2018 Ontario Pre-Budget Submission from the Association of Family Health Teams of Ontario

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1 Introduction

1.1 Primary Care is the foundation for a high-quality, sustainable health system

Thank you to the Minister of Finance for the opportunity to submit recommendations to the Ontario Government's 2018 Pre-Budget Consultations. AFHTO is a not-for-profit association that provides leadership to promote high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of all Ontarians. It is the advocate and resource to support the spread of knowledge and best practice among 181 Family Health Teams (FHTs) and 5 Nurse Practitioner-Led Clinics (NPLCs) serving over one-quarter of Ontario's population and welcomes all who provide interprofessional comprehensive primary care in Ontario.

Primary care is the foundation of a high performing health system and is fundamental to achieving a health system that truly puts patients first. This is the overarching principle in the Patients First Act which focuses on ensuring patients are at the centre of the health care system, receiving the right care by the right provider at the right time and as close to home as possible. In this upcoming provincial budget, we call on the government to strengthen primary care so that it can deliver on its commitments outlined in the Patients First Act and ensure all Ontarians receive access to high quality, comprehensive, Interprofessional team-based care.

2 Increase access to interprofessional team-based care teams

Primary care teams provide value for health dollars by speeding up access to care and offering a wider range of programs and services to promote health and manage chronic disease. They bring together the variety of skills needed to help people stay as healthy as possible. Ontario has made significant progress building a more coordinated and comprehensive primary care system to meet the needs of patients and governments by investing in interprofessional primary care teams who combine the expertise of a range of health professionals to provide comprehensive primary care.

Working in teams allows for:

- Stronger patient relationships and greater patient support in navigating the health care system;
- Fewer transitions between health care providers;
- Professionals better able to work to their full scope of practice;
- Graduating family medicine residents able to effectively draw on the training they have received in this model;
- Improved patient satisfaction;
- Better disease-specific outcomes in conditions ranging from diabetes to depression to dementia;
- Improved provider satisfaction and retention; and
- ***The highest quality patient care.***

2.1 Ensure every community and every patient has access to team-based primary care

We support the Ontario College of Family Physicians' (OCFP) Patient Medical Home (PMH) vision that every family practice in every community across Ontario should be able to offer comprehensive, coordinated and continuing care to their populations through a family physician or Nurse Practitioner working with an interprofessional health care team.

But not every Ontarian has access to team-based care which has created inequity in care delivery. AFHTO believes **Every Community, Every Patient** deserves a team and calls on the government to reduce this inequity by increasing access to interprofessional team-based care teams. In July 2017, ICES released a report entitled *Geographic Variation in the Supply and Distribution of Comprehensive Primary Care Physicians in Ontario* (2014/15) which show that access to team-based care varies more than 10-fold across Ontario census subdivisions including many places that are close geographically and are similar in health needs (such as Hamilton versus Brantford, Guelph versus Kitchener, Sarnia versus Chatham). These disparities in access is highly problematic in a universal health care system and has created a two-tiered primary care system.

In 2011/12, ICES also looked at the cost of teams to the health care budget. This report showed that teams cost $16.11 per person (this does not include physician costs) which would be about $209 million if that was multiplied by Ontario's 13 million people at that time. Since the costs and population are now higher, a rough estimate of current costs would be about $250 million to cover 25% of the population, meaning an incremental spending of about $750 million to cover everyone. AFHTO members are already serving 3.3 million Ontarians, including 900,000 that were previously unattached to primary care, but by limiting the expansion of teams we have created a culture of 'haves' and 'have nots'.

We can, and must, do better.

In the 2018 budget, AFHTO calls on the government to support expansion of team-based care in communities that have zero to minimal teams, initially with a plan to support these areas and then to expand interprofessional team-based care for all Ontarians who wish it. With an investment of an additional $750 million over 10 years this would allow every community, every patient to receive access to interprofessional team-based care.

2.2 Increase the number of patients able to access team-based care

Family physicians outside teams make up 70% of primary care and currently have little to no access to teams which is neither fair nor equitable. The reach of team-based care must be expanded over time so that all family physicians and primary care Nurse Practitioners are collaborating in teams and that physicians who want to work in team-based models should be able to make that choice. As noted

above, AFHTO believes all Ontarians deserve access to a team of providers that can help them manage their health and well-being. And we need investments in primary care providers to provide the care.

Ontarians are on the verge of a mental health and addictions crisis - people across Ontario are waiting longer for mental health and addiction services and hospitals report unnecessary emergency department visits from patients who have been waiting months for mental health services, often seeing the same patients coming through their emergency room doors since they cannot access services and supports in their communities. Hearing directly from our team members, we know that mental health is the biggest challenge for them – there are not enough resources to support our patients and wait lists for community supports are long and unwieldy. Our health care system is siloed so now is the time to ensure that mental health and addictions supports are built directly with primary care to allow for continuity of care. We need to start treating mental health like we treat physical health – primary care providers care for the WHOLE person and that includes their mental health and well-being. And these resources need to be in the community and not in the hospital sector which is expensive and not well integrated with primary care or the patient's medical home.

In the 2018 Budget the government needs to increase the number of providers working in teams and specifically increase the number of mental health and addictions providers in primary care teams to help people live successful, independent lives in their communities.

2.3 Create a culture of trust

Expansion of teams or the creation of new teams will require the Ministry (and the LHINs) to re-allocate funds over time but what is equally important is that family physicians will need to change their mode of practice to embrace team-based care if they want to practice in this way. This will not happen where there is no trust.

As was noted in last year's pre-budget submission, physicians are still very mistrustful of the Ontario government at present, especially without a Physician Services Agreement in place. In order to ensure that all Ontarians receive access to interprofessional team-based care, we need our physicians engaged and motivated to participate in the conversations and help shape the changes needed in transforming health care. They are critical in the development of robust primary care in each of the LHIN's 76 sub regions and need to be part of the governance structure of these entities, especially since most of Ontario's physicians are enrolled in a PEM (patient enrolment model) and are the main primary care provider for their patients.

In the 2018 Budget there must be commitment that the government will continue to work with our physician colleagues to agree to a mutually beneficial and accepted Physician Services Agreement.

This should be a high priority of the government as real health system change cannot happen without the active engagement and involvement of family physicians.

3 Invest in Meaningful Measurement in Primary Care that Allows Movement to Improvement

In February of 2017, the results from the Commonwealth Fund's 2016 International Health Policy Survey on Adults in 11 Countries was released. For Canada, it painted a health system that was lagging behind its comparator nations when it came to access to health care. Access to same-day or next-day appointments with family physicians was ranked second last amongst the 11 countries. However, in contrast, Canadians were more likely to rate the quality of care they receive as excellent. This suggests that is time to look at things differently by measuring what matters most to patients.

Primary care – the long-term relationship each person has with their family doctor or nurse practitioner – is key to keeping people healthy and keeping health system costs in check. Evidence demonstrates that investment in primary care is associated with improved system quality, equity and efficiency (reduced cost)[i,ii,iii,iv]. But to achieve this, we need to invest in performance measurement which needs to also lead to strategies for improvement.

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.

Ontario's Ministry of Health and Long-Term Care (Ministry) has already invested in performance measurement in concert with the introduction of Family Health Teams and the funding of the Quality Improvement Decision Support (QIDS) program for the support of members of the Association of Family Health Teams of Ontario (AFHTO). The program has made considerable progress, producing 6 iterations of a high-profile, high-participation primary care performance report called Data to Decisions (D2D)[v] in its short 3-year life-span. The program has demonstrated in concrete terms the value of investing in Quality Improvement (QI) for primary care.

There is much to learn from the hands-on experience of AFHTO member organizations caring for nearly 2 million Ontarians, through our Data to Decisions (D2D) initiative. Our measurable, meaningful and manageable data is showing that higher primary care quality is associated with lower total health system cost. This is very welcome news in a very fiscally constrained health care environment.

The Quality Improvement Decision Support (QIDS) program coordinated through AFHTO is:

- Demonstrably advancing measurement, the critical pre-requisite for quality improvement, in the care for roughly one-quarter of Ontarians;

- Fostering greater collaboration and coordination among family health teams – an important step in strengthening the relationships and leadership skills needed to integrate care for patients; and
- Most importantly, incorporating the patient's perspective via a composite measure of quality that reflects what matters to patients and providers and is related to lower healthcare costs.

While many primary care teams have been measuring performance, this will be new for the majority of our primary care colleagues, especially physicians. As a result, they will need to receive support to help identify and capture the most meaningful and manageable data to improve care for patients.

The QIDS program could be expanded very easily – as is now being done with the addition of 3 more quality improvement specialists to capture all 25 NPLCs – across all of primary care. There are four main areas where there needs to be additional support in order to support quality improvement in the primary care sector:

1. Placement of local, embedded QIDS specialists throughout the sector (in the newly developed sub region structures).
2. Consistent ongoing patient surveys for use by practices to keep track of how patients in their community are doing.
3. Enhancement of ongoing support for access to EMR data at the local, provider level (via queries and forms etc…).
4. Additional infrastructure elements: construction of a robust e-reporting platform, central coordination and a mechanism for coordinated, ongoing practice-based research to ensure ongoing evolution and responsiveness to direct input from primary care providers.

In the 2018 Budget we would encourage the government to look at already existing models of performance measurement in primary care, especially the primary care co-designed D2D initiative, and facilitate and fund a spread strategy to measure outcomes that actually matter to patients and providers while also assisting in lower system costs. And moving the needle from measurement to actual improvement in the system.

4 Ensure Seamless Transition of Care Coordinators into Primary Care

Primary care is an anchor for patients and families, providing comprehensive care throughout their lives. Primary care providers are the first contact or entry into the system for all new needs and problems and they directly influence the responses of people to their health needs by listening to the concerns and preferences and providing clinical evidence-based assessment and treatment recommendations.

Care co-ordination in primary care has the potential to significantly:

- Reduce the duplication and role conflict that currently exists in our health system;

- Improve patient outcomes through much greater continuity and coordination of person-centred care.

In the last year, we have seen the transition of the former Community Care Access Centres (CCACs) integrated into the LHINs as a way to address some of the fragmentation and lack of coordination that was occurring in home and community care. We know that care coordination services provided through the former CCACs was episodic – about 60% follows from a hospitalization[vi] which misses the opportunity to keep people out of hospital in the first place. As experienced by AFHTO members, communication back to primary care providers has been very poor, although the embedding of Home and Care Coordinators in some teams has made some improvement.

In the 2017/18 Minister's mandate letter to the LHINs, it was articulated that '*As a priority, (LHINs) develop and implement a plan with input from primary care providers, patients, caregivers and partners that embeds care coordinators and system navigators in primary care to ensure smooth transitions of care between home and community care and other health and social services as required.'*

In October 2017, AFHTO held a leadership session with 200 leaders from our member organizations – Lead Physicians, Board Members and Executive Directors – where 95% of participants indicated that there needs to be improvement in the care coordination function and there is a sizable gap between care coordination support needed in their organization and what is currently in place. To help lessen the gap and to ensure seamless transitions of care, 88% of participants reported they were ready to 'embed' care coordinators/system navigators in their primary care setting.

In the 2018 Budget the Ministry must immediately work with primary care teams and LHINs so that, over the next few years, all functions performed by home and community care coordinators, together with the associated resources, can be transitioned into primary care to bring greater efficiency and patient-centredness to care delivery.

5 References

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[iv] Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Quarterly. 83(3) (2005), 457--502.

[v] Data to Decisions: http://www.afhto.ca/measurement/afhto-members-making-progress-on-primary-care-measurement/

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