



FHT to Print

A Newsletter for Ontario's Family Health Teams

Fall/Winter 2011

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Planning Ahead

Planning is an essential function of any organization. It is a process that allows for integrating diverse view points to shape a future direction for an organization. Particularly relevant at this time of year, it's also an opportunity to reflect on our accomplishments and the things that need to improve.

This edition of *FHT to Print* highlights the importance of planning, particularly as we embark on the 2012/13 budget process. The edition also showcases programs available that Family Health Teams (FHTs) may want to review in their annual planning activities – the Grow Your Own Nurse Practitioner Program, Psychiatric Outreach Program and the Enhanced 18-Month Well-Baby Visit.

Remember to let us know what you think about *FHT to Print*. We are particularly interested in hearing of your accomplishments and best practices to showcase in future editions. Send us an email at FHT.Inquiries.moh@ontario.ca. Thanks for your commitment to comprehensive, interdisciplinary care and have a great holiday season.

Mary Fleming

Director, Primary Health Care

Strategic and Program Planning – Preparing for the 2012/13 Budget Cycle

This fiscal year, significant improvements were made to the budget process through which the ministry funds Family Health Teams (FHTs). The improvements comprised of concrete budget submission deadlines for FHTs and performance targets for ministry staff. Although there are still issues to be addressed for future fiscal years, there was a significant reduction in the time it took for funding approvals in 2011/12 and the changes allowed for less focus on budget requests throughout the year and more on your primary care mandate.

An important activity both for this process to work better in the future and for continuous organizational improvement is strategic and program planning within the FHT. Planning activities can help to identify priorities in advance of the year ahead so that resource requirements can be articulated early, particularly before the annual FHT budget cycle.

Below are key elements of strategic and operational planning, with the aim of assisting FHTs and their governing boards to engage in a productive and proactive planning process:

Strategic planning is a function of governing boards and involves planning for the long-term. It means setting long-term FHT objectives, developing plans to achieve those objectives and measurement tools to assess the degree to which these objectives are being met. All FHTs developed a Business and Operating Plan at their inception and submit an Operating Plan to the ministry each year. The following steps are intended to assist FHTs to engage in this planning process early, such that these plans are up-to-date, well-informed, proactive and set the appropriate future direction for the organization.

Step 1: Know your environment

The FHT environment includes both internal factors (your patient population, physicians, interdisciplinary health providers and administration) and external factors (the community you serve, other health organizations and services available). There are a variety of means available to engage these groups in the FHT planning process, including: patient satisfaction and provider surveys, community advisory committees, involvement in LHIN primary care committees, etc. Knowing your environment can help ensure that FHT services are meeting patient needs, reflect the range of skills and scope of FHT staff and are integrated (not duplicated) with other services available in the community.

Step 2: Develop or revisit your mission and vision

A well articulated mission and vision statement for your FHT can communicate to both internal and external partners the overall goal of the FHT. This should be informed by an environmental scan and should be communicated widely.

Step 3: Develop or revisit strategic objectives

Flowing from your FHT's mission and vision are the strategic objectives to map the goals of your organization. These should be medium/long-term in scope, should be measurable and reported on regularly. Strategic objectives will vary depending on both the internal and external environment, but common themes could include; patient-centred and accessible care, addressing population health need; quality improvement; organizational efficiency; community partnerships and others.

Upcoming Notices and Reminders

2012 Respiratory Health Forum

The Ontario Lung Association, Association of Family Health Teams of Ontario and Association of Ontario Health Centres in partnership with the Ministry of Health and Long-Term Care will once again be hosting the Respiratory Health Forum for interdisciplinary teams across Ontario.

In response to feedback from last year's forum, two separate events are being planned for 2012:

- Wednesday January 25th, 2012
- Thursday January 26th, 2012

Registration is free. More information and registration is available at: www.on.lung.ca/RHF2012

Quarterly Reporting

A reminder that the third quarter reports are due to the ministry by **January 31, 2012**.

As communicated previously, in the absence of WERS and in anticipation of the new reporting system SRI, FHTs are requested to submit their reports by email to their assigned ministry contact.

SRI

The implementation of the Self-Reporting Initiative (SRI) has been delayed. In the interim, reports will be distributed and collected through e-mail.

Program planning is an equally important endeavour for FHTs to undertake regularly. Program planning sets out the activities and resources that will be required to implement programs that contribute to the FHT's strategic objectives.

Key elements of program planning are knowing the population health make-up of the patient population you serve; the gaps in care in your community; and how to deliver services that meet population need and address the gaps. In developing the annual program plan for your FHT, you may want to consider the following:

What are the population health needs of the population you serve?

An Electronic Medical Record (EMR) is a valuable tool to understand the general health profile of your patient population and the needs of specific groups of patients. It is through this and other means, such as regular team meetings, that you can identify the need and rationale for the programs you plan to deliver.

What resources are already available in the community?

With finite resources, health service providers should be avoiding service duplication. Once patient needs are identified, a look at what services are already being delivered to address these needs is a key step. Discussions should be taking place with public health, CCACs, hospitals, LHINs and others to determine the best organization to address the population health need. Smoking cessation is an excellent example where services delivered by public health, primary care, hospitals and others should be complementary and not duplicative.

How should the gaps be addressed?

If a gap in service is identified and a particular service is deemed most appropriate for the FHT to deliver, planning should look at the best way to deliver the service to fill the gap. Is there a specific need particular to a geographic area, age or other demographic group? Is a service best delivered through one-on-one patient-provider interaction or through a group program? This is also called program design and should include perspectives from FHT staff, other service providers in the community and patients themselves. [See the following section of provincial programs that may help inform this process.](#)

How should the program be monitored or evaluated?

Even the best designed programs need to be constantly modified and refined to ensure they continue to meet the needs of patients. As such, any program being delivered should have a built-in evaluation function to ensure on-going quality improvement. Although design and delivery are important steps in FHT programming, improving quality through on-going monitoring and evaluation is critical to the relevance and patient benefit associated with any program.

Remember, these and other planning activities should take place regularly and specifically in advance of the annual budget cycle for FHTs.

Upcoming Notices and Reminders (cont'd)

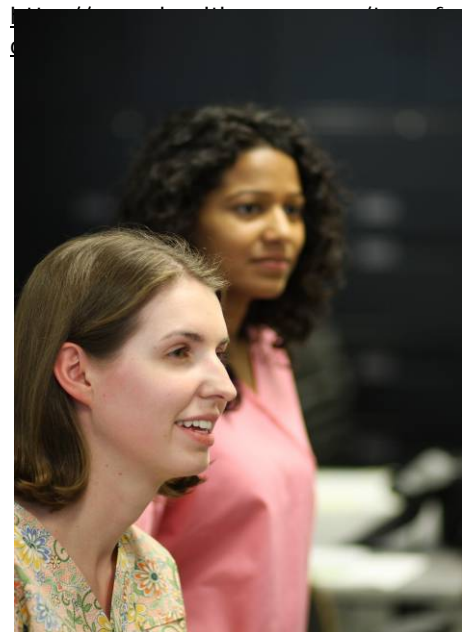
Budget Process

Stay tuned for information on the budget process for the 2012/13 fiscal year, expected to be sent in January 2012. The process will be similar to last year, whereby Operating Plan submissions must be made by a fixed deadline for consideration. Budget and annual operating plan materials are expected to be released in January 2012.

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)

This is a reminder that the AODA customer service standards come into effect **January 1st, 2012**.

For additional information and resources on how to comply with these new requirements, please consult the Winter 2011 edition of FHT to Print at:



Noteworthy Programs for FHTs

This section highlights programs that are available that you may want to consider as part of your program planning activities. The programs are diverse in scope but may assist you in addressing the specific needs of your patient population as well as staffing and geographic constraints. The highlighted programs include: the Grow Your Own Nurse Practitioner Program; the Ontario Psychiatric Outreach Program, and; the 18-Month Well-Baby Visit.

Grow Your Own Nurse Practitioner Program

Nurse Practitioners (NPs) are an integral part of the Ontario Government's plan for promoting access to primary health care. The Grow Your Own Nurse Practitioner Program (GYO NP) is an initiative developed to address some of the challenges that communities face in recruiting and retaining NPs. This initiative allows Family Health Teams that currently have a vacant ministry funded NP position the flexibility to use those funds to sponsor a local Registered Nurse (RN) to pursue his/her Primary Health Care NP education.

This is a unique program that addresses a key barrier facing nurses wanting to pursue their Primary Health Care Nurse Practitioner education – that is, loss of income during their education. While enrolled in the NP program, the RN receives his/her current salary, benefits, tuition costs and may claim other education-related expenses, such as books and, travel that may be required to complete the program. In return, the new NP must agree to a minimum two year return of service (ROS) commitment to the sponsoring Family Health Team.

Participating in this initiative benefits the Family Health Team and the community. It serves the community by recruiting an NP to fill the vacancy and promotes long term retention of the NP thereby enhancing the community's access to primary health care services.

Questions on how to access the GYO NP program in FHTs should be directed to Sherri Cassin, Program Analyst, at sherri.cassin@ontario.ca

Ontario Psychiatric Outreach Program

Family Health Teams (FHTs) are eligible for Specialist Sessional funding to augment the services they deliver to patients. Specialist Sessional funding enables FHTs to access specialists for indirect and direct services. Indirect services involve capacity building within the FHT to assist with the design and delivery of programs. Direct services involve specialist-patient interaction. Specialist sessional funding that FHTs are eligible for include: Internal Medicine, Gerontology, Paediatrics and Psychiatry.

Quality Improvement – a FHT Imperative

At the October AFHTO conference, ADM Susan Fitzpatrick (Negotiations and Accountability Management Division), shared her perspective on the importance of quality improvement for Ontario's Family Health Teams.

Below are excerpts of her remarks:

“Quality has to be the driving force across the health sector as we move forward, particularly as it relates to patient care. Focusing on continuous quality improvement will also support the health system in meeting the increasingly challenging economic times ahead. Quality isn't incompatible with fiscal restraint. In fact, delivering quality, evidence-based care supports the most effective use of finite health care dollars.”

“Family Health Team representatives and other primary care providers [are encouraged] to partake in a dialogue of what they are doing to support continuous quality improvement. These are among the questions they need to answer:

- Do you have an organized structure in place to ensure continued attention and focus on quality improvement within your practice?
- Do you have a patient and provider feedback process built into your organization?
- Do you monitor your performance against established benchmarks and best practices?
- Does your governance spend sufficient time on quality improvement and do they make it a priority?”

Although Specialist Sessionals are a good way to expand the breadth of care and services delivered in a FHT, some FHTs may experience challenges in finding a specialist to work with their patients and providers. This is a particular challenge in northern Ontario where geographic barriers exist. This is where the Ontario Psychiatric Outreach Program can help.

The Ontario Psychiatric Outreach Program (OPOP) is a collaborative network of dedicated academics and practitioners in the field of mental health who provide clinical service, education and support to communities throughout Ontario, particularly those considered to be rural, remote or underserved in terms of mental health care. Currently six university programs participate in the OPOP, along with the Child and Youth Telepsychiatry Program. The partner university programs include:

- University of Ottawa Northern Ontario Francophone Psychiatric Program
- Northern Psychiatric Outreach program at the Centre for Addiction and Mental Health
- University of Western Ontario Extended Campus Program
- Queen's University Psychiatric Outreach Program
- McMaster University James Bay Psychiatric Outreach Program
- Northern Ontario School of Medicine

OPOP consultants provide on-site clinical services, including fly-in and drive-in visits, and telepsychiatry services. Residents in psychiatry make visits by accompanying OPOP consultants, and arrange electives and core rotations in underserved communities.

Ontario's Enhanced 18-Month Well-Baby Visit

A key feature of Ontario's FHTs is the opportunity for collaboration to improve the quality of patient care: collaboration among the health care providers and administrative staff on the team, collaboration with community partners, and collaboration with patients. A program where such collaboration can have a meaningful impact is the Ontario's Enhanced 18-Month Well-Baby Visit.

The 18-Month Well-Baby Visit builds on the current 18-month check-up. It is a program designed to build strong partnerships among primary care practitioners, parents and community services. Following the recommendations of an Expert Panel and GAC input, the initiative introduces a process, using standardized tools, for providers to have a discussion with parents on child development, to identify those children who will require referral to specialized services, and to discuss and promote parenting and local community programs that further healthy child development and early learning. The visit is supported by the "out of basket" OHIP billing code A002.

Evidence from the [Offord Centre](#) shows that on average 30% of children without special needs are arriving at school without the skills necessary to learn and of those with developmental delays only 30-50% are diagnosed before entering school. The use of a consistent evaluation

Additional Resources

Ontario Psychiatric Outreach Program

For more information to see if the OPOP will help to address patient need and access challenges for FHT Psychiatric Sessionals, please visit with OPOP website at www.opop.ca.

The website also includes contact information and publications on mental health outreach.

Enhanced 18-Month Visit

Additional resources, including links to the underpinning evidence and Schedule of Benefits changes, can be found at www.18monthvisit.ca and the [Ministry of Children and Youth Services](#) website.

Also, FHTs can contact Julie Gross, Project Coordinator at grossj@mcmaster.ca.

process with every child will significantly improve identification of all children at risk. Primary care, and FHTs in particular, can play a pivotal role in this. It is the only place where all children are routinely seen in the first two years. There is also considerable opportunity for local collaboration with Ontario Early Years Centres (OEYC), parent and family literacy centres (PFLC), local recreation centres, libraries and other community resources that support children and families and offer children's programs. Many communities offer some form of developmental check opportunities for families in these local centres.

A number of teams are currently using the enhanced visit as a "quality of care in family practice" indicator. Through chart audits, billing codes, referral reviews and other activities, FHTs and other primary care providers have been able to spearhead quality improvement initiatives to increase the number of children that can benefit from the 18-Month Visit.

Questions, feedback about our newsletter

If you have feedback or questions on the newsletter, or suggestions for future articles, please contact FHT.Inquiries.moh@ontario.ca.