



association of family
health teams of ontario

QIDS Program

Frequently Asked Questions

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QIDS Specialist Positions

1. How will the QIDS Specialist Positions be shared? Any suggestions?

QIDS partners will be working out these arrangements based on local circumstances, opportunities and priorities. At this early stage there is no prescription in the approach except that it be shared in order to benefit as many FHTs and patients as possible.

The template Memorandum of Understanding being developed contemplates a local “QIDS Partnership Steering Committee” that would jointly set priorities and agree to a work plan to guide the QIDS Specialists work.

Some of the ideas and options being explored include:

- Allocating QIDS and other resources based on collective priorities;
- Focusing QIDS Specialists on data required for QIP reporting and implementation;
- Dividing QIDS Specialists time based on the relative size of participating FHTs;
- Rotating the QIDS Specialists over time to individual partners to minimize travel;
- Sequencing the work based on EMR usage;
- Conducting an assessment of organizational needs and readiness of the partners and using this to inform decision making on the work plan.

Part of the mandate of the QSC will be to evaluate the effectiveness of different approaches and share knowledge.

2. Will QIDS resources play a role in development of a patient survey?

This is possible depending on local partnership priorities.

3. Is this a permanent full-time position?

AFHTO’s understanding is that the funding is permanent.

The hiring decision is the responsibility of the Host FHT. Like any hiring decision a number of factors will need to be considered. The [Report on Optimal Configuration of the QIDSS role](#) (January 2013) notes that priorities are likely to change over time as teams move from data cleansing to more advanced decision support, and therefore some may prefer to begin with a contract position. On the other hand, FHTs may find it easier to attract stronger candidates by extending full-time job offers.

4. Is a home base for the QIDS required or can the person work at each site rotationally?

QIDS program Implementation Working Groups have noted that QIDS Specialists should have clear lines of accountability to the employer FHT in order to contribute effectively and succeed as professionals. Provided this framework is in place, any number of practical arrangements to get the work done efficiently may be possible.

Funding and Salary Issues

5. Is it true that the .5-1% budget compressions are being used to fund the QIDS positions?

AFHTO's understanding is that funding approvals for the QIDS initiative and the "budget compression" were separate decisions made by MOHLTC which happened to be communicated to FHTs at nearly the same time as the allocations came out.

AFHTO is working with the ministry to address concerns expressed regarding the implementation of budget compression, to ensure there is sufficient flexibility to enable FHTs to meet service needs, and to improve processes related to budget submissions and decision-making.

6. How much funding is being allocated for each position?

Standard funding for the QIDSS positions is:

| | |
|------------------------------|-------------|
| Salary: | \$75,000/pa |
| Benefits: | 20% |
| Office furnishing and equip: | 3,500 |
| IM/IT: | 4,200 |

7. How are travel, professional development and other costs being funded this year?

QIDS Specialists salaries are funded for the full 2013/14 fiscal year even though funding approval has been received 5 months into the year. The Ministry has advised that under-spending in the salary and benefits lines can be used to off-set reasonable one-time start up, professional development and travel costs.

Note that, as always, prior approval from the ministry is required to redirect funding to other uses. Host FHTs are advised to draft an outline of how they intend to redirect QIDS salary funding to other QIDS related expenses. The Ministry has indicated its commitment to timely, consistent approvals.

8. What about travel and other costs for future years?

This first (and partial) funding year will see local QIDS partnership groupings take shape and QIDS Specialists hired into place. With these variables known it will be easier for host FHT and the ministry to assess on-going costs for to support QIDS positions. It is expected that FHTs will have an opportunity to submit “all-in” QIDS costs through the FY 14/15 annual planning process.

9. What about insurance coverage?

<DRAFT ANSWER> Under the partnership agreement, the QIDS Partners would agree to indemnify each other and to carry adequate insurance, including \$2,000,000 in commercial general liability per occurrence including: contractual liability, cross-liability, and employers liability.

Host and partner FHTs should review their policies and discuss with the insurers to make sure they have adequate coverage. The issue of insurance requirements and costs has been raised with the Ministry.

10. As a QIDS Specialist employer I have to consider salary parity issues in my organization. Do I have to hire at the top of the scale?

The positions are being funded at the top of the scale. FHTs are expected to make local hiring and starting salary decisions based on their best judgement. Local salary parity may be an important consideration.

11. What were the criteria in determining the salary?

The QIDS Specialist salary is intended to be competitive with comparable positions in other organizations such as Community Health Centres and CCACs. AFHTO staff have made a few inquiries and found that the QIDS Specialists salaries are in fact roughly in line.

In addition (or in spite of) these competitive considerations, it has to be acknowledged that the QIDS Specialists are being hired in to new positions in a sector that has [significant recruitment and retention issues](#) as a result of its compensation structure. Hiring managers will need to consider these factors in setting QIDS Specialists starting salaries.

Accountability

12. What are the lines of accountability, how will this be managed?

The accountability framework for the QIDS program as of August 2013 can be described as follows:

1. FHTs that have funding for QIDS Specialist positions are the solely accountable party to MOHLTC for this funding;
2. Funded FHTs are the employer of the QIDS Specialists; this position formally reports to the ED of the funded FHT or designate;
3. Local QIDS partners are accountable to each other under their [memorandum of understanding and/or partnership agreement](#) which will set out the goals of the partnership and how it will be operationalized;
4. QIDS partners continue to have the same data confidentiality, privacy, usage and security obligations that they do currently. Some additional obligations to each other (and potentially other parties) may be introduced under [data sharing agreements](#).
5. The Provincial QIDSS team is accountable, though the AFHTO Executive Director, to the [QIDS Steering Committee \(QSC\)](#), comprised of AFHTO members appointed by the AFHTO Board;
6. AFHTO is accountable to MOHLTC for appropriate use of the funding provided for the Provincial QIDSS team;
7. AFHTO remains accountable to its membership, through the AFHTO board, to deliver on its mission to work with and on behalf of members as their advocate, network and resource to support FHTs.
8. The relationship between local QIDS partnerships and the provincial team will be defined in a participation agreement.

13. What are the expectations from MOHLTC on adding value? is there a list?

There is not a list of expectations per se. [QIDS Steering Committee \(QSC\)](#) has the mandate to define strategic goals and evaluate the impact of QIDS. Members will be consulted in priority setting. It is assumed that MOHLTC will also be actively engaged.

Partnerships

14. I am surprised at some of the FHTs included in my group.

The Ministry has acknowledged that the groupings were changed in the course of its review and has indicated that there is still “some flexibility.”

Host FHTs are encouraged to initiate discussions with all FHTs identified in their funding submission as well as any that may have been added in subsequent discussions with the Ministry. If for some reason a partnership is not feasible or advisable, FHTs can discuss this with the Ministry.

Priorities

15. Are there specific data/questions/stats that the MOH or LHINs are very interested in and may be mandated?

Not now, but this could happen over time, with our input.

The desire for improved data standards and quality are central to the business case for the QIDS program. Members have also expressed a desire to move toward more of an outcome and value orientation in the accountability and reporting framework. So there is a strong possibility that a consensus will emerge on priorities.

However, discussions with the ministry have indicated that it is likely to be receptive to priorities identified by the field. The question of priorities for data standardization and indicators will be an early item on the QSC agenda.

16. Is there a summary of the expectations for data sharing?

No, or at least not yet.

It is obvious that the QIDS strategy will have a greater impact overall if it is implemented within an environment where performance and quality related data are shared. This is a crucially important matter for local partners to consider as they develop partnerships and data sharing agreements.

A template [data sharing agreement](#) is under development. As it becomes more complete with members' input it should include most of the essential provisions. This template will be refined based on experience.

It is possible that, over time, QSC will advise the AFHTO Board and FHTs on best practices.

Questions seeking answers

17. How will the QIDSS staff support different systems/EMR's within the partnership?