FHT to Print

A Newsletter for Ontario's Family Health Teams
Fall 2012

Leading and Improving

Welcome to our Fall edition of *FHT to Print*.

This year's annual Association of Family Health Teams of Ontario or AFHTO conference has recently come to an end. I had the opportunity to attend parts of this year's conference, including the Bright Lights Awards ceremony. I'd first like to extend congratulations to AFHTO for organizing such a successful conference, a gathering which shared and celebrated the diverse accomplishments of Ontario's Family Health Teams. I would also like to extend congratulations to all Family Health Teams (FHTs) for their leadership in improving person-centred care across Ontario. Very seldom does one get the opportunity to see so much innovation and so much commitment to patient care in one place.

Events like these that cover such a broad span of activities can impact people in different ways. For me, I had two take home messages. The first is that Ontario's Family Health Teams are leaders. From modest beginnings in 2005 when the program first began to where we stand in 2012, it is clear that you have become leaders in your community in delivering person-centred care. Leaders in access. Leaders in quality. Leaders in local integration and collaboration. The second is that despite your accomplishments, there is a strong desire to improve. There is a general feeling that simply being a Family Health Team is not enough and that more can be done to meet local needs, to work better together and to ensure your patients are getting the highest quality of care.

Building on these themes, the Fall edition of *FHT to Print* provides information that is intended to help you to lead and to improve. Our team has reviewed all the work that you did in the development of your 2011/12 annual reports and has prepared provincial and LHIN-based summaries. This will help you benchmark where you are compared to other FHTs, based on the data that was reported. Each Family Health Team will receive personalized letters which provide more granular data intended to support improvement efforts. We hope you find this edition informative and useful. Remember to give us your feedback at FHT.Inquiries.moh@ontario.ca.

Melissa Farrell, Director, Primary Health Care Branch

Ontario

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Taking Stock: Results from FHT 2011/12 Annual Reports

This issue of FHT to Print highlights the activities, accomplishments and challenges of Ontario's Family Health Teams both provincially and at the Local Health Integration Network level based on the data collected from the FHT Annual Reports for 2011/12.

It is being shared to demonstrate where FHTs are leading in some areas and where there is opportunity for improvement.

Note that the data presented here has some limitations. It is self reported data and has not been validated by a third party. Further, FHTs use varied EMR systems, performance monitoring tools, techniques and different scheduling systems, all of which could have an impact on data collection and reporting.

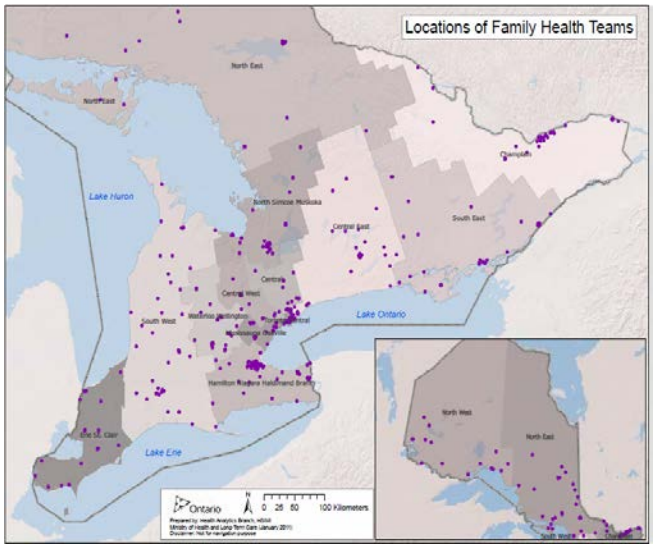
About Family Health Teams

Since April 2005, 200 Family Health Teams have been created. Due to early amalgamations, there are 186 distinct Family Health Team entities. FHTs provide health care services in 206 communities throughout Ontario.

The smallest FHT serves over 1,000 patients and the largest serves 240,000 patients.

All FHTs deliver some level of programming in the areas of chronic disease management, health promotion and disease prevention.

Map of Ontario's Family Health Teams



FHTs and Ontario's Action Plan for Health Care

Ontario's Action Plan for Health Care sets a blueprint for change and includes key commitments related to primary health care. Specifically, the Action Plan promotes **faster access** through same day/next day appointments, improved **local integration** with other providers in the care continuum and a uniform commitment to **quality improvement**. Data submitted by FHTs in their 2011/12 annual reports shows considerable progress being made in these areas with space for growth.

Faster Access

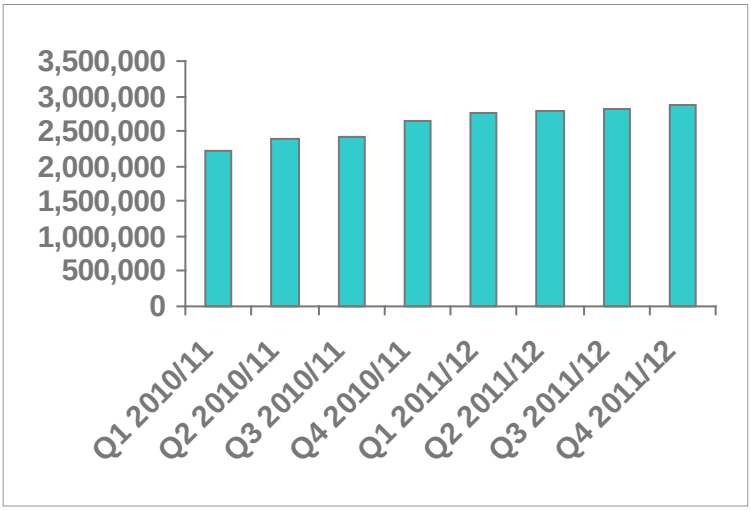
Increasing access to comprehensive primary health care has been a key priority of Ontario's FHTs. Considerable progress has been made in attaching patients to a family health care provider and several FHTs are offering patients appointments on the same day/next day or day of patient's choosing. However, additional progress can be made on both fronts.

Increasing Access to Care

Between 2009/10 and 2010/11 FHTs had a 22% growth in enrolled patients that stabilized to 8% from 2010/11 to 2011/12. By the end of 2011/12 FHTs served over 2.86 million enrolled patients, including over 700,000 previously unattached patients.

Chart A highlights how FHTs have made a significant contribution to decreasing the number of Ontarians without a family doctor.

Chart A: Growth in FHT Patient Enrolment



Over the past two fiscal years the number of Ontarians enrolled in FHTs has increased in all LHINs. The greatest growth is in the Central West (50%) and Erie St. Clair (45%) followed by Central East (41%) and Central (39%).

Spotlight: Access for Special Populations

Tungasvvingat Inuit Family Health Team (FHT) provides access to culturally appropriate health care to an estimated population of approximately 2,000 residents and an additional 4,000 transient residents in the Ottawa region. Prior to the implementation of the FHT, surveys suggested that 97% of the urban Inuit population in Ottawa did not have effective access to family physicians.

The FHT has increased uptake and patient participation in health promotion, disease prevention, screening and treatment as they become familiar with trusted providers. It is anticipated that increased patient encounters will in turn enhance management, early detection and prevention of chronic diseases such as diabetes and hypertension.

Same Day/Next Day Access

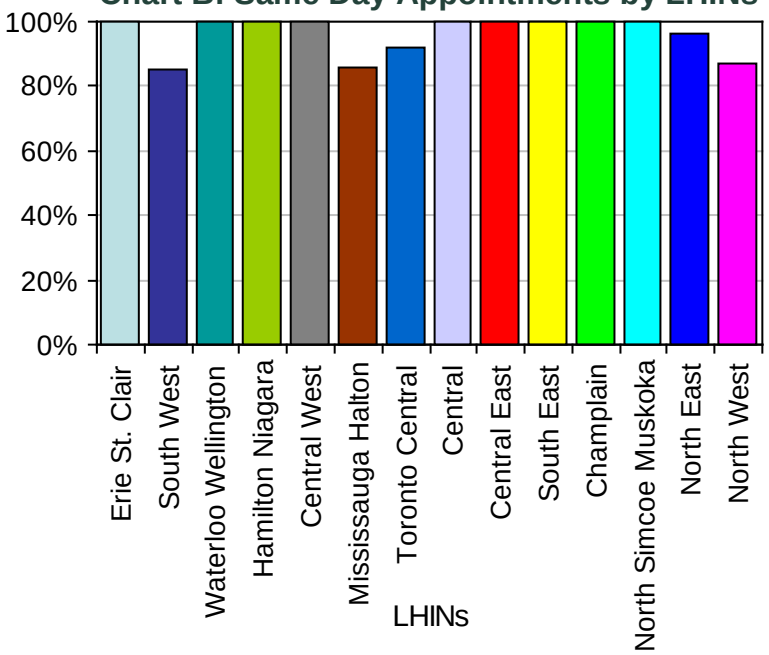
Access is more than being enrolled to a family health care provider. It's also about timely access to that provider, when required. Timely access can help enhance the patient experience and prevent patients from going to less appropriate settings to seek care.

96% of Family Health Teams reported being in the process of implementing a strategy for improving access by scheduling appointments on the day of patients' choosing or within 24 to 48 hours.

About 30% of FHTs have achieved this type of access for between 90% and 100% of their patients.

Chart B shows the percentage of FHTs currently scheduling appointments on Day of Patients' Choosing or within 24-48 hours.

Chart B: Same Day Appointments by LHINs



Quality Improvement

Programming

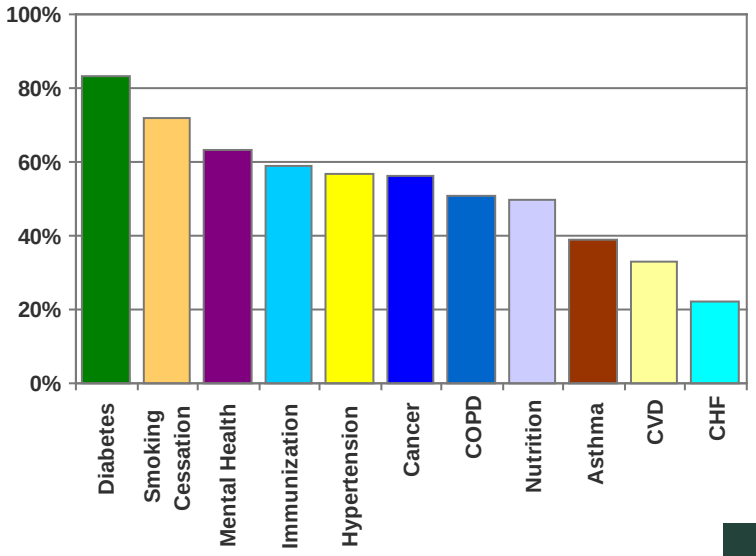
Quality programming is essential to ensure FHTs are delivering evidence-based care that is responsive to population or community needs. It's about delivering the best possible care and engaging patients through programs designed to meet their health needs.

FHTs are making good progress in developing and implementing chronic disease management and health promotion and disease prevention programs.

For instance, over 80% of FHTs are delivering a diabetes management program to meet the needs of their patients with diabetes. Over 60% of FHTs are offering smoking cessation and mental health programs.

Chart C illustrates the percentage of FHTs providing a range of programs.

Chart C: % of FHTs Delivering Programs by Type

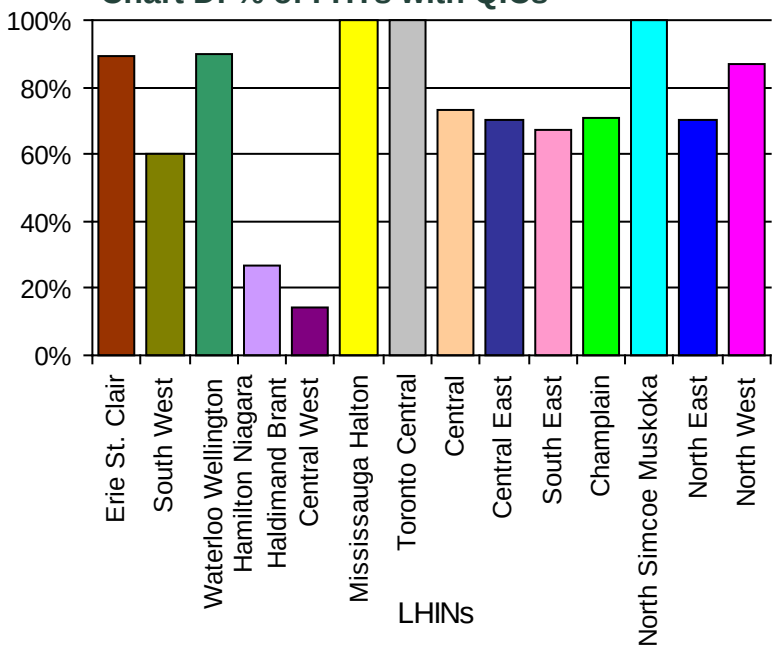


Quality Improvement Committees

Quality Improvement Committees (QICs) can show a commitment at the governance and operational levels for improving quality within the Family Health Team. These committees are essential to ensure quality is embedded in day to day work. It shows a commitment to FHT staff as well as to the patients they serve.

Chart D illustrates that 71% of FHTs reported having a quality improvement committee currently in place. Ensuring a consistent commitment to Quality Improvement at all levels is the direction that all FHTs should be heading towards.

Chart D: % of FHTs with QICs



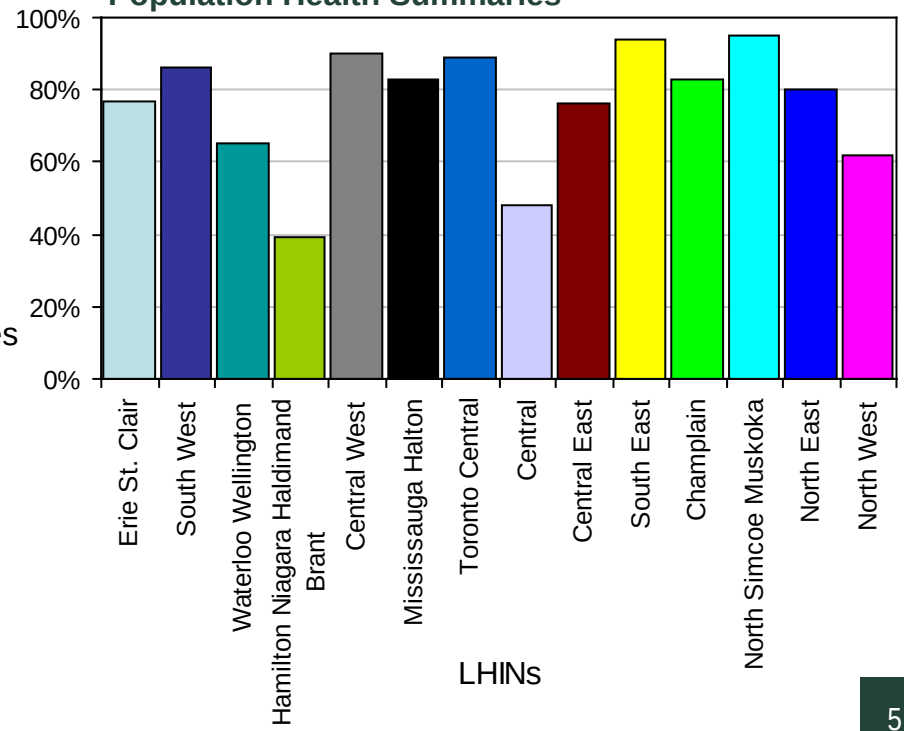
EMR Use for Patient Profiles, Health Summaries, and Programming

Patient Profiles and Health Summaries through Electronic Medical Records (EMR) can enable providers within a FHT to better understand their patient population and to plan and target services and programs that address specific health needs of patients.

FHTs have made good progress in adopting EMRs with significant success in Erie St. Clair, South West, Mississauga Halton, Toronto Central and Central East LHINs.

The rates of Interdisciplinary Health Provider (IHP) use of EMRs for patient profiles varies widely, suggesting a need to encourage greater and more consistent use of EMRs by IHPs, given the important role that IHPs play in the delivery of primary health care services.

Chart E: % of IHPs using EMR for Population Health Summaries



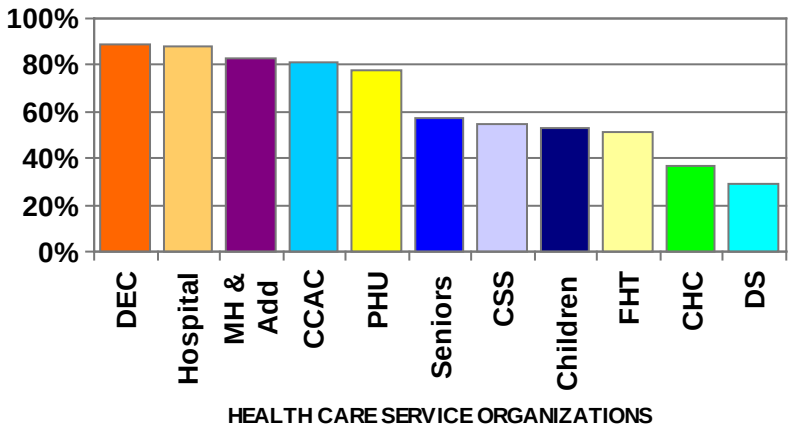
Greater Integration and Co-ordination

In the absence of a regional structure for primary care, FHTs are helping to drive service integration and patient navigation efforts through coordination with local hospitals, Community Care Access Centres (CCACs), the voluntary sector and their communities overall.

The levels of integration reported by FHTs vary across the province with the highest rates of reported integration in Waterloo-Wellington, Central East, South East and North East LHINs and the lowest rates of integration in Central West, Mississauga, Toronto Central and Central LHINs.
The average reported rate of integration by FHTs with other health care services is 74%.

Almost all FHTs had integrated services with Diabetes Education Centres (DEC), hospitals, mental health and addictions programs, CCACs, and Public Health Units.

Chart F: % of Ontario's FHTs integrated with health care services



Spotlight: Local Integration

Central Lambton FHT collaborates with the Bluewater Health Hospital and the Erie St. Clair CCAC on discharge planning and improved access to primary health care for orphaned patients.

Thamesview FHT collaborates with the CHC, hospital and home oxygen organizations to provide monthly support group meetings for COPD patients in the community.

Moving forward, FHTs are encouraged to use this information and the information contained in your individualized letters to guide your ongoing improvement efforts. FHTs are also encouraged to ensure they submit accurate and complete annual reports for 2012/13 and future years to enable the ministry to collate and share this data going forward. Any comments, feedback, questions or suggestions regarding this information, or suggestions for future articles, can be directed to FHT.Inquiries.moh@ontario.ca

Upcoming Events / Announcements:

Privacy Awareness Campaign

Barrie and Community Family Health Team (BCFHT), in collaboration with Georgian College and Royal Victoria Regional Health Centre, organized a Privacy Awareness Campaign for November 22, 2012.

The focus was dual faceted:

1. To reinforce best practices in privacy for the FHT as an organization and for each of us as individuals working in health care;

2. To build the public's confidence in privacy measures taken by health care providers in their community.

The event was open to the public and included a separate training session for BCFHT and family practice offices. Dr. Ann Cavoukian, Ontario's Information and Privacy Commissioner was the keynote speaker.

Respiratory Health Forum 2013

The Ontario Lung Association, the Primary Care Asthma Program, the Association of Family Health Teams of Ontario, Health Quality Ontario and Association of Ontario Health Centres will be hosting a Respiratory Health Forum on January 30th and 31st, 2013 at the Toronto Eaton Centre Marriott Hotel.

The forum is complimentary for FHTs, CHCs, nurse practitioner led clinics and hospitals. It will provide an opportunity for participants to learn from other FHTs and CHCs and other multidisciplinary settings about how to establish a respiratory care program, or enhance their existing programs.

Attendees have the option to attend up to three sessions. The sessions will include Asthma Indicators, COPD Indicators, How to Improve Outcomes and Evaluation and Sustainability.

For more information visit: on.lung.ca/pages/health-care-professionals/provider-education-program/respiratory-health-forum---2013x

Budget Process

Further to the recent memorandum from Phil Graham, Manager, FHTs and Related Programs, the timelines have been released for the 2013/14 Annual Operating Plan Submission Package and they are as follows:

By mid-December, 2012 – The ministry will distribute the Annual Operating Plan Submission Package to the FHTs.

By February 20, 2013 – All FHTs are required to submit their completed Annual Operating Plan Package including a signed Quality Checklist to ensure package accuracy and completion.

By early April, 2013 – The ministry's FHT unit will complete a review of the package, with a focus on eligible requests for new resources and broader ministry approvals.

In order to complete the Annual Operating Plan, FHTs are encouraged to undertake a regular strategic and operational planning process to identify future needs for 2013/14 and beyond.

Reminders…

Family Health Teams are reminded of the timelines associated with reporting requirements for the 2012/13 fiscal year:

By January 31, 2013 – Third quarter reports are due to the ministry.