

Report from the AFHTO-AOHC quarterly meeting with MOHLTC FHT Unit

February 27, 2014

Attendees:

MOHLTC: Phil Graham (A/Director, PHC Branch), Sean Court (A/Manager, FHT Unit), Fernando Tavares (Program Manager, FHT Unit), Johlen Jordens (A/Sr.Prog.Consultant)

FHT representatives: Randy Belair (Sunset Country FHT), Keri Selkirk (Thames Valley FHT), Michelle Karker (East Wellington FHT)

Association staff: Angie Heydon (AFHTO), Clarys Tirel (AFHTO), Leah Stephenson (AOHC)

AGENDA ITEM	Purpose of discussion	Key points discussed	Next steps
1. Introductions		Group was introduced to new Acting Manager of FHT Unit, Sean Court. Sean's home position is Manager, Housing and Homelessness Policy, Ministry of Housing.	
2. 2014-15 Business Plan submissions / priorities for new investment	To provide advice to MOHLTC and receive clarification to pass on to members, so that scarce new resources can be optimized.	Contextual note: Ministry reports that the total FHT budget allocation is mostly committed.	
2.1 Increasing number of QIDS positions	AFHTO document on current status and recommendations to members to be reviewed. (See Advice for AFHTO members applying for additional QIDSS resources 2014-02-24)	Key point is to OPTIMIZE this scarce resource. At this point the Ministry does not have a specific number of positions in mind – this will be decided in the context of all the other requests for new funding that come forward.	FHTs that want to host a QIDS position or add to their current complement are advised to use the AFHTO document to help them in presenting their case in their operating plans. Ministry confirmed that QIDS partnerships have the flexibility to propose changes to their configurations. Ministry will consult with AFHTO as QIDSS recommendations are considered.
2.2 QIDSS operating overhead budgets:	Request for some assurance that overhead costs for QIDSS positions and related costs of travel, professional development, higher internet speeds and legal expenses will be funded. Further to this, please provide guidance on managing from April 1 until the budget approval is received,	Funding for certain overhead categories for QIDSS positions was not included in 2013/14 budgets, such as : costs of travel, higher internet speeds and legal expenses. Instructions were provided to fund these costs from unspent QIDSS salary funds. Full-year salary expenses will be incurred in 2014-15. Cash flow will be a problem.	QIDS hosts are to make their requests for overhead in their operating plans. Until the 2014-15 funding agreement is approved and new funds can flow, the Ministry will inform QIDS hosts as to the overhead amount that is being recommended. Consultants will work with FHTs that may have a cash flow issue. AFHTO's collective work on data sharing agreements should minimize FHT legal costs. Budget requests for any additional legal costs will be reviewed on a case by case basis.

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<p>2.3« Innovative, low cost expansion opportunities to provide additional patients with access to IHP care»</p>	<p>Operating Plan memo states priority will be given to “Innovative, low cost expansion opportunities to provide additional patients with access to interprofessional care through voluntary integration between FHTs and/or with other providers/ community partners.”</p> <p>Clarification requested on:</p> <ul style="list-style-type: none"> • What is meant by “voluntary integration” and “partnership with other organizations?” • What will be supported? 	<p>Concern is always that any opportunity to provide “low cost” care results in decreases in existing resources</p>	<p>Ministry advises that new requests in this area can focus on:</p> <ul style="list-style-type: none"> • Addition of new physician groups • Voluntary merger of FHTs • Integration between FHTs and/or with other partners (shared services, shared supports) <p>The priority areas exclude new resources for existing patients and programs. Priorities relate to expanding access to additional patients.</p> <p>Other: Ministry is open to reviewing a variety of options to expand access</p> <p>Requests for new resources for existing patients will still be considered in addition to the outlined priority areas.</p>
<p>2.4Additional priorities for funding:</p>			
<p>2.4.1 Specialist sessionals</p>	<p>Now that fees for some specialists have increased and range of specialists has broadened, FHTs expect to be in a better position to use these resources.</p> <ul style="list-style-type: none"> • How will the Ministry handle restoration of specialist sessional funding to FHTs that lost it last year? • Administrative cost associated with the shadow billing remains an issue – can FHTs ask for support to cover these costs? 	<ul style="list-style-type: none"> • Need for funds to be restored to the FHTs that lost funding and are requesting it again. • The problem of timing of the budget approval and cash flow questions was raised again. • Issue of shadow billing and the cost associated with shadow billing was raised. 	<p>Ministry will review all restitution requests from FHTs that lost specialist sessional funding. FHTs must make the business case for the need for this sessional funding. Priority is restitution of funds that were taken in error.</p> <p>Note: this is about specialist services not GPs providing specialised care.</p> <p>Shadow billing support: Ministry noted some FHTs have managed to do this at low cost. AFHTO will consult further with ED Advisory Council on this question.</p>
<p>2.4.2 5% relief funding to cover absences staff absences (reception + RNs in particular)</p>	<p>Will this need be addressed in 2014-15?</p> <p>Need has been raised a number of times, last time being Sept.2012. Report from that meeting said “FHT Unit will consider a number of options for addressing this issue, including a standard percentage increase for relief funding on a per-request basis, reallocation of unspent salary dollars or 3rd party revenue to offset cost of relief. FHTs are encouraged to discuss this problem with their primary consultant.”</p>	<ul style="list-style-type: none"> • Lack of relief funding, in particular for reception and RNs, continues to pose significant problems for some FHTs, including patient services, impacting workload and health and safety of providers when an absence creates a scenario where someone is left to work alone. • Smaller FHTs, rural/remote, and community FHTs may be more greatly impacted by this. • Request is for 5% relief for all FHTs for particular positions whose absences need covered 	<p>No resolution to this issue at this point in time.</p> <p>AFHTO + AOHC will continue to monitor and follow up on this issue.</p>

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2.5 Guidance in incorporating Diabetes Education Programs (DEPs) into FHTs	Seeking confirmation of how DEPs are to be incorporated into FHT budgets. We have heard: <ul style="list-style-type: none"> • DEP will be a separate schedule in current contract. • The salaries and benefits will be funded exactly as per their current rates – no change to the funding that you have been receiving. • Yes, the salaries and benefits are at different rates than your FHT staff salaries/benefits. 	These are community teams, serving not just FHT clients, but the whole community. There are additional resources (e.g. 25% benefits, other operational overhead costs) provided within the current agreement.	Confirmed: DEPs will be separate schedule in the FHT contract. Current DEP agreements with provincial programs branch will end Mar.31. From fiscal perspective nothing changes – money will still continue with usual deposit. An amendment to FHT agreement will include the schedule for the DEP. Later in the year, FHTs will be asked to submit a program plan once Provincial Working Group finishes their consultation. Some FHTs may have received communication from LHIN about consultation process.
2.6 Health Link funding and audit requirements	<ul style="list-style-type: none"> • Timing for HL funds flow in the new fiscal: Concerns about approvals and cash flow since 2013-14 excess funds have to be returned, but several months until the next funding agreement is approved. • Audit requirements for HL activity: Does this need to be included in the audit? LHINs have apparently indicated they don't. If yes – will MOHLTC cover the added cost of the larger audit? 	Ministry is aware of the timelines and of the cash flow issues for FHTs leading Health Links.	Ministry is attempting to get Health Link funding letters out to the FHTs that are Health Links leads by Mar.31, so that FHT will have continuity of funding and cash flow. Re audit requirements: Ministry will check wording in FHT funding agreement and confirm what the requirement is for audit of Health Link funding. If it is needed, it could be part of the corporate audit.
2.7 Retention and Recruitment issue	To ensure that the salary and benefit issues remain at the forefront.	FHT Unit was advised that FHTs are experiencing increasing difficulties with recruitment and retention challenges due to uncompetitive compensation. It is recognised that the FHT unit is not where this issue will be resolved, and so AFHTO, AOHC and NPAO are continuing advocacy work on this issue at the political level.	Noted that many FHTs are likely to include in their operating plan submissions their concerns about recruitment and retention and the risks posed to their service delivery due to uncompetitive compensation.

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3. Move toward greater budget flexibility			
3.1 Accountability Reform Initiative	Degree of stringency for “passing” the readiness assessment?	Concern as to how many FHTs could meet all requirements 100%.	<p>Ministry will exercise some flexibility and reasonableness in assessing the readiness applications.</p> <p>Ministry will monitor and evaluate the impact of greater flexibility. Objectives for monitoring and evaluating impacts are to be determined; AFHTO/AOHC will follow up on this.</p> <p>Clarification for FHTs: All documents are not required to be attached but the consultant will do random audits. Asterisks refer to date of last use.</p>
3.2 Addressing future cost pressures	How will increased operational costs such as Ministry-approved, multi-year rental agreements with built-in rent increases be handled under semi-global budgets?	Some FHTs are not interested in moving to budget flexibility without clarity around how increasing operating costs are going to be handled within the new framework.	<p>For first year, the Ministry will first deal with request for increases, and then ARI.</p> <p>Ministry confirms FHTs with budget flexibility will not be disadvantaged in receiving increases compared to FHTs that do not have budget flexibility, recognizing that the capacity to support any increases is limited.</p> <p>Ministry will continue to support problem solving with FHTs.</p>
3.3 Consequences of change in roster sizes	Within the new accountability framework, what are the consequences if FHTs come in under their roster targets? What if rosters are expanded? (see also #2.2)	Roster numbers continue to be monitored. There is a lack of clarity as to the impact of the roster numbers on FTE funding.	Ministry will continue to monitor roster numbers – it was noted that Ministry has always worked with FHTs that had not met their targets on a case by case basis.
4. Status updates requested on :			
4.1 Physiotherapy positions	When will the results of the review of the proposals be announced?		Physiotherapy – in the approval process, no date for completion of the process yet.
4.2 Low Back Pain proposals	When will the results of the review of the proposals be announced?		LBP – funding will flow in 2014/15.

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4.3 BSM Review	Has OMA/MOHLTC Negotiations Committee agreed to review defined basket of services for BSM's Access Bonus?		Currently subject to the ministry-OMA bilateral process
4.4 Rostering patients to group	Is MOHLTC doing further work to clarify how to ensure patients are rostered to the group?		Currently subject to the ministry-OMA bilateral process
5. Understanding and supporting the role of the Ministry Consultant	<p>FHTs would welcome better understanding of the role of Ministry Consultants to improve collaboration to implement MOHLTC policy direction and meet patient needs.</p> <p>There is also interest in assisting new consultants to build their background knowledge and support problem-solving</p>	<ul style="list-style-type: none"> • Central issue is the development of relationship with consultants. • Help them to focus on what they can do to help FHTs implement MOHLTC policy direction. 	<p>Priority remains to maintain constructive and productive relationships. Ministry remains open to listen to key issues or problems.</p> <p>Ministry is developing program manuals to orient people to the FHT program: one for MOH staff and one for FHT EDs.</p> <p>Ministry reps are assigned by LHIN. Ministry encourages FHTs to invite their rep to a meeting of all the FHTs in a LHIN (as some have been doing).</p>