The Medical Home and Primary Care Reform

Objectives

- Family Medicine as a specialty

- Primary Care in Canada

- The Patient's Medical Home

- Primary Care reform in New Brunswick

Family Medicine as a Specialty

Family Medicine as a Specialty

- Family medicine is recognized as a specialty in other countries.

- Family medicine has a defined body of knowledge.

Family Medicine as a Specialty

- The federal government granted the CFPC the authority to grant certification to family physicians who demonstrated special competence in family medicine.

- For new grads this requires:
  - successfully completing formal residency training
  - passing exams similar to those for certification and specialty designation in the disciplines of the Royal College of Physicians and Surgeons of Canada.

Family Medicine as a Specialty

- For experienced family doctors:
  - Alternative route to certification.

That certification is then maintained by a commitment to lifelong learning (continuing professional development program).

Family Medicine as a Specialty

- Why is this important?

  - Enhanced credibility for the discipline and greater respect for it's physicians.

Primary Care in Canada

Primary Care in Canada

- Compared with populations in 6 other developed nations, Canadians report lower levels of satisfaction with overall access to and the quality of our nation's primary care services[1].

- There are now worse health outcomes in Canada for several significant medical conditions[2].

Primary Care in Canada

The Commonwealth Fund Report indicates that Canada lags behind other selected countries in the Organization for Economic Cooperation and Development (OECD), except the United States, in each of the categories used to define a high-performance health system, including quality, access, efficiency, and equity[3].

Primary Care in Canada

- Many communities in Canada have a shortage of family physicians.

- Many patients are frustrated with difficulties in finding a family physician and with the decreased time spent with them at each visit[1,4]

- Our current system is expensive and may not be sustainable.

Primary Care in Canada

- The majority of all the health and medical care services for our population is provided in primary care/family practice settings[5].

- Public surveys find that Canadians feel more positive about health care quality, service, and access when they have personal family physicians[6].

- There is good evidence for improving support for family practice.

International research provides clear evidence of the correlation of access to effective family practices with better population health outcomes[7,8].

The Patient's Medical Home

What is a Medical Home?

- A personal family physician for each patient

- Team-based care

- Timely access to appointments in the practice and for referrals

- Comprehensive continuous care

- Electronic records, system supports

- Ongoing evaluation, and quality improvement programs

- http://www.cfpc.ca/home

Why Should our Offices Become Medical Homes?

- An opportunity to create a family practice that will produce the best health outcomes for our patients and our communities.

- These models of care have been shown to reduce emergency department use, improve access to care, enhance patient satisfaction, and improve patient health and quality of life [9,10,11,12].

The 2011 Commonwealth Fund International Health Policy[13]

- Examined the health care of individuals with complex care needs in 11 countries.
- 18,000 adults (4000 from Canada)
- Concluded the presence of a medical home is associated with:
  - improved self-reported access to health care services
  - improved coordination of and confidence in services received
  - Improved confidence in provider knowledge
  - Fewer medical errors

Primary Care Networks in Alberta

More than 2800 family physicians work in over 40 PCNs operating throughout Alberta.

Edmonton Southside PCN[14]:

- The addition of nurses and social workers helped increase the productivity of the clinic by 10%

Primary Care Networks in Alberta

Manns et al. (2012)[15]:

Studied the association between enrolment in Alberta PCNs and the care and outcomes of patients with diabetes.

Patients in PCNs:
- Had a lower rate of diabetes-specific ambulatory care conditions
- Were more likely to see an opthamologist or optometrist
- Had better glycemic control

Primary Care Networks in PEI[16]

Primary Care Network in Harbourside Health Centre

- Patients made 1,000 fewer visits to Prince County Hospital's ER in 2010

- Unplanned hospital admission rates for chronic conditions were reduced by approximately 70%

- A pilot COPD management and education program helped reduce ER visits by pilot participants by 30% and repeat visits by 50%

Family Health Teams in Ontario[17]

- The Petawawa Centennial FHT and Timmins FHT reported improvements in the proportion of diabetic patients with controlled HgbA1c (<7%) with 30% and 12% relative improvement over 1 year respectively

Primary Care Reform in New Brunswick

Primary Care Reform in NB

- The government of NB has committed to implementing Family Health Teams throughout NB.

- Their vision is that every person in New Brunswick will be linked to a family physician and have access to a Family Health Team.

Essential Elements of Family Health Team

- **Improve Access**:
  - Mandatory after hours arrangement
  - Extended hours of service
  - Timely care and access (same day, next day appointments) for patients already attached to a family physician
  - Adding unattached patients to the physician's or nurse practitioner's caseload

Essential Elements of Family Health Team

- **Three or more physicians and other primary care providers**
  - Physician is the core member of Family Health Team
  - Other Primary care providers will include nurse practitioners and nurses
  - May also include Allied Health Professionals
  - Primary providers will not be required to work in the same office space but must work collaboratively to provide comprehensive care to registered patients.
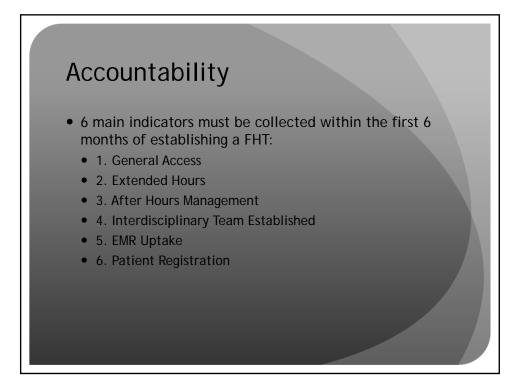
Essential Elements of Family Health Team

- **<u>Practice Size</u>**
  - Practice size for each health care practitioner will be determined based on a per provider basis.
  - Family Physicians will be required to add unattached patients from the registry to their practice if they have less than the required practice size determined for their practice.
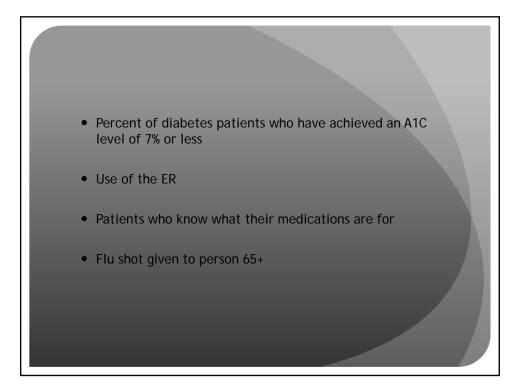
Essential Elements of Family Health Team

- **<u>Electronic Medical Record</u>**
  - To provide a common chart accessible to all health care providers.

Resources for Family Health Teams

- 1.0 FTE Family Health Team Coordinator

- 1.0 FTE Nurse

- 0.5 FTE Allied Health Professional

Accountability

- 6 main indicators must be collected within the first 6 months of establishing a FHT:
  - 1. General Access
  - 2. Extended Hours
  - 3. After Hours Management
  - 4. Interdisciplinary Team Established
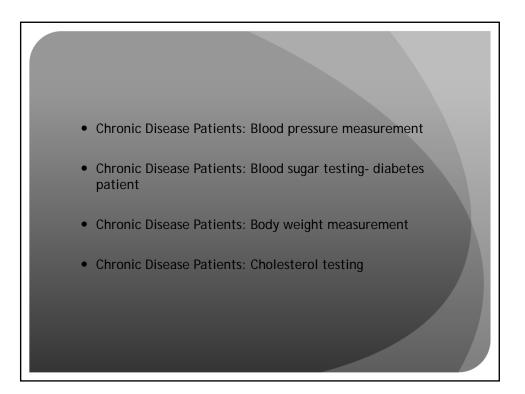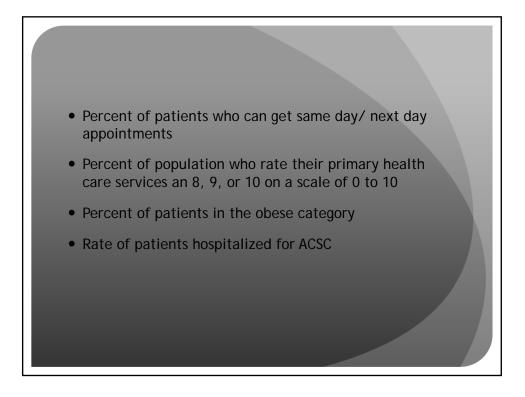 - 5. EMR Uptake
  - 6. Patient Registration

Baseline and Ongoing Data Collection

- Patients feel they were given enough time to discuss their health

- Patients feel they are involved in decision-making

- Patients who feel they can manage or control their health condition

- Extent to which health professional helped patient manage their health condition

- Percent of diabetes patients who have achieved an A1C level of 7% or less

- Use of the ER

- Patients who know what their medications are for

- Flu shot given to person 65+

- Chronic Disease Patients: Blood pressure measurement

- Chronic Disease Patients: Blood sugar testing- diabetes patient

- Chronic Disease Patients: Body weight measurement

- Chronic Disease Patients: Cholesterol testing

- Percent of patients who can get same day/ next day appointments

- Percent of population who rate their primary health care services an 8, 9, or 10 on a scale of 0 to 10

- Percent of patients in the obese category

- Rate of patients hospitalized for ACSC

Professional Liability

- Physicians are only responsible for their own actions[18].

- Each healthcare professional on a team is accountable for their own standards of practice and competency to provide care[18].

- Each health care professional needs to maintain their own liability insurance.

- To date Canadian courts have assessed liability against individuals in cases involving healthcare professionals working as a team[18,19].

Application Stage	Formative Stage	Planning Stage	Business Plan Development Stage	Team Roles & Resp. Stage	Pre-Operational Stage	Operational Stage

Foundation	2 month	1month	2 months	1 month	1 month	2 months	1 month
Conduct a Community Health Needs Assessment	Submit Letter of Interest	Form as a legal entity and determine administrative structure	Develop Strategic Plan	Prepare and submit Business Plan	Finalize Team Composition	Sign Liability & Privacy Agreements	Establish methods of measure for essential Indicators
	Assigned an official contact	Integrate Family Health Team Coordinator	Develop List of Programs and Services to be Provided		Establish role of Family Health Team Coordinator within the team	Create Interprofessional Communication Plan	Establish Team Performance Evaluation Process
	Complete Application Form	Establish linkages with Collaborative Services Committee	Become Familiar with Accountability Framework		Define Roles, Responsibilities & Expectations	Orientation and training for team members	
							Submit

Deliverables

Stage	1	2	3	4	5	6	7
Required Documents	Letter of Interest Application form	Administrative Framework Legal Arrangements	Strategic Plan List of Health Services Method of Delivery	Business plan	Roles & Resp. of team members FHTC job description for your team	Communication plan Liability & Privacy Agreements	Methods of Measure plan Submit Periodic Reports

Questions?

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