



association of family
health teams of ontario

New FHT Contract

Membership Webinar

March 13, 2018

- **Webinar Mar 13, 2018**
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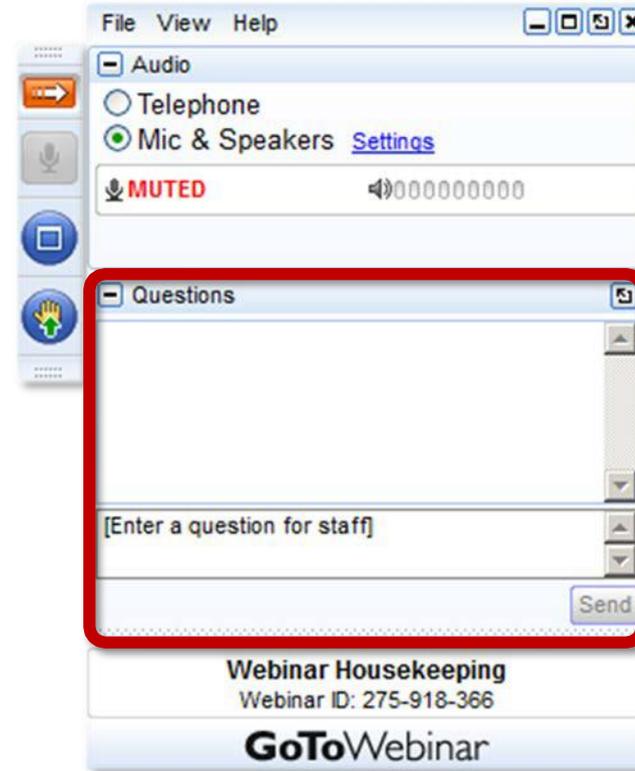
HOUSEKEEPING

How to Participate

All attendees are automatically muted. You must be logged in to the webinar to ask questions or send comments.

Options:

- Write + submit your questions and comments using the Questions Panel
- Raise your hand to be unmuted for verbal questions & comments.



TODAY'S AGENDA

1. Welcome
2. High level overview of changes in the FHT Contract
 - Nadia Surani and Fernando Tavares, Primary Care Branch, Ministry of Health and Long-Term Care
3. Material New Obligations in FHT Contract
 - Kathy O'Brien, DDO Health Law
4. Questions and Answers (please use question or chat boxes to raise your hand or to write your question)
5. Adjourn



Towards a New Family Health Team (FHT) Contract

**Presentation to FHT Boards and Executive Directors
March 2018**



Purpose

- To provide an overview of the changes on the renewed Family Health Team (FHT) contract.

Background and Context

- The Family Health Team transfer payment agreement was a five-year contract that expired in March 2016. Two one-year extensions were provided (in February 2016 and February 2017) to allow time for further consultations on potential changes.
- Over the past two years, the ministry has undergone extensive consultations to ensure the changes in the FHT Agreement reflect the collective aims and capabilities of the sector. Partners include the Ontario Medical Association (OMA), the Association of Family Health Teams of Ontario (AFHTO), Association of Ontario Health Centres (AOHC) and the Ontario College of Family Physicians (OCFP).
- The proposed changes build on the successes to date of Ontario's FHTs and aims to modernize the model of care, make it more responsive to changes in the environment and to patient needs and to incorporate learnings since the model was established over ten years ago.
- The new agreement will be effective April 1, 2018 and will replace the current funding agreement which expires on March 31, 2018.

Opportunities for Improvement

Research and Evidence

- The Conference Board of Canada (2014) conducted a formal five-year evaluation of FHTs that identified a number of best practices and significant variation.
- The Ontario College of Family Physicians (2013) examined how governance and other factors influence team-based care.
- Various provincial, national and international studies highlighting evidence, experience and perspective on team-based primary care delivery models.

Key Inputs

- Feedback from FHTs and sector associations.
- Governance and management audits of a number of FHTs, conducted by the Ontario Internal Audit Division, Ministry of Finance.
- Governance best practices.
- Patient surveys, including Ontario's Health Care Experience Survey (HCES).
- Ministry-FHT relationships and over a decade of experience with the model of care.

Objectives and Guiding Principles

- The FHT transfer payment agreements have not changed in nearly 7 years. During this period, FHTs have had the opportunity to mature as service delivery organizations, the policy environment has changed and the sector has had the benefit of research and evidence on the impact this model is having on patient care.

Objectives

- Modernization and alignment with the policy environment;
- Enable improved patient care, enhanced access and patient and community engagement;
- Build on strengths by supporting leadership, quality improvement and community-oriented program design and delivery.

Guiding Principles

- **Resource neutrality:** Changes should not require additional resources to implement;
- **Build on best practices:** Changes should not 'invent' new requirements but formalize best practices and emerging trends emerging in the sector;
- **Evidence-based:** Leverage findings from research and evidence to inform changes.

Overview of Contract Amendments

1	Term of the Funding Agreement <i>(Article 2.0)</i>
2	Assignment Provisions <i>(Article 33.0)</i>
3	Modernizing FHT Governance <ul style="list-style-type: none">• FHT Strategic Objectives <i>(Whereas Statement Page 1; Schedule A – Service Plan, section 1; Schedule A – Appendix 3)</i>• Skills-based Board <i>(Schedule A – Appendix 1 (Governance), section 6 and 7)</i>• Other Governance Changes<ul style="list-style-type: none">• Conflict of Interest <i>(Article 6.0)</i>• Not-for-profit Requirement <i>(section 3.1)</i>
4	Enhancing Patient Centredness <ul style="list-style-type: none">• Access <i>(Schedule A - Service Plan, section 2)</i>• Digital Health Requirements <i>(Schedule A - Service Plan, section 3)</i>
5	Local Planning and Engagement <i>(Schedule A - Service Plan, section 5, Schedule A – Appendix 1, Section B.2.)</i>
6	Quality Improvement <i>(Schedule A - section 4)</i>

1. Term of the Funding Agreement

Explanation

The term of the Funding Agreement will now be for four (4) years. *(Article 2.0)*

Rationale

A four year term is designed to provide stability and consistency in the terms and conditions associated with Ministry funding, while at the same time provide the opportunity for further enhancements to adapt and modify the FHT Agreement.

Implementation Timeframe

Effective April 1, 2018 to March 31, 2022

2. Assignment Provisions

Explanation

The assignment provision provides the Ministry with the ability to assign the agreement to another Ministry or Agency of the Government of Ontario without the prior consent of the FHT. (*Article 33.0*).

Rationale

- In the event that a decision is made to transfer the contract to another ministry or agency of government, such as a LHIN, the inclusion of this provision would enable an orderly transfer of funding and responsibility and ensure there is no disruption to funding or service delivery.
- **No decision has been made or timeline established regarding the transfer of FHT Agreements and the ministry will consult with sector prior to any decision being made or timeline established.**

3. Modernizing the FHT Agreement: FHT Strategic Objectives

Explanation

Inclusion of a series of shared principles that identify the strategic objectives of the FHT model of care. (*Whereas Statement Page 1; Schedule A – Service Plan, section 1; and Schedule A, Appendix 3*). The ministry and the FHT:

- Share the goals of providing population-based person-centred comprehensive primary care services that is timely, coordinated and continuous, tailored to the needs of the community and help people manage their own health and maintain independence...;
- Work together to develop collaborative partnerships with other primary care practices in the LHIN sub-region to ensure access and equity in delivery of interdisciplinary primary care services;
- Commit to ongoing evaluation of the effectiveness of services provided as part of its obligation to continuous quality improvement

Rationale

Previous Agreements included no reference to the strategic objectives of the FHT model of care or other elements that are unique to FHTs, leading to different understandings of the goals and outcomes being sought.

Implementation Timeframe

Effective April 1, 2018.

3. Modernizing FHT Agreement: Skills-Based Boards

Explanation

- Best efforts requirement for FHT boards to be skills-based in their composition to ensure the requisite skills are in place for effective governance. This would result in a transition of three separate FHT template agreements into one template agreement.
- Boards are required to undertake a self-assessment to identify skill gaps and to work towards filling those skill gaps. A skills matrix has been included in Schedule A – Appendix 2 to support this. (*Schedule A - Appendix 1 (Governance) section 6 and 7*).

Rationale

- Best practice in governance is to develop and maintain a skills-based board that includes the competencies required for boards to discharge their fiduciary responsibilities.
- This is a shift from the current models of governance, where FHT governance is defined by those who comprise board membership.
- Skills required include, among others, clinical skills that could come from clinicians affiliated with the FHT or from elsewhere in the community.

Implementation Timeframe

The requirement to make best efforts to ensure the FHT's Board of Directors possess the skills described in Appendix 1 will be enforced one (1) year from the effective date of the FHT Agreement.

3. Modernizing FHT Agreement: Conflict of Interest

Explanation

Strengthened conflict of interest provisions to ensure that conflict at the governance level is managed appropriately. *(Article 6.0)*

Rationale

To ensure conflict of interest provisions reflect best practice.

Implementation Timeframe

- The obligation to disclose to the ministry any perceived, potential or actual conflict of interest will be enforced six (6) months from the effective date of the FHT Agreement.
- This six month period is intended to give FHTs the opportunity to update all applicable FHT policies and procedures so that the FHT can comply with its disclosure obligations under Article 6.0 of the FHT Agreement

3. Modernizing FHT Agreement: Not-for-Profit Requirement

Explanation

Requirement for all FHTs to incorporate as not-for-profit corporations consistent with the Ontario or federal legislation applicable to not-for-profit corporations unless otherwise exempted by the ministry. (*section 3.1*)

Rationale

To ensure FHTs remain independent, not-for-profit corporations. Exemptions may be provided where FHTs may not be independently incorporated in cases such as Indigenous governed FHTs or academic FHTs. Requests for exemptions will be reviewed on a case by case basis.

Implementation Timeframe

For FHTs who need to incorporate, the ministry will provide a one (1) year exemption from the effective date of the agreement (April 1, 2018) to fully implement all requirements of the not-for-profit corporation.

4. Enhancing Patient Centredness

Explanation

The FHT must ensure stable and fixed hours of operation to allow for patient access and predictability:

- The FHT must ensure that patients are made aware of hours of operation through clearly visible clinic signage, voicemail, patient pamphlets, practice website and other means. (*Schedule A, Article 2*).
- The FHT must ensure patients with urgent health conditions have the ability to receive timely access to care. (*Schedule A – Service Plan, section 2*).
- The FHT must make reasonable efforts to ensure the option of email communication is available to patients. (*Schedule A – Service Plan, section 3*).

Rationale

Ensures the FHT Agreement includes key priorities identified by patients; namely, predictable and timely access to primary care and electronic communication.

Implementation Timeframe

The access requirements set out in section 2 will be enforced six (6) months from the effective date of the FHT Agreement.

The requirement to make reasonable efforts to ensure the option of email communications is available for patients will be enforced six (6) months from the effective date of the FHT Agreement.

5. Local Planning and Engagement

Explanation

Requirement for the FHT to deliver programs aligned with provincial and local priorities and based on a **community needs assessment**, in consultation with the LHIN(s) where the FHT is situated (*Schedule A, section 5*).

Requirement to **partner and consult in LHIN Sub-Region** initiatives including planning and integrating programs and services to improve access to interprofessional health providers and Health Human Resource planning (*Schedule A, section 5*).

The FHT is encouraged to address the **linguistic and cultural needs** of the population being served, and to address health equity through efforts to reduce health disparities related to language, Indigenous origin and newcomer status (*Schedule A – Appendix 1, Section B.2.*).

Rationale

To formalize FHT best practices in the areas of community-based program planning and delivery, local collaboration and leadership in LHIN sub-region based initiatives.

6. Quality Improvement

Explanation

Requirement for the FHT to submit a Quality Improvement Plan annually to Health Quality Ontario and the Ministry of Health and Long Term Care. (*Schedule A, Section 4*).

Requirement that the FHT board shall engage with its affiliated physician group to participate in the development and implementation of the FHT's Quality Improvement Plan. (*Schedule A, section 4*).

Rationale

To formalize the existing requirement for FHTs to submit an annual Quality Improvement Plan and to ensure a team-based, collaborative approach to quality improvement inclusive of all team members.

Implementation Timeframe

The obligation to engage physicians to participate in the development and implementation of a Quality Improvement Plan will be enforced one (1) year from the effective date of the FHT Agreement.

Next Steps

- Distribution of individualized Family Health Team agreements and Qs and As related to the new agreement.
- Review of the new FHT Agreement and return to the ministry **by March 28, 2018** in order for the ministry to process the FHT's April 2018 payment.
- Should there be extenuating circumstances preventing this from happening, please contact your designated Senior Program Consultant in the Primary Health Care Branch.



FHT Funding Agreement

Kathy O'Brien

AFHTO Webinar, March 13, 2018

Material New Obligations - Incorporation

- Incorporation is required, unless expressly exempted by Ministry, as of April 1, 2018 (expedited incorporation is possible – 7-day turnaround)

Material New Obligations - Partnerships

- Agreement recitals on first page state that “the Ministry and the Recipient work together to develop collaborative partnerships with other primary care practices in the LHIN sub-region to ensure access and equity in delivery of interprofessional primary care services”
- Schedule A, Appendix 1 also references strategic partnerships as a way to deliver high-quality, equitable and continuous services
- Consistent with obligation under LHIN legislation for all health service providers to “identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services” – section 24

Material New Obligations - Governance

- Transition to a skills-based Board per Schedule A
 - Note that the Ministry has advised that the requirement to make best efforts to ensure the Board possesses the skills described will not be enforced until April 1, 2019 – but the Agreement itself does not say that
 - Agreement says “Prior to the execution of this Agreement”, Recipient shall establish a governance structure addressing the matters listed in Schedule A – Appendix 1
- No longer any requirement about physicians being part of the membership of the FHT – up to each FHT
- Also a requirement to advise the Ministry of any changes in governance structure within 30 days

Material New Obligations – Employees Only

- No independent contractor arrangements allowed, except with Ministry approval – must be employees

Material New Obligations – Privacy Practices & Training

- There is a new emphasis on privacy practices and privacy training for staff
- Must have and implement information management protocols to protect patient confidentiality, consistent with PHIPA
- Must ensure that staff and independent contractors are fully aware of their privacy obligations under PHIPA

Material New Obligations – Procurement

- More rigorous procurement requirements, more in line with Broader Public Sector requirements
- FHT must conduct an invitational procurement process (with quotes from at least 3 vendors) for goods or services between \$10K and \$100K
- FHT must conduct open competitive procurement process for goods or services over \$100K
- Update procurement policy

Material New Obligations – Cyber Liability Insurance

- New requirement for \$2M in cyber insurance – Agreement does not say what components need to be in the policy
 - Cyber terrorism
 - *Cyber extortion**
 - Theft of mobile devices, laptops, USB flash drives and other electronic devices
 - *Network and information security breaches and notification**
 - *Regulatory proceedings**
 - *Credit monitoring services**
 - *Fines, penalties* (may be limited coverage)*
 - Personal injury
- Consult your insurer/broker

Indemnity/Limitation of Liability

- Clear language that FHT not liable for the acts or omissions of the physician services provided by the Affiliated Physicians
- Indemnity remains capped at insurance proceeds

Assignment Clause

- Ministry can assign the agreement, without consent, to any Ministry or Agency of the Government of Ontario
- Of course, the Ministry has the right to assign to the LHIN regardless, per section 19(3) of the LHIN legislation:
 - The Minister may assign to a LHIN the Minister's rights and obligations under all or part of an agreement between the Minister and a health service provider.
 - Recall that FHTs became health service providers as of December 8, 2016 via Bill 41, the *Patients First Act*

Unilateral Changes to Schedules by Ministry

- Fairly standard for a funding agreement/transfer payment agreement
- Even if this were removed, Ministry still has power to terminate the entire funding agreement on 90 days' notice and use that as leverage to require agreement with proposed changes
- This way, continuity of funding is assured

Questions?