



FHT to Print

A Newsletter for Ontario's Family Health Teams

Winter 2011

In this issue:

- Staying Connected
- A New Budget Cycle for Family Health Teams
- Accessibility- A Shared Responsibility
- Improving Access to Primary Care: Advanced Access
- When it's Time to Call in Recruitment Reinforcements
- Did You Know?
- Questions, Feedback About Our Newsletter



Staying Connected

Welcome to the first edition of *FHT to Print*, a regular newsletter for Ontario's Family Health Teams.

FHT to Print is intended to be a way in which the Ministry of Health and Long-Term Care communicates with Family Health Teams across the province. It shares important updates from the provincial government, highlights best practices and provides other information to help Family Health Teams deliver high quality, interdisciplinary primary health care in communities across Ontario.

With 200 Family Health Teams created in Ontario, we have all accomplished a lot in such a short period. This newsletter is one way to recognize these accomplishments and to foster a community of Family Health Teams across the province.

Please let us know what you think about *FHT to Print*. Send us an email at FHT.Inquiries.moh@ontario.ca. I hope you enjoy it.

Mary Fleming

Director, Primary Health Care

A New Budget Cycle for Family Health Teams

The ministry has recently completed a review of the current budgeting process and consulted with FHT stakeholders to develop a better approach. We are now ready to introduce important changes to the FHT budgeting process, to become effective in the 2011/12 fiscal year. The purpose of these changes is to improve stability, transparency and efficiency in the budgeting process. These changes will also focus budget activity within a condensed period annually, so that the ministry and FHTs can work together on non-budget endeavors.

The new ministry budget process for FHTs includes four key activities:

1. FHT Budget Planning

Family Health Teams are expected at a minimum to undertake a budget planning process to plan for and anticipate financial needs at least one fiscal year in advance of costs being incurred. This includes strategic planning and program planning in addition to business and operational planning. Advance planning will help to focus budget activity within a defined period, as opposed to taking place 12 months a year.

Due Date: On-going

2. FHT Base Budgets

Currently, FHT base budgets expire annually with the expiration of the Interim Funding Agreement (IFA). This has raised concerns around budget unpredictability from one year to the next. Effective April 1, 2011 base budgets will be in effect for a five year period under a new Funding Agreement, unless otherwise stipulated. More information on this, including accountability requirements, will be forthcoming.

Due Date: April 1, 2011

3. New Funding Requests

Each year, FHTs are invited to submit a request to the ministry for new funding, either adjustments to the base budget or one-time funding requests. The ministry reviews each of these requests and makes recommendations for broader approval. Although due dates and timelines are identified, seldom are they adhered to.

Moving forward, new **hard deadlines** are being established, both for Family Health Teams to submit their requests and for FHT Program staff to review and make recommendations. These deadlines do not apply to final ministry approvals, as these may differ depending on the complexity and scale of the funding request being made.

Due Dates:

By March 1, 2011: The ministry will distribute the Annual Operating Plan Submission Package to FHTs. It will consist of the Annual Report for 2010-2011 and Service Plan for 2011-2012. These reports must be completed in full for the FHT to be eligible for new funding.

By April 30, 2011: All FHTs who wish to submit a completed Annual Operating Plan Submission Template must do so by this date.

Important: FHTs who submit new funding requests after the April 30th deadline may not be eligible to receive additional funding.

Key Budget Deadlines for the 2011/12 Fiscal Year

By March 1, 2011

- Annual Operating Plan Submission package to be sent to FHTs.

By April 30, 2011

- Due date for all FHTs who wish to make a submission

By June 30, 2011

- Ministry will have reviewed FHT budget submissions and submitted for broader government approval.

Wave 4 and Wave 5 FHTs should contact their Senior Program Consultant to determine which of these timelines apply.

Just a reminder that third and fourth quarter report due dates are fast approaching – January 31, 2011 and April 30, 2011.

By June 30, 2011: The FHT program will complete a review of the funding request and make recommendations for broader government approval.

The ministry expects that all funding requests being made are based on a financial planning process that identifies and anticipates future costs to the FHT. The ministry also expects that these requests will respect the current fiscal realities brought on by the economic downturn.

Accessibility – A Shared Responsibility

Accessibility for Ontarians with Disabilities Act, 2005 (AODA) Regulations & Compliance

Background The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is legislation that sets out specific standards of accessibility in a number of key areas. The Accessibility Standards for Customer Service, Ontario Regulation 429/07, is the first standard to be developed under the AODA.

Effective Dates The customer service standard designates that Family Health Teams must comply with the standard by January 1st, 2012. Additionally, FHTs with 20 or more employees will have to file online accessibility reports. FHTs with fewer than 20 employees are currently exempt from filling out the report, but must still comply with the standard.

Types of Accessibility

When thinking about accessibility in primary care clinics, physical space is what usually comes to mind first. However, there are four broad areas of accessibility to consider:

1. **Physical:** The space should allow for disabled patients to freely enter and move around in the practice;
2. **Attitudinal:** The level of service provided at the clinic should be proportionate with the needs and abilities of the patients;
3. **Expertise:** FHT staff should have an understanding and awareness of disability and its effect on the clinic and practice; and
4. **Systemic:** FHT policies, practices and procedures (both formal and informal) should be designed with the following four principles in mind: independence, dignity, integration and equal opportunity.

Step by Step: Meeting the requirements of the customer service standard

There are 11 compliance requirements associated with the Standards, with an additional three for providers with 20+ employees. Please refer to the Guide to Accessibility Standards for Customer Service for a complete listing. Here is a quick overview with additional detail in the links below.

- Establish policies, practices and procedures related to providing services to persons with disabilities. They should be consistent with the principles of dignity, independence, integration and equality of opportunity.
- Develop a policy for dealing with various assistive devices/methods used by persons with disabilities.
- Develop a strategy for communicating with people with various disabilities (i.e. in person, over the phone or online).
- Allow persons with disabilities to be accompanied by service animals as well as support persons.
- Provide advance notice of any situation where admission fees would be charged for a support person.
- Provide notice when facilities or services that persons with disabilities rely on are temporarily disrupted.
- Establish a training program and train staff on accessibility and customer service.
- Establish a feedback process on how you provide services to persons with disabilities.
- FHTs with 20 or more employees must prepare documentation on accessibility standards.

Improving Access to Primary Care: Advanced Access

Advanced Access is being talked about a lot these days. In fact, the Wave 5 FHTs announced in August 2010 have been asked to include in their Business and Operational Plans how and when they will be implementing it.

Advanced Access, also known as same day access, is about changing clinic practices so that patients can see a physician or interdisciplinary healthcare provider at a time and date that is convenient for them. It is not merely a scheduling system, but is a comprehensive approach to effective patient care delivery.

Greenstone FHT introduced Advanced Access for client bookings in May 2009, as part of the Ministry's Quality Improvement and Innovation Partnership initiative. Clients can access services at the FHT the same day or take the next available booked appointment (the first hour of every day). This system allows flexibility in scheduling for both clients and staff. Advanced Access means that many clients are able to easily access primary health care at the Greenstone FHT, instead of visiting the local hospital's Emergency Department. Read more about this on the QIIP [Team Journey](#) webpage.

When it's Time to Call in the Recruitment Reinforcements!

To attract top-tier health-care professionals, sometimes you need a little help from your friends. That's why health-care recruiters and communities across Ontario are turning to HeathForceOntario Marketing and Recruitment Agency (HFO MRA) and their free recruitment tools and services. Here are three HFO MRA resources to help you get started:

- [HFOJobs](#)
HFOJobs is Ontario's largest employment site for physicians and nurses with a daily audience of North America's best physicians and nurses, from new graduates to seasoned professionals. You can post your physician and nurse opportunities here free of charge. And in a few short months, HFOJobs will include opportunities for all regulated health-care professionals.
- [RecruiterU](#)
RecruiterU is a virtual campus of recruitment topics written by local health-care stakeholders across Ontario. Each topic offers basic planning tools you can use right away to recruit the health care professionals you need, with examples and links to further resources where available.

Useful Website Links – Accessibility:

- [Customer Service: Tools to help you comply](#)
- [Accessibility Standards for Customer Service Compliance Manual](#)
- [Ontario Regulation 429/07, Accessibility Standards for Customer Service](#)
- [Accessibility for Ontarians with Disabilities Act \(AODA\), 2005](#)
- [Making Ontario Accessible for People with Disabilities](#)

Advanced Access Website Links:

- [Step by Step Guide](#)
- [Adopting Advanced Access: Practice Guide](#)
- [Advanced Access Initiative](#)
- [Advanced Access - Description](#)
- [Improving Office Efficiencies](#)
- [Adventures in Improving Access Blog](#)

- [Community Partnership Program](#)
Community Partnership Coordinators are located in every Local Health Integration Network area across the province and can help you recruit at the local level. With their vast network of health-care connections and knowledge, they are well positioned to help you—and the health-care professionals you’re looking for—find the right fit.

Contact [HFO MRA](#) today and learn how we can help you recruit the talent you need.

Did You Know?

There are some exciting things going on in the North!

[Atikokan FHT](#) held its inaugural Family Cancer Fair at the Voyageur Mall in November 2010. The purpose of the event was to help those who have been touched by the disease – or who are awaiting a potential diagnosis – to find supports within the community and region. It featured guest speakers, information booths and an opportunity to see art created by people who have been touched by the disease. The fair was a huge success and will be written up in the [Northern Ontario Medical Journal](#).

[Dryden Area FHT](#) says it had some great final results for its Hypertension Management Initiative (HMI) program. The goal of the Heart & Stroke Foundation’s three-year demonstration project was to create a sustainable chronic disease management program that improves blood pressure control which in turn reduces heart disease and stroke mortality and morbidity. Read more in this report on [Innovation in Primary Health Care in Dryden, Ontario](#).

[Points North FHT](#) continues to be successful in providing same-day service for patient appointments. The FHT is involved with QIIP Learning Community Action Groups Asthma and Integrated Cancer Screening and in developing its asthma program.

[Red Lake FHT](#) welcomed two new physicians to its community in November 2010. One of the physicians was a graduate of the Northern Ontario School of Medicine.

[Sunset Country FHT](#), in partnership with the Northern Diabetes Network, welcomed the transfer of the Diabetes Education Program to the Sunset Country FHT from Lake of the Woods District Hospital (where it had been delivered for over 25 years) effective June 2010. The transfer to a community-based setting complements the current chronic disease management programs offered by Sunset Country FHT.

[Timmins FHT](#) is helping patients gain greater confidence in their ability to manage diabetes. Since 2008, the FHT has used an “Active Patient Follow-up” model to ensure all patients with diabetes are seen for the care they require. Read more in the [LHINfo Minute Health Care Update](#).

INFO Bulletins

The Ministry is issuing INFO Bulletins to provide updates on payment, policy and program changes relevant to primary health care services and other areas. These are available on the ministry [website](#).

For Community Sponsored Family Health Teams (cFHTs), INFO Bulletins related to Blended Salary Model physicians – *11000 Series Primary Health Care Services* - are now being sent to cFHT administrative leads. Other INFO Bulletins may also be of interest, such as *4000 Series Physician Services*. For these and other relevant INFO Bulletins other than 11000 Series, cFHTs are encouraged to consult the ministry’s [website](#).

Questions, feedback about our newsletter

If you have feedback or questions on the newsletter, or suggestions for future articles, please contact FHT.Inquiries.moh@ontario.ca.

For all other matters please continue to work through your assigned Senior Program Consultant.