



association of family
health teams of ontario

FUTURE OF PRIMARY CARE IN ONTARIO:

Evolution of Primary Care & Current Context

Tuesday February 10th 2015
Presentation for Members of EDAC

Topics

- *Evolution of Primary Care*
 - The Liberal Platform
 - Ministers Mandate from Premier
 - Deputy Minister

- *Current Primary Care Context*
 - Draft Memo from MOHLTC to FHTs/NPLCs
 - OMA-MOHLTC Negotiations
 - Recommendations & Opportunities
 - FHT Evaluation Results
 - Key Findings from OCFP Study
 - AFHTO Leadership Survey

- *A Look Ahead*
 - MOHLTC-FHT Contract Renewal

Evolution of Primary Care:

The Liberal Platform

- The ministry's transformation agenda for primary care includes a strong focus on partnership building and co-design within the sector. There is continued momentum to achieve the Liberals platform "**Primary Care Guarantee**" – to ensure that every Ontarian has access to a primary care provider by 2018:
 - Focusing on **northern, rural, and fast-growing communities** to improve availability and access to primary care.
 - Working with our physician partners to help them **take on more patients, faster.**
 - Improving the **recruitment and retention** of community-based primary care teams.
 - Increasing the number of **Health Links from 54 to 90** across the province.
 - Working with our doctors and nurse practitioners to **get the right providers into the communities that need them.**

Evolution of Primary Care:

Ministers Mandate from Premier

- Recent addresses by the Minister and Deputy Minister have included a focus on system integration and accountability, and improving access to interprofessional care.
- As translated into Deputy Minister’s “Framework for strategic action”:
 - Person-centred
 - Modernize home and community care
 - Improve system integration and accountability:
 - Health Links
 - Integrated info at point of care
 - Approach to HHR
 - Community and capacity planning
 - Increase health and wellness
 - Ensure sustainability and quality

Evolution of Primary Care:

Deputy Minister

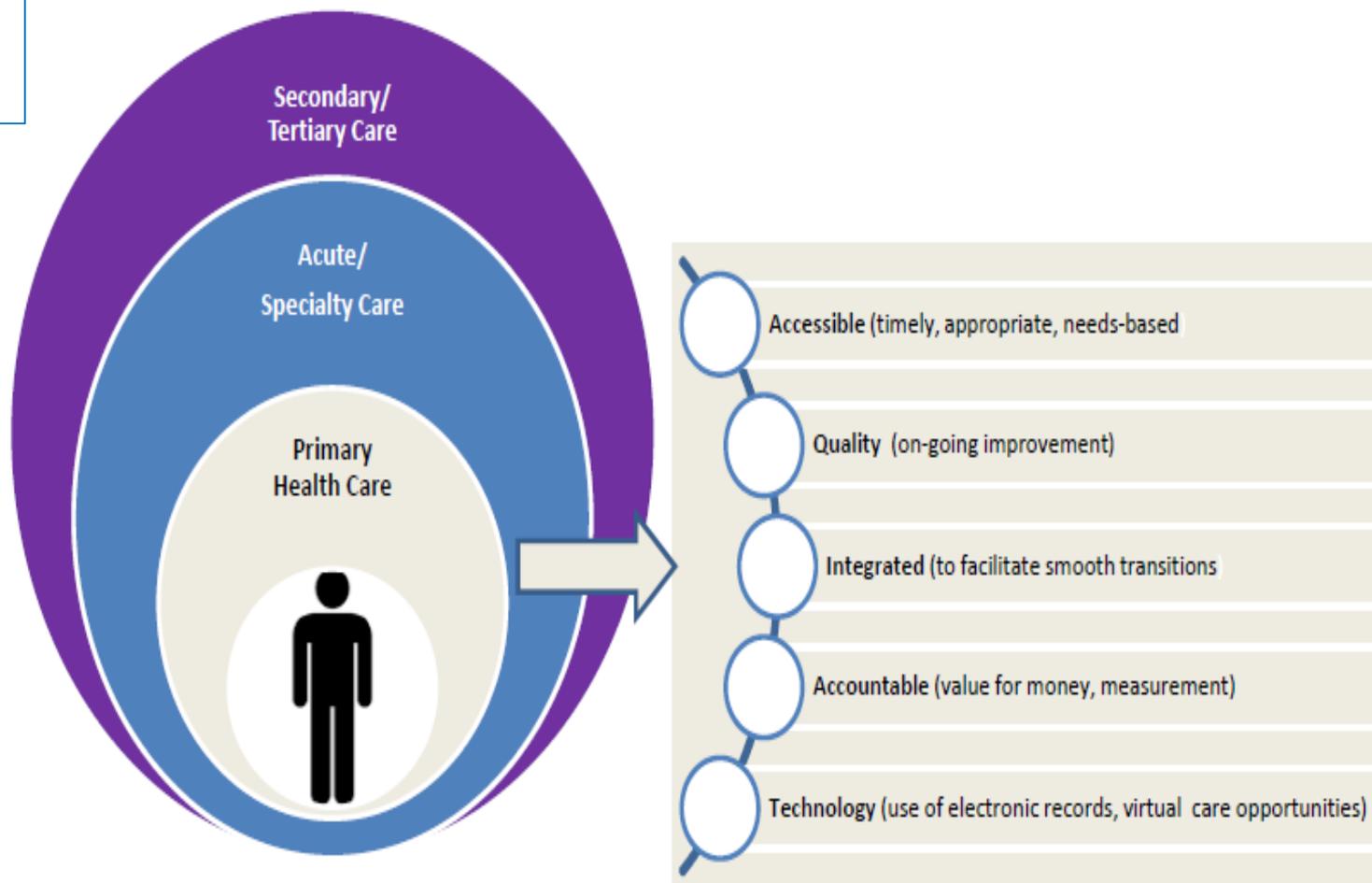
- Bob Bell's (Deputy Minister, MOHLTC) presentation at both the 2014-11-20 HQO Transformation Conference and 2014-11-28 OCFP conference spoke to:
 - "Re-design of the health system starts with community and primary care."
 - "Ensure all who would benefit from interprofessional primary care have access to it."
 - "I believe deeply in **population-based, risk-adjusted primary care** as the fundamental foundation for health care, and I want to bring this to Ontario. ... How we get there is something we want to work on."

➤ Accountable Care Organizations?

From
presentati
on by
ADM
Susan
Fitzpatrick
2014-oct-
02

System Transformation and Primary Health Care

Transformational change in Ontario's health care system requires a strong primary health care foundation.....



From presentation by ADM Susan Fitzpatrick 2014-oct-02

Our Path Going Forward

Better quality and more affordable healthcare for future generations of Ontarians is both possible and achievable. A strong focus on these four pillars and the triple aim will inform our collective work.



From
 presenta
 tion by
 ADM
 Susan
 Fitzpatri
 ck
 2014-
 oct-02

Where to next: Maximizing our levers to drive health system improvement

	WHERE WE'VE BEEN	WHERE WE CAN STRENGTHEN...	EXAMPLES
1	Sector specific	Integrated approaches	Bundled payments / Episodes of care
2	Primary Care not coordinated	Coordinated care with health system partners	Health Links
3	Integration within organizations	Integration across health sectors	Right care, right place, right time
4	Incremental volume-based approach	System wide capacity planning	Evidenced-based care
5	Identifying structural barriers	Enabling re-design with patients at centre	Re-designed models of care / funding systems
6	Silo'd levers	Mutually reinforcing levers	QIPs / QBPs
7	Disease specific	Patient-based	New models of care
8	Separate, distinct quality focus	Quality embedded in programs and funding	Leveraging HQO role
9	Value = Quality / Cost	+ Appropriateness	Addressing variation
10	Care organized around the provider	Care organized around the patient	Patient experience

Current Primary Care Context:

Draft Memo from MOHLTC to FHTs/NPLCs

- “The 2015-2016 Annual Operating Plan Submission Package purposely focuses on system integration and accessibility and quality improvement, in order to foster advancements in these areas.”
- FHTs + NPLCs are asked to describe their activities and requests for resources in alignment with these themes, including but not limited to:
 - **Enhancing system integration** with health care providers, community partners and LHINs in person-centered planning, care coordination and program/service delivery, while **increasing patient access** through reducing the number of unattached patients, providing **community outreach and house calls**, offering timely appointments and **enhancing access to interprofessional primary care programs and services**.
 - Improved quality through the process of on-going measurement, redesign and enhancement – both with clinical programs and with organizational features such as **governance and accountability**. As part of the increased emphasis on quality improvement, FHTs are asked to complete a Governance and Compliance Attestation outlining their adherence to terms of the agreement and their work in building more robust organizations.

Current Primary Care Context:

OMA-MOHLTC Negotiations

- Ontario doctors have been without a contract since March 31, 2014; the OMA board of directors unanimously rejected the government's offer and the government is now in a position to impose a contract.

The following points in the **ministry's Ten-Point Plan** will affect primary care physicians:

- The fee for a walk-in visit on weekends or holidays will be reduced to become comparable to the fee for a visit to a patient's own family doctor.
- Elimination of funding for doctors to attend courses and events that are considered part of their continuing medical education.
- Income stabilization payments for doctors who work in underserved areas will continue, while doctors who work in over-served areas will no longer benefit from the payments.
- Only areas with a high need for physician services will get new FHOs & FHTs.
- Additional funding to support the care for complex patients is to be restructured to directly target their care. Until a new funding model is developed that more accurately reflects patient care complexity, this additional funding will not be applied.
- The ministry will apply a 2.65 per cent discount to all fee for service physician payments, effective February 1, 2015 and apply the reduction to non-fee-for-service payment contracts after the respective requirements for providing notice are met. The ministry will work with the OMA on a savings methodology that results in a higher proportion of savings from higher paid specialties.

Current Primary Care Context:

Recommendations & Opportunities

- MOHLTC's Expert Advisory Committee on Strengthening Primary Health Care in Ontario
 - Group is mandated to build on the recommendations from the 2011 Strengthening Primary Health Care in Ontario initiative to assist the advancement of the primary care transformation agenda.
 - It is expected that the Advisory Committee will define a future strategic vision, goals and objectives to advance Ontario's primary health care sector and make recommendations around the design of the PHC system.

- Opportunities Identified in the FHT Evaluation / OCFP Report
 - While both reports highlight that there are some successes, there is still much room for improvement.
 - There is opportunity to leverage leading practices and implement change required to improve FHT operations and demonstrate FHT value.

Current Primary Care Context:

FHT Evaluation Results

- Clear evidence of **improvement** over the study period, 2009-2012:
 - Patient survey data suggests the ability to get **same-day appointments** in FHTs ranks among the best in the world for primary care.
 - FHTs are getting better organized and **improved structures and processes** within the organization are associated with improved patient experience.
 - FHTs are offering a wider range of programs and services to **promote health and manage chronic disease**.

- **Variation** in performance among primary care providers:
 - **Governance and leadership** is critically important to performance.
 - Better use of **patient data, linkages and interoperability and quality improvement** are also key.
 - The most notable findings indicate that **staff make the biggest difference** to patient experience; however recruitment and retention of staff is particularly challenging. The FHT evaluation report's findings reinforce those of previous AFHTO reports – below-market compensation is a problem; adequate funding is needed to solve it.

Current Primary Care Context:

Key Findings from OCFP Study

- Factors associated with quality outcomes:
 - FHTs with good **coordination of care** resulted in better outcomes for patients with diabetes.
 - **Strong leadership** is associated with better governance and integration of FHT and Family Health Organizations (FHO).
 - **Team leadership** promotes higher team functioning.
 - Understanding and **respecting practitioner scope** of practice is essential to optimal team functioning.
 - **Co-location and effective office design** impacts team functioning.
 - **Differential pay** among co-workers as a result of dual funding **creates problems** in teams.

Current Primary Care Context:

AFHTO Leadership Survey

Principles Established by the Leaders of AFHTO-Member Organizations:

- Based on the results of the Leadership survey provided to board chairs, lead MD/NP's and executive director of each AFHTO member organization, a the following statement of principles have been adopted (see appendix for complete list of principles):
 - **Governance Principles**
 - **Accountability and Reporting Principles**
 - **Principles for Determining Accountability Measures**

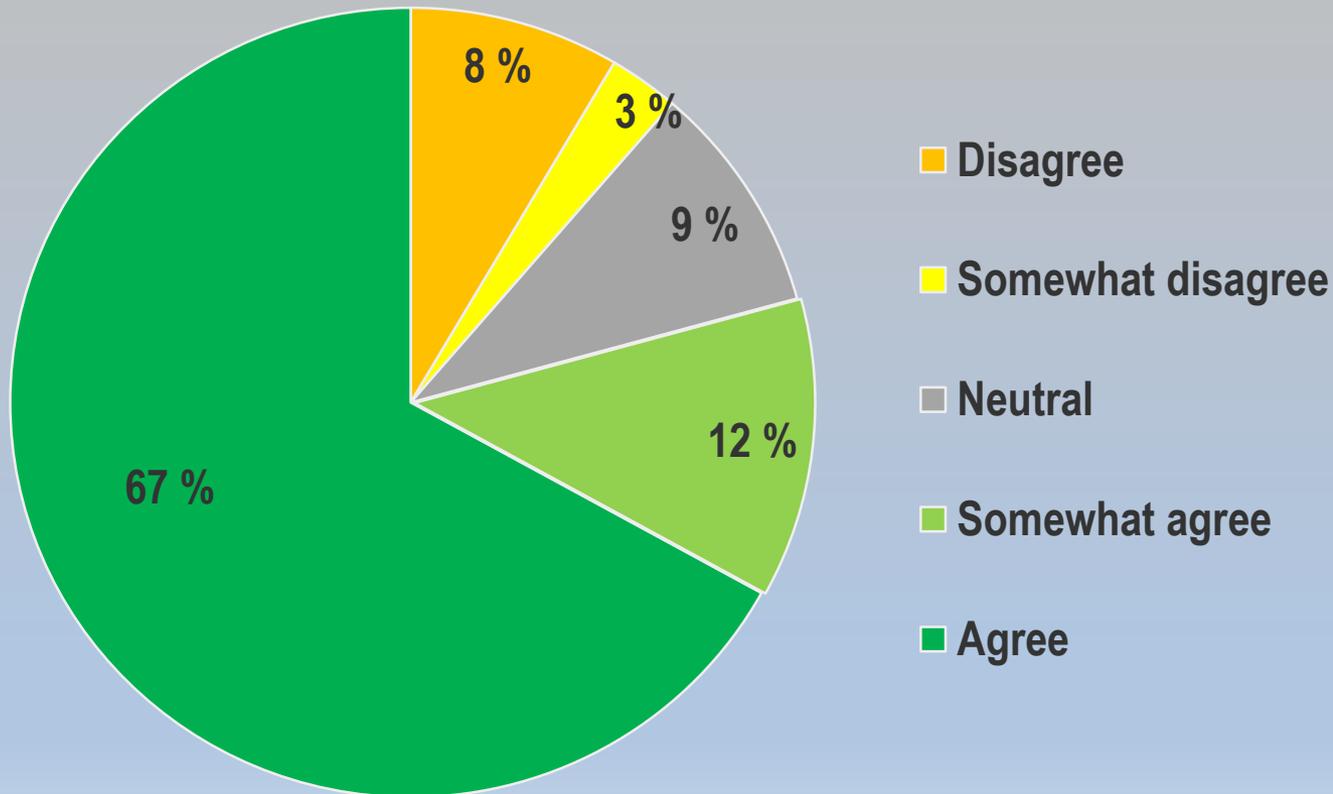
Recruitment and Retention

- Staff recruitment and retention is still the #1 issue for FHTs, CHCs, NPLCs, and AHACs

Current Primary Care Context:

AFHTO Leadership Survey

To what extent do you think that **greater harmony** between the physician-funded groups and the FHT-funded groups is **essential** to the FHTs moving forward to ensure optimal interprofessional comprehensive primary care? (Q5)



Current Primary Care Context:

AFHTO Leadership Survey

Does your FHT currently have **formal arrangements** in place to **harmonize** working conditions and expectations between physician funded groups and the FHT-funded group? (Q4)

Common set of HR policies apply to all FHT-funded and physician-funded employees	48 %
One ED/administrator with reporting authority over all FHT-funded and physician-funded employees	46 %
No formal arrangements are in place	38 %
Common compensation scheme for FHT-funded and physician-funded employees	29 %
FHT-funded and physician-funded employees are brought under one common employer arrangement	27 %
Service contract between physician group and FHT	26 %

A Look Ahead:

MOHLTC-FHT Contract Renewal

- Expire Mar.31, 2016
- Opportunity for **sector leadership to shape direction** for future contracts for FHTs + NPLCs

Who is the “leadership”:

- Triad: Board chair + Lead MD/NP + Exec.Director of all AFHTO-member organizations

How do we move forward:

- #1 – develop agreement among AFHTO members on a **common statement of principles + priorities** to guide AFHTO’s work toward the next set of contract templates.
- #2 – work with MOHLTC and related stakeholders to **move forward on these principles + priorities**



Summary

Provincial push for:

- Planning based on community needs + capacity
 - Patient-centred approach
 - Expanding access to IP teams
- Accountability
- Integration
- Quality
- Value (+ financial constraint)
 - Introduction of some form of Accountable Care Organizations?

Internal opportunities + challenges to consider:

- Governance + leadership
- Measurement + improvement
- Team collaboration
- Recruitment + retention
- Outreach + collaboration with others
- Patient + community engagement

Key principles identified by FHT leaders: **Governance**

FHTs and NPLCs are not-for-profit corporations in a health system mandated to provide appropriate, equitable, sustainable care. Their boards:

- Are **accountable** to the patients, funders and members of their organization.
- Ensure their organizations are **appropriately managed** and **advocate for appropriate resources** so that patients can access high-quality comprehensive care that is sustainably delivered and strives to meet patient and public expectations.
- Ensure the **culture** of their organization supports development of high-functioning interprofessional teams.
- Provide leadership to **harmonize and optimize policies and practices for effective and efficient teamwork** within the organization and with other entities contributing to the health and health care of the organization's patients and community.
- Provide leadership and **collaborate with other organizations to spread best practice** and encourage growth in capacity so that all Ontarians can have access to high quality interprofessional comprehensive primary care.
- Ensure that **patients and community members are engaged** in the development of programs and services.

Key principles identified by FHT leaders: **Accountability & Reporting**

- Financial and clinical reporting should **minimize duplication** in data collection and reporting.
- **Accountability** should be defined in terms of collectively agreed upon **measures that reflect value delivered**.
- Reporting requirements should place more **emphasis on the work of the team to achieve outcomes** and less on individual member activities and patient encounters.

Key principles identified by FHT leaders: **Determining Accountability Measures**

- MOHLTC must engage in a **collaborative process** to define outcome measures to be used for reporting.
 - Input from providers/engagement of AFHTO membership is essential.
- MOHTLC must provide **adequate support** so that FHTs/NPLCs have the capacity (i.e. the people and technology needed) to collect and report their data.
- Measures must be **meaningful, measurable, consistent and comparable**.
 - More specifically, measures must be evidence-based, clinically important, include process and outcome, be easy-to-track on an on-going basis, clearly defined and standardized for meaningful comparisons, and aligned with other Ministry priorities and reporting requirements.
 - Measures must also incorporate patient experience, and involve patients in what the measures will be.
- The approach to accountability measurement must be sufficiently **flexible to account for variation** in patient complexity and their social determinants of health, in regional and rural-urban settings, and in size and maturity of teams.