

Family Health Teams

Advancing Primary Care

Guide for Establishing a Family Health Team

About This Document

This guide is part of the Family Health Team (FHT) InfoKit, which contains the following documents:

- **Introduction to Family Health Teams**
- **Guide for Establishing a Family Health Team**
- **Information Request Form (Appendices A, B and C)**

The ministry is in the early stages of FHT implementation and there are still some elements of the program that require refinement. As such, it is likely that this guide and other accompanying documents will evolve as the program is further developed and we receive feedback from you.

Please send your email address to FHTinquiry@moh.gov.on.ca and we will ensure that you receive any new documents.

What will FHTs do?

Family Health Teams will:

1. Provide **comprehensive primary health care** services through an inter-disciplinary team of doctors, nurses, nurse practitioners and other health care professionals as determined by local needs;
2. Provide **patient-centred care** where the patient is a key member of the team and uses information and support to make informed decisions on how to manage his/her self-care needs;
3. Provide patients with **expanded access** through the Telephone Health Advisory Service (THAS) and extended hours of practice;
4. Provide **system navigation** and care coordination – linking patients to other parts of the health care system such as acute care, long-term care, public health, mental health, addictions and community programs and services;
5. In larger centres, may include **diagnostic and outpatient services** such as X-ray, ultrasound, and minor surgery;
6. Emphasize **health promotion**, illness prevention, early detection/diagnosis;
7. Serve as a central driving force for the development of new comprehensive community based **chronic disease management** and self care programs;
8. Be linked with other health care organizations at the community level and, in general, be adapted to the needs of the specific **community** through some form of participation at the governance level; and
9. Will use **information technology** as the backbone of system integration, linking patient records across different patient care settings giving providers timely and secure access to test results and other important data.

Guiding Principles

The following are principles that the ministry will use to guide the development and implementation of FHTs in Ontario.

Flexibility and Choice – FHTs will not be a “one size fits all” approach. There must be flexibility in the size, scope and focus of family health teams to allow them to be tailored to meet the needs of the local population. Providers and communities must also be able to choose appropriate key elements of their FHTs, including governance structure and programs that will be delivered.

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 served and develop collaborative local working relationships that will enhance access and continuity of care.

Build on Existing Models and Successes – Ontario has a rich history of leadership in primary care delivery and access. FHTs will not replace these successful models but will build upon their strengths and learn from their challenges.

Team Based Care – FHTs will be inter-disciplinary teams of providers, including physicians, nurses, nurse practitioners and other health care professionals. The make-up of these teams will be tailored to the size of the population served and their health care needs.

Local Integration – FHTs will work with other local health care delivery organizations to develop partnerships that will maximize opportunities for local collaboration to improve access and continuity of care. Such relationships may include CCACs, local hospitals, public health units, long-term care facilities and voluntary associations.

Patient Focus – FHTs will be patient focused through client enrolment and population based health planning.

Evidence-Based Balanced Approach – FHTs will progressively evolve through a balanced use of evidence-based practice, continuous re-evaluation, together with flexibility for innovation and responsiveness to local community and provider concerns.

Transparency and Consultation – FHTs will be designed, developed and implemented through a process of open communication and transparency. Stakeholder and community input and consultation will maximize acceptance and commitment to common goals, respective responsibilities, and mutual accountability.

Fostering Changes Through an Incentive-Based Approach - An incentive-based approach will encourage integrative and creative solutions to achieve the FHT objectives.

Why FHTs?

We know many Ontarians are having difficulty accessing needed primary health care and finding a family physician. Family Health Teams will expand this access through interdisciplinary teams.

Ontario has made significant progress on achieving the goals agreed to in the Federal Health Accord for primary health care services. There already exist some very successful models of primary health care delivery, including Community Health Centres, Health Service Organizations and the Group Health Centre in Sault Ste Marie. What hasn't happened is a significant investment in interdisciplinary team care and provision for local flexibility.

Research evidence supports the need to focus on chronic disease management and health promotion and disease prevention. Family health teams will provide this focus through the skills of the interdisciplinary teams and the additional tools and supports provided to family physicians.

Ontarians need a one window access point to our complex health care system. Family Health Teams will provide this focus and care navigation.

What Services Are to be Provided?

FHT Comprehensive Care Services

The following is a list of services that will be provided, coordinated or overseen by health providers in FHTs:

- Health assessments (physical examinations)
- Diagnosis and treatment
- Primary reproductive care (e.g., counseling on birth control and family planning)
- Primary mental health care (early identification and treatment of emotional and psychiatric illnesses and, where appropriate, collaboration with psychiatrists or FHT mental health workers)
- Primary palliative care (direct provision or support to the team responsible for providing palliative care)
- Support for hospital, home, public health and long-term care facilities (through formalized linkages, assist with discharge planning, rehabilitation services, out-patient follow-up and home care services)
- Service coordination and referral (coordination of services within the FHT and, where appropriate, with other health care providers and agencies)
- Patient education and preventative care (e.g., development of self care tools and supports)
- Access to pre-natal, obstetrical, in-hospital newborn, and post-natal care
- Arrangements for around-the-clock care (through extended office hours and the Telephone Health Advisory Service)
- Chronic disease management and prevention programs
- Organized health promotion and disease prevention programs

Optional Additional Services

Depending on community needs and size, FHTs will have the option to provide:

- X-ray, ultrasound, sleep studies, pulmonary function studies and nuclear medicine (i.e., IHF licensed services)
- Laboratory services
- Some minor day surgery
- Some specialist services (e.g., internal medicine, pediatrics and cardiology)
- Other services as discussed and negotiated with the ministry

Eligibility Criteria

Various entities are able to apply for a FHT, including:

- Registered non-profit organizations including local community-based organizations, hospitals and provincial-level charities
- Municipalities and municipal-level agencies
- Physicians and/or other provider groups as actual or prospective partnerships/groups
- Any combination of the above

How to Make a FHT Proposal

Proposals for establishing a FHT must:

- Demonstrate that there are appropriate linkages and support from key players (e.g., physician/other providers and relevant community organizations) to deliver on the comprehensive primary health care services.
- Identify the proposed catchment area and population/demographics being served.

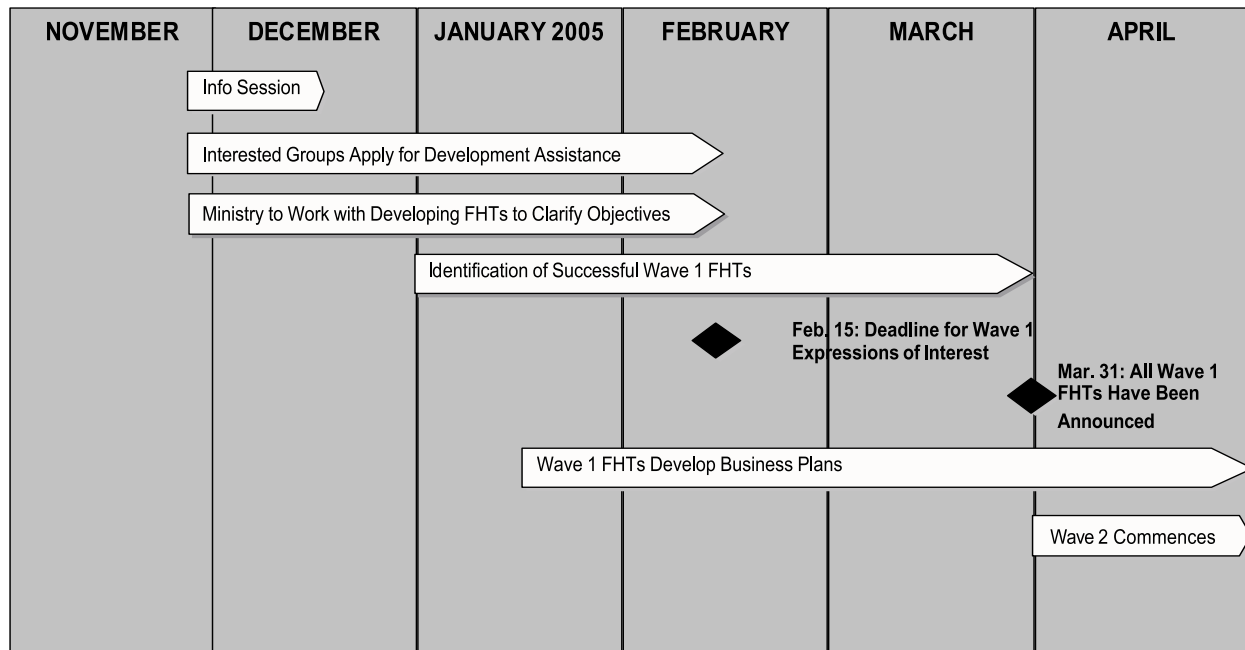
As a first step, we are asking groups interested in forming a FHT to complete an ***Initial Information Request Form***. The purpose of that document is to help the ministry better understand the level of interest within a community and the state of readiness of groups to proceed.

We anticipate that, in the future, more detailed information will be required in order to demonstrate how the group will support the FHT vision with their approaches to the following:

- Delivery of FHT core services
- Governance model
- Organization size
- Mix of providers
- Provider remuneration methods
- Clinical services and outcomes
- Financial plan
- Plan for patient enrolment
- Implementation timeline
- Population health need and targeted programs to meet these needs
- Local service integration
- Performance measurement plan
- Program evaluation and accountability

The process for FHT implementation is described in the figure on page 4.

Family Health Team Implementation Timeline (2004-2005)



Proposal Review Process

As shown in the figure above, the ministry's FHT implementation team will review FHT proposals and assign staff to work closely with potential FHT groups to further develop their proposals. The purpose of this detailed review is to ensure that there is enough information available to identify the groups most prepared to implement a successful FHT. Announcements indicating the ministry's intention to proceed with specific proponents will be made on an on-going basis, as communities and groups are prepared to proceed.

Development Assistance

To encourage and support communities and their partners in the planning and development of FHTs, the ministry will consider requests for funding to assist FHT proponents in the start up process (e.g. costs associated with developing and/or refining their plans). Funding will vary according to such things as the readiness of proponents, current resources available to them and the degree of effort required to move towards implementation. A ministry staff person will be made available to work with and provide assistance to groups/proponents.

Governance Options

FHTs will be able to choose from three basic governance structures:
Community groups that will be required to 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.

The ministry will work with interested FHT providers to develop accountability provisions as part of the implementation process.

Details of FHT governance options are under development. In keeping with the government's commitment to flexibility, we look forward to hearing from prospective FHTs for further guidance. The goal is to provide for flexibility and choice while ensuring an accountability-driven and workable structure.

Funding Options

How a FHT will be funded will be determined by their choice of governance model, their approach to provider remuneration and the specific needs of their catchment area. There will be flexibility in the funding model of the FHT centred on population-based funding models using one or a combination of programmatic funding, capitation/blended payments with targeted incentives.

Provider Funding Options

1. Family Physicians

Family physicians in FHTs will be funded using one of the existing approved PHC model funding mechanisms:

- a) Blended capitation formula: Family Health Networks or Health Service Organization/Primary Care Networks
- b) Complement based funding formula: Northern Group Funding Plan and Community Sponsored Contract Models
- c) Salaried Compensation: Community Health Centre model.
- d) **Inter-disciplinary Health Providers**
Funding for inter-disciplinary team members will be predominantly through a salary compensation mechanism. Other funding arrangements that can be considered include sessional funding and targeted incentive funding.

2. Specialist Physicians

When included in the FHT, funding for specialist physicians will be based upon complement or sessional funding models.

Infrastructure, Administrative and Overhead Funding

The ministry is currently examining options to consider support of infrastructure/capital costs such as those associated with leasehold improvements/renovations, relocation costs, medical equipment, etc. The ministry encourages communities and their partners to support and develop creative solutions. The ministry will work closely with you on these solutions.

The ministry is also considering making available support for on-going operating expenditures for such things as management and administrative staff and other office expenses such as supplies and equipment.

Funding would be determined on a case-by-case basis that reflects specific community needs. As well, all funding provided will have associated reporting and accountability requirements.

Many aspects of FHT funding are still to be determined. In keeping with the ministry's commitment to flexibility, we look forward to hearing from prospective FHTs to help guide the development of these initiatives.

Looking Forward

Our Plan For Working Together

The ministry's Primary Health Care Team is inviting proposals from health care providers and/or communities to develop and establish FHTs.

Many of you are currently involved in primary health care and integration initiatives within your community. The ministry recognizes the strong foundation these initiatives provide for assisting with the quick development of FHTs. Therefore, one of our first steps will be to work with these already committed and engaged to further the development of FHTs this fiscal year.

The government is committed to announcing 45 FHTs before April 2005.

We invite you to provide your comments and input by emailing us at:

FHTinquiry@moh.gov.on.ca