

# The Barrie & Community Family Health Team



presentation to

Barrie City

Council  
Sept 30, 2013

# BCFHT OVERVIEW



**Barrie and Community**  
**Family Health Team**

# BCFHT OVERVIEW



## The Minister of Health's Action Plan

- Ontario will be the healthiest place to grow and to grow old – health promotion and prevention/integration of Public Health and Primary Care.
- A strong Primary Care Sector – every person will have a family doctor.
- The right care, at the right time, in the right place – evidence based care, ease of access in the community and at home.

*Based on the presentation by Jan Kasperski entitled - Integrating Primary Care:  
Excellent Care for ALL is the Goal. Dated June 11, 2012.*

# BCFHT OVERVIEW



## Family Health Teams:

- Provide *better access to care*, closer to home
- Work as a *team to keep patients healthy*
- Provide *extended hours and after hours access* to an RN through the telephone health advisory system
- Help patients *navigate* their way through the health care system
- Provide *primary health care*, chronic disease management and self-help tools to improve health
- Use “state of the art” information technology giving providers *access to patient information and test results*

# BCFHT OVERVIEW



## **Facts about the Barrie and Community Family Health Team:**

- Established in 2006
- Serves over 127,000 Rostered Patients
- Currently has 80 Family Physicians on it's Team
- One EMR
  - Connected with Hospital through 'Hospital Report Manager'
  - Labs, imaging
  - Georgian College
  - Specialists



# BCFHT OVERVIEW



## Our Team

Health Care Professional	Total
Family Physicians	80
Nurse Practitioners	18
Pharmacists	2
Certified Diabetes Educators	5
Certified Lung Health Educators	3
Registered Dietitians	5
Social Workers	9
Lactation Consultant	1
Quality Improvement Coordinator	1
Telemedicine Nurse	1
Registered Nurses	3

Administrative Support	Total
Executive Director	1
Medical Director	1
Finance & Payroll	2
Human Resources	3
Information Technology	6
Research	2
Clinical Managers	4
Other	9

# BCFHT OVERVIEW



## PROGRAMS & SERVICES

**Pharmacist Services**

**Complex Care Clinic**

**Diabetes Program**

**'STOP' Program**

**Lung Health Program**

**Nutrition Services**

**Prenatal Well Baby Clinic**

**BCFHT Mental Health Services**

**Ontario Telemedicine Program**

**BCFHT Cognitive Assessment Program**

# BCFHT OVERVIEW



## **Facts about the Barrie and Community Family Health Team:**

- Comprised of more than 37 locations within Barrie and surrounding area – 80 physicians with over 330 staff
- Supports residents of Barrie and surrounding communities



# BCFHT OVERVIEW



## Challenges:

- 30,000 to 50,000 unrostered patients in the region
- Need new family physicians to roster patients
- BCFHT funding is tied to rostered patients
- Few family physicians in the south end of Barrie

# BCFHT OVERVIEW



## Support Services

- Labs
  - Life Labs
  - Gamma Dynacare
- Royal Victoria Regional Health Centre
- Georgian Radiology
- Atrium Cardiology
- Lake Country Cardiology
- Barrie Endoscopy
- Simcoe Muskoka Regional Cancer Centre
- York Thoracic Clinic
- South Simcoe Cardiology Program

# BCFHT OVERVIEW



## Support Services-Social

- David Busby Centre
- Barrie Housing Services
- Catulpa Community Support Services
- Salvation Army
- Women and Children's Shelter of Barrie
- 211 Ontario
- Independent Living Services of Simcoe County and Area
- Barrie Food Bank
- YMCA of Simcoe
- Barrie Area Native Advisory Circle

# BCFHT OVERVIEW



## Care Collaboratives

- Diabetes Collaboratives
- Regional Diabetes Coordination Centre
- Barrie Breastfeeding Action Team
- Lung Health / Smoking Cessation
- Regional Stroke Program

# BCFHT OVERVIEW



## Government

- MOHLTC
- North Simcoe Muskoka LHIN
- City of Barrie



# BCFHT OVERVIEW



## Academia

- University of Toronto Medical School
- Georgian College Health and Wellness
- Rural Ontario Medical Program
- University of Toronto Medical School,  
Department of Family and Community  
Medicines

# BCFHT OVERVIEW



**The “HUB” for Our Community.**



**REQUIP**

BARRIE ONTARIO CANADA

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RESEARCH EDUCATION QUALITY IMPROVEMENT PROGRAM

BCFHT has the largest primary care databases in Canada

Research, Quality, Education

- Improve programs through systematic and scientific evaluation of data from programs undertaken by BCFHT
- Family Physicians leading improvement in primary health care: Preventative Care; Chronic Disease Management; Team Collaboration; Use of IT; Community Integration
- U of T Residence Program, Georgian College

# BCFHT OVERVIEW



## The Foundation

Patients

Excellent Health Care For ALL

Service

Quality

Research

Education  
&  
Communica  
tion

Business /  
Financial



# HEALTH LINK



Barrie Community  
**HealthLink**



## The Minister of Health's Vision

“Network of linked healthcare providers to work as a team to collectively manage the needs of those patients, with the greatest needs, in partnership with family and community, so they move smoothly through the system, always confident that they are being looked after.”

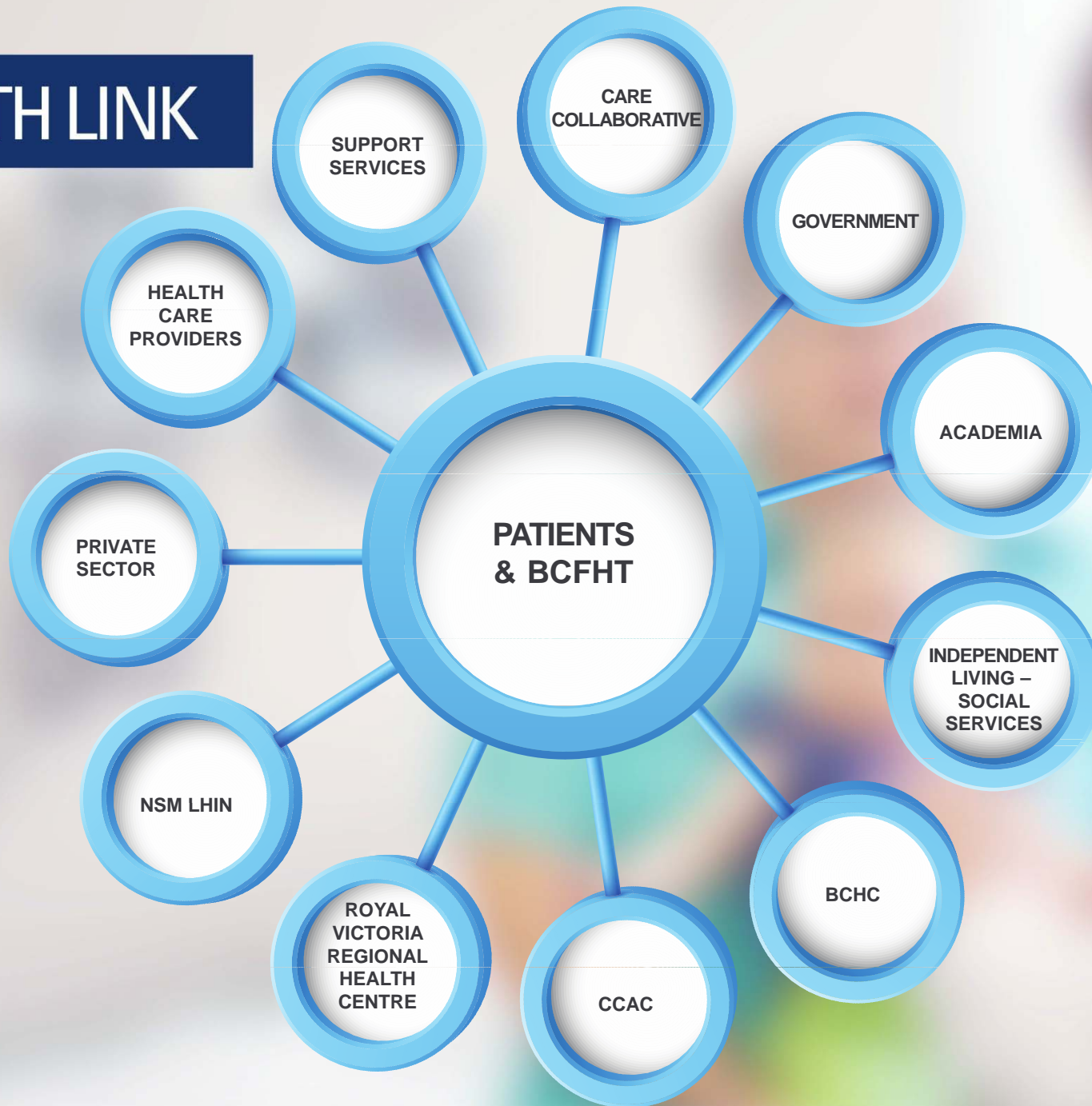


## Health Link Goals

LHINs will work with providers that form the Health Link to ensure they put collaborative initiatives in place that will allow for a measurable, positive impact on patient care:

1. Improvements in care delivery  
e.g. Appropriate system utilization,  
**care coordination**
2. Improvements in **patient experience**
3. Reduced costs

# HEALTH LINK





# HEALTH LINK PHASES



Barrie Community  
**HealthLink**





## First Phase

- Medically Complex Patient Clinic (MVP Clinic)
- Unattached to primary care providers
- Intake, stabilization on care plans, transition to primary care providers
- Barrie and Community Protocols / Care Plans
- Building infrastructure



## First Phase – continued

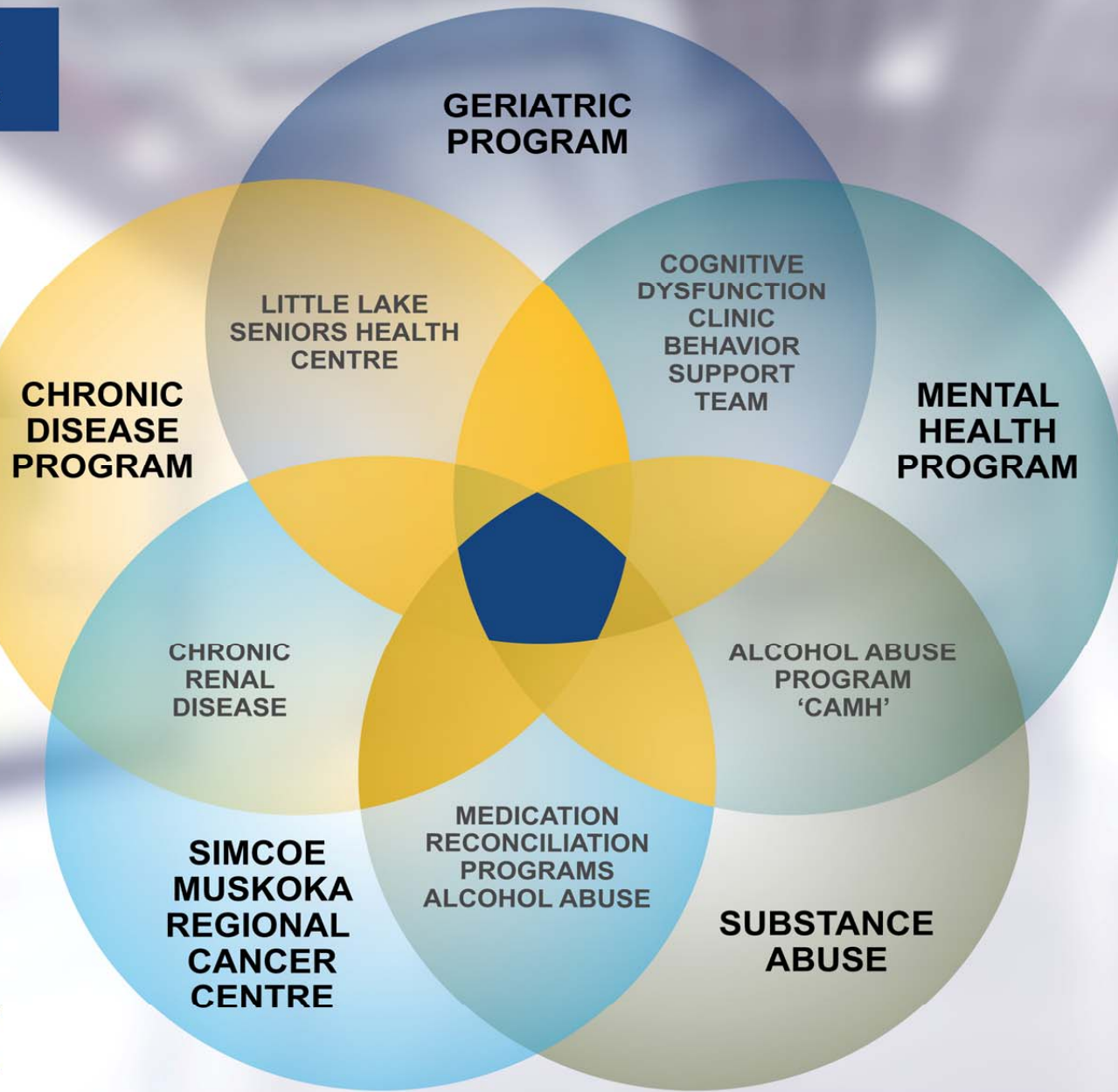
- Patient Group Characteristics
  - Chronic diseases, mental health issues
  - Substances abuse “nowhere else to get care”;
  - Cognitive dysfunction
  - Medication problems
  - Social determinants of health



## Second Phase

- Expand to support patients with multiple chronic conditions
  - Chronic Diseases (COPD, Diabetes, CHF, CAD)
  - Complications of aging
  - Mental Health and Addictions
  - Social Determinants of Health
- 5 – 10% of Patients = 12,000 – 24,000

# HEALTH LINK



HIGH USERS 1%



HIGH USERS UNATTACHED



Barrie Community  
**HealthLink**





## Third Phase – Primary Prevention

### CHRONIC DISEASE PREVENTION

- Obesity
- Exercise
- Smoking
- Substance Abuse
- Social Supports

### COMPLICATIONS OF AGING PREVENTION

- Falls
- Bone Density
- Advance Directives
- Cancer Prevention and Screening

### QUALITY OF LIFE

- Social Determinants of Health

### PRENATAL CARE PROGRAM

- Education
- Breastfeeding



## THE CHALLENGE:



# An Unsustainable Health System



We believe that the answer to these challenges lies in primary care. We believe that our team with the right tools will be able to find the right answers; we believe that we can provide the highest levels of service across the entire health spectrum of primary care; from prenatal to end of life, from prevention to the management of chronic disease. We know we can set the standards for quality in primary care.



Dr. Brent Elsey (2011)

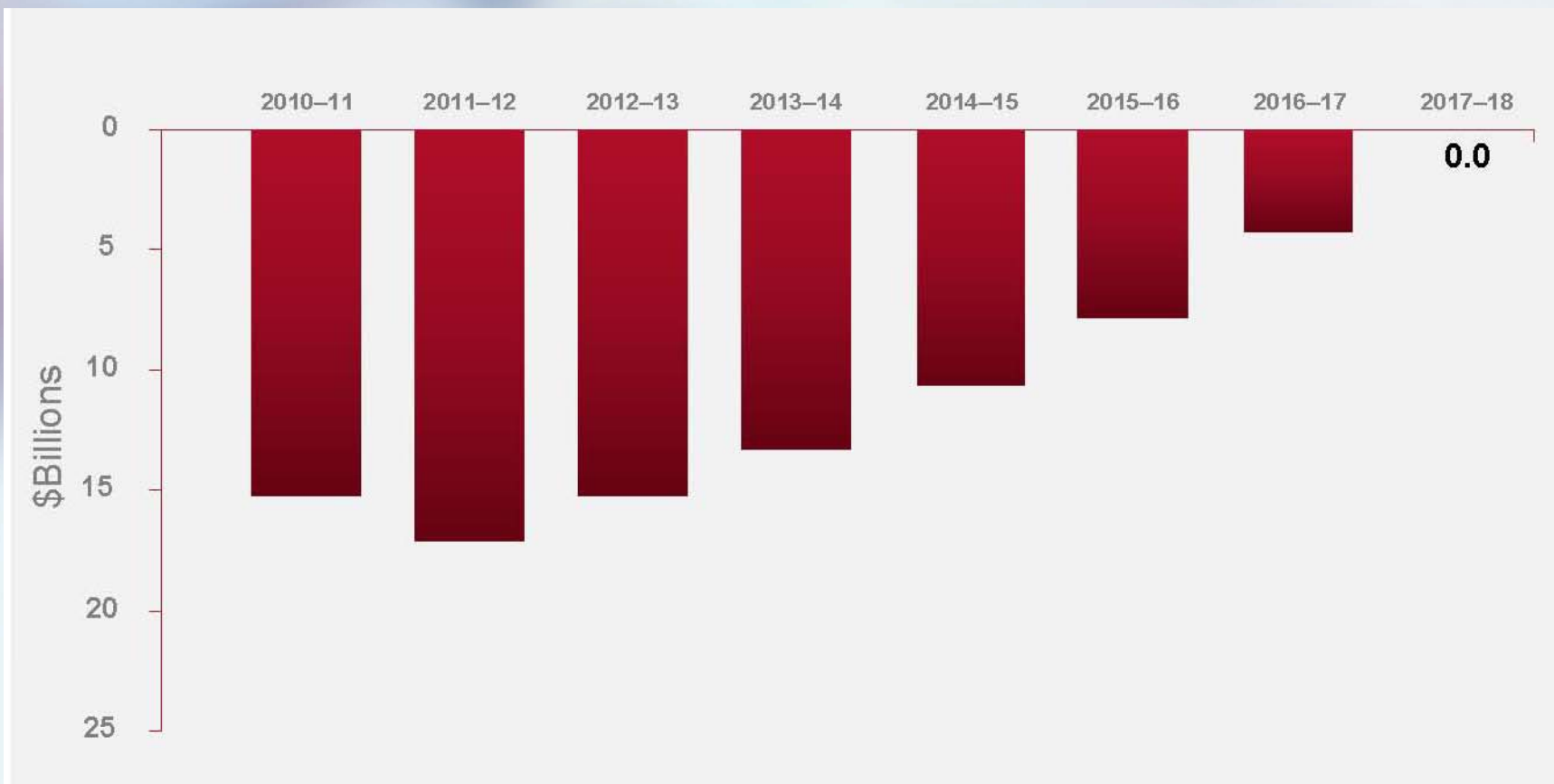
# THE CHALLENGE

1% of the population accounts for 49% of hospital and Home Care spending, with 10% accounting for 95% of such costs.

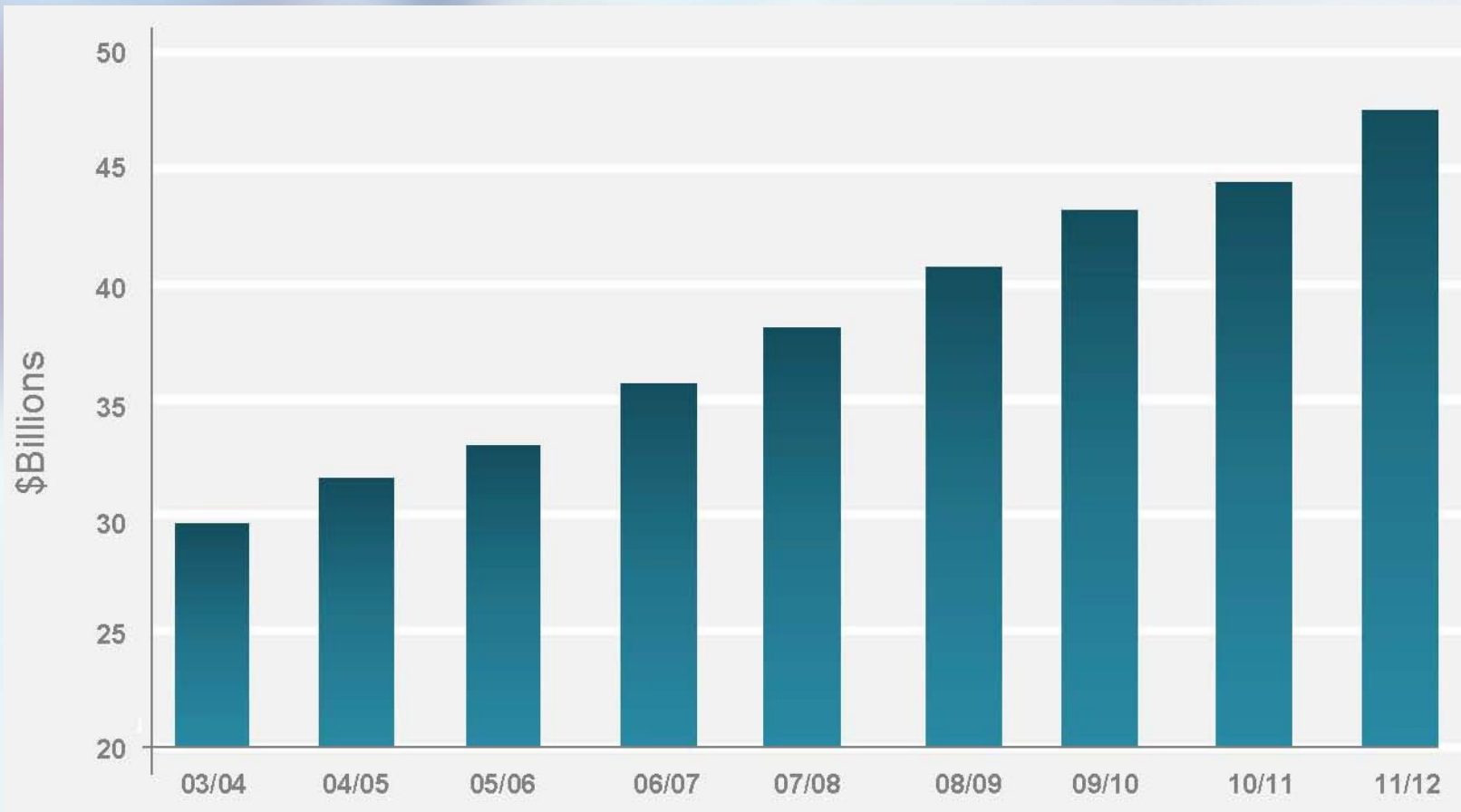
10% gain in efficiency – through better integration and expansion of community and chronic care or mental health services - could save \$1.5 billion a year.



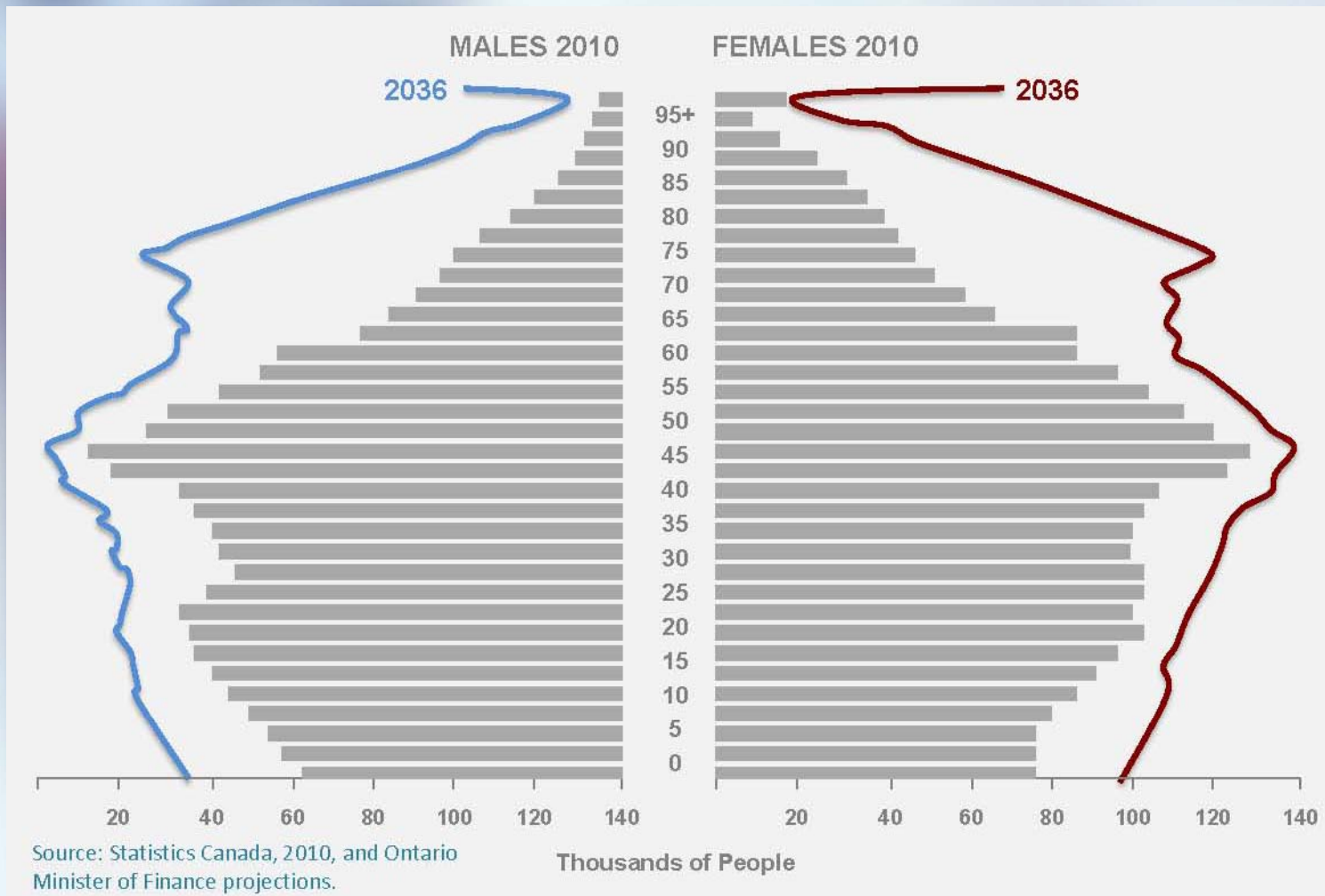
# THE FISCAL CHALLENGE - DEFICIT REDUCTION PLAN



# THE FISCAL CHALLENGE - HEALTH CARE SPENDING SINCE 2003

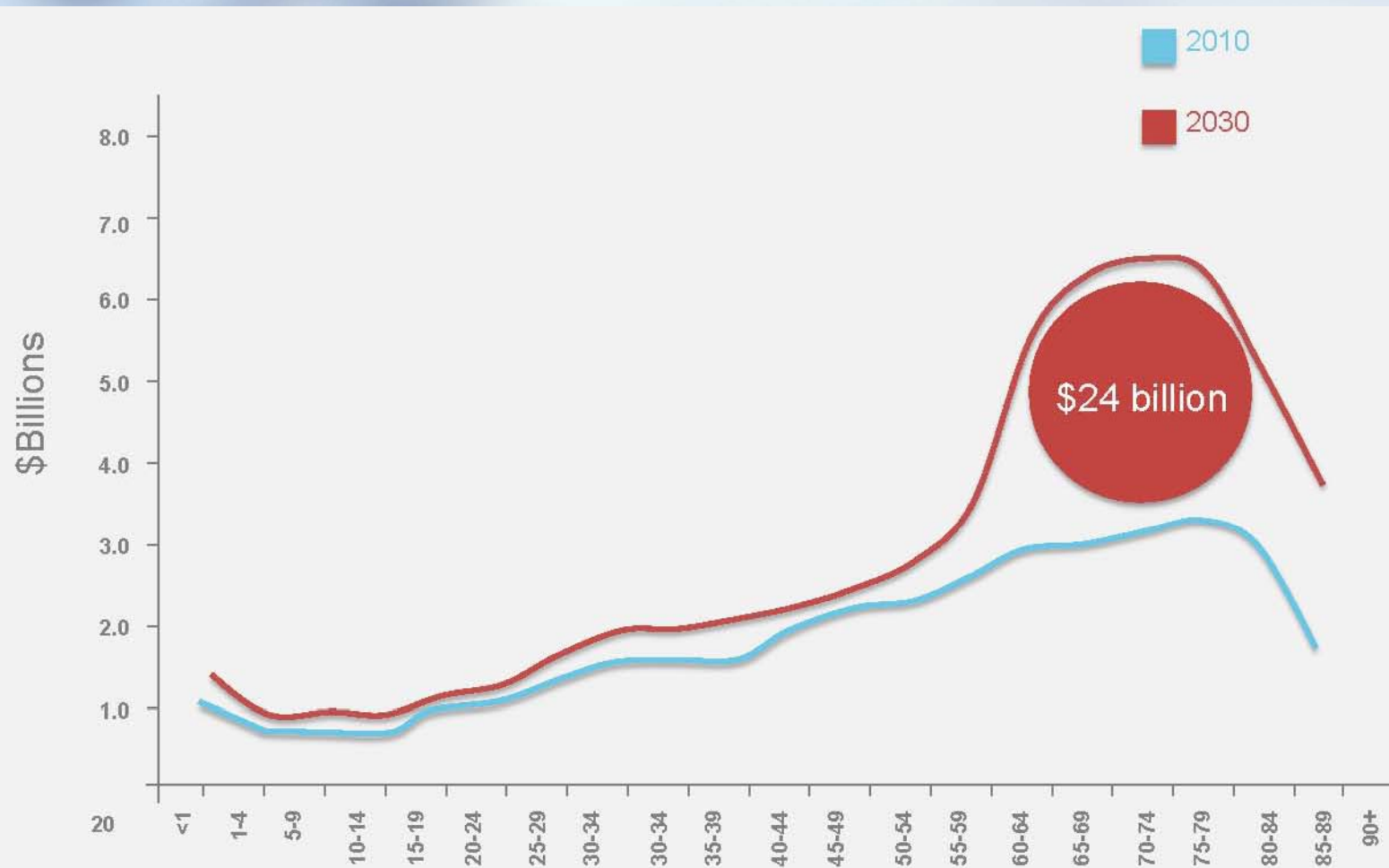


# THE DEMOGRAPHIC CHALLENGE



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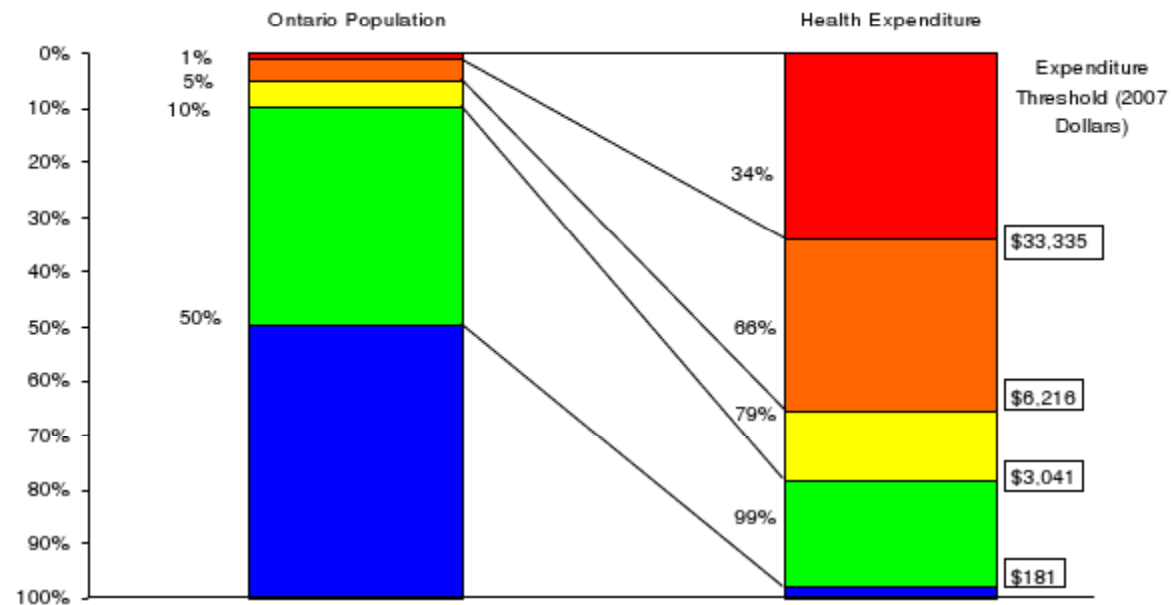
## HEALTH COSTS BY 2030





# WHO ARE WE INNOVATING OUR HEALTH SYSTEMS FOR?

**Figure 1. Health Care Cost Concentration:  
Distribution of health expenditure for the Ontario population,  
by magnitude of expenditure, 2007**



On average, health care spending is highly concentrated with the top 5% of the population (ranked by cost) accounting for 66% of expenditure

# WHY DOES THE CITY OF BARRIE NEED TO UNDERSTAND BCFHT AND BCHC?

- **Fiscal Implications**
- **Social Services Implications**
- **Community Profile Implications**
- **Partnership Opportunities**

# PARTNERSHIP OPPORTUNITIES

## **Preventative Health Care**

- Walking Program for Aging Well

## **Joint Community Education Programs**

- Healthy Babies
- Healthier Children
  - Aging Well

[www.Barriefht.ca](http://www.Barriefht.ca)

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**HealthLink**



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**REQIP**

BARRIE ONTARIO CANADA

RESEARCH EDUCATION QUALITY IMPROVEMENT PROGRAM