Establishing Family Medicine as the Cornerstone of the Transformation Agenda: A Ten Year Retrospective

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Introduction

Founded in 1954 as the Ontario Chapter of the College of Family Physicians of Canada (CFPC), The Ontario College of Family Physicians was anchored in the continuing medical education of its members. The OCFP achieved that mandate by providing educational events, seminars and a very successful conference, the Annual Scientific Assembly.

Health system changes in the 1990s, threatening the viability of the specialty of family medicine, prompted the OCFP to develop a number of new roles that went well beyond its original educational mandate. With a new mission statement in place (Enhancing the Quality of Family Medicine in Ontario through Leadership, Education, Research and Advocacy), the OCFP assumed new public policy and research roles and gained international recognition for its innovative educational programs. These new roles are helping to establish family medicine as the cornerstone of our transformed healthcare system in Ontario. (1)

Influencing Public Policy

During the 1990s, the future of family medicine in Ontario was threatened. Policy decisions resulted in an acute shortage of family doctors. Increased workload for the remaining family doctors, combined with a failure to address remuneration rates, left family doctors feeling harassed and pressured. A growing number of family physicians responded by answering the call to move to “greener pastures” in the United States. (2)

In the United States, Ontario’s well-trained family physicians were referred to as “platinum physicians” and were welcomed with open arms. As more family doctors left the province and morale deteriorated amongst those who remained behind, the situation became more desperate. With fewer students being admitted to our medical schools and the interest in family medicine declining, the Minister of Health of the day threatened to place new doctors in underserviced communities (3). This threat resulted in even more doctors emigrating to the United States. With a decrease in the number of international medical graduates able to access the training they needed to be licensed to practice, family medicine in the province was heading towards a state of crisis.

In 1994, the five Chairs of the Academic Departments of Family Medicine in Ontario published a paper outlining their beliefs regarding the strategies needed to address the
growing decline of their discipline (4). They recognized that disincentives in the funding model for practicing family physicians reduced the likelihood that new doctors would practice according to the standards taught to them during their residency training. The Chairs’ paper proposed a “blended payment model” that included capitation funding mixed with fee for service and other incentives (5). This publication drew the ire of some family doctors. In addition, the Ontario Medical Association (OMA) dismissed it as having come from “ivory tower academics with little connection to the real world.” The OCFP Board supported the model, having concluded that improvements in education and the standards of practice in the province were impossible in an environment dominated by negative incentives for good practice.

In 1996, the Ministry of Health convened an inter-professional committee, the Primary Care Committee on Community and Academic Relations (PCCCAR), to discuss new models of practice. The result was a model of practice that focused on the delivery of a basket of fifteen services that every person attending a family practice should expect to receive. These services became known as the PCCCAR Basket of Services. (6)

The OMA and the Ministry joined forces in 1998 to establish fourteen Primary Care Reform Pilot Sites; however, when they failed to incorporate many of the aspects of the Chairs’ model or the PCCCAR Basket of Services into the pilot, the OCFP undertook health services research to determine the directions that needed to be taken in family medicine. With the results from surveys and key informant interviews with the public, medical students, family medicine residents and practitioners in mind, the Board and family medicine leaders worked together to design a new model of practice. The OMA expressed concerns regarding the model and took issue with the OCFP for developing public policies, stating that the OMA had sole responsibility in that regard. The model was shared with the OCFP membership, with other leading healthcare organizations, the Ministry of Health and the opposition parties. It was released publicly at a conference at Queens Park in the June of 1999 (7) and became the first of many OCFP position papers that influenced policy in Ontario. A journal article based on the paper was released in the first edition of the well-regarded journal, “HealthPapers”, and influenced thinking about family medicine nationally and internationally (8). The first Family Medicine Forum/Think Tank in September 1999 resulted in a decision to move the model forward.

The 2000 OMA/MOHLTC negotiations were anchored in strong support for family doctors and resulted in a commitment to develop a blended funding model for the family physicians of the province. The Ontario Family Health Network Agency was established to assist physicians to develop Family Health Networks (9). Further recommendations resulted in the development of the Family Health Group (a blended funding model weighted towards fee-for-service) and Family Health Organizations (weighted towards pure capitation) in 2003. (10)

In 2002, the newly elected Liberal Party adopted the OCFP’s’ model and established 150 FHTs with another 50 to be announced in the near future. While not a panacea, these inter-professional teams are addressing many of the issues that family doctors faced in the 1990s. The combination of choice in funding models, group practice models and better supports for practices has made family medicine more attractive to practitioners and medical students alike. The focus on meeting the needs of an enrolled patient population through group practices and inter-professional team supports has reduced the
need for specialist consultations and emergency department visits. In addition, capacity has been increased to reduce the effects of the physician shortage. During the past decade, the OCFP has continued to undertake health system research as the foundation for its many Family Medicine Forums, resulting in a number of policy documents. The OCFP’s’ leadership and vigorous advocacy has resulted in its ideas coming to fruition for the benefit of patients and the specialty of family medicine. These activities are a clear departure from the OCFP’s’ previous role; however, the change in role seems to have had positive effects. (Table I identifies the many papers that the OCFP has written to support changes in public policy.)

Supporting and Conducting Research

Historically, the College of Family Physicians of Canada has had a long standing research office and, in the past decade, a very active Section of Researchers; however, the involvement of the Provincial Chapters in research has been minimal. As part of the evolution of the OCFP, a Task Force was struck in 1995 to determine the role the OCFP should play in stimulating research capacity building amongst its membership. A number of recommendations presented to the Board were accepted in 1998. One of the key recommendations included the development of a program for community-based family doctors who had a research question they wanted to answer. The program consisted of five 2½ day workshops held on weekends over the course of ten months. The course provided the background knowledge needed to answer their questions and help to prepare family doctors to seek a research grant. This program was funded by the OCFP as a pilot in 2000, with a second more practical approach in 2002. A Primary Health Care Transition Fund grant was obtained in 2003 and used to support thirteen programs in cooperation with the five Departments of Family Medicine and the residency programs in Sudbury and Thunder Bay (11). The Northern Ontario School of Medicine used the program for faculty development. Each program received positive evaluations from the many participants. The most frequent comment was that the participants gained a greater appreciation for the value of research and were more likely to change their practices based on the available evidence. The program has been modified for residents and is offered internationally in several countries.

Between 2001 and 2008, the OCFP has administered and participated in close to $35 million in research and innovative educational grants. This is a remarkable change in the organization, with the OCFP being one of the largest holders of primary care research/educational grants in the country. There are advantages to researchers who are involved in multi-centre grants. The OCFP, as the administrator, avoids the complexities associated with one university administering grants that include the other universities, along with the administration overheads charged by the universities. This is a role that the OCFP would never have considered previously and is quite a dramatic departure from previous functions and is unique among the Provincial Chapters of the CFPC. (Table II identifies some of the OCFP’s research projects.)

Developing and Providing Innovative Educational Programs

The OCFP has never lost sight of its traditional role in medical education. Previously, the OCFP relied upon traditional educational formats, usually delivered by specialists, and focused on clinical practice issues. In the last decade, educational innovations have been
developed by the OCFP. The Peer Presenter Program and the OCFP’s’ Collaborative Care Networks are two significant examples of these innovative approaches to practice change. Topics for its programs are identified by its members, other healthcare organizations and government. The topic area is developed into an evidence-based program which often includes practice tool kits. Community family physicians from across the province are invited to a two and half day workshop where they review the program and are provided with an overview of the principles of adult learning and assisted to develop their facilitation and presentation skills. They rehearse how they will present the packaged materials to their local colleagues and are then supported to incorporate changes into their own practices prior to presenting the materials in their own region. This is seen by many as an effective way to disseminate new information. The presenters find this strategy exciting and stimulating and local participants applaud the efforts of the OCFP to support their own peers in presenting the information locally and in the context of the realities of practice in their region. The presentation style does not rely upon lectures but is anchored in small group discussions. More than 120 workshops on a variety of topics are presented throughout the province each year through the OCFP’s CME-on-the Road program.

Of particular note is the number of comprehensive educational programs that include not only Peer Presenters Programs but also Collaborative Care Networks. These networks build upon the OCFP’s innovative educational approaches by pairing family physicians with expertise in a particular area of family medicine with other specialists to provide “Just-in-Time” guidance and advice to family physicians in their mentoring groups. The program has been described as the “doctors’ lounge at a distance.” Using face-to-face meetings and/or technology, the program builds positive relationships amongst small groups of physicians and bridges the gaps created by distance. These small groups are linked in a province-wide Network to share knowledge, skills and innovative approaches to practice change. Core to many of these programs is the development of practice tool kits. Using clinical guidelines as the basis for the development of practice tools support participants to incorporate evidence into practice and improve practice efficiencies. Most of these programs are provided to family medicine residents as well and provide a strong link to the Department of Family Medicine and the University CME Departments. (Table III provides an overview of the Educational Programs developed and delivered by the OCFP.)

Summary

In conclusion, the OCFP’s original mandate was to improve the standards of family practice through education. During the 1990s, the Board realized that the conditions of practice in the province were reducing the likelihood of achieving its mandate. During the past decade, the OCFP has participated vigorously in developing public policy, supported a wide range of research programs and has developed very innovative educational programs. These activities have strengthened the organization and made a major contribution to enhancing the role of family medicine in Ontario. The ultimate goal is to improve the quality of care available to the citizens of the province – and there is growing evidence that this has occurred. Family Medicine is at the heart of health system transformation in Ontario.
Bibliography

1. http://www.ocfp.on.ca/English/OCFP/Communications/Publications/default.asp?s=1


11. paper submitted to Annals of Family Practice
**Table I**

**Political Papers: Influencing Public Policy**

1. Bringing the Pieces Together
   - Planning for the Future
   - Beginning the Process
3. Where Have All the Family Doctors Gone
   - A Brief History
   - Reversing the Trend
   - The Future is Now
   - Improving the Professional Environment
   - Too Many Hours, Too Much Stress, Too Little Respect
   - A Discussion Document
   - A Response to the George Panel
4. Two Tier Or Multi-Layered: A Crucial Difference
5. Why Do We Need to Reform Primary Medical Care?
6. Examples of Excellence in Family Medicine
7. Family Medicine in the 21st Century: A Prescription for Excellent Healthcare
8. Implementation Strategies
   - Family Medicine in the 21st Century
   - Collaboration in Primary Care - Family Doctors & Nurse Practitioners Delivering
     Shared Care
   - Protecting Trust in the Patient-Physician Relationship
9. Ensuring Success for Ontario’s Family Health Networks - Leadership, Innovation,
   Accountability & Connectivity in Family Medicine
10. New Paradigms for Quality of Care
11. Shifting Mindsets
   - From Cost Containment to Investing in Accessible Quality Care
   - Investing in Quality Care for Ontarians
12. Presentation to the Commission on the Future of Healthcare in Canada
13. Family Medicine Forums:
   - Does the Model Work in Communities throughout Ontario
   - Building on our Strengths
   - Celebrating Quality in Family Medicine: An International Perspective
   - Special Communities, Special Populations: Addressing the Gaps
   - Comprehensive Care in Crisis
   - Family Physician Check-Up: A Forum Examining Why the Shortage & How to Solve
     It
   - Linking Family Physician Leaders with LHINs
   - Family Medicine Recruitment and Retention
   - Family Physicians with Focused Scopes of Practices
   - Symposium on Aging at Home
   - Think Tank on Stabilizing Health Services in Rural Communities
   - Hospice Palliative Care Think Tank
   - The Leadership Connect Think Tank: Pandemic Planning/LHINs, Public Health and
     Family Practices
14. The Mushroom Syndrome: SARS and Family Medicine
15. SARS and Community Care: Impact and Opportunity
17. Starting With Primary Care: Patient/Family Centred Organizational Transformation
18. Local Health Integration Networks - A Means Not an End
19. Resource Allocation: Creating "Two Tiered Medicine" in Ontario
20. Family Physicians and Public Policy: The Light at the End of the Tunnel
21. Presentation to The Standing Committee on Social Policy Regarding Bill 36, Local Health System Integration Act, 2005
22. Submissions to HPRAC
   • Interprofessional Collaboration amongst Health Colleges and Professionals
   • Submission In Respect to The Scope of Practice For Registered Nurses in the Extended Class
   • Submission In Respect to The College of Midwives of Ontario Scope of Practice Review
   • Submission In Respect to The Ontario College of Pharmacist’s Submission For a Review of the Scope of Practice of Pharmacy
   • Submission In Respect to The College of Physiotherapists of Ontario & The Ontario Physiotherapy Association’s Submission for a Review of the Scope of Practice of Physiotherapy
   • Inter-Professional Collaboration between Health Colleges and Professionals
   • OCFP’s Response to HPRAC’s Report to the MOHLTC “Critical Links: Transforming and Supporting Patient Care
23. Celebrating our Partnership with the Ministry of Health and Long Term Care to Enhance the Practice of Family Medicine in Ontario
24. Discussion Document – e-Health and Family Medicine
25. Comprehensive and Continuous Care in a Collaborative Care Environment: Challenges for 21st Century Family Medicine and Hospitals
26. Linking Health and Learning: Family Physicians are Key
27. The ED Wait-Time/ALC Strategy – Family Physicians are Key
28. Response to the MOHLTC’s Consultation Document on Mental Health and Addictions
29. Presentation to Select Committee on Mental Health and Addictions
30. Presentation to the Standing Committee on Social Policy re: Bill 179 - Regulated Health Professions Statute Law Amendment Act, 2009
31. Budget 2010: The Fork in the Road
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**Primary Health Care Transition Fund Projects**

- Shared Care as the System Integrator/Symposium for Organizational Leaders
- Developing an Interdisciplinary Research Agenda
- Actively Building Capacity in Interdisciplinary Primary Health Care
- Babies Can’t Wait
- 5 Weekend Research Education Project
- Preventative Care Services in FHNs
- Quality in Family Medicine Phase I and Phase II
- Getting it Right at 18 Months…. Making it Right for Life
- Supporting Interdisciplinary Practices: The Family Physician/Nurse Practitioner Education and Mentoring Program
- Leadership Connect and Leadership Development Fellowship Program
- The Research Connect: Building Capacity in Primary Health Care Research

**Other Research Studies**

- The 18 Month Visit Expert Panel
- Validation of the Rourke Baby Record
- Revision of the Rourke Baby Record
- Establish a Low-Rise Maternity Centre as a province-wide clinical, research and education centre
- Environmental Causes of Chronic Diseases
- Health and Learning – Healthy Child Development
- Health Professional and Environmental Health. What Roles? What Supports?
- Mentoring Needs for Medical Students, Family Medicine Residents and New Doctors
- Retaining Senior Family Physicians in Family Medicine
- The Emergency Wait-time/ALC Strategy: Family Physicians are Key
- Environmental Standards Setting in Children’s Health
- Pesticides Literature Review
- Report on Public Health and Urban Sprawl in Ontario
- Addressing the Health Effects of Climate Change: Family Physicians are Key
- A Feasibility Study to Establish a Centre of Excellence in Environment and Health
### Table III

**Educational Activities and Initiatives: In Study Lies Our Strength**

- Management of Sexual Abuse/Spousal Assault
- HIV/AIDS for Family Doctors
- Palliative Care: Pain and Symptom Management
- Navigating Change: Stress Management for Physicians
- Complementary and Alternative Medicine
- Collaborative Mental Health Care Network
- “Saving the Brain” Collaborative Stroke Care Network
- Alzheimer Physician Education Training Strategy
- Putting the P.I.E.C.E.S. Together
- [www.camline.org](http://www.camline.org) – website to support CAM learning
- HIV/AIDS 5 day Mentoring Program
- Bone Health – Osteoporosis and Falls Prevention Program
- The 5 Weekend Research Education Program
- Violence Against Women II
- Benign Uterine Conditions Program/Gyn Skills in Family Practices
- Bloor Pressure Action Plan
- Healthy Child Development/18 Month Visit (multiple modules)
- The Best Start Initiative
- Healthy Child Development Nutrition Program and A Systematic, Clinical Approach to the Prevention and Management of Childhood and Adolescent Obesity
- Environment and Health
- Medical Mentoring for Addictions and Pain
- Early Return to Work Collaborative Practice Model Development
- A Five Day Education Program to Establish “Memory Clinics” in Family Health Teams
- Mentoring for Respiratory Health
- ColonCancerCheck Educational Program
- Insulin Starts in Type II Diabetes in FHTs
- The Emergency Medicine Primers for Family Physicians (101 and 201)
- Cancer Prevention Program for Medical Students
- The Continuum of Care in the Home: Enhancing the Competencies of CCAC Case Managers, Home Care Nurses, Family Physicians and Family Health Team Members
- Enhancing Competencies in Family Health Teams using Quality Improvement as a Driver for Learning, Team-Building and Innovation
- Encouraging Family Practices to Care for Hard-to-Serve Patient Populations: An Interactive Web-based Program Addressing Safety in Facility Design and Interpersonal Responses to Identify and Diffuse Potentially Violent Situations