afhto association of family health teams of ontario

AFHTO Leadership Report:

Leading Primary Care through the Next Stage

October 28-29, 2015

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1 Report Introduction and Summary

Leading primary care through the next stage – this was the focus for about 200 leaders from AFHTO member organizations in the leadership session, held each year just before the AFHTO Annual Conference. This report summarizes what we heard from these members – approximately 100 Executive Directors, 50 Lead MDs/NPs, 30 Board chairs/members (and 20 who did not identify a role) – and ties in related comments and observations from members throughout the conference.

This report will be used to guide AFHTO's advocacy and member services – with increasing focus on advocacy with LHINs in addition to the Ministry – to ensure our members get the support and resources they need to navigate the changes ahead and continue to deliver quality primary care. It also informs our collective work to advance measurement, leadership development and collaborative learning.

The leadership session focused on the question of a **"population based approach to primary care".** Members told us:

1. When it comes to implementing this approach:
   - Who should be responsible for what? One-quarter said governors of primary care teams should have primary responsibility for ensuring everyone in a given population has appropriate access to appropriate primary care. Another quarter said LHINs should do this, and one-fifth said a new sub-LHIN entity.
   - Primary care teams should take the lead for access, care coordination, and collaboration within regions.
   - Much work is needed to help teams take on new responsibilities. Funding, pay equity and EMR connectivity must be addressed. In addition, members need leadership, governance and management capacity.
2. When it comes to governing in a population based system, FHTs and NPLC boards will need to further evolve and strengthen:
   - Skills and competencies in governance practices, relationship building, and enhanced knowledge in finance, risk management, legal and change management.
   - Their board composition. Nearly half of members polled plan on increasing the presence of community members on the board in the next 2-3 years.

Key messages from this session and the conference overall:

- FHT and NPLCs have the leadership, dedication and a fundamental commitment to the well-being of their patients. They are willing to:
  - Step up to play their part in building a primary care system that understand and meets the needs of our patients and communities.
  - Stand up and be counted – using measurement to demonstrate their value and improve on it.
  - Build on the relationships they have been developing with other teams, other providers, and their LHINs.
- AND there is significant caution about how change is implemented. Most importantly members want:
  - **To be heard**. Members are 'skeptically optimistic' regarding closer LHIN alignment; they want thoughtful consideration and adequate consultation with FHTs/NPLCs.

- **To be valued**. Primary care is the foundation of a sustainable health system; policy, planning and resourcing need to strengthen this foundation.
- **To be supported to succeed**. Above all else, sufficient funding is needed to stabilize the workforce and ensure sufficient capacity to deliver quality care. IT infrastructure and EMR connectivity are also in need of further development.

Sections 2 – 4 of this report summarize what we heard in the leadership session. Section 5 provides additional observations from the questions and comments from members, in particular, the closing discussion on "Evolution of a sustainable health system – where do we go from here?" Section 6 summarizes next steps.

The verbatim input captured during the leadership session can be accessed at http://www.afhto.ca/wp-content/uploads/Leadership-session-proceedings-2015-10-28.pdf .

2 Population Based Primary Care

The provincial government has stated its commitment to deliver on its "Primary Care Guarantee", promised in the 2013 election. Government struck an Expert Advisory Committee to advise on how to do this; their report, *Patient Care Groups: A new model of population based primary health care for Ontario* was released 10 days before the AFHTO Leadership Session. In the session, the following **definition of population based primary care** was offered as an example – "it is the call to primary care providers to effectively manage the health of a defined group of people, whether a geographic community, a clinician's designated patient panel, or a cohort with some defining characteristics." (Maeshiro, R et al. 2010)

2.1 What we heard from AFHTO Members:

AFHTO's leaders are split down the middle as to where that more local role lies. The top two choices being nearly equal between the LHIN level and the Governors of the primary care teams level in a given region. In third place, about a fifth of respondent leaders chose a new sub LHIN entity (like a PCG) as their level of choice for this responsibility.

Who should have PRIMARY responsibility for ensuring that everyone, in a given population, has appropriate access to appropriate primary care?

- LHIN – 52 respondents (29%)
- Governors of Primary Care Teams – 47 respondents (26%)
- A new Sub-LHIN Entity – 37 respondents (20%)
- Health Links – 14 respondents (8%)
- Individual FPs & NPs – 4 respondents (2%)
- Don't Know – 28 respondents (15%)

Through small group discussion at the Leadership Session, AFHTO members identified that teams should take the lead on the following **functions**:

- **Population health**
    - Identifying sub-populations for primary care within a geographic region that makes sense for the needs of communities
    - Defining the health care needs and gaps of a given sub-population
    - Taking the lead for patients with complex needs
- **Access**
    - Enhancing access to team based care for those who need it
    - Defining what is appropriate access to primary care
    - Improving same day/next day primary care access
- **Care coordination**
    - Coordinating care for patients (system navigation) and facilitating seamless transitions in care
    - Providing case management
    - Improving integration with local health service providers
    - Advocating for the appropriate level of care for our patients
- **Collaboration**
    - Creating partnerships and building capacity by identifying gaps and overlaps with other providers
    - Improving data sharing across health partners
    - Regional collaboration to identify region-specific performance measures and outcomes

"Primary care teams should take the lead for access, care coordination, and collaboration within our region"

- AFHTO member, North East region

Building on the identified evolving roles and functions of primary care teams, members in the Leadership Session were also asked what the **ONE FUNCTION** is that's **most in need of being further developed and strengthened within FHTs/NPLCs**. The following themes emerged:

- **Equitable compensation**: capacity to address the wages and stabilize/retain staff
- **IT infrastructure & EMR connectivity**: electronic health systems integration across primary and tertiary sectors (efficient and timely sharing of EHRs).
- **Funding & budget management**: appropriate funding with flexibility to manage resources within a global budget.
- **Collaboration, coordination, communication:** within and between primary care organizations, other health care providers and the LHIN. This includes education/engagement of patients, physicians and other stakeholders to support change.
- **Quality:** IT capacity and data analytics to support quality improvement efforts. This includes more QIDSS support.

- **Leadership, governance** and **management capacity**: building physician, executive director and board chair leadership; clarifying roles and accountabilities (e.g. who manages the physician component – no clear definition); and team building.
- **Primary care clinical skills:** development of skills so that IHPs can function to their full scope of practice.
- **Advocacy:** for patients & for providers in primary care.

While there is general consensus that a population-based approach makes sense for our patients and communities, the questions are in the details of implementation. Determining how we develop sub-populations, how we build strong data systems, how we avoid duplicative administrative functions, and how we establish a sustainable model are all key items that need to be addressed. FHTs/NPLCs want, and need, to be partners in these discussions.

3 Strengthening Governance

Building a system that best meets the needs of patients in an equitable way, one that is truly population-focused, and that is deeply integrated at the local level will require strong governance at the local level. Last year, members identified a set of principles for governance of primary care organizations which helped guide AFHTO's work in advocacy and in developing learning opportunities and support for members to succeed in their roles as governors and leaders. Improving board performance and functions will remain a key ingredient to successfully navigating the changes ahead.

3.1 What we heard from AFHTO Members:

Members in the Leadership Session had the opportunity to dialogue on the **skills and competencies that are most in need on FHT/NPLC boards** if we are to succeed in a health system that is moving toward "population-based primary care". The skills and competencies identified were:

- **Strengthening governance practices**: including capacity to engage in system thinking and adopting a stronger strategic focus.
- **Building relationships**: through enhanced collaboration and networking with other primary care teams, LHINs, ministry, community, and other stakeholders.
- Improving **financial literacy** & **risk management.**
- Increasing **legal** aptitude.
- Understanding **change management**.
- Enhancing knowledge of **best practices**: both locally, provincially and nationally.
- Developing a **population health perspective**: including understanding/awareness of community needs.

"[Our board needs] a strong relationship with our community, other FHT boards, LHIN, Ministry of Health, other stakeholders."

- AFHTO member, Toronto Central region

As we move into this period of transformation, it provides a prime opportunity for FHT/NPLC boards to reflect upon current board composition and recruitment and identify the appropriate mix of background, experience and competencies. Two-thirds have done this or are in the process of doing so; one-quarter have yet to do so.

Has your FHT/NPLC board identified the skills and competencies required on the board, and nominated members accordingly?

- Have done both – 84 respondents (42%)
- Have done neither – 51 respondents (25%)
- In the process of – 50 respondents (26%)
- Don't know – 13 respondents (7%)

In the next 2-3 years we may expect to see a shift in the make-up of FHT/NPLC boards, with 42% of respondents indicating a move to increase the community presence on their boards and only 10% continuing with an all physician board composition.

What do you expect to see in the make-up of your board 2-3 years from now?

- Increase community presence on board – 80 respondents (40%)
- Continue with current mix of backgrounds – 62 respondents (31%)
- Continue with all-physician board – 20 respondents (10%)
- Continue with all community board – 14 respondents (7%)
- Increase provider presence on board – 4 respondents (2%)

4 Moving Forward: Hopes, Concerns and Support Strategies

It's fair to say that system transformation is a complex undertaking; while FHTs and NPLCs have expressed a willingness to embrace a new way of doing things, there is significant caution and trepidation in how change is implemented. At the centre of this, our members want to be heard. FHTs and NPLCs want to have a voice in the changes being considered and in the implementation details.

4.1 What we heard from AFHTO Members:

The final question in AFHTO's leadership session was – "If FHTs/NPLCs in your LHIN region are to succeed in a health system that is moving toward population based primary care:

- What are you most hopeful about?
- What are you most concerned about?
- What is the ONE most important thing that we, collectively through AFHTO, should do to support our FHT/NPLC members to succeed?"

Members were **most hopeful that a transition to population based primary care would lead to**:

- Improved health equity and access to primary care
- Enhanced alignment between population health needs and the resources/services available to meet those needs
- A more integrated system with seamless care for patients
- Better health outcomes for all members in a given community
- Improved ability to report on standardized, outcome focused performance measures and increased accountability
- More equitable funding and compensation

"Primary care is the quarterback of the health system and should be treated as such – we need to be valued, heard and included in the conversation."

- *Kavita Mehta, SE Toronto FHT + Chair ED Advisory Council (AFHTO conference closing plenary)*

Concerns clustered around:

- **Funding, capacity and sustainability**: including potential expectation to "do more with less"
- **HR recruitment and retention**: including pay inequities.
- **Fragmentation**: lack of evidence based framework or direction with respect to implementation.
- **IT integration**: lack of IT integration limiting ability for data sharing internally and externally across systems.
- **Lack of autonomy**: to respond and meet the local needs of our patients; one size fits all approach.
- **Disengagement**: including deconstructing what we have already developed and starting over; and implementing change without the buy in from the critical mass of primary care providers.
- **Consultation**: not being included in decision making regarding primary care.
- **Amalgamation**: including forced amalgamation of teams (especially smaller teams).

Closely tied to members hopes and concerns are the **supportive strategies** that we collectively, through AFHTO can focus on to advance system transformation and successfully embrace a population-based approach to delivering care.

- **Advocacy**
  - For a strong unified message to Ministry and LHINs on the evidence and value of team based care and the demonstrated leadership of our members.
  - For human resource/pay equity to support workforce stability, retention and recruitment.
  - For the unique needs and peculiar challenges faced by primary care teams as a result of geography (specifically in small, northern and rural communities).

"I'm certain that we can navigate these waters, if we stick to our principles, fight for sustainable funding, and measure and celebrate the work we do"

- *Sean Blaine, STAR FHT + AFHTO President*

- **Manageable meaningful measurement**
  - A comprehensive performance measurement framework that reflects the work we do, and the outcomes and impacts achieved.
- **Sharing best practice on collaborative practice**
  - Successes and failures, as well as standardized tools/policies/templates.
- **Change readiness**
  - Support for change management for teams.
  - Support for a planned approach to moving towards population based primary care; identifying primary care leaders based on readiness for change.
- **Focus on ALL of primary care**
  - Work with other primary care organizations to ensure reform efforts are inclusive of all of primary care (not just FHTs/NPLCs).
- **Streamlining opportunities**
  - Negotiating with and access to preferred suppliers provincially.
  - Outsource contracts on behalf of the sector to build a consistent risk management portfolio (policies and tools) instead of each team individually seeking consultations.

5 Related Themes through the AFHTO Conference

AFHTO will rely heavily on the input received from our members throughout the Leadership Session and annual conference to guide our work. The following section outlines the additional areas of focus for AFHTO and illustrates key messages heard by our members.

5.1 Building stronger relationships with the LHINs

Both the Ministry and AFHTO have communicated to members that we should expect a closer relationship between LHINs and primary care as primary care evolution unfolds. The most recent testament to this comes from the Minister of Health and Long-Term Care's address at Health Achieve on November 4th 2015.

"LHINs have the capacity to play a role that better acknowledges the true importance of local decision-making and local management. And that includes primary care."

- *Minister Eric Hoskins*

FHTs and NPLCs across the province are highly varied in the strength and nature of their current relationships with LHINs. The vast majority are concerned about LHINs' understanding of the complexities within primary care structures and appreciation for the value of team based care. There is an awareness that LHINs will need to learn from and include FHTs/NPLCs in the co-creation of a model that works for all. As noted from questions received and posed at the closing plenary, there is some skepticism about forming closer alignment with the LHINs. Yet there is also hope and a realization of opportunity – integrating primary care planning with the rest of the system may allow us to move to greater benefit for patients and communities.

"We're engaged in a bit of a grand experiment, trying to build something bigger than our own team"
- *Dr. Danielle Martin (AFHTO Bright Lights Dinner)*

As we move forward, we need to leverage our LHIN relationships and ensure there is a strong voice for primary care at the planning table. AFHTO will continue to facilitate LHIN relationship building through ongoing FHT/NPLC and LHIN CEO meetings and planning regional leadership sessions.

"Now is the time to get to know your LHIN. Now is the time for primary care leaders to become system leaders."
- *Paul Huras, SE-LHIN CEO (AFHTO conference closing plenary)*

5.2 Broadening access to teams

The Ministry has communicated intent to improve access to team-based primary care for all Ontarians who would most benefit. To shape the direction, AFHTO developed position statements on optimizing the value of and access to teams, including the need to stabilize the workforce in primary care teams. More equitable funding is absolutely essential to enable teams to attract and retain the staff needed to do all this work. Capacity is also constrained by current restrictions imposed by government on physicians wishing to join capitated funding models.

As demand grows to broaden access to teams, AFHTO members' collective work in defining how we measure and track health human resource capacity – in the next cycle of Data to Decisions – D2D 3.0 – will be critical to reducing the risk of compromising patient care and teamwork.

"Team-based care is the cornerstone of care in this province and needs to be equitably distributed. This requires equitable pay."
- *Deputy Minister Bob Bell (AFHTO Bright Lights Dinner)*

"Will government and LHINs be bold enough to reallocate the funds that will inevitably be saved in other sectors of the local health system and channel those funds into expansion of what we know is the best care for all Ontarians – comprehensive quality-driven team-based primary care?"
- *Sean Blaine, STAR FHT + AFHTO President (AFHTO conference closing plenary)*

5.3 Meaningful measurement and more meaningful reporting

Through the D2D initiative and supported by the work of Quality Improvement Decision Support (QIDS) Specialists, AFHTO members have been advancing manageable meaningful measurement. Following from the principles for determining accountability measures that emerged from the October 2014 AFHTO Leadership session, beginning April 1, 2016 AFHTO achieved Ministry commitment to make the following changes to the FHT-Ministry contract:

"Data to Decisions (D2D) is a total game changer."
- Dr. Danielle Martin (AFHTO Bright Lights Dinner)

- For **Schedule A – FHT Service Plan —** During the conference, EDs participating in a joint work group with the Ministry presented progress-to-date on a framework for conducting effective program planning and evaluation and improved template for reporting program plans. QIDS Specialists are working on a catalogue of standardized indicators linked to program objectives, to help teams in their indicator selection process. The conference concurrent session provided further opportunity for members to provide input into the framework and overall approach, and will be incorporated into the work as it unfolds.
- For **Schedule E - Programs and Services Quarterly Report Summary** – activity reporting ("widget counting") will be replaced by a report on a standard set of 6-12 meaningful indicators. The Ministry will consider AFHTO recommendations. In order to do so, consultation with member committees produced a short list of 7 potential contract indicators; on November 11 the AFHTO board invited all EDs, Lead Physicians and Board Chairs to give feedback on this list.

6 Next Steps

What came out from our members is a clear readiness to tackle the challenges that await us. Thank you to all the leadership in AFHTO's member organizations who have made their views known through the October 28th Leadership Session and throughout the annual conference. Guided by the input that has emerged from the membership, this journey will continue with on-going oversight by the AFHTO board and advice from the ED Advisory Council, Physician Leadership Council, NPLC Leadership Council, and Governance and Leadership Advisory Committee. Updates and further consultations with the full AFHTO membership will continue as the process unfolds.

AFHTO members are welcome to send further comments and ask questions at any time:

- Regarding advocacy work, to CEO Angie Heydon (mailto: Angie.Heydon@afhto.ca)
- Regarding the governance and leadership of FHTs/NPLCs, to the Provincial Lead for the Governance and Leadership Program, Bryn Hamilton (mailto: Bryn.Hamilton@afhto.ca)
- Regarding AFHTO's work to advance measurement capacity, to the Provincial Lead for the Quality Improvement Decision Support Program, Carol Mulder (mailto: Carol.Mulder@afhto.ca)

The Association of Family Health Teams of Ontario (AFHTO) is the advocate, network and resource centre for interprofessional comprehensive primary care teams.

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