

Family Health Team

e-News

Produced quarterly for Family Health Teams, government, health care sector and stakeholders.

The Future of Primary Care in Ontario: Family Health Teams

By: Dr. Jim MacLean,
Lead Primary Care Reform



Dr. Jim MacLean

Team-based care is integral to many parts of our health system, and evidence from around the world strongly supports the development of interdisciplinary primary care teams. It's no surprise then that our model, the Family Health Team, has generated tremendous interest from communities and providers throughout Ontario.

Significant progress has been achieved to date in implementing Family Health Teams. The ministry has announced 150 Family

Health Teams promised by the government. As a result of the flexible model we developed, Family Health Teams vary in size, scope and structure/governance. But common to all is the delivery of primary care by a mix of professional disciplines within a context of team-based decision-making and mutual respect.

While we acknowledge that the application and approval processes as well as the development of governance and business plans require significant effort by communities and providers, the end results are truly worth it.

Teams have reported positively about the enhanced comprehensiveness and quality of care being provided to their patients. They are also very excited about the programs they are developing to keep their populations healthier, including reducing the need for crisis intervention and hospitalization for those patients living with chronic disease. Team members' feedback demonstrates strong commitment to education and disease prevention, which are important aspects of team-based care.

I am very pleased to be part of this exciting development in primary care in Ontario. Perhaps I am dating myself with this reference, but my future plans remind me of the famous commercial in which Victor Kiam says, "I liked the product so much I bought the company." In my case, when I return to practice, it will be as a proud member of a Family Health Team.

Family Health Teams

The Family Health Team is an approach to primary health care that brings together different health care providers to co-ordinate the highest possible quality of care. Designed to give doctors support from other complementary professionals, most Family Health Teams will consist of family physicians working with nurse practitioners, nurses, and other health care professionals, such as dietitians, pharmacists, mental health workers, and physician specialists, among others. Each Family Health Team is unique, as the composition of the team is determined by the health needs of the community it serves.

The team of health care professionals works collaboratively to provide a variety of health services – primary health care, chronic disease management, mental health services, and health promotion.

The key benefit of a Family Health Team is improved access to care for patients. Family Health Teams provide the entry point into the health care system and make service more accessible. Extended hours will be available to patients enrolled with a Family Health Team, as well as access to a registered nurse after regular business hours through the Telephone Health Advisory Service.

From Solo Practice to Teamwork: One Physician's Experience

By: Dr. Garnet Maley,
Lead Physician Prime Care Family Health Team, Milton, ON

What is the most important decision we face in developing a successful Family Health Team? The recruiting and selection of our colleagues.

We must reflect on the ethical, legal, and logistical considerations of working closely with other health professionals. Those of us who have been solo practitioners may also need to surmount misgivings about working in a team.

One of the most critical decisions we make is whether or not to incorporate a Nurse Practitioner into our team. Having worked as an independent physician, I was unconvinced about the benefits of incorporating a nurse practitioner, and had reservations about allowing free access to my carefully cultivated patient roster. In fact, hiring a nurse practitioner was far down on my “to do” list. However, with some urging, I set about looking for a suitable nurse practitioner.

My previous misconceptions melted away as I found so many highly qualified and suitable candidates that it was almost heart-breaking to make the final decision. Now having worked

with our nurse practitioner for six months, I am delighted to report that she has surpassed my wildest expectations. Our nurse practitioner routinely sees all varieties of clinical problems, and capably deals with them all. In any given week she sees approximately 15 per cent of my patient load, and her abilities allow me to spend more time with other patients who require my services. My patients are universally satisfied with her compassion and high level of professionalism.

I'm happy to report that the best decision I made in establishing our team was to hire a nurse practitioner. I have gone from agnostic to unqualified supporter and my patients are the happy beneficiaries.



Garnet Maley

Unique and Flexible: One Family Health Team Serves its Population Health Needs

Family Health Teams provide for flexibility, rather than a “one size fits all” approach, that will allow interdisciplinary teams to meet the needs of their population by offering programs tailored to those needs. Perhaps nowhere is this more evident than in the Seaton House Family Health Team.

Seaton House is the largest shelter in Toronto, with a population of 700 men. As Boris Rosalak, manager of the shelter, says, “We only house three types of men: somebody’s father, somebody’s brother and somebody’s son. These men, for a variety of circumstances, need support in the shelter system.”

Seaton House has a partnership with St. Michael’s Hospital and provides medical services with a team of physicians. Dr. Tomislav Svoboda is the medical director and has worked eight years in the infirmary at Seaton House. He is the lead in developing the Family Health Team. We met with Boris and Tomislav at Seaton House in December, 2005.

Tomislav: “The clients that we work with here are some of the most vulnerable people in society. Most people with severe mental illness, severe physical illness, severe behavior difficulties, have a hard time negotiating the system. Rather than requiring them to fit in the system, we’re trying to have the system fit them. “We’ve stretched our resources to the maximum here. We’ve basically rearranged every single service that we can think of to try to make things work. I would say that we’ve done a fairly good job addressing acute care. But when it comes to giving people comprehensive primary care and ultimately reintegrating them back into the community, I feel that’s where we could use a lot more help.”

Boris: “Putting resources into shelter programs like ours – it’s not an option – it’s a necessity. I couldn’t be happier in partnering with places like St. Michael’s Hospital with the Ministry of Health and Long-Term Care. The opportunities are now



Dr. Tomislav Svoboda

becoming available to bring help to where it is needed. Some of the 700 people here have a burden of illness that is profound. It will blow you away if you look down on an individual level to see what is going on in that human being. Say to a guy, ‘Well, just go to a hospital or go to a walk-in clinic,’ it doesn’t work; he’ll never make it. He doesn’t see himself in the future. He doesn’t realize what he’s going to do today is going to help him tomorrow. He needs help and guidance and support. The ministry has really offered us a great opportunity to help people get into society and stay there.”

Tomislav: “The traditional system that we have in place for the clients that we care for here is this: when they get into trouble, that’s when they get care. They get picked up by the ambulance; they get taken to the emergency department; they’re cared for there, and then they’re released back into the community. When another crisis erupts, they get picked up by an ambulance, taken to the ER and the cycle starts all over again. This can cost thousands of dollars. Something as simple as a seizure disorder can result in that sort of revolving door care. Simply prescribing somebody medications that will prevent seizures has tremendous savings for the system and it’s a lot more far-sighted to provide up-front care rather than wait for acute crisis, acute emergencies that require hospitalizations that can be tens of thousands of dollars.”

Boris: “We’ve developed a needs analysis, we tested it out, and we put in an application for a Family Health Team. We need internists.

We need mental health professionals. We need psychiatry. We need psychology. We need rehab therapists. A much under-appreciated malady that our people deal with is foot care. We need chiropody. You wouldn't believe the condition of people's feet when they spend three-quarters of their lives walking nowhere. They become unbelievably bad. Another key malady is dentistry. There's such a lack of dentistry. Oral hygiene is a critical gap in the service delivery to the people that we care for in the shelter system."

Tomislav: "Expanding the team is really important and the Family Health Team is something that can really take us to the next level. Right now we're able to address acute issues. But when it comes to rehabilitation – taking somebody from a state of psychosis if they have schizophrenia, for instance, is one thing but then to get them rehabilitated so that they can actually

return back into society – that is a whole other level. And that's something that we can do with a Family Health Team. Also with addictions, getting clinical psychologists, addictions counselors, all of those people working together so we can rehabilitate people and get them back into the community, that's something that we haven't been able to do until now."

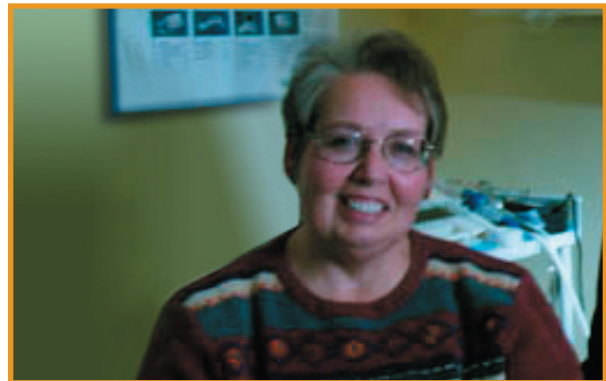
Boris: "It's tough to put a price on human suffering but I'm sure there are formulas that can show the emergency room visit way of interacting with the health system is totally unsustainable. It's totally inefficient. The vast majority of our guys when they do use the health care system on their own do it through emergency departments. So creating a Family Health Team opportunity provides a diversion from the emergency system, which in turn saves money."

Mind and Body: Mental Health Services as Part of Primary Health Care

A mental health specialist is an individual with mental health expertise, be it related to health promotion, prevention, treatment, self-help or peer support. A range of mental health services and supports may be provided within Family Health Teams by a variety of providers, or through arrangements with community agencies. There can be considerable crossover in terms of the services and supports available from various mental health and addictions specialists.

Leah Robichaud, MSW, RSW, is a geriatric mood clinician who provides cognitive assessments, diagnosis and treatment for depression and memory problems. She is a psychotherapist who has worked for 30 years in the Providence Continuing Care Centre in Kingston. She is a member of the Sharbot Lake Family Health Team which serves a population of approximately 3,000.

"I find that there is a lot of stigma with older people as many see mental health problems as a weakness. Many older people live with depression and other illnesses for an average of ten years before they, or one of their family members, ask for help.



Leah Robichaud

Having them come to their family doctor's office is not as frightening for them as they know the people and the office. It's also more accessible as they can stay in Sharbot Lake instead of driving an hour to Kingston."

"In our team, we work with Dr. Peter Bell, family physician, Mary Woodman, a nurse practitioner, Dr. Joe Burley, psychiatrist, and Sue Powell, community social worker. It is incredibly efficient. I have waited a long time for this job. We're in the early days but it's working terrifically. It's really nice to be part of this service. We see people getting better."

(Editors Note: Mary Woodman is no longer with Shabot Lake FHT.)

Expanding the Role of Registered Nurses in Health Care: The Marathon Experience

As communities across the globe face a shortage of health care professionals – and this includes many communities right here in Ontario - they are looking for new ways to meet health care needs. The consensus here and elsewhere is that team-based health care is the wave of the future. While medium- to long-term efforts are under way to increase the supply of physicians, one thing is clear: we need to make the most of our existing resources *now* to fill the unmet demands of patients across the province. This has led to much discussion and innovation around the role of different health care providers. Does a physician have time to spend educating patients? Can someone else handle some of the load? Who should do what? The answer to the last question, usually, is that services that do not require a physician, should be delivered by another qualified professional. This way, the physician has more time to see those patients whose needs can only be met by a doctor. This is why health professionals such as registered nurses are teaming up with physicians and playing an ever-expanding role in caring for patients.

One community that has benefited from the team-based approach to health care is Marathon. The town's motto - *Built on paper, laced with gold* - suggests a rich history that mirrors that of many small northern Ontario communities where economic development was fueled by the pulp and paper and mining booms. Another similarity with other northern communities is that the town is located far from any large city – the nearest, Thunder Bay, is about 300 km away. This relative isolation adds to the challenges faced by so many communities – like attracting health professionals to the community and keeping them there. But it also promotes resourcefulness: the people of Marathon are used to finding creative solutions to overcome obstacles. This is especially true when it comes to health care.

The health care needs in Marathon and surrounding communities range from basic, comprehensive health care – more commonly referred to as family medicine – to more specialized services such as services for “at-risk” patient populations and supporting health clinics located in the two neighbouring First Nations communities. To meet these needs, a group of local physicians is in the process of forming the Marathon Family Health Team. The nine physicians in the group are excited about expanding the roles of the registered nurses who currently work in the clinic and with other health care providers.

“Thanks to the new social worker and registered nurses, I expect that we will see wait-times reduced for some types of visits, better access to physicians in general and an overall improvement in the level of services we provide in and around Marathon.”

- Dr. Sarah Newbery

What makes Family Health Teams different from other group practice models is that registered nurses, nurse practitioners and other allied health providers are seamlessly integrated into the team. There is continuity of care as different team members contribute to meeting the patient's needs in a coordinated fashion while keeping each other informed so that the patient's regular doctor is never out of the loop. Another important feature of the Family Health Team model is the emphasis on education and prevention. Why just treat people when they are sick when we can do more to keep them healthy in the first place?

And that's exactly what they are doing in Marathon. So far, the physicians have added a social worker and two registered nurses to the team. The two newly hired registered nurses are participating in education and prevention on a scale never before seen in this community to help patients help themselves. They are stepping beyond the traditional role of the registered nurse and taking on an expanded portfolio of services to meet local needs. Their focus is on those segments of the population that are most vulnerable to health problems such as: women,

members of the First Nations communities, adolescents, diabetic patients, mental health patients and obese patients.

The Marathon Family Health Team registered nurse program has already taken on some responsibilities such as:

- ▶ *Well Woman* clinics that provide breast exams and pap testing.
- ▶ Preventive health education and interventions, such as pap testing, at the existing high school medical clinic.

And they intend to expand their service in Phase two to address other issues such as:

- ▶ Collaborating with clinics in two neighbouring First Nations communities to promote health education and assist patients to navigate through the system to access diabetes programs and drug/alcohol abuse clinics.
- ▶ Collaborate with local diabetic counseling services to provide comprehensive diabetic care, in collaboration with physicians and other health professionals, in Marathon and in the nearby First Nations communities.

- ▶ Assist the Family Health Team social worker to develop a home visit program for patients with mental health needs that are in crisis or in a destabilized state. The registered nurses will ensure patient direct contact, monitor the administration of medications and arrange for appropriate interventions by other health professionals when necessary.
- ▶ Establish a collaborative relationship with the family physicians and eventually with a registered dietitian to formulate a multi-disciplinary approach intended to assist obese patients. The registered nurses will play an important role in developing preventive strategies and promoting health education in an effort to educate patients so that they are able to make the right lifestyle choices.

These are just some of the ways that registered nurses are taking on additional responsibilities in Marathon, with the intent to free up the physicians' time so that they are able to deal with cases that require their specific expertise. This benefits the community by making it possible for a greater number of patients to access health services and also by providing a higher level of care since the registered nurses can spend more time educating patients and helping them stay healthy.

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Do you have a question or experience to share?
Please send it to your ministry Family Health Team coordinator.