afhto association of family health teams of ontario

Key Messages

Key Message #1

"Across the world, cost-effective and high-performing health systems share a common characteristic – they are based on a foundation of comprehensive family health care."

- According to the World Health Organization (WHO), jurisdictions with high-performing primary care systems achieve better health outcomes at lower cost.

- A number of rigorous comparative studies have shown the connection between strong primary care and improved population health.

- By diverting patients from expensive emergency rooms; reducing the time spent in hospitals, identifying disease earlier; and promoting healthier living; comprehensive interprofessional family care teams improve patient care and saving the public money.

- Evidence from British Columbia suggests that very sick patients without access to high quality primary care cost the system $30,000 per year. Similar patients who are aligned with a comprehensive family care provider, cost just $12,000.

- A recent Ontario study concluded that interprofessional care is resulting in:
  - Enhanced access to primary care and other health care services.
  - Improved coordination, collaboration and patient-centredness.
  - Better clinical outcomes.
  - Enhanced patient and provider satisfaction.
  - More system efficiency.
  - Decreased wait times for primary care, diagnostic testing and mental health assessments.

- The added value of the comprehensive family care being provided by Ontario's modern inter-professional primary care organizations as compared to the episodic and disconnected care found in walk-in clinics and emergency rooms can be defined in several ways:
  - Better outcomes for patients
  - Better value for our investments
  - Improved patient satisfaction
  - Better accountability and reporting to government to inform decision-making.

Key Message #2

"In Ontario there has been significant progress during the past 15 years towards building a more coordinated and comprehensive family care system that meets the needs of patients and the system. Innovative inter-professional primary care organizations such as Family Health Teams (FHTs), Community Health Centres (CHCs) and Nurse Practitioner-led Clinics (NPLCs) are now providing care to one in four (more than 3 million) Ontarians, keeping them well and out of hospital.

- Family medicine was in crisis in the late 1990's with poor public access to family doctors, significant recruitment and retention challenges and a fragmented approach that pushed too many patients to seek care in the ER.

- In the year 2000, the federal and provincial government both committed to action. Both levels of government recognised the need to improve access to non-acute care and divert patients from costlier and less appropriate access points such as Emergency rooms and walk-in clinics.

- The introduction of Family Health Networks was an initial positive step in encouraging providers to change their traditional culture and work collaboratively with others to improve patient access. Over the past decade, new models like Family Health Teams and NP-led clinics have been introduced and the number of community health centres has doubled.

- Across the province, teams of professionals are now collaborating to provide high-quality patient-focused, comprehensive family care.

- There are now 184 FHTs, 75 CHCs, 25 NPLCs, and 10 Aboriginal Health Centres serving more than 3 and a half million people in over 206 communities across the province. They:
    - Have enrolled almost a million Ontarians who did not previously have a doctor.
    - Are providing same day /next day appointments in 95% of cases.
    - Are providing home visits to vulnerable patient populations in 87% of cases.

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- Ontario's modern comprehensive family care models are still in the early stages of quantifying their true benefits to patients, providers and to the health care system, but the benefits are clear in regions right across Ontario:

    - In Prince Edward County, recognizing that local cardiac patients were forced to travel to Kingston to access cardiac rehabilitation – the local FHT created a Cardiac Rehabilitation Program. Now, residents have the benefits of a local cardiac rehab program, accessing the

services of a physiotherapist, a RN, a dietician, a social worker and a physician specialist, getting better care, close to home.

- In Kitchener, recognizing the growing needs of aging dementia patients, the local FHT created a Memory Clinic, providing expert care from a team of professionals, including family physicians, pharmacists, nurses and social workers. This model is now being replicated in FHTs across the province.

- In Lambton County, recognizing that mental health patients were relying solely on a once a week visit from one mental health RN, the local FHT created a Mental Health Care Team. This renewed focus on providing more collaborative, cost-effective, flexible care in the community, led to the development of a teen-suicide prevention program, and a program to detect dementia in seniors sooner.

- Ontario's family care teams are able to identify local challenges and introduce local solutions. Providers are afforded the capacity to move away from episodic care and focus on prevention and early detection.

Key Message #3

In a time of fiscal challenge, we need interprofessional comprehensive family care to play an even greater role in ensuring that Ontarians receive timely, high-quality care that is proven to improve health and reduce cost.

- The benefits of modern comprehensive family care to patients, providers and the health system are only in the early stages.

- Patients are more satisfied, providers are finding it easier to focus on patient care, and health care decision-makers are quickly seeing the ability to identify trends and demonstrate value.

- Family care teams are the key to eliminating silos between other parts of the health care system improving care and reducing costs.

- FHTs and NPLCs are participating across the province in new programs to identify our sickest patients and develop programs to better manage their care, save the system money and ensure providers are working with better information and with the same objectives.

- Family care teams across Ontario are introducing new tools to improve quality and accountability and to integrate more closely with other parts of the health care system.

- To continue to improve patient care outcomes for patients and save money government needs to renew its commitment to comprehensive family care by:

    - Continuing to expand access to interprofessional comprehensive family care to all Ontarians as soon as possible. Three of every 4 Ontarians do not yet have access to the benefits of comprehensive family care.

    - Enhancing the capacity of family care teams to track quality, access and total cost of care for their patients, thereby improving sustainability and demonstrating their value to overall health and the health system.

    - Ensuring family care teams have the funding capacity to recruit and retain the skilled professionals essential to providing high-quality comprehensive family care.

Key Message # 4

Expand access. Enhance Value. Enable recruiting.

- Expand access:
  - The evidence is clear: All Ontarians must have access to interprofessional comprehensive family care.
  - Three of every four Ontarians do NOT yet have access to the benefits of family care teams.
  - We're recommending that a plan be put in place to expand access to all Ontarians as soon as possible.
- Enhance value:
  - The true value of primary care is to keep people healthy to avoid illness and the need for more expensive care.
  - Primary care's goals are to:
    - Optimize health outcomes for patients and populations
    - Meet patient and public expectations
    - Support a sustainable healthcare system
  - How can we do this? – Support teams to enable them to track and act on the data needed to:
    - Improve quality, based on what patients value in their care
    - Optimize capacity to assure access for all patients
    - Reduce the *total* cost of care for a patient population
- Enable recruiting:
  - Family care teams are provided funding to hire interprofessional health care providers such as nurse practitioners, nurses, dietitians, social workers, pharmacists and so on, Their salaries have not increased since 2009.
  - As a result, family care teams are having a tough time recruiting new providers and retaining existing ones.
  - These providers are leaving to go work in hospitals, CCACs and in long-term care, where compensation is better and benefits are more attractive.
    - Two-thirds of all who leave are lost to the primary care system entirely.
    - Family care teams are facing a vacancy rate of almost 20% for NP positions.
    - Even in NPLC's, their leaders are leaving positions to work in other jobs that are more financially attractive.
  - Meanwhile, government has announced higher paid positions in LTC, CCACs and in health links, exacerbating the current situation.
  - We need increased funding to ensure we can recruit and retain the professionals we need to help keep patients out of hospital and long-term care.

Potential Questions and Recommended Responses

Q. The government is running a deficit, and has significant pressures in other parts of the health care system, why would we spend more on family care teams when a simple look at suggests that this type of care is more expensive than traditional models like walk-in clinics and solo family practice offices?

A. The issue is the TOTAL cost of health care. A narrow view of the cost of providing care in a walk-in clinic, for example, would certainly show that the cost of one visit by a patient is cheaper than a visit in a modern family care team. Evidence tells us that the total annual cost of care for people with serious chronic disease is almost triple for patients who receive episodic care compared to those who are attached to comprehensive family care. Chronic disease is growing – support from people like dietitians, nurses and social workers can keep people healthier and reduce the total cost of their care.

Q. AFHTO is asking for commitment to expand access, enhance value and enable recruiting. HOW would you do this?

A.

- Expand access:
    - AFHTO is working with related associations – the doctors, nurses and others – to find the best path to expand access. Existing FHTs, NPLCs, CHCs and AHACs, could provide the core from which to expand to meet population health needs.
- Enhance value:
    - AFHTO has promoted an approach to measurement called the Starfield Model – named after the leading researcher who discovered and explored the compelling association between comprehensive primary care and system efficiency and effectiveness.
    - The Starfield Model was developed in a family health team to track the relationship between quality of care, capacity to provide care, and total health system cost for patients cared for in that team. That FHT was able to improve quality, capacity and reduce hospitalization for its patients.
    - Five additional FHTs are now working to replicate this measurement approach.
    - If you'd like a more detailed description of this approach, here is the link - http://www.afhto.ca/wp-content/uploads/Valuing-comprehensive-primary-care.pdf
- Enable recruiting:
    - AFHTO, in collaboration with the Association of Ontario Health Centres and the Nurse Practitioners Association of Ontario, has produced a comprehensive report and recommendations –*Toward a Primary Care Recruitment and Retention Strategy for Ontario — Primary Care Compensation Structure*. To access this report, follow this link -- http://www.afhto.ca/wp-content/uploads/Toward-a-Primary-Care-Recruitment-and-Retention-Strategy-January-2014.pdf .
    - The bottom line - a 5% funding increase per year over 4 years would enable compensation to reach market levels as they stood in 2012, as determined by an extensive study by the Hay Group. This would go a long way toward getting staff into place, and keeping them in primary care.