

Primary Care and Ontario Health Team (OHT) Development

The following questions and answers have been developed by the Ministry of Health and Long-Term Care (Ministry), in partnership with the Ontario Medical Association (Section of General and Family Practice), the Association of Family Health Teams of Ontario and the Ontario College of Family Physicians. The questions are most relevant to the primary care sector.

- 1. What is the value proposition for physicians to participate if they already have access to team-based care? Will the OHT initiative strip away interprofessional health care provider (IHP) resources from physicians currently part of a team and place them into the OHT? Will there be a move towards referral-based care?***

Many primary care providers are frustrated with the current fragmented system and the impact of this system on their patients. Whether it's a lost referral, duplicative services, or seeing a patient who doesn't need to be seen, primary care providers have to deal with the negative impact of system fragmentation every day.

By joining an OHT, primary care providers (including physicians and nurse practitioners) should be able to be part of the team that can provide better coordinated care for patients, smoother transitions of care, share vital health information, and, help develop and improve care pathways in their local communities that form the OHT.

OHTs will help reduce the frustrations physicians and interprofessional primary care providers currently experience.

- 2. As family physicians, many of us do not have the administrative support to participate meaningfully in the process of organizing and structuring an OHT. This puts us at a distinct disadvantage in terms of contributing to the local development of OHTs. How can we get involved in the OHTs?***

Teams will have access to a range of Ministry implementation supports that will help improve their readiness and enable their eventual implementation.

Supports and enablers will include the following:

- Addressing legislative, regulatory, policy or other barriers
- Tools and templates
- Data and analytics
- Digital change management supports
- Support to grow and share best practices
- Communications support
- Change management support
- A funding model that creates incentives to support the OHT model

Primary Care groups are encouraged to start working together and reach out to health service providers interested in participating and designing the local OHT model. In

addition, the ministry is committed to working with primary care organizations (including OMA Section on General and Family Practice, Association of Family Health Teams of Ontario and the Ontario College of Family Physicians) to help identify the supports that are necessary for primary care providers to participate in the OHT model.

Investing time now to participate in OHT development will create benefits for Primary Care Physicians' (PCPs) in the short and long term. Mature OHTs require PCP engagement and involvement.

If you have questions about OHTs, please feel free to reach out to the ministry (ontariohealthteams@ontario.ca) for more information.

3. *What if we didn't sign up to be part of the May 15th deadline for OHTs? Will we be at a disadvantage in our community?*

The intake of OHTs will be continuous. Interested teams will be able to apply after May 15th. The ministry will announce the next deadline at a later date.

May 15th is the deadline to be considered for one of the first OHTs. Applications will be reviewed, and teams will be selected to move to the next stage of the application process. The first OHT candidates will be announced in the fall of 2019. All teams will be offered Ministry support to help them progress towards becoming an OHT.

No group should feel pressured to submit a self-assessment if they're not ready. It takes time to develop relationships and we encourage primary care groups to continue talking with your health system partners about integrated care in your community and the benefits it can bring to patients and caregivers.

4. *What happens to rostered patients in Patient Enrolled Models (PEMs)? Are they part of an OHT or not if the physician group hasn't signed on? If the physicians or Family Health Teams do not participate will patients then not have access to care coordination services? Mental health services? Home care supports? If we aren't part of an OHT, how can our patients be part of better integration?*

Patients will remain rostered to the PEM regardless of involvement with an OHT. OHTs can be built on existing physician remuneration models.

The ministry will continue to invest in improving access to interprofessional primary care teams, based on population needs, through innovative models of care designed locally. We expect that local OHTs will work with the health care providers that are not yet part of the OHT to formulate clinical pathways to achieve improved access for patients.

The ministry will support the OHTs with data and resources to promote local leadership and innovation and ensuring patients' needs are met.

5. *It's great to see the importance of primary care noted in the guidance document. How will the MOHLTC determine whether "primary care" is actually represented in the proposal?*

Submissions are expected to include sign-off from partners who are primary care physicians and/or interprofessional primary care providers. This will also be confirmed along the application and site visit process. As part of the assessment process, submissions will be reviewed to determine whether the listed partners have the capacity to deliver the services they propose to offer.

6. *What if there are multiple proposals from one community involving different players in primary care? How will the OHT submission move forward?*

Through the readiness assessment process, the ministry will flag opportunities for separate applicants to come together to form a single OHT in order to leverage natural linkages between patients, physicians, and other care providers. Ultimately, it will be up to the providers to formalize any partnerships recommended by the ministry.

7. *Will the ministry force HSPs to participate in OHTs if they are not currently part of the readiness assessment? If there is more than one application coming from the same geography will the 'matchmaking' mean forced partnerships?*

Participation in OHTs is voluntary. Primary care providers and organizations will determine which partnerships to have.

8. *What if the Family Health Team wants to participate but the physician group affiliated with them is not ready to?*

Family Health Teams (FHTs), and other interprofessional primary care models, play an essential role in our health care system and will play a key role in OHTs.

We will build on the success of team-based primary care models so every patient in Ontario can benefit from better integrated care across the full continuum of the patient care journey.

Participation in the OHT model is voluntary for primary care physician groups and organizations. If a FHT, or other interprofessional primary care organization choose to participate in an OHT without the endorsement of their affiliated physician group/IHP organization (e.g., FHT without Family Health Organization (FHO) or FHO without FHT), the ministry would encourage the OHT and the participating primary care entity to continue conversations with their affiliated primary care group/organization, given the importance of all forms of primary care (both physician and non-physician) in the success of the OHT.

All OHT applications will be reviewed to ensure there is enough primary care participation for the target population.

9. What suite of tools are being developed? Will this also include agreements, templates, MOUs for physicians? What will the physicians be held accountable to if they participate?

There will be resources and supports dedicated to the development of OHTs and they will be guided by the needs of teams at each stage, and level of readiness. These resources and supports would include centralized tools and templates, collaborative learning platforms and specialized assistance and supports.

The ministry intends to develop and share a *Digital Health Playbook* to support OHTs as they work towards completing their full applications. This tool will include standards and policies which will support and guide local innovation and procurement.

At maturity, OHTs will operate within a single, clear accountability framework and be expected to meet Key Performance Indicators based on the Quadruple Aim.

Physicians will continue to report to the ministry and any issues related to their financial accountabilities and reporting processes will be negotiated with the Ontario Medical Association. Participating physician groups would share and receive patients' information and be able to facilitate coordination of care if they chose to participate in an OHT.

10. How is the ministry going to address the lack of integration between primary care groups and across the various health care sectors with respect to EMR interoperability?

Ontario has a wide variety of systems already in use that support integrated care such as the provincial clinical viewers, which allow health care providers to access integrated patient records.

The ministry intends to develop and share a *Digital Health Playbook* to support OHTs as they work towards completing their full applications. This tool will include standards and policies which will support and guide local innovation and procurement. Example: an information exchange policy which will outline the technical requirements to improve the seamless information sharing in a secure privacy protected manner.

11. Public health is all about population health – where do they fit in the OHT development?

The OHT model does not restrict the mix of providers that can form partnerships. The role of public health is complementary to OHTs.

As OHTs mature, they will build stronger relationships with boards of health and leverage local population and public health expertise for planning and service delivery decisions across the continuum of health, supporting improvements in health and wellness outcomes.