

Family Health Teams

Advancing Primary Care

Introduction to Family Health Teams

The Ministry of Health and Long-Term Care is pleased to introduce this InfoKit to assist those who are considering establishing a Family Health Team (FHT) in their community. This InfoKit provides basic information to health care providers, stakeholder, communities and Ontarians about:

- The government's plans to improve access to primary health care services through the introduction of inter-disciplinary FHTs.
- Information on what a FHT is.
- What you need to do to develop your own local plans for a FHT.
- How we can assist you to develop these local primary care delivery organizations.

Primary health care renewal is the foundation on which the transformation of Ontario's health care system rests. Primary Health Care Renewal encompasses improved access to primary health care services and it helps weave the various parts of our health system together. The implementation of FHTs is the central, transformation strategy through which the government will provide more Ontarians with access to primary care.

FHTs will be locally driven primary health care delivery organizations which will include family physicians, nurse practitioners, nurses and a range of other health care professionals who are committed to working together to provide comprehensive, accessible, co-ordinated primary health care service to a defined population. This approach will allow physicians to work as part of a team with other health providers to focus on keeping patients healthy. The vision allows physicians, nurse practitioners and other members of the team to practice together in a positive working

environment, sharing and benefitting from the complementary knowledge and skills of their colleagues.

FHTs serve as a focus for chronic disease management and community-based health promotion and disease prevention activities in conjunction with local public health units and other community-based health care organizations. FHTs may include, as appropriate, mental health workers, physician specialists, diagnostic services, linkages to home care services and some outpatient surgery services.

The Vision

All Ontarians deserve the very best health care.

The Ministry of Health and Long-Term Care is committed to working with our province's dedicated health care professionals to make a system that is more patient-centred and more responsive to local needs.

Primary Health Care is the "navigator" of the health care system, providing clinical services as close to home as possible, system access and continuity of care.

Family Health Teams will improve access to primary health care through the introduction of inter-disciplinary health teams. These teams will be developed with co-operation and input from both the community and the providers. The teams will build on the successes of the past but may be different sizes and other different programs, tailored to meet the needs of the local population they serve.

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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 and 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 e-mail 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 enrollment 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 Ontarians are having difficulty accessing needed primary health care and finding a family physician. Family Health Teams will expand this access through inter-disciplinary 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 inter-disciplinary 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 inter-disciplinary 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 list is a list of services that will be provided, co-ordinated or overseen by health providers in FHTs:

- Health assessments (physical examinations)
- Diagnosis and treatment
- Primary reproductive care (e.g., counselling 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 co-ordination and referral (co-ordination 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, paediatrics and cardiology)

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 and actual or prospective partnership 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

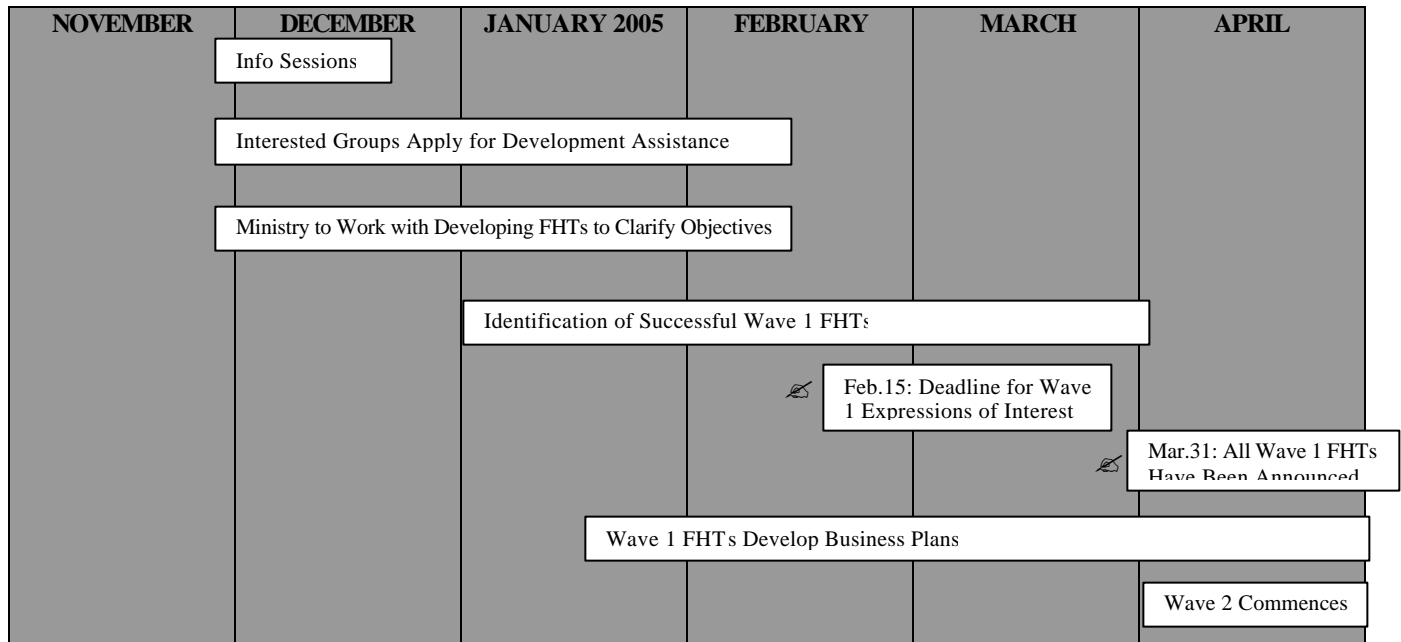
As a first step, we are asking groups interested in forming a FHT to complete an ***Initial Information Request Form***. The purpose of that document is to help the ministry better understand the level of interest within a community and the state of readiness of groups to proceed.

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 enrollment
- 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 includes 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 e-mailing us at:

FHTinquiry@moh.gov.on.ca

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Information Request Form

Instructions:

This Information Request Form is part of the Family Health Team InfoKit, which contains the following documents:

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

Please review the accompanying documents prior to completing this form.

To Ensure Consideration for this Fiscal Year Please Submit a Completed Information Request Form No Later Than February 15, 2005 to:

Primary Health Care Team
Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto, On
M5S 2B1

Attn: Family Health Team Proposals

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

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

1. Contact information

Name of proposed FHT group _____.

Name: _____.

Address: _____.

Phone: _____ Fax: _____.

E-mail: _____.

2. This proposed FHT is from a

Community-based Group

Provider-led Group

Mixed Provider/Community Group

Please refer to the InfoKit Guide for Establishing a Family Health Team for additional information on the above FHT types.

3. Please describe the population that your proposed FHT intends to serve (*including number of people to be served, size of the geographic area and the general characteristics of the population*).

4. What other primary health care and health care services are available locally to this population (*such as community hospitals, CCACs, other primary care groups, etc.*)?

5. Will the proposed FHT provide all of the identified comprehensive care services (*as outlined in Appendix A*)?

Yes ☞ No ☞ (*if no, please explain*)

6. If applicable, please describe any additional services that you may wish to provide
(please see Appendix A for examples).

Yes (if yes, please complete table in Appendix A) No

7. Are you proposing to offer special programs or services that address the particular needs of any target populations to be served by the proposed FHT?

Yes (if yes, please describe in the box below) No

8. Please provide the type and number of health care providers that are envisioned to provide services in the proposed FHT. Please provide additional details in Appendix B.

Provider Type	Proposed Number of Providers
Family Physician	
Nurse Practitioner	
Registered Nurse	
Registered Practical Nurse	
Other (please describe below)	
Other (please describe below)	
Other (please describe below)	
Other (please describe below)	

9. Is this proposed FHT to replace (or partially replace an existing non-fee-for-service primary health care group (i.e., Community Health Centre, Family Health Network, Health Service Organization, Primary Care Network, Community Sponsored Contract, Northern Group Funding Plan)?

Yes (if yes, please complete table in Appendix A) No

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Have you identified a location (s) to provide FHT services?

Yes (if yes, please complete table in Appendix A) No

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11. In the space below please briefly identify any potential funding partners (e.g., municipality, community agency, etc.) who may contribute toward either (or both):

- **infrastructure and capital** for this FHT
- **on-going operating costs** (including in-kind support) for this FHT

Please attach a letter describing the nature of proposed support for each identified partner.

12. If applicable, please describe the FHT's affiliation with one or more of the six Academic Health Science Centres (AHSC), located in Toronto, London, Ottawa, Hamilton, Kingston or Sudbury/ Thunder Bay.

13. Describe the proposed relationships between any local hospital(s) and the FHT primary care providers (i.e., availability of admitting privileges, on-call duties, etc.).

14. Were other organizations involved in the development of this FHT proposal (i.e., Community Care Access Centre, Public Health Unit, etc.)?

Yes (if yes, please complete **Appendix C** for each applicable organization)

No

15. Approximately how much time would your FHT require to be fully operational following approval? Please identify the key factors that will ensure your readiness to get started (e.g., physical and human resources).

Appendix A

Comprehensive Care and Optional Additional Services

Please refer to Questions 6 and 7

The following is a list of services that will be provided, co-ordinated or overseen by FHTs.

This list is provided for information purposes only.

- Health assessments (physical examinations)
- Diagnosis and treatment
- Primary reproductive care (e.g., counselling 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 co-ordination and referral (co-ordination 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

Depending on community needs and size, FHTs may wish to provide a number of optional additional services. In the table below, please indicate which optional services might be provided by this FHT.

Optional Service	May Potentially Provide	
	Yes	No
X-ray, ultrasound, sleep studies, pulmonary function studies and nuclear medicine (i.e., IHF licensed services)	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>
Some minor day surgery	<input type="checkbox"/>	<input type="checkbox"/>
Some specialist services (e.g., internal medicine, paediatrics and cardiology)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>

