Primary Health Care Models in Ontario

Primary Health Care and Family Health Teams Overview

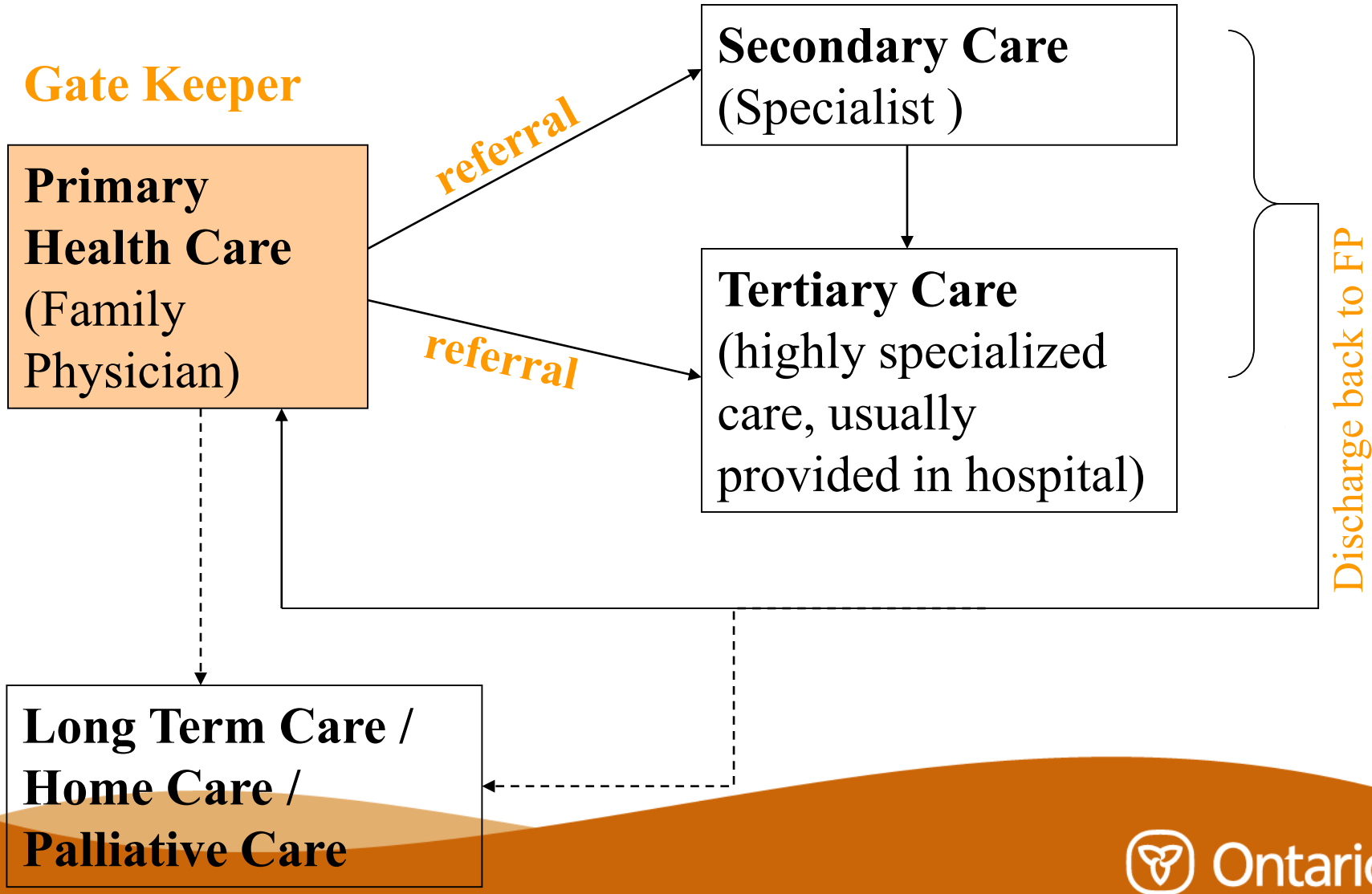
December 19, 2007

Ontario

Primary Health Care

- Primary care is defined as:
  - the first point of contact between a patient and the health care system
- Primary care is
  - the navigator of the health care system;
  - providing clinical services close to home;
  - providing system access, and continuity of care.
- Primary care includes:
  - illness prevention, health promotion;
  - diagnosis;
  - treatment;
  - rehabilitation and counselling.

Primary Health Care (cont'd)



Primary Health Care Renewal Goal *

- Patients need access to care around the clock or they will continue to use expensive emergency rooms for non-urgent care.
  - ***interdisciplinary team-based around the clock care***
- Patients have difficulty navigating a health care system that is becoming increasingly complex.
  - ***improved system navigation and access coordinated through primary care.***
- Care is too reactive, focused on treating injury and illness.
  - ***focus on prevention, health promotion and chronic disease management, guided by local population health indicators***
- Patients need information, support and empowerment to take a greater responsibility in their own health maintenance and decision-making.
  - ***Active support for the patient's self-care responsibilities***

Ontario

*Kirby Report: Senate Committee (Final Report, October 2002)

Romanow Report: Commission on the Future of Health Care in Canada, (Final Report, November 2002)

Ontario's Primary Health Care Models

- The Ministry and the Ontario Medical Association have worked co-operatively to develop a menu of innovative and attractive compensation models that are aimed at rewarding family physicians for providing comprehensive primary health care services to their patients.

- These practice models have the goals of increasing:

    - access to care
    - comprehensiveness and continuity of care
    - interdisciplinary team care
    - quality of care, and
    - patient and provider satisfaction.

Ontario's Primary Health Care Models

- These models are based upon alternative funding contracts which set out physician obligations of care (including after hours care and being on call for the Telephone Health Advisory Service) and require a formal enrolment process with patients.

- Compensation is based on blended payments – this means that while a model may be predominantly one form of payment (e.g., fee for service, capitation, or salary) they all have a blend of financial incentives, premiums and other types of payments.

- Primary Care Models have been developed and modified in order to assist physicians in moving from solo practice to group based care.

Ontario's Primary Health Care Models

- As of November 1, 2007, there are over 6,837 family physicians in Ontario practicing through one of the Primary Health Care models providing care to 7.9 million enrolled patients.
  - Family Health Networks (FHNs)
  - Family Health Organizations (FHOs)
  - Comprehensive Care Model (CCM)
  - Family Health Groups (FHGs)
  - Rural Northern Physician Group Agreement (RNPGA)
  - Community Health Centres (CHCs)

Specialized Models

- Group Health Centre (Sault Ste. Marie)
- First Nations Agreements: Weeneebayko Health Ahtuskaywin (WHA)
- GP Focused Practice Models: Toronto Palliative Care Associates (TPCA)
- Homeless Shelter Agreements: Inner City Health Associates (ICHA), Hamilton Shelter Health Network (SHN)

Ontario's Primary Health Care Models

Family Health Networks (FHNs)

- This is a blended capitation payment model offering patients care 24/7 through a combination of regular physician office hours, after hours services and access to a registered nurse toll-free through the Telephone Health Advisory Service. Information Technology and preventive health care services are also integral parts of this model.

- First introduced in 2001, FHNs currently consist of 114 groups, with 1,154 physicians, and close to 1.4 million enrolled patients.

Ontario's Primary Health Care Models

Family Health Organizations (FHOs)

- Similar to the FHN, the FHO is also blended capitation payment model. The FHO is the newly harmonized Primary Care Network (PCN) and Health Service Organization (HSO) models.

- Key differences compared to the FHN include the base rate payment, associated basket of core services, and access bonus calculation.

- All former HSO and PCN groups have transitioned to the FHO model on November 1, 2006. A general offer of the FHO model to all family physicians in Ontario took place on May 15, 2007.

- FHOs currently consist of 71 groups with 483 physicians and 772,660 enrolled patients.

Ontario's Primary Health Care Models

Comprehensive Care Model (CCM)

- First offered in July 2005, these agreements are for solo physicians who commit to provide comprehensive primary care and a block of after-hours services to their enrolled patients There are 348 physicians participating in this model and 429,907 enrolled patients.

Family Health Groups (FHG)

- This model was originally offered in 2003 to groups of three or more physicians who agree to provide comprehensive primary care to their enrolled/assigned patients on a 24/7 basis through a combination of regular office hours, after-hours services and access to the THAS.
- There are 4,401 physicians participating in the FHG model and over 5.1 million enrolled patients.
- Both the CCM and FHG physicians are compensated on a predominantly blended fee-for-service method, and are also eligible for specific bonuses and premiums offered in blended capitation models.

Ontario's Primary Health Care Models

Rural Northern Physician Group Agreement (RNPGA)

- Available to groups of physicians in a rural community with a designation of 1 to 7 physicians in specific defined areas of the province and includes the previous Northern Group Funding Plan and Community Sponsored Contracts.

- This blended complement compensation model provides funding, on the basis of a commitment by the group of physicians to provide the core primary health care services to all residents of a defined geographic area.

- A total of 39 communities are being served in the most isolated northern parts of Ontario.

- A modified RNPGA model will also be made available to some additional northern and southern rural underserviced communities.

Ontario's Primary Health Care Models

Community Health Centres (CHCs)

- This model uses a population health approach that targets programs and services to high risk groups who face access barriers due to race, language, poverty, physical disabilities or geographic isolation to improve access to primary health care and community health programs.

- CHC teams include salaried physicians and other AHPs, including nurse practitioners, nurses, mental health counselors, chiropodists, community workers and dieticians. These programs emphasize health promotion and disease prevention.

- Currently, there are more than 54 CHCs and 10 satellites, with approximately 180 physicians, serving 240,000 Ontarians. By 2009/10, the network of CHCs will expand to 76 CHCs and 27 satellites and will provide services to approximately 500,000 Ontarians.

Ontario's Primary Health Care Models

Group Health Centre (Sault Ste. Marie)

- Family physicians are funded based upon a blended capitation model much like the Family Health Organization agreement.
- The Group Health Centre is an interdisciplinary practice that includes 9 NPs as well as dietitians, pharmacists, physiotherapists, and many other providers. It also provides on site diagnostics, rehabilitation, pharmacy, day surgery and optometry services.
- There are 30 family physicians and 29 specialists funded by this agreement, who service over 61,550 patients enrolled to the Group Health Centre (approximately 60% of the population of Sault Ste. Marie).

Ontario's Primary Health Care Models

First Nations Agreements: Weeneebayko Health Ahtuskaywin (WHA)

- Physicians are funded using a blended complement model. The WHA agreement is based on the Rural Northern Physician Group Agreement template and provides additional funding for specialist services in surgical and general practice anaesthesia and clinics for primary care services in five remote communities.

- The WHA Agreement is for a maximum complement of 12 general practitioners providing comprehensive primary care services to 12,000 patients, a majority of whom are First Nations peoples living in 5 remote communities along the western coast of James Bay.

Ontario's Primary Health Care Models

Sioux Lookout

- The negotiations are underway for this physician services agreement. It is anticipated that the agreement will be a blended complement model and will be similar to the WHA agreement.
- There are currently 3 different physician funding models in Sioux Lookout, two funded by Health Canada [15 FTE and 4 FTE] and one Family Health Group [funded through Ontario]. In total there are 28 First Nations remote communities serviced plus the town of Sioux Lookout and two hospitals, that are amalgamating into one new hospital.

Ontario's Primary Health Care Models

General Practitioner Focused Practice Alternative Funding Plans:

- The Memorandum of Agreement between the Ministry of Health and Long-Term Care and the Ontario Medical Association determined that there will be an Alternate Funding Plans (AFP) to focused practice general practitioners (GPs) in HIV, palliative care, oncology, and care to the elderly.

- The total funding budgeted for this initiative is $5.5M annually for all 4 areas of specialty.

- The work on HIV is under way and it is anticipated that offerings for both HIV and GP Focused Palliative AFP will be ready for Winter 2007.

Ontario's Primary Health Care Models

Toronto Palliative Care Associates (TPCA)

- This alternative funding plan was originally established as a pilot project as part of the End of Life Care Strategy in partnership with local CCACs and the Tammy Latner Centre at Mt. Sinai Hospital.

- The TPCA agreement provides improved access for palliative patients to palliative care doctors and palliative care services in health centres, long-term care homes and in the home for Toronto area patients.

- There are 24.5 FTE family physicians funded through this agreement who provide palliative care services to an estimated 3,000 end-of-life patients.

Ontario's Primary Health Care Models

Homeless Shelter Agreements
Inner City Health Associates (ICHA)

- In this model, family physicians and specialists are paid an hourly sessional rate for services provided in the identified shelters and centres.

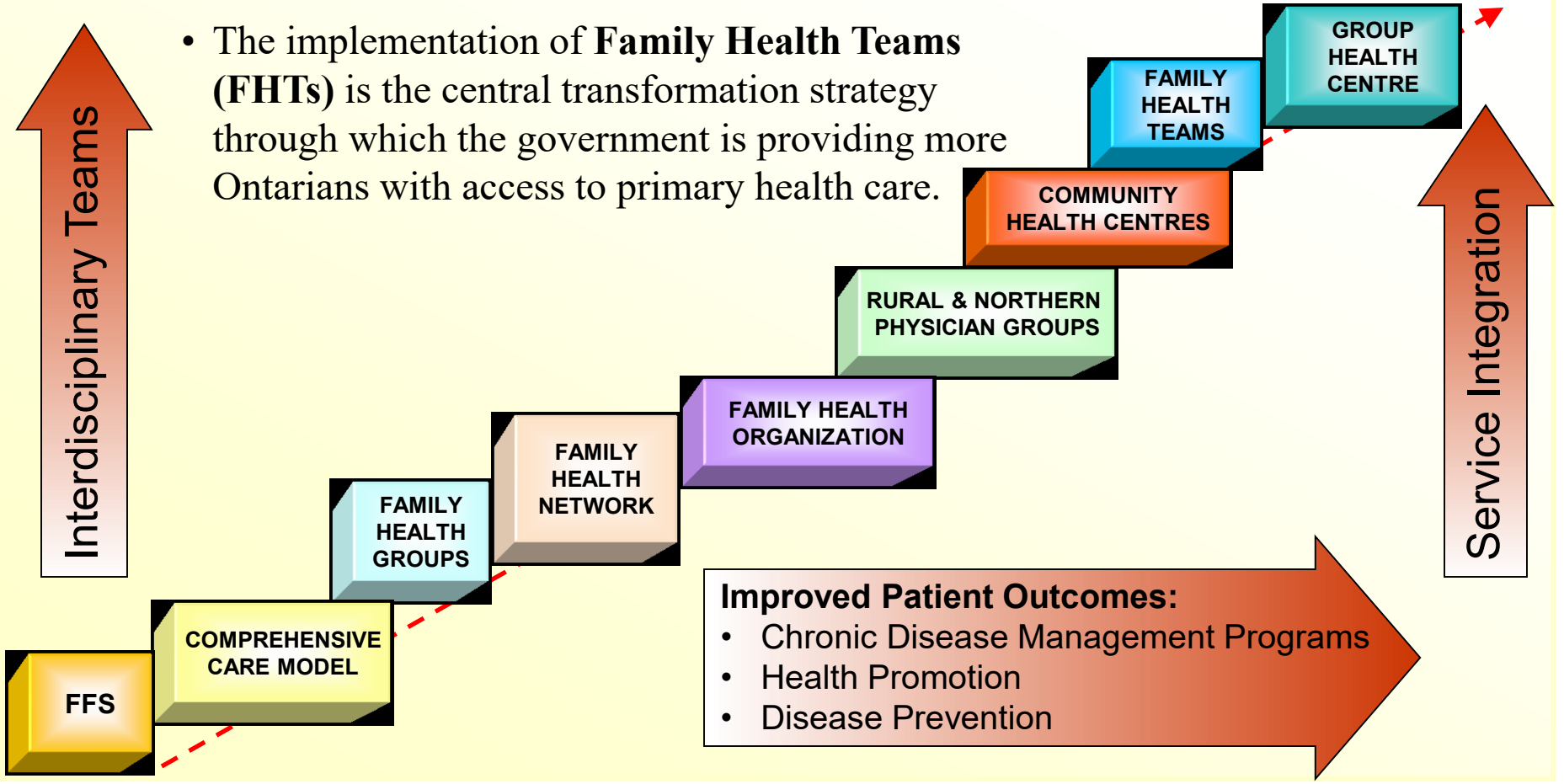
- ICHA provides comprehensive health care services to the homeless population in the City of Toronto at 17 shelters and centres, targeting multi-system problems including serious physical and mental illness, substance abuse, and circumstances arising from a lack of social support.

Shelter Health Network (SHN)

- Based on the ICHA, the SHN provides sessional funding for 3.5 FTE to provide health care services to the homeless population in the city of Hamilton.

Ontario's Primary Health Care Models

- The implementation of **Family Health Teams (FHTs)** is the central transformation strategy through which the government is providing more Ontarians with access to primary health care.



Ontario

Family Health Teams

- A Family Health Team (FHT) brings together different health care providers to co-ordinate enhanced quality of care for the patient.

- Doctors receive support from other complementary professionals and most FHTs will consist of other providers, such as:
  - Nurses, Nurse practitioners
  - Dieticians
  - Mental Health Workers
  - Social Workers
  - Pharmacists
  - Educators and others

- Depending on community need, demand and the services they provide, FHTs will also have physician specialists.

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 their size, scope and focus

- **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

FHT Guiding Principles (cont'd)

- **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

FHT Services

Services to be provided, coordinated or overseen by FHTs include:

- Health assessments, diagnosis and treatment
- Primary reproductive, mental health, and palliative care
- Support for hospital, home, public health and long-term care facilities; arrangements for around-the-clock care
- Service coordination within the FHT and referral to other health care providers and agencies
- Patient education and preventative care; organized health promotion and disease prevention programs; chronic disease management and prevention programs
- Access to pre-natal, obstetrical, post-natal and in-hospital newborn care

FHT Physician Funding

- Physicians in FHTs are compensated through one of the following compensation models:
  - Blended capitation model (FHN, FHO)
  - Complement-based model (RNPGA - Northern Group Contracts)
  - Blended Salary model

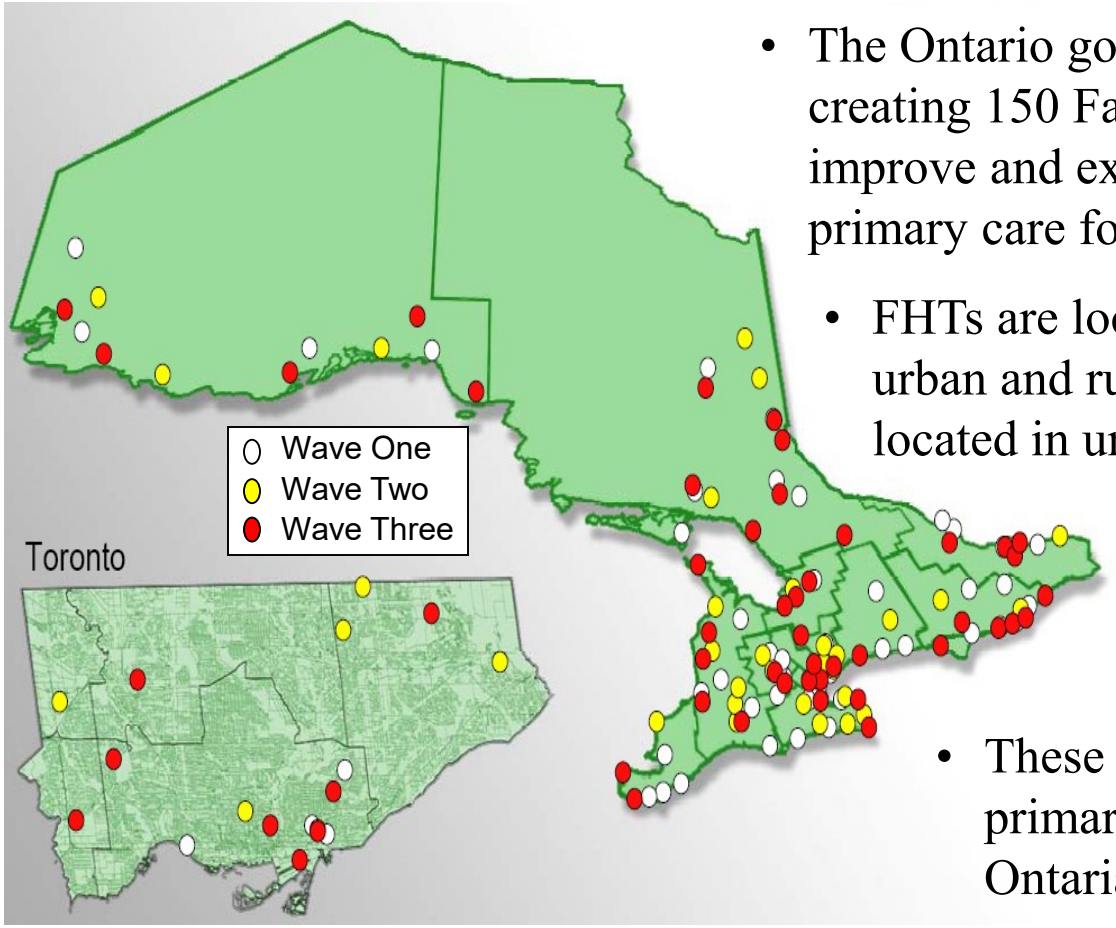
- The Blended Salary Model is available to physicians in Community-Sponsored FHTs.

- The FHT Blended Salary Model includes:
  - Base salary rates linked to enrolment levels
  - Benefits, including payments for vacation and some locum coverage
  - Incentives, premiums and special payments similar to the capitation-based models

What Do FHTs Look Like?

- FHTs may choose from 3 *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

Family Health Teams in Ontario



- The Ontario government has reached its goal of creating 150 Family Health Teams (FHTs) to improve and expand access to comprehensive primary care for all Ontarians.
  - FHTs are located across the province, in both urban and rural settings, with half being located in underserviced communities.
    - FHTs range in size, structure, scope and governance and reflect varying degrees of community integration.
  - These 150 teams will improve access to primary care for more than 2.5 million Ontarians in 112 communities.

Priorities/Next Steps for Moving Forward

- Family Health Teams have a mandate to develop local community linkages for service integration – to act as a patient "navigator" to the health care system and co-ordinate diagnostic, specialist referrals, home care, mental health, long term care services, etc.

- Details on Family Health Team contacts, locations, etc. can be found at: http://www.health.gov.on.ca/transformation/fht/fht_mn.html

Thank you

Questions?