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

September 18, 2013

Contents

1 Preparing for the 2014/15 budget process:

1.1 Budget Flexibility and Accountability – getting to the desired end state:

Background:

As reported in the Executive Director Advisory Council (EDAC) August 28 meeting update, the FHT sector's position on budget flexibility is to achieve:

- A global budget divided into two envelopes, one for HR and the other for operations, such that:
  - The HR envelope should allow for complete flexibility in determining the positions.
  - A provincial salary grid for each position should continue to be enforced to avoid unproductive competition for staff (with movement toward a more competitive primary care compensation structure, as advocated in the *Compensation Structure for Ontario's Interprofessional Primary Care Organizations* report from AFHTO, AOHC and NPAO.)

This recommendation from EDAC was subsequently approved by the AFHTO board at the meeting of September 11 and was agreed to by the AOHC- CFHT Executive Directors. This position and the key questions around reviewing the accountability framework were presented for discussion to the MOHTLC –FHT unit team (click here for report).

Key issue:

- How to move forward collectively to reach the "desired end state".

Outcome of discussion:

The response from the FHT Unit indicates alignment among all parties for the "two-envelope" approach described above, to allow flexibility to optimize care for patient populations. They acknowledged that FHTs have grown and matured, and the current system imposes unproductive constraints.

All recognize the Ministry's role on behalf of Ontarians to ensure appropriate use of funds to achieve program goals and manage risks related to these funds. From the Ministry's perspective, these include the need to:

- Assess governance readiness (regardless of governance model) to be accountable for appropriate management of the budget envelopes.
- Ensure that the interprofessional nature and mix of the teams remains appropriate.
- Develop more appropriate measures for accountability reporting.

The FHT Unit representatives also described the current budget reality, which is that the Ministry has a defined envelope for FHT funding and little prospect for growth in this total envelope. While targeted investments may still be possible, there is limited capacity for significant increases.

Next Steps:

- All acknowledge this will require a phased implementation, with the aim of implementing initial steps for 2014-15.
- All have committed to collaborate on the first two steps to move this forward:
  1. **Readiness assessment**: Through EDAC, AFHTO will prepare initial draft of criteria for assessing FHTs in terms of their readiness to govern and manage a "two-envelope" global budget.
  2. **More meaningful accountability reporting**: MOHLTC will share their initial work to review the reporting structure as a starting point for further discussion on changing the accountability framework.
- There remains the need to find ways to ensure decisions about the size of global budgets can remain consistent with changing demands and conditions over time.
- The ministry's FHT unit will work closely with FHTs during this process but the outcome will be contingent on ministry decisions.

1.2 Diabetes programs moving to FHTs – how will budgets be merged?

Twenty-nine FHTs are now managing their community Diabetes Education Program (DEP) funded by MOHLTC. This year is a "transition year": the programs were moved to the FHTs as separate contracts from the FHT contract. There are many differences between the FHT diabetic program funding and the community DEP funding, such as salary and benefit rates, travel, administrative support, etc. Reporting frameworks are also different. DEP provides services to the community, not only rostered patients.

Update from FHT Unit:

Moving forward, the aim is to align agreements and schedules for administrative efficiency and the easing of reporting burdens. The aim is to achieve alignment, while respecting the different objectives of the community diabetes education program and the Family Health Team. Work is on-going in this area.

2 Current Fiscal Year Budget Pressures:

2.1 2013/14 Budget contraction

The FHT EDs reiterated their thanks to FHT Unit management for participating in the EDAC teleconference to explain the purpose and process used by the Ministry to adjust FHT budgets. In so doing they also emphasized the need for much more timely and open communication on such issues in the future.

2.2 Process for FHTs to deal with current budget pressures

The FHT Unit gave assurance that all the consultants are aware of the need to address any impacts on front-line care. They have been instructed to first try to solve the problem from within budget; if it can't solve within budget, they will consider an in-year adjustment. Consultants will be making adjustments based on 1st and 2nd quarter reports, but QIDS and specialist fee funding will remain fully intact

2.3 Pressures arising from unexpected EMR licensing cost increases

A specific cost pressure arises from one of the EMR vendors, TELUS, which recently issued notice of increased cost of licensing for NPs and changes in the required specification for computers to support upcoming upgrades. The issue of IT procurement remains a challenge for FHTs as the response to funding requests can be inconsistent.

Next Steps:

- FHT EDs to forward documentation regarding the EMR vendor fees and specification changes to the Ministry.
- AFHTO to consider with members the possibility of bulk leasing of equipment, as a potential solution to the IT procurement issues.

3 Updates on issues previously presented/discussed:

3.1 Blended Salary Model (BSM) review:

The need for a review of the Blended Salary Model (BSM) has been brought forward by BSM physicians (with support from AOHC) to the Primary Care Subcommittee of the OMA-MOHLTC Physician Services Committee. The specific, immediate request is for the 'basket of services' for the access bonus to be defined. If the parties agree to go forward, this review would look to improve the compensation model, as currently configured, and include issues such as compensation structure, definition of the "basket of services", etc.

Next Steps:

Currently subject to the ministry-OMA bilateral process.

3.2 Sessional fees review in the MOHTLC-OMA negotiations:

Many FHTs have found the amount of the sessional fee is insufficient to engage specialists. These fees are set through the OMA-MOHLTC Physician Services Agreement and subject to the ministry-OMA bilateral process.

Next Steps:

To make it easier for FHTs to make use of sessionals, the Ministry is considering providing FHTs with a flexible funding envelope for sessional fees, enabling FHTs to allocate approved specialist funds across approved specialties using approved rates to enhance programs and serve their patients.

3.3 Transfer of rostered patients:

This issue was discussed at the previous meeting. The associations asked for clear direction for members as to the appropriate documentation that must be in place to ensure that rostered patients remain in the care of the FHT physicians in the event that a physician leaves or passes away.

Next Steps:

The Ministry is considering sending an information bulletin to remind all FHTs of the documentation required.

3.4 Quality Improvement Plan:

For the next round of QIPs, the associations stressed the value in giving the opportunity to provide meaningful input. The process to determine the next set of mandatory indicators is not yet known.

Next Steps:

The FHT Unit will follow up with Health Quality Branch and report back.
In the meantime, HQO has sent individual feedback to each FHT on their QIP. HQO specialists will provide in person feedback to FHTs at the AFHTO conference (click her to access information on how to book an individual session).

3.5 QIDS Program:

AFHTO staff provided an update on implementation of the QIDS positions in FHTs and the provincial program. Working groups are in place to support the development of the partnership agreements, the hiring process and orientation process. The call to set up the QIDS Provincial Steering Committee has gone to the members, with the aim of holding the inaugural meeting of the Steering Committee on the eve of the AFHTO conference.

3.6 Physiotherapy in FHTs:

The Ministry received 140 applications that are being evaluated by both the Ministry and the LHINS. This additional step of involving the LHIN, to ensure that there is no duplication and that services reflect community needs, is increasing the length of time required for final decisions. Best guess is that notifications would be out before January 2014.

3.7 IHPS in non-FHT models:

The Ministry received ~150 applications and is in the process of reviewing the applications to determine successful applicants.

Meeting participants:

- MOHLTC: Phil Graham (Manager, FHTs and Related Programs), and Erin Weinkauf (FHT coordinator)
- FHT EDs: Randy Belair (Sunset Country FHT in Kenora), John Golanch (Owen Sound and Sauble FHTs), Michelle Karker (East Wellington FHT), Keri Selkirk (Thames Valley FHT in London)
- Association staff: Angie Heydon and Clarys Tirel (Association of Family Health Teams of Ontario), Leah Stephenson and Tara Galitz (Association of Ontario Health Centres).