

Optimizing value of and access to team-based primary care

Purpose:

This briefing note presents evidence-informed advice on how to spread access to high-quality team-based primary care to all Ontarians who would most benefit such care, and how to do so in a way that achieves the best value.

Background:

At present, about 25-30% of Ontarians can access team-based primary care, by virtue of the fact that their family physician or nurse practitioner is a member of one of the province's 10 aboriginal health access centres (AHACs), 75 community health centres (CHCs), 184 family health teams (FHTs) and 25 nurse practitioner-led clinics (NPLCs).

To develop advice on spreading access to teams, AFHTO assembled the [evidence](#)ⁱ on:

- the added value of team-based primary care
- the critical ingredients for achieving optimal results from primary care teams
- optimizing the value of primary care teams across a population

Evidence of added value:

- Teams improve timely access to primary care
- Patients experience better coordination of care in primary care teams
- Team-based primary care supports improved management of chronic disease

Evidence-based principles for optimizing value:

Ontarians will be best served – as patients and as taxpayers – in a health system where the policy, structure and funding environment fosters:

- Long-term continuing relationships with a family physician (FP) or a nurse practitioner (NP)
- Timely access to primary care
- Population-based needs assessment, regularly updated, around which programs, services, structures and processes are built and evolved
- Participation of people who receive care and health professionals in needs assessment and planning
- Access to team-based care for all, with priority for those who would most benefit, i.e. people living with chronic disease and complex conditions, including those related to social determinants of health
- Care coordination led by primary care, and includes linkages to services and supports to address social determinants of health
- Measurement and tracking to optimize quality, capacity and total cost of care at the team level, taking into consideration the full process of care and including everyone involved in that process
- FPs, NPs and other health professionals (IHPs) working together as full members within the team
- Support for teams and all team members to work in an optimal fashion:
 - Development, recruitment and support for effective administrative and clinical leadership
 - Education and support for building effective teams, including clear understanding of and respect for roles and responsibilities of team members, and development of constructive team culture
 - Sufficient funding to recruit and retain skilled team members
 - Time and support to enable all team members to collaborate in measuring and improving processes and quality of care

Recommendations for MOHLTC:***Immediate steps to optimize current capacity:***

- Stabilize the work force with sufficient funding for recruitment and retention, per AFHTO-AOHC-NPAO recommendations (<http://www.afhto.ca/wp-content/uploads/Toward-a-Primary-Care-Recruitment-and-Retention-Strategy-January-2014.pdf>).
- Continue to support AFHTO (and AOHC) to work with their members to:
 - Continue to strengthen governance and leadership, and the ability to meet evolving expectations and relationships.
 - Accelerate capacity for performance measurement.
 - Optimize their current team capacity.

Work with the field to develop common understanding of needs and capacity:

- Critical to moving forward (and as identified in the Expert Report in need of further investigation with key stakeholders):
 - Identify the skills, data and leadership for population-based needs assessment and planning that involves people who receive care and their primary care providers.
 - Develop a common definition of what is meant by “team capacity” and how this is best assessed vis-à-vis the population.

Where there is sufficient capacity:

- Enable more FPs and NPs to participate as full collaborators in teams, based on their commitment to the necessary processes and behaviours for effective teamwork.
- Harness the will and expertise of local champions in primary care to lead the development of innovative regional solutions to spreading interdisciplinary team capacity more broadly in their communities, recognizing that different strategies and solutions will emerge to meet unique local realities across the province.

Throughout:

- Do not expand access to teams unless:
 - FPs are ready to commit to minimum requirements for meaningful collaboration and communication.
 - Capacity is sufficiently developed, such that additional demand can be managed without causing unacceptable increases in waits for appointments and/or decreases in quality of care.

About AFHTO:

The Association of Family Health Teams of Ontario (AFHTO) holds the vision that all Ontarians will have timely access to high-quality, comprehensive, team-based primary care. Its mission is to work with and on behalf of its 187 FHT and NPLC members to provide leadership and support to achieve this vision. To this end, AFHTO and its membership have given priority to strengthening governance and leadership, advancing meaningful and manageable measurement, and optimizing team capacity.

ⁱ Review of the evidence on optimizing value of teams is posted at <http://www.afhto.ca/wp-content/uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf>