FHT to Print

A Newsletter for Ontario's Family Health Teams

Winter/Spring 2012

In this issue:

A New Director of Primary Health Care:

The Primary Health Care Branch welcomes **Melissa Farrell** as its new director. Melissa comes to the branch from Health System Accountability and Performance Division, MOHLTC where she led many ministry priority initiatives including: Health Care Connect, Ontario Seniors Strategy, Integrated Cancer Screening Program and the Ontario Wait Time Strategy.

Our next edition will feature a Q&A with Melissa to learn more about her and priorities for the future.

Reflections on the past, advice for the future

After 30 years with the Ontario Public Service, I will be retiring from the position of Director, Primary Health Care Branch effective April 30th, 2012. I wanted to take this opportunity to share with family health teams across the province reflections on how far we've come in improving primary care for patients in Ontario.

As the first point of interaction that many Ontarians have with their health system, a strong primary care sector is of vital importance to the overall health and well being of residents.

When I started my career in the ministry, our role in primary care was centred on the administration of a fee for service system of physician payment. Primary care was about paying physicians for discrete services provided. Although this continues to be an important function, the growth and pace of change in primary care has been of epic proportions. Through my involvement in integrating the first Nurse Practitioners into primary care, the creation of Primary Care Network pilots, the implementation of the 2003 First Ministers' Accord on Healthcare Renewal, the design and promotion of capitated comprehensive care physician models and implementation of new interdisciplinary teams…..change has been the only constant. Looking back at what we have achieved, I leave this post knowing that patients have better access, are getting better care and that providers are more and more seeing themselves as part of a broader publicly funded health system that Ontarians and Canadians cherish.

As family health teams, you represent the result of decades of hard work. You bring together under one organizational umbrella what academics have long recognized as the core of a high functioning primary care system: comprehensive, team-based, integrated care and community partnerships. Change will not go away and it is incumbent on you to be leaders - to show how and why the model works for patients and for the health system; you need to continue leading by example.

Thank you for all you have accomplished.

Mary Fleming
Director, Primary Health Care

Ontario

Ontario's Action Plan for Health Care – Family Health Teams

On January 30th, 2012 the Minister of Health and Long-Term Care released *Ontario's Action Plan for Health Care*. The *Action Plan* supports the government's vision to make Ontario the healthiest place in North America to grow up and grow old and lays out a strategy to build a quality system that is more responsive to patients and delivers better value for taxpayers. Building on significant achievements over the past decade in the areas of better access, better quality and better value the *Action Plan* lays out three areas of action to address future demographic and fiscal challenges and to improve the health of Ontarians:

- Keeping Ontario Healthy
- Faster Access and a Stronger Link to Family Health Care
- Right Care, Right Time, Right Place

The *Action Plan* envisions placing family health care at the centre of the health system in order to move forward in these areas. It includes commitments to faster access through the expansion of same day/next day appointments and after hours care, an increased number of house calls by family health care providers, improved local integration of family health care planning and accountability and the expansion of the Excellent Care for All strategy to family health care.

Ontario's family health teams – a key feature of Ontario's primary care sector – are well-positioned to become leaders in making the healthy change described in the *Action Plan*. In fact, by leveraging their organizational structures, the diverse skills of the interdisciplinary team and community linkages, many of Ontario's family health teams are already contributing to these solutions. This issue of *FHT to Print* showcases some of these achievements.

Same Day/Next Day Appointments

The *Action Plan* highlights the importance of providing same day/next day appointments and after hours care in delivering more timely and convenient access to family health care and alleviating the strain on other areas of the health system, such as hospital emergency rooms. A recent survey of FHTs showed that 162 out of 186 teams are offering same day/next appointments. However, there is considerable variability in the stage and extent of implementation. There are several methods available that practices can use to implement same day/next day appointments and our goal is to have all family health teams offering this as a way to enhance patient access and satisfaction. Below are two examples of work already underway in this area.

Garden City Family Health Team, St. Catharines

The Garden City FHT has developed a system that provides its attached patients with quick access to same day and next day service. Two and a half years ago, the FHT receptionists were taking up to 10

Upcoming Notices and Reminders

Family health teams are reminded of the timelines associated with reporting requirements associated with the 2011/12 and 2012/13 fiscal years:

As of March 23, 2012 – All FHTs are required to submit their completed Annual Operating Plan Package including a signed Quality Checklist to ensure package accuracy and completion.

By May 18, 2012 – The ministry's family health team program will complete a review of the package, with a focus on eligible requests for new resources, for broader ministry approvals. Note – program reviews of annual reports will take place shortly after.

In order to complete the annual operating plan, FHTs are encouraged to undertake a regular planning process, as described in the Fall/Winter 2011 edition of *FHT to Print.*

By April 30, 2012 – Fourth quarter reports are due to the ministry.

By June 30, 2012 – Annual audited statements of revenue and expenditures are due to the ministry.

As communicated previously, in the absence of WERS and in anticipation of the new reporting system SRI, FHTs are required to submit their reports by email to their assigned ministry contact.

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calls per day from patients complaining that they did not have quick access to appointments. This was putting pressure on nearby walk-in clinics and emergency departments.

Identifying this as an issue, the team came together and leveraged the full interdisciplinary team to implement a system to address the problem. All FHT-affiliated physicians began reserving times in their appointment schedule each day to see patients more quickly. The three nurse practitioners and the physician assistant began providing "open access" appointments every afternoon, five days per week for all FHT patients. The physicians have maintained after hours urgent care clinics on Monday to Thursday evenings and Saturday afternoons, thus providing a range of options for faster, more convenient access to care.

The main measure of success of implementing this new system has been patient satisfaction, with patient complaints over timely appointments reducing to zero. In fact, many patients have provided positive feedback. Furthermore, the FHT records fewer patients going to other primary care providers – such as walk-in clinics – to seek care.

Bridgepoint Family Health Team, Toronto

Bridgepoint FHT (BFHT) is another proponent of the Advanced Access model for same day/next day appointments. Dr. Bob Bernstein, Lead Physician, says the Advanced Access appointment system is one of the key factors in helping BFHT function efficiently and effectively.

All of the FHT physicians and interdisciplinary health care providers offer same day or next day appointments for urgent, routine and follow-up care. Physicals are booked within one week based on the patient's preference and follow-up care is provided as needed.

Posters advertising advanced access appointments are on the walls of all exam rooms and in the waiting room to ensure BFHT patients are informed of the details of this program. Information is also available on the FHT's website. Feedback from the BFHT's patients through patient satisfaction surveys reveal a high degree of satisfaction with this enhanced access:

"I very much appreciate the ability to schedule appointments for the same or next day. Evening & weekend urgent care appointments have been of great assistance too. "

"I feel confident that we are getting good care and love that I can have an appointment when I need one. No more walk-in clinics, which is remarkable."

The FHT successfully continues to meet the needs of patients by providing evening appointments for urgent care from Monday to Thursday evenings and Saturday mornings, same-day or walk-ins.

House Calls

The health system faces significant demographic challenges in the years ahead. It is projected that the number of Ontario seniors will double

Delegated Service Billing in FHTs

In September, 2009 a Fact Sheet on ministry expectations regarding physician delegated service billings in FHTs was circulated to all FHTs. This is a reminder to all FHTs of the ministry's policy on this subject.

1. Delegated Procedures:

Billing rules for delegated procedures depend on 'how' the interdisciplinary health professionals (IHPs) are funded or employed. The rules are based on whether the IHP is funded and employed by the Family Health Team or the physician.

- the physician **cannot** submit a claim for any delegated procedure provided by an IHP who is employed by the Family Health Team.

- certain delegated procedures to IHPs who are funded and employed by the physician are permitted and payment can be claimed under the Schedule of Benefits for Physicians Services provided that the terms and conditions of the schedule of benefit are met.

2. Indirect Service Incentives

FHT physicians can claim for certain indirect service incentives when all of the requirements of the indirect service are met according to the payment rules and guidelines.

3. Direct Service Incentives

Incentives that require physicians to provide an individual and direct service to a patient cannot be delegated to an IHP for billing purposes.

Please see the side bar on the next page of the newsletter for a few of the questions related to FHT physician billing.

over the next twenty years. One of the main objectives of the initiatives included in the *Action Plan* is to make the changes necessary to adapt to these challenges, with family health care as an area of focus.

House calls can help frail seniors and other patients with serious health conditions have improved access to family health care services. It is one way family health care providers can meet the needs of an aging population. Some family health teams are making progress in this area and more are encouraged to leverage the skills of their interdisciplinary team to expand patient access to house calls. Here are examples of FHTs that have already introduced house calls:

City of Kawartha Lakes Family Health Team, Lindsay

The following was provided by a primary care nurse from the City of Kawartha Lakes Family Health Team.

"Sometimes, the little things have the greatest impact.

We have a patient who is 101 years old and lives at home with her son who cares for her. By going to her home to provide medical care, her access to timely service has increased dramatically. This not only helps her health, but greatly reduces her son's stress as they do not have to travel to the doctor's office. Instead, the office comes to them.

The patient had been complaining about her ears being plugged and her hearing diminishing, so on one occasion, I took the ear cleaning equipment to her home. The patient and her son were so thankful and it made such a difference for the patient as she could hear much better afterwards. This home visit saved her a trip to emergency room as that would likely have been her only alternative if our FHT's visits weren't part of her care plan. At 101 years old, the patient would like to stay in her home as long as possible. She is still going strong and being able to access family health care where she lives is helping."

McMaster Family Health Team, Hamilton

The McMaster Family Health Team, affiliated with the Department of Family Medicine at McMaster University is an academic FHT that delivers primary care services to approximately 30,000 patients from two clinical practice sites. Services are delivered by 30 physicians, interdisciplinary health care providers and support staff at all of their sites.

Home visits are a regular and necessary part of the patient care experience at McMaster FHT. The frail elderly, disabled, or palliative patient may, for a variety of reasons, be unable to come to the clinical office for assessment, care or follow up. For these patients, the home visit is an essential part of the FHT's suite of services.

Each McMaster FHT physician participates in home visits for the patients in their roster who require it. Home visits are managed by the NP, the resident, the primary care physician or any one of the IHPs, depending on the need. Home visit time is scheduled into the work day and after hours and weekends, as necessary. The electronic medical record supports real time charting and results reporting (e.g. lab, diagnostic). From April 1, 2011 through December 31, 2011, the

Delegated Service Billing in FHTs: Qs & As

DELEGATED PROCEDURES

Q. If a ministry-funded IHP administers a flu shot on behalf of a non-FHT physician, can the physician claim the flu shot as a billable service?

A. No. Since the IHP is not employed and funded by the physician, the physician cannot bill OHIP for the procedures that the IHP performs. According to GP46 of the Schedule of Benefits for Physician Services physicians can only delegate procedures for billing purposes when the IHP is under the physician's employ.

INCENTIVES

Q. Can the Diabetes Management Incentive (Q040A) be claimed by a physician if the elements of care are provided by ministry-funded IHPs?

A: Yes. Q040A can be billed once annually and is available to Patient Enrolment Model (PEM) physicians for coordinating, providing and documenting all the elements of care for enrolled diabetic patients. While the physician must coordinate care and ensure all elements of care are documented, IHPs may assist in providing some elements of care and completing the patient flow sheet.

For more details on billing codes and rules, please refer to the FHT Physician Billing Fact Sheet, or contact your local OHIP claims office or your Family Health Team contact.

health care team provided more than 500 home visits. Managing the home visits requires a clear purpose and an understanding of the role of the health care team. A strong link to available resources within the community, such as the Community Care Access Centre (CCAC) supports the continuum of care within the home and avoids unnecessary admissions to tertiary care centers.

Local Integration of Family Health Care

The *Action Plan* includes a commitment to improve integration at the local level with other health service providers to make the patient journey through the care continuum more seamless. Local collaboration and integration are at the heart of the family health team model of care where, beginning from the application process, FHTs are required to demonstrate a commitment to community partnerships and collaboration. Below are two examples of how FHTs are working with community partners to make the patient journey more effective.

Kirkland District Family Health Team, Kirkland Lake

The Kirkland District FHT has a "Prescription for a Healthy Community" and is partnering with the Town of Kirkland Lake to provide access to, what experts call the single most important health determinant – exercise!

Beginning March 12, 2012, all physicians, nurse practitioners and interdisciplinary health care providers will be able to prescribe exercise to their patients. Al French, Executive Director of the FHT, states, "We are thrilled to partner with the municipality to offer use of the Joe Mavrinac Community Complex to our patients who would benefit from it. Having the ability to concentrate on preventative medicine is forward thinking and exactly what the health care profession globally will be doing in the future. We are elated to be on the leading edge of preventative medicine."

Health care professionals will be prescribing one month Community Complex memberships available free of charge to their patients who will benefit from adding exercise to their life. It is through this innovative partnership that patients will have access to both a high quality interdisciplinary team AND the community resources required to keep them healthy. Well done KD FHT!

Algonquin Family Health Team, Huntsville

In November 2010, the Algonquin Family Health Team opened up their Wellness Hub. The Wellness Hub is co-located with the FHT and provides for one-stop, guided access to health promotion, disease prevention and chronic disease management information in the community. In a nutshell, it is a system navigation tool to make the patient journey through the local health system more seamless.

Any member of the community, whether enrolled with the FHT or not, can access the wellness hub to seek help with their health care needs. The hub is staffed by a FHT RN who helps the client through direct help and/or system navigation assistance. The FHT can also take the opportunity to enroll those clients who are interested. The Wellness Hub has provided patients/clients with one stop access to services and has certainly assisted with health system navigation.

Congratulations – West Carleton Family Health Team

The West Carleton FHT recently won an Early Adopter's Award in the ImagineNation Outcomes Challenge hosted by Canada Health Infoway for a health portal developed by the FHT. The health portal provides a secure website allowing patients to access their medical records online.

The portal allows patients to take charge of their health with features such as self-view lab results and immunization records, health promotion information and a log book for waist measurements and blood pressure. Patients can enter this information over time and track their progress in meeting personal health goals.

Currently, 1,589 patients are registered on the portal. The FHT is looking to increase this number as well as enhancing the system's functionality for e-scheduling of appointments.

Congratulations West Carleton FHT on showing how advancements in e-health can directly benefit patients.

Quality Improvement

Quality improvement is about putting the patient first through a uniform commitment to quality and value. Although the Excellent Care for All Act currently applies to Ontario hospitals, quality improvement is a commitment to be shared across the health system. Here's how family health teams are contributing:

Sherburne Health Centre Family Health Team, Toronto

The Sherburne Health Centre FHT (SHCFHT) is located in downtown Toronto and serves urban homeless, lesbian gay bisexual transgender (LGBT), new Canadians and local community members. SHCFHT is truly a 'learning organization' and one of the ways in which the FHT has demonstrated their commitment to client care and to learning is through their involvement in Quality Improvement (QI).

The FHT clinical teams participate in Quality Improvement and Innovation Partnership (QIIP) and have recently completed the 'Office Practice Redesign' component of Health Quality Ontario's Learning Community with a view to finding better ways to deliver care more effectively to their clients.

SCHFHT has a Quality of Care Committee comprised of clients, staff and board members who work together to improve client care and safety through various projects.

Last fall, the SCHFHT presented their '2011/2012 Quality and Safety Plan' at an Ontario Hospital Association Safety Course. They have launched numerous QI initiatives and have an Urban Quality Improvement Team (UQIT) that meets weekly and acts as an 'advisory' body to their larger quality improvement team.

New Vision Family Health Team, Kitchener

For the New Vision FHT in Kitchener, quality improvement processes are part of each of their clinical programs and their ongoing day to day FHT functions. Quality improvement processes have been embedded in everything they do.

New Vision FHT was involved in the Quality in Family Practice (QIFP) project between 2006 and 2008 and the Quality Improvement and Innovative Partnership (QIIP) from 2008 to 2011.

In line with their vision of continuous quality improvement, the FHT partnered with Accreditation Canada in the Primary Care Services Standards Pilot Test in 2010. The objective of the program was to increase focus on the actual delivery of patient care, while also increasing the quality and safety of patient interactions.

New Vision was recognized by the Ontario Quality Council for achieving their goal to improve access and efficiency within the team.

In 2012, the FHT partnered with QIFP and Ontario College of Family Physicians on a quantitative study (indicators included patient-centred, CDM, safety, etc.) and qualitative study (interviewing primary care team members about their experiences including issues and challenges to team work and team building.

What's New - Billing and Payment Guide for Blended Salary Model Physicians

On March 7, 2012, the ministry distributed the ***Billing and Payment Guide for Blended Salary Model Physicians*** (the Guide) to Executive Director's of Community Sponsored Family Health Teams (cFHTs).

This Guide was developed to assist cFHTs in administering agreements, claims submission and payments to Blended Salary Model (BSM) physicians. The purpose is to make your job easier by having all payment and billing details in one place. The ministry will update the guide on a regular basis as new information on billing and payment is received.

The Guide has been posted on the ministry's website.

If you have any questions about the BSM Guide please contact Marilyn Hunt at 613-636-3215. As you know, specific questions about billing and payment of claims should be directed to your District Office. If they are not able to assist you, you may ask for the call to be escalated to the Service Support Unit in Kingston.

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.

Ontario

Point of Care Testing in FHTs

FHTs are continuing to introduce evidence based practices and innovations to improve the quality of care to their patients. One such practice is point of care (POC) international normalized ratio (INR) testing using portable monitoring devices for patients on long-term oral anticoagulation therapy. This technology offers an alternative to laboratory-based testing and provides immediate results that allow for more rapid medication adjustments.

The ministry supports this innovation and expects FHTs that provide POC INR testing or operate anticoagulation clinics to have a quality assurance program for the use of POC INR monitoring devices. The program should include guidelines and policies that are consistent with the Quality Management Program - Laboratory Services practice guidelines and address the management of patients on long-term oral anticoagulation therapy and POC testing.

In this issue we are pleased to report that **the ministry will provide one-time funding for POC INR monitoring devices.**
See the What's New sidebar for answers to frequently asked questions.

Occupational Therapists in FHTs

Twenty-eight FHTs have received approval to fund Occupational Therapists (OTs) as part of their IHP complement as of January 2012. Eighteen are already hired and working. OTs promote health and well-being by enabling occupation – helping people of all ages develop, re-achieve or maintain the ability to do the things they need and want to do when health care issues challenge their ability to manage.
Visit the website of the Ontario Society of Occupational Therapists for a range of resources about OT in primary health care and FHTs.

Consider the addition of an OT to your FHT!
Occupational therapists can help your Team meet its goals to prevent hospital admissions, to keep senior patients safe and independent at home, and to facilitate your patients' access to their doctor. Your most frequent attenders and vulnerable patients' needs can be addressed at the FHT or the patient's home, school, workplace or community.

Whether supporting your mental health, chronic disease management, pediatric or senior-focused services and programs, the OT's assessments will lend valuable insight to functional status of clients, the dynamic of their home environment and social supports and support Team planning of a comprehensive approach to health management.

The Ontario Society of Occupational Therapists (OSOT) offers support to FHTs that are considering the integration of an OT into their Team. View resources that can support decision-making about how an OT can complement your team or contact the Society at 416-322-3011 or 877-676-6768.

What's New – Point of Care INR Testing in FHTs: Qs and As

Q1: How is POC INR testing funded?

The costs for FHTs' medical supplies, including those required for INR testing, are included in the "General Overhead" line of the budget. FHTs are expected to manage the line items within their base budget.

Q2: Can FHTs charge patients for POC INR testing medical supplies?

No, FHTs deliver public services that are 100% funded by the Ministry of Health and Long-Term Care.

Q3: Can FHTs request one-time funding for a portable INR POC monitoring device?

Yes, FHTs may request one-time funding for clinical equipment including a POC INR monitoring device. As previously stated, FHTs are expected to manage the medical supplies such as test strips and lancets within the "General Overhead" line of the budget.

Q4: Are there physician billing codes related to this?

Yes, please consult the Schedule of Benefits for Physician Services for further information – G031, G271, L445 and others.

Q6: If a physician delegates the provision of a POC INR test to an FHT IHP, (e.g. G031) can the physician bill OHIP for the delegated service?

No. Services provided by an IHP employed by the FHT can not be billed to OHIP.