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## Family Health Teams

*Advancing Family Health Care*

# Guide to Completing a Family Health Team Wave 4 Application Form

June 2009

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## Introduction

The **Application Kit** for Family Health Teams Wave 4 consists of four documents.

**This is Document #3 of the Wave 4 Application Kit: *Guide to Completing a Family Health Team Application Form.***

This guide provides useful advice and tips for completing the application form. It is highly recommended that all applicants read the guide before and/or when completing the application form.

## What else does this guide do?

This guide also provides an overview of the Family Health Team selection process and information and tips on a question-by-question basis to assist with completion of the application. The question-by-question section also lists the names of the Ministry of Health and Long-Term Care (the ministry), resources that you may find helpful. It is recommended that you use this guide to complete the Family Health Team application as it contains many details on Family Health Team requirements and tips on answering questions.

### **Note:**

The Family Health Team Wave 4 Application Kit and all relevant guides are available on the ministry's public website at: [www.health.gov.on.ca/familyhealthteams](http://www.health.gov.on.ca/familyhealthteams).

## How will Family Health Team applications be evaluated?

The ministry undertook a needs assessment considering a range of key population and health indicators to determine which Local Health Integration Networks (LHINs) have the greatest need for additional resources. These LHINs are: *North West, North East, Erie St. Clair, North Simcoe Muskoka, Central West, Central East, Champlain, and South East.*

Key indicators for assessing need included:

- Proportion of unattached patients;
- Prevalence of one or more of nine chronic diseases, including diabetes;
- Number of full time equivalent (FTE) general practitioners/family physicians in a LHIN per 10,000 population; and
- Number of existing Family Health Teams/Community Health Centres.

In addition, the ministry is extending an invitation for the establishment of Family Health Teams to existing Shared Care Pilots<sup>1</sup> and to applicants interested in expanding Family Medicine Training capacity in an interdisciplinary family health care setting, within any LHIN.

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<sup>1</sup> The Shared Care Pilot project was announced in 2006 to bring together physicians and interdisciplinary healthcare providers (IHP) to foster a shared care delivery model of comprehensive primary health care services with particular emphasis on chronic disease management, health promotion and disease prevention. There are six Shared Care Pilots in Ontario: Organisation de Sante Familiale Hawkesbury; Brampton East Medical Group FHG – Shared Care Pilot Site; Cochrane FHG – Shared Care Pilot Site; Downsview Family Health Group – Shared Care Pilot Site; London Doctors Relief Services FHG – Shared Care Pilot Site; and Plantagenet FHG – Shared Care Pilot Site.

Applicants interested in the expansion of Shared Care Pilots and Family Medicine Training capacity should note that the expansion is relative to the Family Medicine Training Units that are developed solely in conjunction with the University Departments of Family Medicine.

The new Family Health Teams will be comprised of a range of health care professionals who will work collaboratively to provide comprehensive, accessible and coordinated family health care to a defined population, including patients who do not currently have a family health care provider. In addition to the provision of direct health care services, new Family Health Teams will support other ministry initiatives including reducing unattached patients, improving chronic disease prevention and management with an initial focus on diabetes to support the Ontario Diabetes Strategy; and supporting the expansion of Family Medicine Training capacity, and integrated cancer screening. New teams should be prepared to participate in implementing the Ontario Diabetes Strategy through approaches such as the development of diabetes programs and services that would be delivered through a registered nurse and dietician or health educator.

Family Health Team applications will be evaluated on the following five aspects:

1. Family health care availability in your community – This aspect focuses on the community in which your proposed Family Health Team will be located, the characteristics of your geographic region, prevalence of chronic disease (with a particular emphasis on diabetes), proportion of unattached patients, and the availability of existing family health care services.
2. The proposed providers in your Family Health Team – This aspect focuses on the specifics of your proposed Family Health Team including the planned number of family physicians, the number of other planned providers, their roles and the roles of any community partners, as well as the commitments made by each provider. Applicants should describe how they will collaborate with other local health care providers and identify how they will link with relevant community organizations to deliver comprehensive family health care services.
3. The family health care needs of the population you intend to roster in your Family Health Team and the services you intend to provide – This aspect focuses on the characteristics and health care needs of the population your proposed Family Health Team intends to serve, and the services the Team will provide to meet the family health care needs of this population.

*Successful applicants will be expected to reduce the number of unattached patients in their community, and to participate in other Family Health Care initiatives such as integrated cancer screening and chronic disease management programs.*

4. Community Partnerships – This aspect focuses on planned collaborations with community partners (e.g. Municipality, business, community agency, etc.) and their financial or in-kind support for your proposed Family Health Team. With your application, you must include a signed letter of commitment from each community partner, which indicates the nature of proposed support and any specific funding commitment.
5. Readiness to Operate – This aspect focuses on the length of time that will likely be required for your proposed Family Health Team to become operational, and whether space and human or other resources for your Family Health Team have been identified. As identified in the Document # 1 *Introduction to Family Health Teams* of the Wave 4 Application Kit, the criteria for assessing readiness to implement a Family Health Team represent the foundational building blocks that indicated an enhanced state of readiness and becoming operational in a shorter period of time.

You will need to consider the following five factors and address them in the Application:

1. Governance;
2. Human Resources;

3. Accommodations;
4. Knowledge and Integration of Family Health Care services in the community; and
5. Information Technology.

All applications will be reviewed by the ministry's multidisciplinary panel with the ministry reserving the right to consult with the broader public sector (e.g. Local Health Integration Networks) regarding specific applications in conjunction with regional needs. Discussions with ministry staff on details of individual applications will only occur with applicants after the review process has been completed.

By submitting applications, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry's sole and absolute discretion.

## What information is available to assist in the writing of the application?

Useful references to support your application can be found at the following websites:

### Statistics Canada - Community Profiles

English:

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/Index.cfm?Lang=E>

French:

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/Index.cfm?Lang=F>

### Integrated Health Service Plans for the following LHINs:

1. [Erie St. Clair](#)
2. [South West](#)
3. [Waterloo Wellington](#)
4. [Hamilton Niagara Haldimand Brant](#)
5. [Central West](#)
6. [Mississauga Halton](#)
7. [Toronto Central](#)
8. [Central](#)
9. [Central East](#)
10. [South East](#)
11. [Champlain](#)
12. [North Simcoe Muskoka](#)
13. [North East](#)
14. [North West](#)

### Public Health Units Health Status Reports

To locate your Public Health Unit on the internet, click on the link below, select the Health Unit for your area and search the site for Health Status Reports.

[http://www.health.gov.on.ca/english/public/contact/phu/phuloc\\_dt.html](http://www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html)

## What if our Family Health Team application is selected?

If your Family Health Team application is selected, you will receive a letter of confirmation. A ministry contact will be assigned and will advise you of the next steps towards implementation, including the preparation of a *Development Grant Application* and your *Business and Operational Plan*. At this application phase, you should consider your timelines and work plan for developing these critical elements should you be successful. Any confirmed timelines and work plans should be reflected in your response to Question 17.

## Guide to completing the Family Health Team Application Form

### SECTION 1: ABOUT YOU

This section provides the ministry with your business contact information. The ministry may release this information to requesting individuals or organizations (e.g. LHINs).

#### Question 1

Please fill out the information for the person who should be contacted by the ministry with any questions or communications. **All applications must include “Family Health Team” in their group’s name.**

The ministry frequently receives requests for the release of contact information. The requestors for this information include individuals or organizations such as health care providers looking for a job in family care practice models, contractors looking for work in developing new practices, and media enquiries.

By submitting this application form, Family Health Team Wave 4 applicants consent to the release of the information contained in Question 1 to requesting individuals or organizations – in the event that the group’s application is successful. This consent includes permission to post such information on a ministry website.

### SECTION 2: ABOUT YOUR COMMUNITY

This section describes for the ministry, the community in which your proposed Family Health Team will be located, providing the ministry with information on your region and the availability of existing family health care services.

#### Question 2

This is to determine in which region of the province your proposed Family Health Team will be located. To determine which of the LHIN areas your proposed Family Health Team is in, you can use the ministry’s locator at:

[http://www.lhins.on.ca/FindYourLHIN.aspx?ekmense1=e2f22c9a\\_72\\_254\\_btnlink](http://www.lhins.on.ca/FindYourLHIN.aspx?ekmense1=e2f22c9a_72_254_btnlink)

#### Question 3

A catchment area is the geographic area in which the patients of your proposed Family Health Team reside.

Please include the following information and any other details that could impact your community’s health or access to family health care services:

- Geographic boundaries, including municipality/township and county/district/region; and

- Population size, health characteristics (e.g. prevalence of chronic disease, particularly diabetes, age and sex<sup>2</sup>) and distribution.

Information about your community can be found through Statistics Canada, located at:

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/Index.cfm?Lang=E>  
<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/Index.cfm?Lang=F>

#### Question 4

Please describe the existing family health care services in your community, including availability and proximity of family health care practices, family physicians, Family Health Teams, Community Health Centres and/or any other information about how the community currently receives family health care services. Please indicate here if the proposal is an expansion of an existing Family Health Team, for the purpose of expanding Family Medicine Training capacity in partnership with a Family Medicine Teaching Unit.

#### Question 5

Please describe the family health care gaps (if applicable) you have identified in your community (i.e. health care services that are not available) and any difficulties patients are experiencing regarding patient access to family health care services in your community (i.e. unattached patients). Your answer should explain why patients are experiencing difficulties in accessing services, including access to specific family health care services to address any unmet health needs you have identified in your community.

Information about family health care services in your community and gaps can be found in Local Health Integration Network (LHIN) Integrated Health Service Plans (see page 4), Public Health Units, Urgent Care Centres, and/or Community Care Access Centres.

### **SECTION 3: ABOUT YOUR FAMILY HEALTH TEAM**

This section provides the ministry with information about your proposed Family Health Team, including the planned number of family physicians and other providers, their roles, and the roles of any community partners.

#### Question 6

This question is to determine which governance type applies to your proposed Family Health Team and any partners that will be involved, if applicable. Please provide details on how all groups involved with the governance of your proposed Family Health Team will be involved.

*Governance* refers to the manner in which the affairs of the Family Health Team will be managed and supervised.

Family Health Teams will be able to choose from three basic governance types:

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<sup>2</sup> Applicants can contact their LHIN or Public Health Unit to obtain this information and must provide the source of the information.

- i. Physician-Led – non-profit corporations governed by a Board of Directors with physician representation;
- ii. Community Led – community-based non-profit corporations governed by a Board of Directors including local community representation; or
- iii. Mixed governance model – a mix of community and provider-based groups coming together through a non-profit corporation with a Board of Directors.

**Guide reference:** The *Guide to Governance and Accountability* provides additional information on the possible types of Family Health Team governance.

### Question 7

All physicians participating in Family Health Teams must either be in, or move to, one of the four specified physician compensation models<sup>3</sup>.

If physicians committing to your proposed Family Health Team will be expanding or transitioning to a physician compensation model, please check off the appropriate model(s) on the checklist provided and indicate the name and number of the group, as well as the lead physician's name. Please specify if your group is currently in a Shared Care Pilot.

**Guide reference:** The *Guide to Physician Compensation* provides a description of physician compensation models.

### Question 8

This question is to determine/identify the family physicians that will be affiliated with your Family Health Team, and other roles they may provide in the community, e.g. emergency room coverage (please describe).

Attach a letter from each physician proposing to be affiliated to the Family Health Team that confirms the physician's commitment and role in your Family Health Team, including direct clinical services to be provided and/or other services, including consultation and collaboration services to the Family Health Team.

### Question 9

This question is to identify the proposed number of interdisciplinary healthcare providers and specialists that will be affiliated with your Family Health Team, their discipline, their full-time equivalency (FTE), and their role in your Family Health Team (e.g. provision of core services and/or program delivery).

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<sup>3</sup> Family Health Team eligible physician compensation models include: blended complement (Rural and Northern Physician Grant Agreement), blended capitation (Family Health Network or Family Health Organization), or blended salary model.

Where applicable, attach a letter from each interdisciplinary healthcare provider and specialist that has committed to your Family Health Team. This letter should confirm the individual's commitment and role in the Family Health Team.

#### Question 10

This answer identifies any partners that your Family Health Team plans to work with to provide services in your community. Please provide details on the planned service delivery collaboration. Examples of providers that you might partner with include, but are not limited to: specialist services, mental health services, pharmacist's services, walk-in clinic(s), nutrition counselling, Public Health Unit(s), Community Care Access Centre(s), hospital(s), rehabilitation, palliative care, urgent/emergency care, and colleges, universities, and Faculties of Medicine. Complete the chart in the application form and provide a letter of support from the Chair of your partnering Department of Family Medicine.

Please provide original, signed letters for any partners listed. Each letter should outline the roles that each group will play in the partnership.

### **SECTION 4: ABOUT YOUR PROGRAMS**

This section provides the ministry with information about the population your proposed Family Health Team intends to serve and the services your clinic will provide to meet the family health care needs of your community.

#### Question 11 a)

Describe why the population(s) you intent to serve are priority populations in your community (i.e. those in greatest need, currently without a family health care provider), if applicable.

Please include any characteristics that could influence the health of your enrolled patients such as:

- Socio-economic status: may include the level of unemployment, the income and wealth distribution, and the education level distribution in your community;
- Occupational risks: may include industry and issues around workplace safety and health, such as exposure to asbestos;
- Disease burden: may include the most significant diagnosis or conditions (e.g. chronic disease, with a particular emphasis on diabetes), including co-morbidities that affect your community (please provide statistics if available);
- Modifiable risk factors: please describe any modifiable risk factors that may affect the health of your community, such as smoking, obesity and others (please provide statistics, if available);
- Age structure: may include the age distribution of your community (e.g. the percentage of the community over 70 years of age, percentage of babies and children);

- Ethnicity: may include information on the ethnic composition of your population, and flag any health conditions associated with specific ethnic communities; and
- Francophone/language barriers: may include information on Francophone or other populations/communities to be served, including known health status or conditions, current access to services in French in the area, etc.

For additional information about determinants of health, please see:

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>.

For additional information on health indicators, please see the Canadian *Community Health Survey* indicator profile:

<http://www.statcan.gc.ca/pub/82-221-x/2008001/5202308-eng.htm>.

### Question 11 b)

This answer provides information about how your proposed Family Health Team will improve access for the priority populations described in Question 11a that you intend to serve. Your response should indicate the current level of access for these populations and how your Family Health Team will reach these patients to provide better access to address their family health care needs. This answer should describe the proposed role your Family Health Team will play in delivering and improving family health care services to the community, and will describe how your proposed Family Health Team will meet the family health care needs in your community. Please include any specific programs, if applicable, that may not be readily available for your target population(s) that you plan to implement through your proposed Family Health Team (e.g. a fall prevention program for a population with a high proportion of enrolled patients over 70 years of age or a diabetes chronic disease management program in a community with a large proportion of Aboriginal patients).

### Question 12

This question requests the total number of new patients participating physicians expect to enrol in your Family Health Team when the team is fully operational and all providers have been recruited.

If your physicians are already in a patient enrolment model, state your combined current enrolment for your group, and indicate the additional patients you expect to enrol.

You may refer to the *Guide to Patient Enrolment*.

### Question 13

Please indicate which family health care services your proposed Family Health Team will provide to your enrolled patients and include the following information:

**Core Services:** All Family Health Teams are expected to provide all the services listed in the table provided with the application. However, if your proposed Family Health Team will not provide a listed service, be sure to provide a rationale as to why the service will not be offered.

Programs: All Family Health Teams are expected to provide programs to meet the needs of their community. Please summarize your answer to Question 11b in the chart provided with the application. Use only the examples as applicable to your application. Additional spaces have been left in the table to allow you to add any programs you would like to offer to meet your community's needs.

Directly or in coordination with others: Please be sure to indicate whether your proposed Family Health Team will provide services directly or in coordination with others not involved in the Family Health Team. For example, a Family Health Team may provide obstetrical, pre-natal and post-natal care in coordination with a community hospital or a health promotion class in coordination with a local non-profit association. As indicated earlier, other examples of providers that you might partner with include, but are not limited to: specialist services, mental health services, pharmacist's services, walk-in clinic(s), nutrition counselling, Public Health unit(s), Community Care Access Centre(s), hospital(s), rehabilitation, palliative care, and urgent/emergent care.

Please also provide a brief description of the services you plan to offer. For example, "organized health promotion and disease prevention programs" should include routine screening and immunizations but may also include a smoking cessation program. "Patient education and preventative care" may include a fall prevention session for a community with a large elderly population or "chronic disease management programs" could include a diabetes clinic for a community with a high incidence of diabetes. This should relate to the community needs discussed in Questions 5 and 11.

### **SECTION 5: ABOUT YOUR COMMUNITY PARTNERSHIPS**

This section provides the ministry with information about planned collaborations with community partners and their financial support for your proposed Family Health Team.

#### Question 14

Please identify any funding partners who have committed to provide support to your Family Health Team. The ministry encourages communities and their partners to support and develop creative solutions to one-time (e.g. capital) and ongoing (e.g. supportive infrastructure) costs to support the introduction of the Family Health Team.

For all partners who have committed to providing funds, please be sure to include an original and signed letter of commitment. The letter should detail the nature of the proposed support(s), the specific term(s) and amount(s) of the planned contribution(s).

### **SECTION 6: ABOUT YOUR READINESS TO OPERATE**

This section help the ministry determine the length of time that would be required for your proposed Family Health Team to become operational and whether space and human or other resources for your Family Health Team have been identified.

Having a site, plans to acquire a site, or identified available rental space in the community in which you are planning your Family Health Team is an important step towards operational success. These questions will help the ministry to determine the "readiness" of your Family Health Team to begin providing patient services.

#### Question 15

It is expected that Family Health Teams will co-locate health service providers in a single site whenever feasible. If the site of your proposed Family Health Team has been chosen, please provide the street address. Describe the site that has been selected and, if applicable, details on any renovation/construction of the site that might be required prior to readiness. Also indicate the approximate time it would take for your proposed site to be “move-in” ready following approval.

If you have not secured a location(s) for your Family Health Team, please describe your plans to identify and secure a permanent site.

#### Question 16

The use of information technology in family health care services has many demonstrated benefits. Please describe how your Family Health Team currently uses or plans to use information technology to support your practice.

You may refer to the *Guide to Information Technology*

#### Question 17

Please provide as much detail as possible about the factors that will affect the length of time your proposed Family Health Team would need to become fully operational. The goal is to achieve operational status within 12 months or less. Consider delays that may be caused by capital expansions, availability of health professionals in your community, and any other issues that may cause delays. Also consider a “phased-in” approach using temporary space and recruiting in stages to fit available space.

Please fill out the table with approximate timelines for each phase of the roll-out of your Family Health Team. The following is an example of headings and some key factors that may influence readiness.

<b>Phase</b>	<b>Implementation</b>	<b>Key Steps</b>
1) Within 1-to-4 months	Develop Business Plan: <ul style="list-style-type: none"> <li>Identify patients and services</li> <li>Identify human resources</li> <li>Identify space requirements, identify and select site, and plan required renovations</li> <li>Identify information technology</li> <li>Plan timing and roll-out</li> <li>Business plan completed and submitted</li> </ul>	<ul style="list-style-type: none"> <li>Receipt of funding to develop <i>Business and Operational Plan</i></li> <li>Identify and acquire consultant resources e.g. project manager/consultant</li> <li>Identify accommodation/site and assess its readiness</li> <li>Receipt of development funding from community partners and ministry</li> <li>Complete operational and business planning</li> <li>Identify IT infrastructure</li> <li>Confirm commitment of physicians and interdisciplinary healthcare providers</li> </ul>
2) Within 5 months	Approval from Ministry	<ul style="list-style-type: none"> <li>Ministry approval of <i>Business and Operational Plan</i></li> <li>Sign funding agreement</li> </ul>
3) Within 6-to-9 months	Implementation of Family Health Team Services	<ul style="list-style-type: none"> <li>Lead Administrator hired (e.g. executive director, manager)</li> </ul>

		<ul style="list-style-type: none"> <li>• Establish governance model</li> <li>• Receipt of funding from community partners and ministry</li> <li>• Develop recruitment strategy</li> <li>• Acquire IT infrastructure</li> <li>• Enrol patients to the physician compensation model within the Family Health Team</li> <li>• Build the collaborative team structure</li> </ul>
4) Within 9–to-12 months	Operational	<ul style="list-style-type: none"> <li>• Hire at least one interdisciplinary healthcare provider, and continue recruitment of approved Human Resources</li> <li>• Provide services and programs</li> <li>• Renovate Family Health Team site (if applicable)</li> </ul>
5) 12 months and beyond	Fully Operational	<ul style="list-style-type: none"> <li>• Hire a majority of approved Human Resources</li> <li>• Evaluate Family Health Team to identify areas of strength and weakness</li> </ul>

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