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Board Education Session

Topic: Primary Care

May 18, 2016 -- 3:00 PM
Champlain LHIN Office
1900 City Park Drive, Suite 500 - Boardroom, Ottawa

AGENDA

TOPIC	TIME
Welcome and introduction • Jean-Pierre Boisclair, Chair, Champlain LHIN	3:00 – 3:05
Primary Care Education Session Presenters: • Phil Graham, Director, Primary Health Branch, Ministry of Health and Long Term care	3:05 – 4:05
Discussion	4:05 – 4:55
Adjournment	5:00

This session will be available through videoconferencing (OTN). Please register your site before May 17, 2016. Non-Clinical Event OTN event # 55828929, URL address

IMPORTANT: In order to avoid technical difficulties we recommend you download the slides to your computer prior to the session. The slide deck should be posted on our Web site by May 18, 2016 through this link: Ed session package 2016 05 18

La session sera offerte en anglais, le diaporama sera disponible en français séance éducative 2016 05 18

Primary Health Care in Ontario

Champlain LHIN Board of Directors Briefing

May 18, 2016

Ontario

Today's Objectives

1. Provide an overview of primary care in Ontario.

2. Primary Care and Health Care Transformation.

What is Primary Health Care

What is Primary Care?
Primary care is defined as: • The first point of contact between a patient and the health care system.
Primary care is: • The navigator of the health care system. • Providing services close to home. • Providing system access and continuity of care.
Primary care includes: • Illness prevention. • Health promotion. • Diagnosis. • Treatment. • Rehabilitation and counselling.

Primary Care is Central to System Transformation

- Ontario's primary care sector is the entry point to the health care system for most Ontarians.
- Research shows that jurisdictions with high performing primary health care sectors are associated with improved health equity and better overall health system performance.
- Primary health care is foundational to enable sustainability and quality, to provide the linkages necessary for home and community care, to improve access and system integration and to improve the health and wellness of Ontarians.

Patient-centred, population-based, integrated primary care is foundational to health care system.

Ontario's Primary Care Sector Today

Primary Health Care in Ontario

- Ontario's primary health care system is made up of a wide range of provider groups and clinicians, each with their own funding and accountability relationships.

Composition of the primary care sector varies across Ontario but generally primary care services are delivered through:

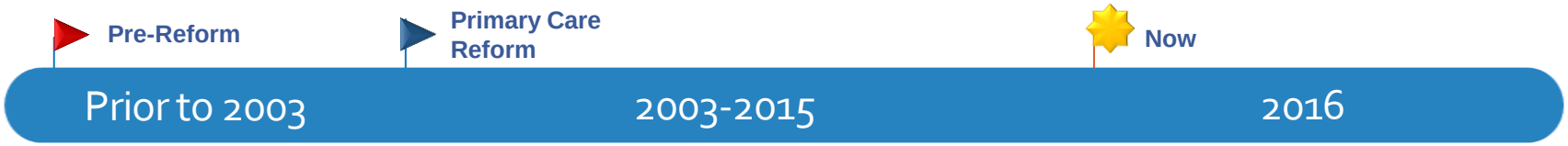
- Family Physician Offices / Clinics
- Interprofessional Primary Health Care Organizations
- Walk-in Clinics
- Public Health Units
- Urgent Care Centres
- Emergency Departments
- Community Care Access Centres
- Telehealth Ontario
- Mental health and Addictions Agencies
- Midwives
- and more . . .

The main delivery channels for primary health care services include the following:

- ~12,635 family physicians:
  - 750 physician groups.
  - 2,000+ solo physicians operating autonomously.
- 4,300 primary care interprofessional providers, such as nurses, dietitians, social workers, etc.
- Interprofessional primary care organizations:
  - 184 Family Health Teams.
  - 75 Community Health Centres in 101 sites.
  - 25 Nurse Practitioner Led Clinics.
  - 10 Aboriginal Health Access Centres.

Ontario's Primary Care Reform Journey

- In the early 2000s, many Ontarians could not find a family physician, few medical students were choosing to practice family medicine and practice models were not conducive to comprehensive care.
- Beginning in 2003, a wave of practice-level reforms were introduced to promote group practices, electronically-enabled comprehensive care and expanded interprofessional teams. Specific changes included:



Prior to 2003

- Solo, fee for service physicians.
- Episodic care.
- High rates of unattachment.
- Declining interest in family medicine.

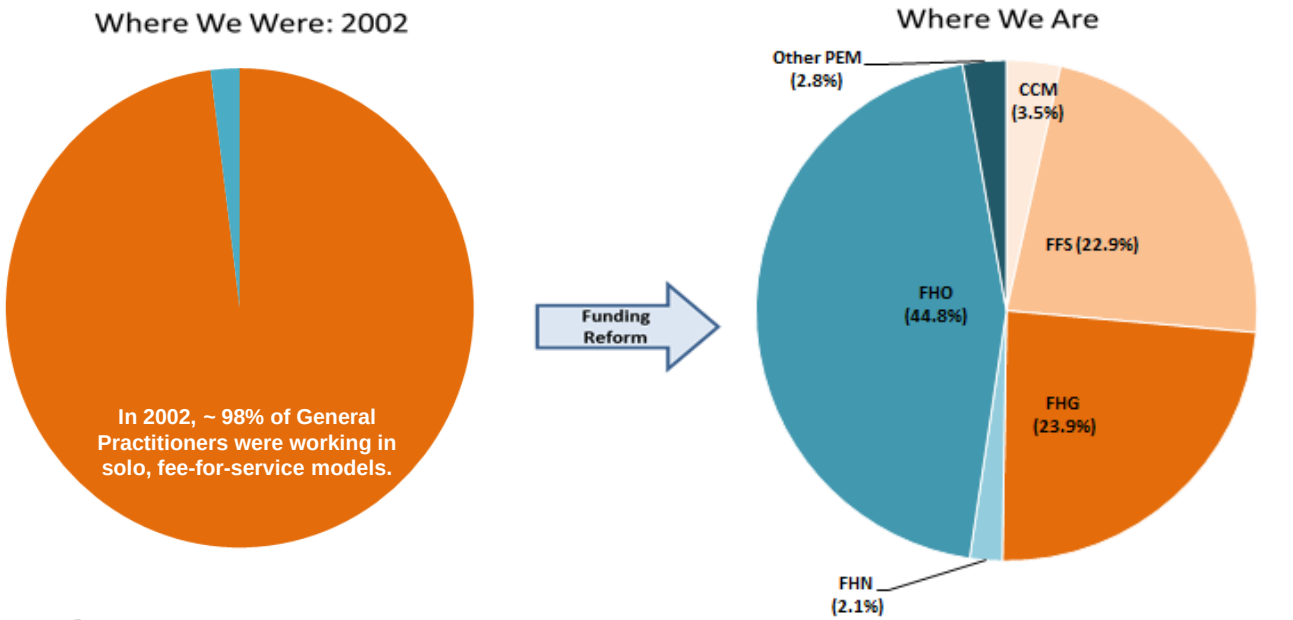
2003-2015

- 2003 Health Accord.
- Increase in Primary Care compensation that encouraged movement to rostered models away from Fee for Service.
- Creation of Family Health Teams (FHTs) and Nurse Practitioner Led Clinics (NPLCs); Community Health Centre expansion.
- Patient enrolment.
- Health Care Connect.
- Health Links

2016

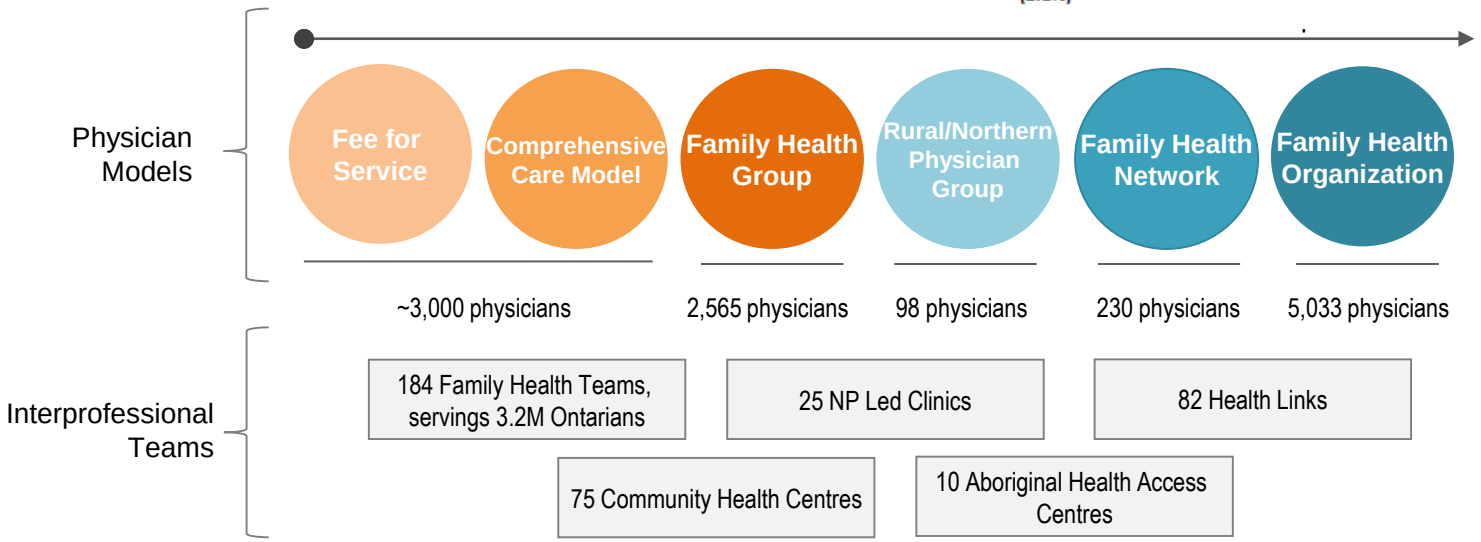
- 75% of physicians working in group practice, comprehensive care models.
- 296 interprofessional teams including over 3000 allied health providers.
- 94% of Ontarians report having a regular family health care provider.

Ontario's Primary Care Reform Journey (cont'd)



Today 75% of primary care physicians work in group/ comprehensive care models

More than 8,000 physicians practice in a model other than traditional fee-for-service, serving over 10 million enrolled patients.



Primary Care Physician Models

- Fee-for-service (FFS) is a traditional payment model that reimburses physicians for each service they provide and is simple to administer.
- FFS promotes quick patient visits and can cause services to be overprovided.
- Alternative funding models were developed which reimburse physicians through FFS, capitation, incentives, premiums and other types of payments.
- In these models, compensation is linked to the number of patients enrolled, focusing on the comprehensive needs of the patient, rather than the volume of services provided.

Comprehensive Care Model (CCM)	**Family Health Group (FHG)**	**Family Health Network (FHN)**	**Family Health Organization (FHO)**
Solo Physicians	3+ Physicians	3+ Physicians	3+ Physicians
Fee-for-service plus bonuses, incentives, premiums and capitation payments related to enabling accessibility, prevention, chronic disease management and HR development.	**Fee-for-service** plus bonuses, incentives, premiums and comprehensive care capitation payments similar to CCM.	**Capitation** (age-sex adjusted) for a defined basket of services plus bonuses, incentives, premiums and comprehensive care capitation payments.	**Capitation** (age-sex adjusted) for defined basket of services (larger than provided by FHNs) plus bonuses, incentives, premiums and comprehensive care capitation payments.

Interprofessional Primary Health Care Models

- These models meet the health care needs specific to communities and patients by utilizing resources and expertise of a wide range of health professionals working in conjunction with physicians.
- Optimizing interprofessional teams can help mitigate the economic burden of chronic conditions and improve the sustainability of the health care system.

Family Health Teams (FHTs)

2500+ physicians in 184 FHTs across 200+ communities working with 2,100+ IHPs.

Based on local health and community needs, and focuses on chronic disease management, disease prevention and health promotion.

Nurse Practitioner Led Clinics (NPLCs)

NPLCs provide comprehensive and coordinated family health care services to 50,000 Ontarians who previously had no provider.

Have a lead NP, a collaborating physician and team of interdisciplinary providers.

Community Health Centres (CHCs)

CHCs serve ~500,000 Ontarians in 100+ communities, with focus on marginalized populations.

Combine primary care with health promotion and community development.

Aboriginal Health Access Centres (AHACs)

AHACs deliver a range of services, including interdisciplinary primary health care, traditional healing, cultural programs, community development and social support.

Currently serve ~93,000 clients.

Moving Forward

Ontario's Patients First Strategy and Primary Care

Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario

1	**Effective Integration of Services and Greater Equity**	• Make LHINs responsible for all health service planning and performance. • Identify sub-LHIN regions as the focal point for integrated service planning and delivery (note that these regions would not be an additional layer of bureaucracy).
2	**Timely Access to, and Better Integration of, Primary Care**	• **LHINs would take on responsibility for primary care planning and performance improvement, in partnership with local clinical leaders.**
3	**More Consistent and Accessible Home & Community Care**	• Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs.
4	**Stronger Links to Population & Public Health**	• Linkages between LHINs and public health units would be formalized.

Need for Change

- Measurement against some indicators show room for improvement in Ontario's primary care sector. In many cases, these do not reflect performance of individual clinicians or practices but system barriers to improvement.

Access	• **43.7%** of Ontarians had same day/next day access to care when they were sick. • **52.4%** of Ontarians have difficulty accessing after-hours care without going to emergency.
Integration	• **64%** of patients did not see their physician within seven days of discharge from hospital for selected conditions. • **39%** of senior Ontarians visited the emergency department (ED) for a condition that could have been treated by a primary care provider.
Equity	• Some Ontarians are not always well served by the system Indigenous peoples, Franco-Ontarians, members of diverse cultural groups, newcomers, people with mental health and addiction challenges, people with disabilities and others. • Primary care attachment rates vary considerably across regions.
Patient-Centredness	• Navigation thorough the health system needs improvement.

Opportunities for Change

- The proposals within *Patients First* allow for a range of opportunities to improve organize the health care system to ensure all Ontarians receive high quality, accessible care.

Sub-Region Planning & Development	• Health services that would be more responsive to the needs of the community. • Focus on strengthening, coordinating and integrating primary health care with other sectors.
Clinical Leadership	• LHINs and local clinical leaders would work together to enhance primary care planning and performance monitoring. • Clinical leaders would work with providers to improve access and service coordination.
Performance	• LHINs and clinical leads would work closely with primary care leaders, patients and providers to plan and monitor performance within each LHIN sub-region.
Program Modernization	• Programs would be enhanced to ensure that they are effective and that patient needs are being served.