
Family Health Teams

Advancing Primary Health Care

Guide to Strategic and Program Planning

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Purpose

This guide has been developed to provide information about strategic and program planning to groups that are forming Family Health Teams. The information is meant as a resource to assist Family Health Teams in planning programs that will address the health needs of their patient population. Additional resources are provided at the end of this document which interested groups may wish to review.

What is Strategic Planning?

Strategic planning is a part of governance (see the Guide to Governance and Accountability) that focuses on planning for the long term. The strategic planning process includes:

- setting long-term objectives
- developing plans and procedures to achieve these objectives
- determining if these objectives have been met

Planning for the long term will assist Family Health Teams to develop an approach to services, including how the team will address population health needs and determine if they are met.

What is Population Health?

Population health aims to improve the health of a defined population. For Family Health Teams, this may be the people in their community or the patients in their practice. The benefits of a population health approach extend beyond improved health outcomes. A healthier population is better able to enjoy the activities of daily living and support and sustain itself over the long term (retrieved from <http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/index.html#What>).

Many factors influence people's health. These factors, called **determinants of health**, include social, economic and environmental factors like air quality. Some of the factors that are known to influence health include education, income level, social supports, early childhood development, health practices such as smoking, alcohol and drug use, diet, and physical activity, and human biology (retrieved from <http://www.phacaspc.gc.ca/phsp/phdd/determinants/index.html#determinants>).

Introduction

Family Health Teams provide for flexibility, rather than a 'one size fits all' approach, that will allow interdisciplinary teams to meet the needs of their population by offering different programs, tailored to local needs. Each Family Health Team will need to consider how to translate a range of primary health care programs and services into practice to address the health needs of its local population.

For many teams, the planning process started with the Family Health Team application. Groups considered the population that would be served, their health needs, and the services their team would offer to address these needs. Family Health Teams will need to engage their internal team to continue the strategic planning process. The planning group could include members of the Family Health Team, the Family Health Team Executive Team, Board of Directors, or Community Advisory Board (see the Guide to Governance and Accountability).

The following steps will help guide your Family Health Team through the strategic planning process. A template is provided in the Appendix to assist teams complete each step.

Steps to Strategic Planning

a. Determine your Family Health Team's internal and external environments

The internal environment of your Family Health Team includes both interdisciplinary team members and rostered patients. Knowing the overall attributes of your patients will help teams to determine health needs and develop strategies to address them. Attributes that are often used to describe a population include age, gender, ethnicity, health practices, health status, and socio-economic status. Environmental factors that may influence health, such as local industries, should also be considered.

The external environment refers to the local community, its available health resources and potential community partners (see the Guide to Community Partnerships/Local Integration). By working together, your Family Health Team will gain a clearer understanding of local needs and available resources, and can identify issues and opportunities to be addressed including information needs and potential data sources.

Information about your patient population may be available from computerized records. Patient surveys may also provide information. Local health units and municipal and regional planning departments are excellent resources for population information at the community level. In some communities, the types of emergency room admissions may provide information on health conditions that are prevalent in the community (see Resources, page 7).

b. Decide on a vision and mission

A vision statement describes the long-term goal of an organization. Family Health Teams may wish to develop a vision statement that reflects their commitment to improving the health of individuals in their community.

A mission statement outlines the purpose of an organization. Family Health Teams may chose to highlight the services their team will provide to achieve their vision such as accessibility, comprehensive care, and health promotion and chronic disease management programs.

c. Develop strategic objectives

Strategic objectives set out what an organization intends to achieve. Objectives should be measurable and meaningful. They should concentrate on major responsibilities, be patient-centred, and focused on outcomes such as impact, quality, patient satisfaction, timeliness, and efficiency. These objectives will assist teams to evaluate their achievements and adjust plans as needed, and provides a measure of accountability to the Family Health Team, the community, and the funders (see the Guide to Governance and Accountability).

d. Develop and prioritize strategies

With objectives in place, your Family Health Team can begin to develop strategies that will contribute to achieving the objectives your team has set out. A number of strategies may be proposed – some may already exist in the community, others may need to be developed to address gaps in health services. Each Family Health Team will need to prioritize and link to existing programs where appropriate, to achieve its objectives, coordinate services, and reduce gaps and duplications in services.

Program Planning for Population Health: Who, What, How, When, Where, Why

Program planning sets out the activities and resources that will be required to implement programs that contribute to achieving the objectives your Family Health Team has developed.

Addressing the key questions below (Who, What, How, When, Where, Why) may assist Family Health Teams as they develop population-based programs for their patients:

- Who will be served by the program?
- What are their health needs and the resources available to address their needs?
- How will the program address gaps in health services?
- When will the program be delivered?
- Where will the program be delivered?
- Why is the program important (i.e. evaluating outcomes)?

a. **Who** is the population?

Programs may be geared to all patients rostered to the Family Health Team or sub-groups with specific attributes.

b. **What** are the population health needs and community health resources?

After identifying the health needs of the defined population, available health resources in the community should be considered and opportunities for collaboration established (see the Guide to Local Community Integration).

c. **How** will gaps be addressed?

Gaps in health services can be identified by comparing identified health needs to existing health resources. The wide range of skills and expertise of interdisciplinary providers in Family Health Teams (see the Guide to Collaborative Team Practice) have the potential to address many of the gaps in health services (see the Guide to Health Promotion and Disease Prevention and Guide to Chronic Disease Management).

d. **When** will services be delivered?

Procedures for scheduling interventions at appropriate intervals will help to ensure that patients receive timely care (see the Guide to Chronic Disease Management and the Guide to Health Promotion and Disease Prevention). Family Health Teams may wish to consider developing and implementing programs in phases, so as not to overburden interdisciplinary team members.

e. **Where** will the services be delivered?

Collaboration with internal and external providers including Community Care Access Centres, Public Health Units, Independent Health Facilities, and hospitals will be required to coordinate services and avoid gaps or duplications of services (see the Guide to Local Community Integration). For example, FHTs may collaborate with local Health Units to implement the Best Start Strategy to support healthy child development and learning as well as the Healthy Babies, Healthy Children program (<http://www.children.gov.on.ca/CS/en/programs/Healthy/default.htm>).

f. **Why** is the program important?

As with strategic objectives, program objectives should be realistic, measurable, and meaningful and focused on outcomes such as impact, quality, patient satisfaction, timeliness, and efficiency. In this way, Family Health Teams will be able to evaluate their programs and adjust them if necessary.

Funding Assistance

Once your Family Health Team has determined which strategies and programs will be pursued, the team will need to develop a proposal to request funding for human resources, and capital and operating expenses (see Family Health Team Guide to Business and Operational Planning).

A development assistance grant is available to assist eligible groups, where appropriate, with strategic and program planning (see the Guide for Development Grant Application and Family Health Team Development Grant Agreement).

Where to Get More Information

For more information on population health, please refer to the list of Resources on page 7.

All potential Family Health Teams will be assigned a ministry FHT coordinator. This ministry contact person will be your guide to assist you to work through the details and options of establishing a FHT.

If you have not yet been assigned a coordinator, please contact the ministry at:

E-mail: FHTinquiry@moh.gov.on.ca
Address: Primary Health Care Team
Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto, ON M5S 2B1
Telephone: 416-212-6155
Toll Free Phone: 1-866-766-0266

For more information on Family Health Teams in general, please refer to the Family Health Team Fact Sheets or the Ministry of Health and Long-Term Care website at: http://www.health.gov.on.ca/transformation/ght/ght_mn.html

Resources

Population Health

Public Health Agency of Canada–Population Health Approach

<http://www.phac-aspc.gc.ca/ph-sp/phdd/index.html>

Health Canada - The Population Health Template: *Key Elements and Actions That Define A Population Health Approach*

http://www.phac-aspc.gc.ca/ph-sp/phdd/pdf/discussion_paper.pdf

Public Health Units in Ontario

http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

Health Data

Statistical Profile of Canadian Communities (Statistics Canada)

<http://www12.statcan.ca/english/profil01/PlaceSearchForm1.cfm>

Research Atlases (Institute for Clinical Evaluative Sciences) - comprehensive research studies covering a range of disease-specific topics, the atlases feature geographical breakdowns of regional patterns in health care delivery.

http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=67

LHINs (once established)

Evidence-based Decision-making

Cochrane Library - consists of a regularly updated collection of evidence-based medicine databases, including The Cochrane Database of Systematic Reviews.

<http://www.cochrane.org/reviews/clibintro.htm>

Cancer Care Ontario Program in Evidence-Based Care (PEBC)

PEBC Web Resources include the PGI Practice Guidelines and Evidence Summaries.

http://www.cancercare.on.ca/access_PEBC.htm

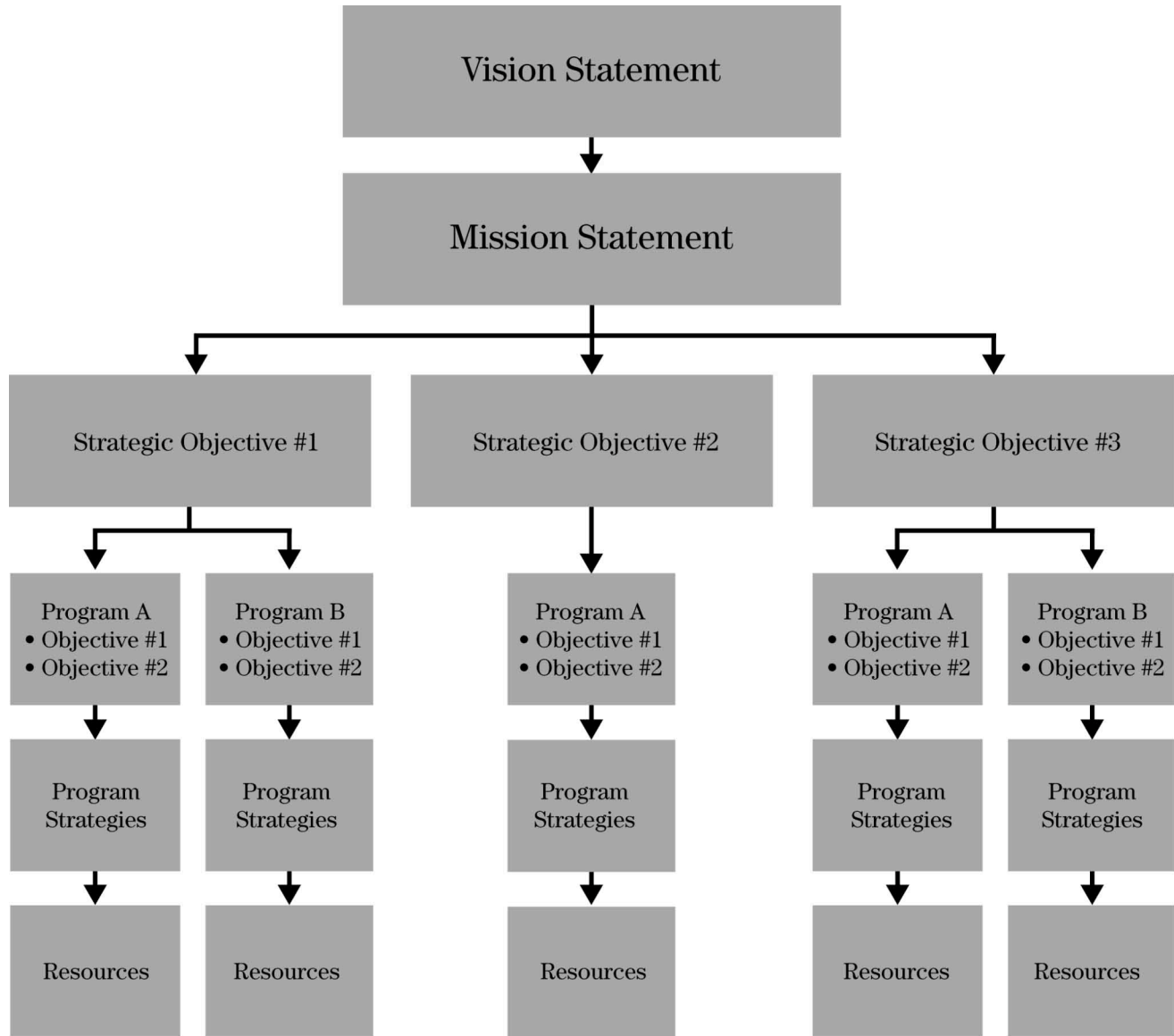
health-evidence.ca

Provides research evidence and rates systematic review evidence to compile information in searchable online registry.

<http://health-evidence.ca/default.aspx?lang=en>

Appendix

Strategic and Program Planning Outline for Family Health Teams



Strategic Planning Template for Family Health Teams

a. Determine the internal and external environment

Internal Environment		
Interdisciplinary Providers	<ul style="list-style-type: none"> • Provider types in your FHT 	<ul style="list-style-type: none"> • Number of providers
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Patients	<ul style="list-style-type: none"> • Number of Patients in your FHT 	
	<ul style="list-style-type: none"> • Age (e.g., proportion of children, young adults, older adults and seniors) 	
	<ul style="list-style-type: none"> • Gender (e.g., proportion of males and females) 	
	<ul style="list-style-type: none"> • Ethnicity (e.g., proportion of patients with specific health, cultural, or language needs) 	
	<ul style="list-style-type: none"> • Health practices <ul style="list-style-type: none"> – Proportion of patients who smoke – Proportion of patients who abuse alcohol / drugs – Proportion of patients who are not physically active – Proportion of patients who are overweight 	
<ul style="list-style-type: none"> • Health status <ul style="list-style-type: none"> – Proportion of patients with chronic conditions <ul style="list-style-type: none"> • Diabetes • Congestive heart failure • Heart disease • Cancer • Asthma • Arthritis • Other – Proportion of patients with mental health problems 		
<ul style="list-style-type: none"> • Social and economic factors <ul style="list-style-type: none"> – Proportion of patients with inadequate social support – Proportion of patients with income/educational issues that may influence health – Proportion of patients with occupational factors that may influence the health (e.g., stress, work related injuries, occupational exposure, physical inactivity) 		

External Environment	
Population	<ul style="list-style-type: none"> Number of people in your community / catchment area
Community	<ul style="list-style-type: none"> Size of your community / catchment area
Community Resources	<ul style="list-style-type: none"> Existing primary health care providers & resources in the community (e.g., CCACs, community hospitals, public health units, long-term care facilities, volunteer organizations)
Community Partners	<ul style="list-style-type: none"> Potential partners in your community
Environmental Factors	<ul style="list-style-type: none"> Industries in your area that may influence the health of the population (e.g., air quality, risk of injury, etc.)

b. Develop vision and mission statements

Vision Statement	A vision statement describes the long-term goal of your FHT. It should reflect your commitment to improving the health of individuals in your community.
Our vision statement is:	

Mission Statement	A mission statement describes the purpose of your FHT. Consider the services your team will provide to achieve their vision such as accessibility, comprehensive care, and health promotion and chronic disease management programs.
Our mission statement is:	

c. Develop strategic objectives

Objectives	Strategic objectives set out what your FHT intends to achieve. Objectives should be measurable and meaningful. They should concentrate on major responsibilities, be patient-centred, and focused on outcomes such as impact, quality, patient satisfaction, timeliness, and efficiency.
	<ul style="list-style-type: none"> Objective 1: Objective 2: Objective 3:

d. Develop and prioritize strategies

Strategies	Develop strategies to achieve your strategic objectives. Coordinate with community providers to avoid gaps and duplications in services.	
	<ul style="list-style-type: none"> Potential Strategies 	<ul style="list-style-type: none"> Existing resources in the community

Strategic and Program Planning for Population Health: A Checklist

1. Strategic planning

- Determine your external and internal environment
 - Identify attributes of your patient population
 - Learn about your community: physical environment, health resources, potential partners
- Decide on a vision and mission
 - Reflect your goals and the services your FHT will offer to achieve their goals
- Develop overall objectives
 - Ensure that objectives are measurable, meaningful, focused, and centred on outcomes
- Develop and prioritize strategies
 - Avoid gaps and duplications in programs

2. Program planning for population health

- Who will be served by the program?
 - Determine if program will target all rostered patients or specific subgroups
- What are their health needs and resources available to address their needs?
 - Know the health needs of the defined population
 - Determine available resources in community
- How will the program address gaps in health services?
 - Compare needs to existing resources to identify gaps
 - Use evidence-based programs to address gaps
- Where will the program be delivered?
 - Collaborate with existing community resources to deliver programs
- When will the program be delivered?
 - Apply evidence-based protocols to schedule interventions
- Why is the program important?
 - Monitor and evaluate outcomes to ensure program is meeting objectives
 - Adjust program as required

