Community-Based Specialty Clinics:  

Executive Summary

Support to become healthier

Faster access and a stronger link to family health care

The right care, at the right time, in the right place

Ministry of Health and Long-Term Care

December, 2013
Ontario’s Action Plan for Health Care, January 2012:

“We will shift more procedures out of hospital and into non-profit community-based clinics if it will mean offering patients faster access to high-quality care at less cost.”

Overview

Ontario has committed to shifting low-risk procedures from acute hospital settings to non-profit community-based specialty clinics. Community-based specialty clinics are part of Ontario’s Action Plan for Health Care to ensure patients receive the right care, at the right time and in the right place. The Ministry of Health and Long-Term Care (ministry), Local Health Integration Networks (LHINs) and Cancer Care Ontario (CCO) are working together to rollout specialty clinics, starting with routine cataract procedures in fall 2013. In the future, other procedures that do not require overnight stays in a hospital (e.g., colonoscopies) will be eligible to be performed in specialty clinics.

The Policy Guide for Creating Community-Based Specialty Clinics (guide) provides a high level overview of key principles and eligibility criteria for establishing community-based specialty clinics. Specific requirements will be set out in the applications guidelines. This guide is intended to provide interested applicants with helpful information to begin discussions in their community. For specific questions, please contact specialtyclinics@ontario.ca.

Community-Based Specialty Clinic Models

Community-based specialty clinics will operate under existing legislation and quality assurance frameworks that ensure quality, oversight and accountability.

Community-based specialty clinic models fall into two categories:

1. A public hospital-based ambulatory care centre, such as an outpatient clinic or hospital satellite that operates under the Public Hospitals Act, 1990 (PHA).
2. A non-profit Independent Health Facility (IHF) licensed under the Independent Health Facilities Act, 1990 (IHFA). IHFs are community-based clinics that currently operate in many parts of Ontario and provide a range of services, including low-risk surgical procedures and diagnostics. Organizations interested in providing community-based specialty clinic services under this strategy may do so as non-profit ministry-licensed IHFs.

Key Principles:

1. Person-Centred Care
2. Quality and Safety
3. Accountability
4. Price Reflects Value
5. Integration
Health System Integration

Detailed planning and collaboration with local health care providers is essential:

- **LHIN support** will be required for potential community-based specialty clinics. LHINs will be expected to work with local providers to optimize the delivery of services for the benefit of patient care.

- **Hospital consultation and alignment** will be required to:
  - determine volumes that would be appropriate to shift from an acute care to a community setting
  - ensure patient care continuity
  - ensure hospitals are able to maintain medical and emergency coverage if physicians are working at specialty clinics that are off site.

Funding

Medically necessary services provided at a specialty clinic are paid for by OHIP. Costs associated with providing the insured service will be paid for through Quality-Based Procedure (QBP) funding, as part of Ontario’s Health System Funding Reform. This is based on the principle of patient-based funding. The QBP price is the amount of funding provided for a specific procedure for patients who require similar care. QBPs will be funded on a ‘price X volume’ basis. Specialty clinics will be funded based on the QBP cost of the service.

Physicians working in community-based specialty clinics will continue to bill OHIP for professional fees related to insured services.

There is no new capital funding for community-based specialty clinics procedures.

Protecting Patients from Unnecessary Charges

The government intends to ensure that patients will not have to pay any optional fees to access services covered by OHIP.

The government will:

- Require applicants to describe in the specialty clinics application: how patients will be made aware of what insured services are available, any fees planned for uninsured services, how patients will be made aware that uninsured services are optional fees and are not required to access insured services.

- Require providers to post information about optional fees, including the ministry hotline for inquiries.

- Reinforce in specialty clinic agreements that the ministry may take action to terminate an agreement if the provider requires patients to pay for uninsured services to receive insured services.
High Quality Standards

All providers will be subject to established quality assurance standards, governed by relevant legislation, to ensure services in community-based specialty clinics are provided safely:

- Under the Excellent Care for All Act, 2011, hospitals are required to have quality committees and publicly post quality improvement plans. Results are reported and monitored. IHFs are licensed under the Independent Health Facilities Act, 1990 and are required to participate in a mandatory quality assurance program administered by the College of Physicians and Surgeons of Ontario (CPSO), including pre-licensing and ongoing quality inspections.

Next Steps

Hospitals and independent health facilities application processes will be tailored to the type of facility as per existing regulatory frameworks; however, many requirements will be similar and both models will be expected to improve patient experience and system efficiency.

The following are some considerations that interested applicants will be expected to address:

- Patient, community and provider support to shift services
- Evidence of support from the local hospitals and LHINs, and a willingness to have a contractual relationship with ministry/CCO/LHIN in support of system integration and accountability
- A staffing plan to ensure service continuity
- Ability to provide service at the cost per case established for the procedure
- Ability to adhere to clinical practice parameters and facility standards established by the CPSO (for clinics licensed as IHFs)
- Legally constituted to do business in Ontario or permitted to do business in Ontario with proof of legal non-profit status.

The initial application process will begin in winter 2013/14. In the first phase of the roll out, low-risk cataract procedures will be shifted from acute hospitals to community-based specialty clinics, followed by colonoscopies.