

Primary Care – PART II

PRIMARY CARE – FAMILY HEALTH TEAMS A MULTIDISCIPLINARY APPROACH TO ADDRESS COMMUNITY BASED PRIMARY HEALTHCARE IN ONTARIO

As the author works at the Summerville Family Health Team – located in Mississauga, Ontario, information in this article will pertain to that organization.

Background

Canada is facing a primary healthcare problem and Ontario's provincial government has responded by initiating the establishment of Family Health Teams (FHT) in which primary care physicians (also referred to as family doctors) partner with each other and with a team of inter-disciplinary healthcare professionals to treat 'orphaned' patients who would otherwise go into their nearest hospital emergency room for routine illnesses and ailments. As well as rostering orphaned patients, FHT's were established to begin to treat the patient in the family doctor's office as a team approach, which had never been done before; remembering that a Community Health Centre (CHC) has a different mandate than that of a FHT's. A Community Health Centre's main focus is to provide primary care and assistance to our vulnerable groups who otherwise would not be able to be cared for in a regular doctor's office. Some examples include refugees, new immigrants who have not yet received OHIP coverage, the homeless, the elderly who lack family supports and live below the poverty line or young single mothers with no supports and also live below the poverty line.

There are 200 FHTs in Ontario. Currently, the provincial government has placed limitation of FHTs to 200. Consequently, no new FHTs are expected to be initiated. These primary care teams are all of different sizes and are located throughout the province of Ontario; from small communities to large metropolitan cities. They were initiated in waves, so each has evolved at different times in the last five years. Some FHTs are 5 years old and were operating from the very beginning when they were first announced, yet others have just opened in the final and fifth wave. As a result, many of the newer FHTs are being mentored by the older more

established ones.

One of the mandates of FHTs is to provide chronic disease management via either educational programs or clinically set programs for their rostered patients. This model of care provides a more comprehensive approach and its three main blocks are 'access to care, quality care and a community based approach'. Thus partnerships with other organizations are a must for this model to be successful; for example connecting to their region's CCAC for home care to partnering with their nearest hospital, especially if that FHT is an academic one and has Medical Residents program as part of their model.

As each Family Health Team is different in name, location, size, number of rostered patients and number of physicians, the quantity of interdisciplinary healthcare professionals (IHP) also varies. For example, some FHTs have respiratory therapists as permanent staff and others do not. The same way some have health promoters as part of their interdisciplinary team yet others do not. This varies as the Ministry of Health, Primary Care Branch decided on the mix and size of IHPs for each FHT at the time of application. Numerous indicators were taken into consideration for their decisions. The mix of IHPs can include disciplines such as nurses, nurse practitioners, dietitians, pharmacists, podiatrists, respiratory therapists, social workers or



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occupational therapists, which certainly provides a mix where each discipline can offer their clinical expertise. Along with clinical expertise, a mix of administrative staff is required to run the business aspect of the FHT. The fact that the Ministry of Health is the funder for all FHTs, processes and reports must be followed and filled out accordingly to meet the funding requirements. Hence, an Executive Director is required for each FHT to oversee aspects related to budgets, reporting to the Board of Directors and developing partnerships with various agencies. Key partnerships include the LHIN that the FHT is located in and the nearest hospital. These strategic partnerships work on issues that may be physician related or processes that focus on reducing duplications or assist with reducing emergency room visits, if possible.

Family Health Teams are about physicians working in interdisciplinary teams to improve access, quality and community. Primary care has never looked like this but it is the wave of the future for it. Thank goodness!

One FHT - The Summerville Family Health Team

Summerville Family Health Team is located in Mississauga, Ontario and is within the boundaries of the Mississauga-Halton Local Health Integration Network (LHIN). There are 7 FHTs in the Mississauga – Halton LHIN and Summerville is the largest. It is a 5 site primary care organization with one site being an academic partnership between the University of Toronto, Credit Valley Hospital and Trillium Health Centre and Summerville. It is a teaching unit specific to medical residents and medical clerks studying family medicine. Summerville currently has 34 physicians, all with admitting privileges to Credit Valley Hospital and Trillium Health Centre. It has almost 50,000 rostered patients. Each of the 5 sites has a group of between 5 to 9 physicians and IHPs that work alongside the physicians of that site. For example, each site has nurses to assist the physicians

with their daily scheduled patient visits. As well, each site has a nurse practitioner to assist with acute and episodic care appointments or walk-ins so that no one is turned away and same day appointments are made available. Our FHT team also includes social workers, dietitians, pharmacists, health promoters, and a psychologist. Having said this, it is possible for FHTs to increase their IHP numbers or even change their mix but that is done via a yearly process with the Ministry of Health and again various indicators are screened and reviewed before approval is provided.



Etobicoke Site Staff and Physicians of Summerville FHT

Summerville developed a Chronic Disease Management (CDM) Steering Committee to oversee program development for its patients. The members of the Committee represent each discipline from each site with physician representation also included. As such, a true team approach exists with services are available from various health disciplines who endeavor to improve the health outcomes of our patients. Some of the programs currently up and successfully running include a Memory Clinic to assist seniors suffering with cognitive deficiencies along with an Arthritis Clinic specific to patients who suffer with this debilitating ailment. As well,

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a respiratory program that ran as a 2 year pilot was also successful and showed the need for a full-time respiratory therapist on staff to assist with the increasing numbers of patients presenting with respiratory related ailments. Currently diabetes is being worked on for an organization wide program, along with hypertension and cancer screening. Program development not only requires a clinical aspect but also a marketing piece and the team works diligently to make sure all aspects have been measured and the consensus of the team (inclusive of both physicians and IHP's) is considered before finalizing any program.

Ultimately chronic disease management is about teaching individuals how to better manage their illnesses and overall health via the resources made available through the FHT utilizing this multi-disciplinary team approach. In the past, this was not available and if it was, it was very difficult to access the numerous disciplines that exist in various organizations in the community. The patient was also required to try and manage these themselves. Fortunately, it is now relative to a one-stop community care approach via your family doctor's office. It is your Family Health Team.

The sole RT in the Summerville FHT

What has not been mentioned thus far is that there is one respiratory therapist (RT) working in the Summerville Family Health Team, that RT however is not part of the clinical team. I know this because that RT is me! And I am not part of the clinical team; I am part of the administrative team. We are working on gaining approval for a full-time RT for Summerville to assist with our respiratory related patients, but for now I am the only one and I am the Executive Director of the Summerville Family Health Team.

I report to a Board of Directors of mixed model governance. Monthly reports related to risk management, human resources, budgets, governance, programs, strategic planning, and quality indicators is tabled at each Board meeting.

Being in an administrative position is very busy and business related. It is more about relationship building, working in teams and facilitating difficult situations than it is clinical. Running a five-site organization has its challenges and its successes.

However, my respiratory background, and having worked in a hospital environment for the first 15 years of my career, really did help me understand all aspects specific to this role and no; I didn't jump directly from the hospital setting into it. In fact, much has happened in between, but that is actually another article and one where I would like to be honest, to exemplify the difficulties that you will face as an RT in your climb to management in the healthcare sector. Just know that it is possible and taking risk is part of that process, as is taking rejection over and over again. Nevertheless, one opportunity will eventually present itself and before you know it, the ball will land in your court.

Another piece of advice I have is to always stay close to our Associations and College; remember they are all we have to represent us as a discipline and act as our collective voice. I continue to belong to the RTSO, the CSRT and the CRTO. And yes, I have been audited for the dreaded quality assurance/professional portfolio that we all wish we could hide from but I have stayed up to date with my readings and goings-on within our profession. We all worked hard for the three RRT letters at the end of our name. Be proud of your designation. I am. Even today, I continue to surprise others when I am inevitably asked where I worked as a nurse. It is then when I get to smile and say, "No, no....I am a respiratory therapist!"

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