

# *Family Health Teams Information Session*

*December 17, 2004  
Breakfast Meeting with Chiefs*

***Dr. Jim MacLean – Lead, Primary Care Reform  
Health Results Team  
Ministry of Health and Long-Term Care***

# Agenda

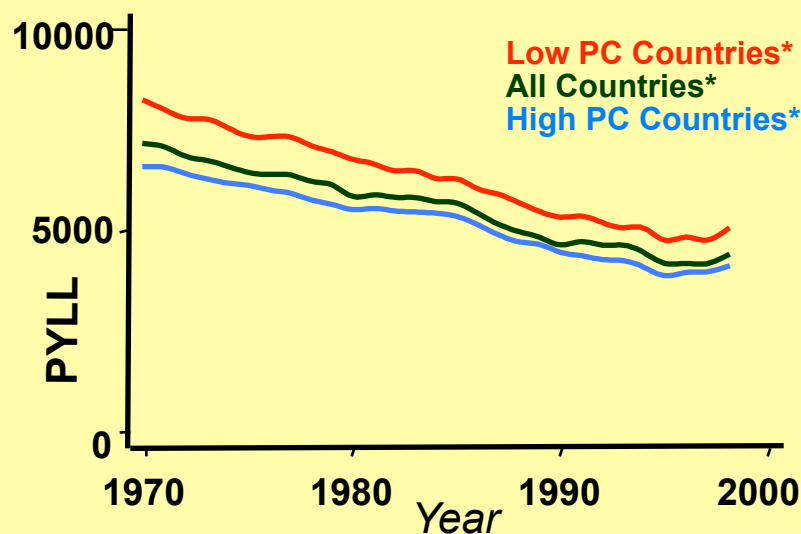
- Overview of Primary Health Care
- Family Health Teams (FHTs)
- Developing and Implementing FHTs
- Moving Forward Together
- Questions, Comments and Advice



# Why is Primary Health Care so Important?

# Why Invest in Primary Health Care?

## Primary Care Score and Premature Mortality in 18 OECD Countries

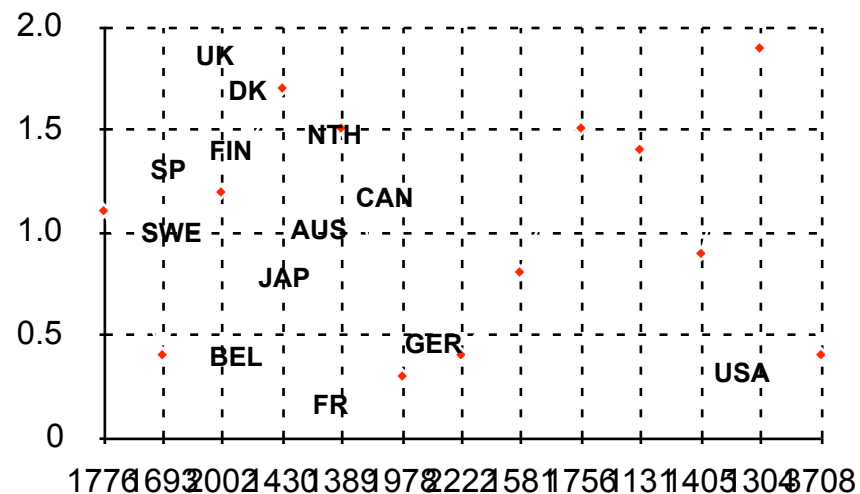


Premature Mortality is declining over the last 30 years, but remains consistently lower in countries with strong primary health care systems

\*Predicted PYLL (both genders) estimated by fixed effects, using pooled cross-sectional time series design. Analysis controlled for GDP, percent elderly, doctors/capita, average income (ppp), alcohol and tobacco use.  $R^2(\text{within})=0.77$ .

Source: Macinko, Starfield, & Shi (HSR 2003)

## Primary Care Score vs. Health Care Expenditures, 1997



Countries with high primary care scores have stronger health care systems (Starfield 2000). As Primary Care Score increase, per capita expenditures generally decreases

Countries with strong primary health care systems have

- Lower overall costs
- Generally have healthier population

Starfield uses an assessment tool that measures 4 features of a good primary health care system: first contact access/use (**access**); enrolment and strong personal relationship (**continuity**); ability to provide a wide range of services (**comprehensiveness**); and mechanisms for information transfer when indicated (**co-ordination**).

# How Does Ontario's Plan Measure Up?

- **Access:**
  - ✓ Improved access for more people via interdisciplinary teams
  - ✓ Extended hours of access
  - ✓ Integrated Telephone Health Advisory Service (THAS)
- **Enrolment/Continuity:**
  - ✓ Patient enrolment with a physician/team
- **Comprehensiveness:**
  - ✓ Comprehensive basket of primary health care services.
  - ✓ Enhanced emphasis on chronic disease management and health promotion and disease prevention.
- **Co-ordination:**
  - ✓ Patient “navigator” to the health care system and co-ordinate diagnostic, specialist referrals, home care services, mental health care, long term care and palliative care services.
  - ✓ Enhanced information technology including electronic medical records and decision support tools.
  - ✓ Mandate to develop local community linkages for service integration.

# ***FAMILY HEALTH TEAMS***

# Government Commitment to Primary Care and Family Health Teams

## The government has committed to:

- “make family medicine more attractive by creating a better quality of working life” and “create incentives for doctors to practice in teams” (*Election Platform 2003*)
- “improve primary care through the creation of **Family Health Teams**, made up of health care professionals who will protect the health of Ontarians. These teams will ensure patients get care closer to home and health care dollars are spent wisely.” (*Throne Speech*)
- “**Family Health Teams** will be key to better disease prevention and management. These teams will be informed health care coordinators that help patients navigate their way through the health care system.” (*Honorable George Smitherman - Sept. 9/04*)

# Family Health Teams - Vision for Ontario

- Comprehensive care services provided by an interdisciplinary team that includes a mix of family physicians, nurse practitioners, nurses, and other health care professionals
- Depending on community need, demand and the services they provide, FHTs will also have the freedom to include a mix of other providers: physician specialists and rehab professionals
- FHTs will provide opportunities for overhead and transition management support including infrastructure
- Support for information technology will be through the ePP/OMA
- FHTs will provide patients with access to after hours care through extended office hours and telephone health advisory service (THAS)
- Expectation to improve health system integration through partnerships with local service providers and LHINs

# FHT Guiding Principles

- A number of principles have been identified to guide the development and implementation of FHTs:
  - ***Flexibility and Choice*** – FHTs are not “one-size-fits-all” and will recognize the diversity of communities across Ontario and will be flexible regarding the size, scope and focus of FHTs
  - ***Community and Provider Partnerships*** – Community representatives, local health delivery organizations and health care professionals will be encouraged to work together to develop FHTs that reflect the unique needs of the population
  - ***Build on Existing Models and Successes*** – FHTs will not replace existing successful models but will build upon their strengths and learn from their challenges
  - ***Team Based Care*** – FHTs will be inter-disciplinary teams of providers, including physicians, nurses, nurse practitioners and other health care professionals

# FHT Guiding Principles (2)

- **Local Integration** – FHTs will work to develop partnerships that will maximize collaboration to improve access and continuity of care
- **Patient Focus** – FHTs will be patient focused through client enrolment and population based health planning
- **Evidence-Based Balanced Approach** - FHTs will encourage use of evidence-based practice, continuous re-evaluation, along with flexibility for innovation and responsiveness to local concerns
- **Transparency and Consultation** – FHTs will be designed, developed and implemented through a process of open communication and transparency
- **Fostering Changes Through an Incentive-Based Approach** - An incentive-based approach will encourage integrative and creative solutions to achieve the FHT objectives

# Services to be Provided

Services that will be provided, coordinated or overseen by FHTs include:

- Health assessments (physical examinations)
- Diagnosis and treatment
- Primary reproductive care (e.g., counseling on birth control and family planning)
- Primary mental health care (early identification, treatment and, where appropriate, collaboration with psychiatrists or FHT mental health workers)
- Primary palliative care (direct provision or support to the team responsible for providing palliative care)
- Support for hospital, home, public health and long-term care facilities
  - formalized linkages, assist with discharge planning, rehabilitation services, out-patient follow-up and home care

# Services to be Provided (2)

- Service coordination and referral
  - coordination of services within the FHT; referrals to other health care providers and agencies
- Patient education and preventative care (e.g., development of self care tools and supports)
- Access to pre-natal, obstetrical, post-natal and in-hospital newborn care
- Arrangements for around-the-clock care
- Chronic disease management and prevention programs
- Organized health promotion and disease prevention programs

# Services to be Provided (3)

Depending on community needs and size, FHTs will have the *option* to provide:

- X-ray, ultrasound, sleep studies, pulmonary function studies, nuclear medicine (IHF licensed services)
- Laboratory services
- Some minor day surgery
- Some specialist services (e.g., internal medicine, pediatrics and cardiology)
- Other services as discussed with ministry

# What Will FHTs Look Like

FHTs will be able to choose from 3 basic *governance* structures:

- *Community groups* - must be registered non-profit organizations with a board of directors that include community representation
  - *Provider groups* - may be established as corporations, partnerships or professional associations
  - *Mix of provider groups and community groups* - will combine a non-profit/community based organization with a form of provider group
- Many details of FHT governance are still being worked out
  - In keeping with the ministry's commitment to flexibility and input, we look forward to hearing from prospective FHTs for further guidance

# FHT Funding Model

## Provider Funding Options

### Family Physicians

- Family physicians in FHTs will be funded using one of the existing approved PC model funding mechanisms:
  - **Blended capitation formula:** Family Health Networks or Health Service Organization/Primary Care Networks
  - **Complement based funding formula:** Northern Group Funding Plan and Community Sponsored Contract Models
  - **Salaried Compensation:** Community Health Centre model
- Details on how these models would apply in different sizes and configurations of FHTs will be available in a separate implementation guide and information kit, currently under development

# FHT Funding Model (2)

## 1. Interdisciplinary Health Providers

- Funding for interdisciplinary team members will be predominantly through a salary compensation mechanism
- Other funding arrangements that can be considered include sessional funding and targeted incentive funding

## 2. Specialist Physicians

- When included in the FHT, funding for specialist physicians will be based upon complement or sessional funding models

***FHT IMPLEMENTATION  
AND  
NEXT STEPS***

# Principles for FHT Development

1. Easy proposal process
3. MOHLTC staff to work closely with developing FHT groups at the local level
5. Timely and open communication

# Who can propose a FHT?

**Various entities are able to apply for a FHT, including:**

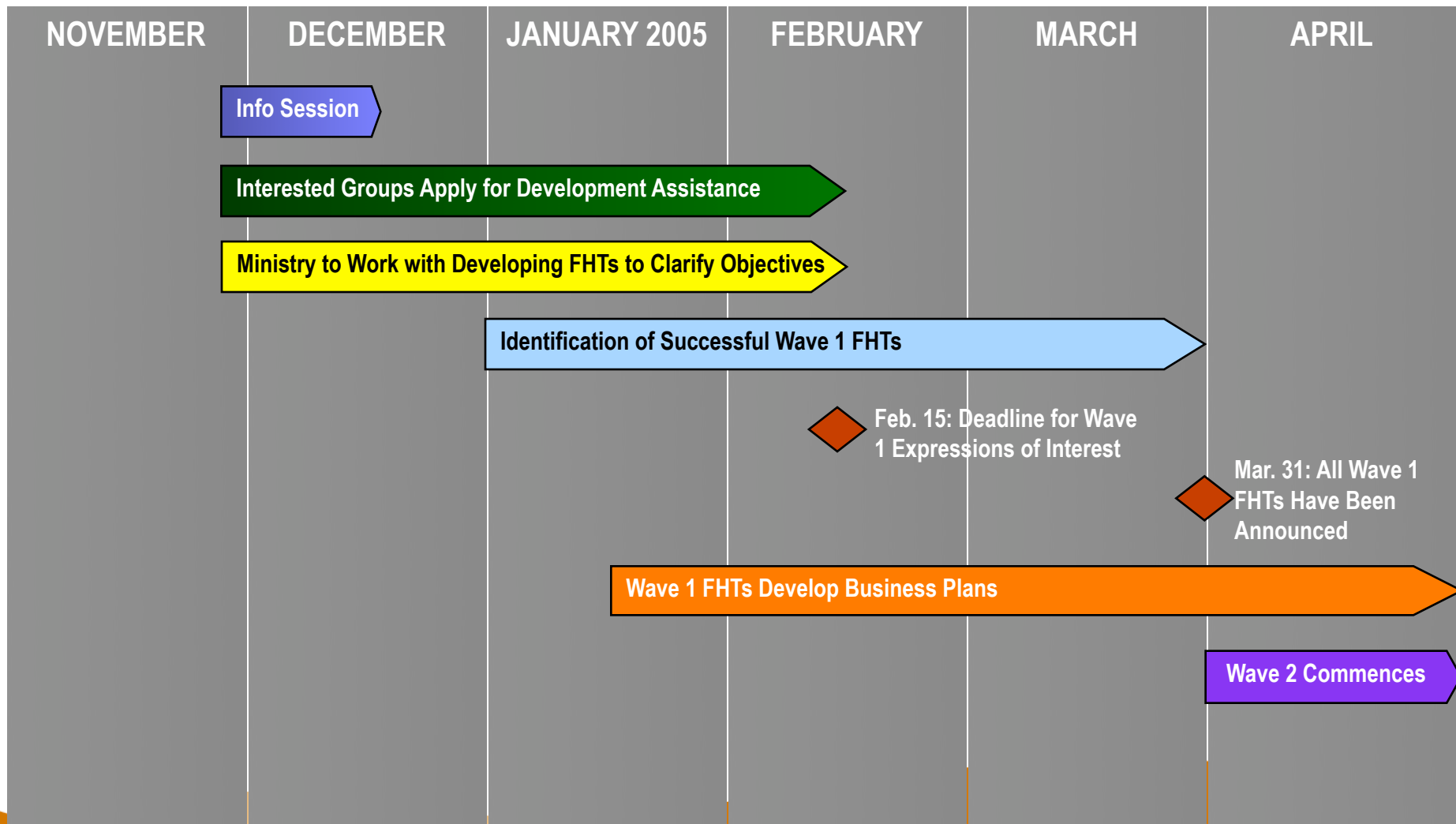
- Registered non-profit organizations including local community-based organizations, hospitals and provincial-level charities
- Municipalities and municipal-level agencies
- Physicians and/or other provider groups as actual or prospective partnerships/groups
- Any combination of the above

# Key Elements of a Proposal

Proposals for establishing a FHT must demonstrate:

- The existence of appropriate linkages and support from key players (e.g., physician/other providers and relevant community organizations) to deliver on the core elements of a FHT
- That the proposed catchment area and population or demographic group being served is clearly identified
- Readiness to proceed with implementation of a FHT

# FHT Implementation Timeline (2004/05)



# For Further Information...

Please contact:

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# Questions

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