Winter 2013

Director's Message - Busy-ness as usual

This has been a busy and exciting time of year for Ontario's Family Health Teams. In addition to the great work that your teams are doing by caring for patients, you've also been delivering on Annual Operating Plans, Quality Improvement Plans, Health Link Business Plans and other pieces of important work. Although sometimes this work can seem challenging, these are key steps in positioning Family Health Teams (FHTs) – and the patients they serve – at the vanguard of health care improvement activities.

The work all Family Health Teams have done to submit their annual operating plan is essential to demonstrate how each of one of you is delivering on primary care priorities related to access, integration, quality and accountability. How Family Health Teams perform in these areas helps to demonstrate to the public the value you bring to communities across the province; both in patient care and as recipients of public funds. The ministry team is reviewing in detail the annual operating plans and acknowledges the integral work that you have put into these plans. The ministry will be providing feedback on your submissions within the upcoming weeks and months.

At this time, your Family Health Team will be in the process of completing a Quality Improvement Plan to be submitted to Health Quality Ontario by April 1, 2013. This is another example where Family Health Teams are at the forefront of improvement activities. Although this is a new requirement, this edition of *FHT to Print* shows that many Teams have been engaged in quality improvement processes for some time. That all Family Health Teams will now have a Quality Improvement Plan in place, with clearly identified improvement priorities, will not only enhance how Ontarians perceive the Family Health Team model of care but, most importantly, result in real improvements to the experiences Ontarians have with their primary health care providers and to the health care system in general. Congratulations to all for showing leadership in this significant area.

This edition of *FHT to Print* also showcases Health Links – an innovative model of partnerships to improve care for complex patients. Family Health Teams feature strongly in this transformational program. Family Health Teams are serving as coordinating partners for many of the 19 early adopter Health Links announced in December 2012. The Health Link model has incredible potential to improve care for those in our health care system that need it most. That Family Health Teams are active participants in this illustrates volumes to the commitment and leadership of the sector.

It certainly is an active time in primary health care but I hope you and your teams reflect on the central role you play to improve our health care system and the people it serves.

Melissa Farrell
Director, Primary Health Care Branch

In This Edition

Ontario

FHTs and Quality Improvement

In January 2013, all Ontario Family Health Teams (FHTs) received communication introducing the expansion of Ontario's Excellent Care for All strategy to the primary health care sector. This involves the initial and on-going development of a Quality Improvement Plan or QIP beginning April 1, 2013. This is an important element of Ontario's Action Plan for Health Care and will build on the considerable achievements FHTs have made to date in the delivery of quality primary health care programs and services.

The first year of implementation is about beginning the process of aligning activities within a quality framework and to build the processes, data capacity and structures required to embed quality into every aspect of a FHT's operation. There are three standard indicators that need to be included in the QIP. Organizations are encouraged to identify additional indicators and priorities that are specific to their regions or patient populations.

The three focus areas are:

Access: access to timely care (same day/next day) when needed;
Integration: timely primary care appointment post-discharge from hospital; and,
Patient-centred: measures of patient satisfaction through surveys.

A QIP template and other guidance material have been developed to provide FHTs and other primary care providers with an overview of the development and submission process. Appendices explore some of the priority areas in more depth, and provide guidance for incorporating some of these priorities into the plan. Resources can be found by clicking here.

FHTs will also be supported through governance training for their board members and Executive Directors. Governance and management play a key role in quality improvement and this is an important step to ensure leaders have the necessary tools to ensure quality improvement becomes engrained within the team. FHTs have also been given the opportunity to request Quality Improvement Decision Support Specialists in their 2013/14 operating plan submissions to assist in building data and analytics capacity to help move to a quality improvement culture.

Although the formal requirement for QIPs has just come into effect, FHTs across the province have already shown quality improvement leadership in several areas and are advancing quality objectives. As highlighted in the last FHT to Print, more than 70 per cent of FHTs reported they have established quality improvement committees and are spearheading a range of quality initiatives. Here are a few examples:

- Algonquin FHT has an EMR data improvement action plan to improve the accuracy, timeliness, relevance and completeness of EMR data to enhance their ability to measure processes and outcomes. This also helps the FHT to identify and respond to opportunities for improvement identified through employee and patient satisfaction surveys.
- Centre for Family Medicine FHT has a Collaborative Quality Innovation Board, with representatives from the entire team, who review and discuss gaps in patient care, process or efficiency challenges and concerns or suggestions resulting from patient, learner and staff surveys.
- New Vision FHT has developed a scorecard approach for all its primary care programs that ties program objectives directly to their service plan and measures the improvements and successes each quarter.

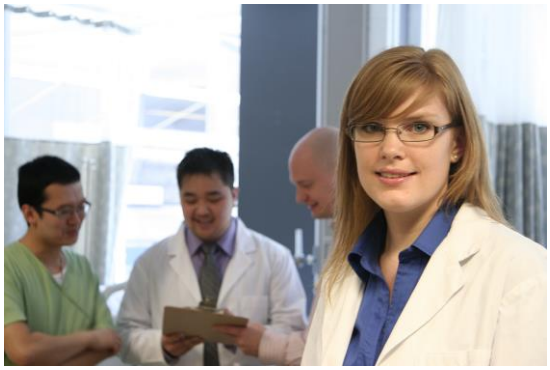
- Clarence-Rockland FHT is engaged in several activities within the team to improve quality and is further engaging patients by sharing performance indicators on its website: www.crfht.ca
- STAR FHT developed a website that, in addition to providing information and access to programs, includes a survey that allows patients to provide feedback on how the FHT is performing.

These are just some of several activities related to quality improvement that FHTs have spearheaded across the province. We encourage FHTs to share with us and each other your innovations and best practices with quality improvement.

Health Links

On December 6, 2012, Health Minister Deb Matthews announced the creation of the first 19 Health Links in Ontario. This initiative will improve patient care by encouraging more collaboration and co-ordination between a patient's different health care providers and will ensure patients receive responsive care that addresses their specific needs.

Health Links are a new way of coordinating local health care for patients whose journey through the health system is not as seamless as it could be, often resulting in both gaps and duplication in the care provided. When health care providers work as a team to care for a patient, they can better co-ordinate this journey, leading to better care for patients and improving the patient's experience and outcomes.



Health Links will initially concentrate their efforts on patients with complex conditions such as seniors, those with multiple chronic diseases, and those with mental illness and addictions. This group of patients often access care through an emergency department and are often re-admitted to hospital when they could be receiving care in their community.

Of the 19 early-adopter Health Links announced in December, seven include Family Health Teams as the coordinating agency. These are:

- Barrie and Community Family Health Team
- Guelph Family Health Team
- McMaster Family Health Team
- North Perth Family Health Team
- Summerville Family Health Team
- Taddle Creek Family Health Team
- Timmins Family Health Team

In addition to these seven, several other FHTs are extensively involved in the Health Links partnerships that have been created and will be taking on a variety of important roles to help Health Links meet their objectives.

In the next weeks and months, new Health Links will be created across the province. FHTs are encouraged to be active participants as Health Links come to you community.

For additional information, please visit
http://news.ontario.ca/mohltc/en/2012/12/improving-care-for-high-needs-patients.html
or contact your Local Health Integration Network (LHIN).

Release of the Nurse Practitioner Access Reporting NPAR evaluation report

The NPAR pilot project initiative was implemented in September 2012 with the goals of improving the ability to track the activities of interdisciplinary health providers, automating performance and patient utilization data and enhancing evidence-based health human resources planning. Forty FHTs and 94 Nurse Practitioners (NPs) have participated in this initiative to date.

The NPAR Advisory Committee was established by the ministry to review and provide recommendations based on the NPAR pilot project evaluation and participant feedback. One of the results of the review includes the recognition that the NPAR Q codes need to be changed to encompass the full spectrum of services provided by an NP practice. The ministry has provided a revised list of Q codes for services provided after January 1, 2013 and these new codes are currently available for use by participants of the NPAR Pilot Project.

The ministry is continuing to carry out and refine improvements to the NPAR reporting before rollout to all FHTs.

The NPAR evaluation report is available in French and English on the ministry's website: http://www.health.gov.on.ca/en/pro/programs/fht/fht_guides.aspx

FHT Achievements

Health care professionals and administrators who work in Ontario's Family Health Teams are making an impact in the lives of Ontarians each and every day. Here are few shining examples. Be sure to send us yours.

Dryden Physician Receives High Praise from patients

In December 2012, Dr. Adam Moir was one of two physicians, to receive the first Patients Choice Award.

Dr. Moir is a family doctor in Dryden and member of the Dingwall Medical Group Family Health Network which is affiliated with the Dryden Area Family Health Team.

The award is sponsored by the Patients' Association of Canada, the Ontario Medical Association, and the North West Local Health Integration Network. This is a very special award because the physicians were nominated by the patients themselves.

Congratulations to Dr. Adam Moir.

2012 Quality and Innovation Awards

In November 2012, the Cancer Care Ontario (CCO), Cancer Quality Council of Ontario (CQCO), and the Ontario Division of the Canadian Cancer Society announced the award winners for 2012 Quality and Innovation in cancer care.

The Innovation Awards recognize and honour those who have "developed new sustainable initiatives or programs that improve the delivery of cancer care in Ontario".

Congratulations to these groups for their continuing commitment to the delivery of quality cancer care for Ontarians.

Sherbourne and North York FHTs honoured for their work by CQCO

Innovation Award Winner
Sherbourne Health Centre, Infirmary Program

The Sherbourne Health Centre, which includes the Sherbourne Family Health Team, was honoured for developing an innovative program to provide chemo and radiation

therapies in safe and accessible environments to individuals experiencing homelessness, or those with no real 'home.'

Since 2011, a co-ordinated team of providers and staff at Sherbourne's Infirmary, including the FHT, Community Care Access Centre, and the oncologists, have collaborated "to ensure a seamless transition between hospital, shelter and infirmary settings".

Well done to Sherbourne FHT and its partners.

Innovation Award Honourable Mention
North York Family Health Team & North York General Hospital

The North York FHT Colorectal Cancer Survivorship Program is a collaborative partnership with the North York General Hospital (NYGH). The program is a nurse practitioner-led patient-centred practice for patients who have completed active treatment for colorectal cancer and require five year surveillance for cancer recurrence or metastases.

Some of the benefits of this community based program include streamlining of care by one primary provider in one location and reduction in duplications testing.

West Durham Family Health Team

Mayor Dave Ryan of Pickering made the opening ribbon cut and delivered congratulations to West Durham FHT on the Grand Opening of their new site on January 23rd, 2013.

Other attendees at the opening included Dr. Howard Petroff, Lead Physician of the West Durham FHT and Dr. Joe Ricci, cardiologist with CorCare. West Durham FHT and Corcare are working together to improve patient care through collaboration.

West Durham FHT was established in 2007 and serves approximately 18,600 patients. Since its inception, the FHT has grown from one site and three physicians to 11 physicians at two sites. The team is also comprised of Registered Nurses (RNs), Nurse Practitioners (NPs), Social Workers (SWs), a Registered Dietitian (RD) and Registered Practical Nurse (RPN).

Congratulations to West Durham FHT on the development of their new site!

Official Ribbon Cutting Ceremony

(From Left to Right: Kevin Ashe, MPP Tracy MacCharles, MPP, Pickering-Scarborough East, Bill Zolis, Doug Dickerson, Joe Ricci, Mayor Dave Ryan, Dr. Howard Petroff, Claudia Mariano, NP and Kori Kostka, RD)

FHTs asked these questions and here are our answers…

House Calls & Insurance

Q. Do FHTs need additional insurance to provide house calls?

A. Insurance coverage should not be a barrier for FHTs to provide house calls. FHTs should contact their insurance company to confirm that they have sufficient coverage based on the number of house calls provided per year. The insurance company can issue a quote that the FHT can then submit as part of their budget cycle for adequate coverage.

Employee vs Independent Contractor

Q. What is the best practice in regards to contracting out the provision of FHT funded services to a third party?

A. The best practice is for FHTs to hire the positions they are funded for as an employee. However, the ministry acknowledges that this is not always feasible or practical. To this end, the ministry has allowed for exemptions to the portion of the FHT funding agreement that requires funded positions to be employees.

If a FHT requests an exemption, they will be required to sign-on to the terms and conditions of the exemption letter. The terms include a provision that the contractual arrangement between the FHT and the service provider must not contravene the terms of the FHT funding agreement and also that compensation for service providers must at the established rates for salaries. FHTs are encouraged to review and solicit advice on the paying of benefits to independent contractors.

Quality Improvement Decision Support Specialist

Q. Does the ministry have any additional details on the Quality Improvement Decision Support Specialist?

A. Preliminary information on this new position was provided in the 2013/14 Operating Plan materials distributed in December 2012. This new position is meant to assist FHTs in meeting their quality improvement objectives through data standardization and extraction, information production and on-going analysis. The addition of this member to the interdisciplinary team will lend itself towards greater evidence-based decision-making, patient-centred program design and evaluation.

Although information on general roles and responsibilities and qualifications was provided in December 2012, formal job descriptions and compensation rates have not been set yet. At this point, FHTs have been asked to work together to arrive at a shared resource model, where a group of FHTs will collaborate on the use of this resource. Once the ministry reviews the requests through the 2013/14 Annual Operating Plan submission, we will work with partners to provide additional details.

Upcoming Notices and Reminders

Quality Improvement Plans in Primary Care

By April 1, 2013, FHTs and other Primary Care Organizations need to submit their 2013/14 QIP to Health Quality Ontario (HQO) including the QIP narrative and template.
For more information on completing the QIP, contact: QIP@HQOntario.ca

FHT Reporting deadlines:

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

By April 30, 2013 – Fourth quarter reports are due to the ministry.
By June 30, 2013 – Annual audited statements of revenue and expenditures are due to the ministry.

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