

Accountability and Primary Healthcare

Obligation de rendre compte et soins de santé primaires

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Appendix: Scope of Accountability Requirements in Funding Agreements

Agreement Type / Component	Physician Service Agreement (FHG, FHN, FHO, FHT)	Interdisciplinary Organization (FHT) Funding Agreement	Community Clinic Agreement (CHC)
Accountability requirement – scope of service	<ul style="list-style-type: none"> Performance measure premiums Fee-for-service (service not covered under the capitation or blended payment models) As of 2012 agreement, specifics about services not publicly financed 	Interdisciplinary health professionals (IHPs) deliver comprehensive and coordinated care to defined population and unattached patients	<p>Within resources provided by LHIN, provide services to people residing in Ontario without OHIP, considered priority population</p> <p>Focus: primary care, illness prevention, health promotion, community capacity building and service integration</p>
Accountability requirement – scope of performance measurement and reporting	<p>Reporting:</p> <ul style="list-style-type: none"> Service encounter reports Fee-for-service claims After-hours block coverage Geriatric age premiums Long-term care capitation Diabetes management incentive Smoking cessation Hard cap (non-enrolled patients) New graduate – new patient fee Obstetrical deliveries Preventive care management services Rurality gradient Office practice administration Annual consecutive consultations Multiple consultations Group appointments Hospital supplies and equipment Medically complex patients <p>Documentation requirements:</p> <ul style="list-style-type: none"> Financial and non-financial records maintenance MOHLTC authorized to audit upon 24-hour notice to inspect records to ensure service obligations are met Disclose any information requested by MOHLTC MOHLTC has no control over the records of the physicians 	<p>Scope of performance measure for reporting:</p> <ul style="list-style-type: none"> # of unattached patient population in the catchment area Community population health (chronic disease prevalence) Existing or planned integration of family healthcare services within the community <p>Implement clinical management system with electronic medical records:</p> <ul style="list-style-type: none"> Strategic planning Financial management (budgeting, internal control and audit) Human resource management Risk management Dispute resolution Accountability <p>Accountability to establish: Organizational structure that defines roles, responsibilities and reporting within FHT, including:</p> <ul style="list-style-type: none"> Signing authority Information technology management Patient record management Awareness of privacy legislation and <i>Personal Health Information Protection Act</i> Funding monitoring and adjustment procedures, timely reporting Reporting on and monitoring of performance of publicly funded services 	<p>Reporting:</p> <ul style="list-style-type: none"> Cervical cancer screening rate Influenza vaccination rate Breast cancer screening rate Interprofessional diabetes care rate Periodic health examination Staff turnover rates Vacancy rate for physicians and nurse practitioners Service activity (cost per unit service) Variance forecast to actual units of service Number of individuals served Variance forecast to actual expenditure <p>Under development:</p> <ul style="list-style-type: none"> CHC clients hospitalized for ambulatory care sensitive conditions # of days from referral to assessment <p>Administer annual client survey to ascertain client satisfaction with services and community stakeholder perspectives</p> <p>Conduct regular audits of the quality of care provided by professional staff, based on medical and professional standards set by the appropriate college and governing associations</p>
Governance model and focus	<ul style="list-style-type: none"> Peer-physician engagement, conflict resolution and code of conduct Funding allocation and management Identification and addressing of risk to the delivery of service 	<p>Governance framework:</p> <ul style="list-style-type: none"> Community-based Provider-based Mixed community- and provider-based 	<ul style="list-style-type: none"> Governed by community board of directors (BOD) and ED; accountable to BOD Have a reporting relationship with LHIN and independent charter accountant for auditing Conducts business in line with provincial and federal legislation <p>CHC BOD:</p> <ul style="list-style-type: none"> Accountable to LHIN Ensures mechanism for community input to assess community needs CHC members' annual meeting in line with CHC's bylaws and governing legislation Monitors financial operations and capital budgets Policies and program effectiveness
Goals	To support system-level goals of access, quality and coordination		
Duration of term	4-year followed by 2-year term	1-year term	3-year term
Parties involved	<ul style="list-style-type: none"> OMA negotiates with Ontario MOHLTC Agreement between MOHLTC and a physician 	Ontario MOHLTC and a FHT organization	LHIN and community health centre