership session was attended by approximately 100 Executive Directors, 50 Lead MDs/NPs, 30 Board chairs/members and 20 in other roles, and the conference was attended by over 800 people from member organizations.

Key messages from this session and the conference overall:

- Family Health Teams (FHTs) and Nurse Practitioner-Led Clinics (NPLCs) have the leadership, dedication and fundamental commitment to the well-being of their patients. They are willing to:
  - Step up to play their part in building a primary care system that understands and meets the needs of patients and communities.
  - Stand up and be counted – using measurement to demonstrate their value and improve on it.
  - Build on the relationships they have been developing with other teams, other providers, and their LHINs.
- AND there is significant caution about how change is implemented. Most importantly members want:
  - **To be heard**. Members are cautiously optimistic about closer LHIN alignment; they want thoughtful consideration and adequate consultation with FHTs/NPLCs.
  - **To be valued**. Primary care is the foundation of a sustainable health system; policy, planning and resourcing need to strengthen this foundation.
  - **To be supported to succeed**. Above all else, sufficient funding is needed to stabilize the workforce and ensure sufficient capacity to deliver quality care. IT infrastructure and EMR connectivity are also in need of further development.

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[1] Price, Baker et al. Patient Care Groups: A new model of population based primary health care for Ontario. Released by Ministry of Health and Long-Term Care, October 2015.

2 Role for primary care teams in a population-based system

While AFHTO members are clear on the functions for which primary care teams should be responsible, there are mixed views as to who should have PRIMARY responsibility for ensuring that everyone in a given population has appropriate access to appropriate primary care:

- LHIN – 52 respondents (29%)
- Governors of Primary Care Teams – 47 respondents (26%)
- A new Sub-LHIN Entity – 37 respondents (20%)
- Health Links – 14 respondents (8%)
- Individual FPs & NPs – 4 respondents (2%)
- Don't Know – 28 respondents (15%)

The **functions** for which AFHTO members identified that primary care teams should take the lead are:

- **Population health**
  - Identifying sub-populations for primary care within a geographic region that makes sense for the needs of communities
  - Defining the health care needs and gaps of a given sub-population
  - Taking the lead for patients with complex needs
- **Access**
  - Enhancing access to team based care for those who need it
  - Defining what is appropriate access to primary care
  - Improving same day/next day primary care access
- **Care coordination**
  - Coordinating care for patients (system navigation) and facilitating seamless transitions in care
  - Providing case management
  - Improving integration with local health service providers
  - Advocating for the appropriate level of care for our patients
    - AFHTO has published a Position Statement on transitioning care coordination resources to primary care.
- **Collaboration**
  - Creating partnerships and building capacity by identifying gaps and overlaps with other providers
  - Improving data sharing across health partners
  - Regional collaboration to identify region-specific performance measures and outcomes

"Primary care teams should take the lead for access, care coordination, and collaboration within our region"

- AFHTO member, North East region

3 Functions to be further developed and strengthened within primary care teams

Building on the identified evolving roles and functions of primary care teams, members in the Leadership Session were also asked what the **ONE FUNCTION** is that's **most in need of being further developed and strengthened within FHTs/NPLCs**. The following themes emerged:

- **Equitable compensation**: capacity to address the wages and stabilize/retain staff
- **IT infrastructure & EMR connectivity**: electronic health systems integration across primary and tertiary sectors (efficient and timely sharing of EHRs).
- **Funding & budget management**: appropriate funding with flexibility to manage resources within a global budget.
- **Collaboration, coordination, communication:** within and between primary care organizations, other health care providers and the LHIN. This includes education/engagement of patients, physicians and other stakeholders to support change.
- **Quality:** IT capacity and data analytics to support quality improvement efforts. This includes more Quality Improvement Decision Support (QIDS) Specialists in the field.
- **Leadership, governance** and **management capacity**: building physician, executive director and board chair leadership; clarifying roles and accountabilities (e.g. who manages the physician component); and team building.
- **Primary care clinical skills:** development of skills so that interprofessional health providers (IHPs) can function to their full scope of practice.
- **Advocacy:** for patients & for providers in primary care.

While there is general consensus that a population-based approach makes sense for our patients and communities, the questions are in the details of implementation. Determining how we develop sub-populations, how we build strong data systems, how we avoid duplicative administrative functions, and how we establish a sustainable model are all key items that need to be addressed. FHTs/NPLCs want, and need, to be partners in these discussions.

4 Strengthening Governance

Building a system that best meets the needs of patients in an equitable way, one that is truly population-focused, and that is deeply integrated at the local level will require strong governance at the local level. Last year, members identified a set of principles for governance of primary care organizations. Building on this, members dialogued on the **skills and competencies that are most in need on FHT/NPLC boards** if they are to succeed in a health system that is moving toward "population-based primary care". The skills and competencies identified were:

- **Strengthening governance practices**: including capacity to engage in system thinking and adopting a stronger strategic focus.
- **Building relationships**: through enhanced collaboration and networking with other primary care teams, LHINs, ministry, community, and other stakeholders.
- Improving **financial literacy** and **risk management.**
- Increasing **legal** aptitude.
- Understanding **change management**.
- Enhancing knowledge of **best practices**: both locally, provincially and nationally.
- Developing a **population health perspective**: including understanding/awareness of community needs.

"[Our board needs] a strong relationship with our community, other FHT boards, LHIN, Ministry of Health, other stakeholders."

- AFHTO member, Toronto Central region

Polling in the leadership session revealed:

- Two-thirds have, or are in the process of, identifying the skills and competencies required on the board, and nominated members accordingly.
- 40% indicated a move to increase the community presence on their boards and only 10% continuing with an all physician board.

5 Moving Forward: Hopes, Concerns and Support Strategies

While FHTs and NPLCs have expressed a willingness to embrace a new way of doing things, there is significant caution in how change is implemented. At the centre of this, our members want to be heard. FHTs and NPLCs want to have a voice in the changes being considered and in the implementation details.

Members were **most hopeful that a transition to population based primary care would lead to**:

- Improved health equity and access to primary care
- Enhanced alignment between population health needs and the resources/services available to meet those needs
- A more integrated system with seamless care for patients
- Better health outcomes for all members in a given community
- Improved ability to report on standardized, outcome focused performance measures and increased accountability
- More equitable funding and compensation

"Primary care is the quarterback of the health system and should be treated as such – we need to be valued, heard and included in the conversation."

- Kavita Mehta, SE Toronto FHT + Chair ED Advisory Council (AFHTO conference closing plenary)

Concerns clustered around:

- **Funding, capacity and sustainability**: including potential expectation to "do more with less"
- **HR recruitment and retention**: including pay inequities.
- **Fragmentation**: lack of evidence based framework or direction with respect to implementation.
- **Lack of IT integration:** limiting ability for data sharing internally and externally across systems.
- **Lack of autonomy**: to respond and meet the local needs of our patients; one size fits all approach.
- **Disengagement**: including deconstructing what we have already developed and starting over; and implementing change without the buy in from the critical mass of primary care providers.
- **Amalgamation**: including forced amalgamation of teams (especially smaller teams).

Closely tied to members hopes and concerns are the **supportive strategies** that collectively, through AFHTO, can advance system transformation and successfully embrace a population-based approach to delivering care.

- **Advocacy**
  - For a strong unified message to Ministry and LHINs on the evidence and value of team based care and the demonstrated leadership of our members.
  - For human resource/pay equity to support workforce stability, retention and recruitment.
  - For the unique needs and peculiar challenges faced by primary care teams as a result of geography (specifically in small, northern and rural communities).

"I'm certain that we can navigate these waters, if we stick to our principles, fight for sustainable funding, and measure and celebrate the work we do"

- Sean Blaine, STAR FHT + AFHTO President

- **Manageable meaningful measurement**
  - A comprehensive performance measurement framework that reflects the work we do, and the outcomes and impacts achieved.
- **Sharing best practice on collaborative practice**
  - Successes and failures, as well as standardized tools/policies/templates.
- **Change readiness**
  - Support for change management for teams.
  - Support for a planned approach to moving towards population based primary care; identifying primary care leaders based on readiness for change.
- **Focus on ALL of primary care**
  - Work with other primary care organizations to ensure reform efforts are inclusive of all of primary care (not just FHTs/NPLCs).
- **Streamlining opportunities**
  - Negotiating with and access to preferred suppliers provincially.
  - Outsource contracts on behalf of the sector to build a consistent risk management portfolio (policies and tools) instead of each team individually seeking consultations.

6 Additional observations from AFHTO's work with members

6.1 Building stronger relationships with the LHINs

FHTs and NPLCs across the province are highly varied in the strength and nature of their current relationships with LHINs. The vast majority are concerned about LHINs' understanding of the complexities within primary care structures and appreciation for the value of team based care. There is an awareness that LHINs will need to learn from and include FHTs/NPLCs in the co-creation of a model that works for all. There is some caution about forming closer alignment with the LHINs, yet there is also hope and a realization of opportunity – integrating primary care planning with the rest of the system may allow us to move to greater benefit for patients and communities.

"We're engaged in a bit of a grand experiment, trying to build something bigger than our own team"
- Dr. Danielle Martin (AFHTO Bright Lights Dinner)

As we move forward, we need to leverage our LHIN relationships and ensure there is a strong voice for primary care at the planning table. AFHTO will continue to facilitate LHIN relationship building through ongoing FHT/NPLC and LHIN CEO meetings and planning regional leadership sessions.

"Now is the time to get to know your LHIN. Now is the time for primary care leaders to become system leaders."
- Paul Huras, SE-LHIN CEO (AFHTO conference closing plenary)

6.2 Stabilizing the workforce and broadening access to teams

The Ministry has communicated intent to improve access to team-based primary care for all Ontarians who would most benefit. To shape the direction, AFHTO developed position statements on optimizing the value of and access to teams, including the need to stabilize the workforce in primary care teams. More equitable funding is absolutely essential to enable teams to attract and retain the staff needed to do all this work. Capacity is also constrained by current restrictions imposed by government on physicians wishing to join capitated funding models.

As demand grows to broaden access to teams, AFHTO members' collective work in defining how we measure and track health human resource capacity – in the next cycle of Data to Decisions – D2D 3.0 – will be critical to reducing the risk of compromising patient care and teamwork.

"Team-based care is the cornerstone of care in this province and needs to be equitably distributed. This requires equitable pay."
- Deputy Minister Bob Bell (AFHTO Bright Lights Dinner)

"Will government and LHINs be bold enough to reallocate the funds that will inevitably be saved in other sectors of the local health system and channel those funds into expansion of what we know is the best care for all Ontarians – comprehensive quality-driven team-based primary care?"
- Sean Blaine, STAR FHT + AFHTO President (AFHTO conference closing plenary)

6.3 Meaningful measurement and more meaningful reporting

Through the Data to Decisions (D2D) initiative and supported by the work of Quality Improvement Decision Support (QIDS) Specialists, AFHTO members have given priority to advancing manageable meaningful measurement in primary care. The measurement approach is aligned with evidence from the lifelong work of the late Barbara Starfield, that an investment in primary care is associated with improved system quality, equity and reduced cost, and that the core value of primary care is built on the patient-provider relationship. Individual indicators are drawn from Health Quality Ontario's Primary Care Performance Measurement Framework; overall quality is reflected in a composite measure reflecting what patients find important.

> *"Data to Decisions (D2D) is a total game changer."*
> - *Dr. Danielle Martin (AFHTO Bright Lights Dinner)*

This approach to measurement is applicable to all comprehensive primary care. This model for supporting measurement in primary care, i.e. "QIDS Partnerships" whereby a QIDS Specialist is employed to support a group of teams, offers valuable learning for eventual spread across the province.

7 Next Steps

The AFHTO membership looks forward to working with the Ministry, LHINs, patients and other stakeholders to continue to move toward the vision that all Ontarians will have timely access to high-quality, team-based, comprehensive primary care that is informed by the social determinants of health, anchored in an integrated and equitable health system, and is sustainable.

The Association of Family Health Teams of Ontario (AFHTO) is the advocate, network and resource centre for interprofessional comprehensive primary care teams.

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