OMA
Ontario Medical Association

Building teams to support patient attachment

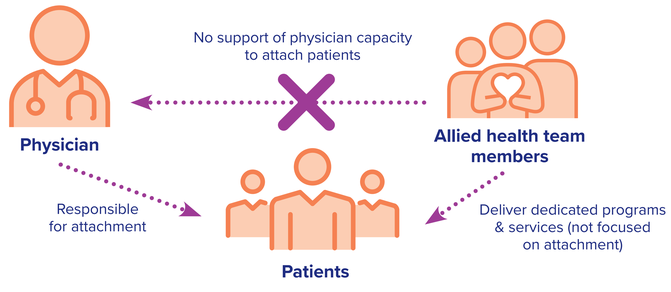
The Primary Care Action Team (PCAT) mandate is to attach 100% of Ontarians to primary care by 2029.

The OMA has developed solutions on how teams can be built to achieve this current goal of patient attachment to a family doctor with timely access to high-quality comprehensive, longitudinal primary care.

Physicians are integral to achieving PCAT goal

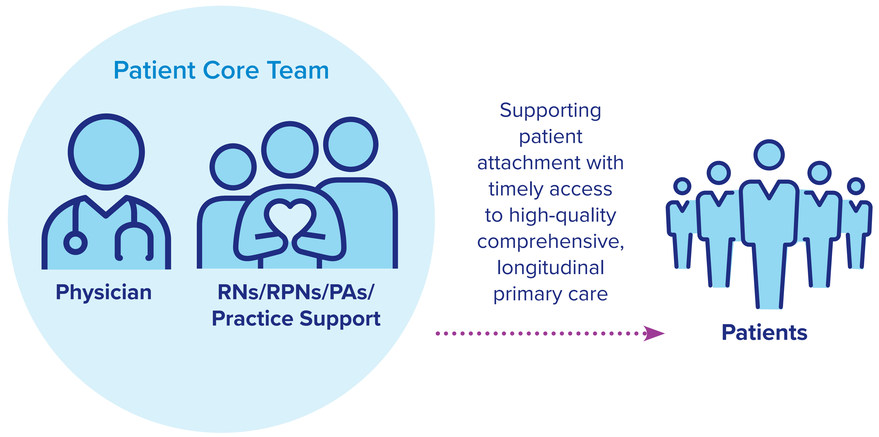
- Focus of PCAT plan is on **attachment**.
- Only **physicians and NPs** can attach patients.
- Physicians are responsible for providing **98.5% of total patient attachment in Ontario**.
- To achieve the PCAT goal, we need to build and fund team models that **support physician capacity to attach** more patients.

Current funded team models



- Focused on the objective of increasing patient access to allied health professionals and quality of care – **missing the objective of patient attachment**.
- Many allied health team members work to deliver dedicated programs and services (e.g. diabetes education) and are **not focused on the objective of attachment**.
- As such, many **physicians cannot share daily clinical and administrative tasks** with other team members to free up their capacity to attach more patients.
- Teams must work together with a **common goal and purpose** to attach patients, increase access, and ensure quality care.

Our Solution: Patient Core Team



- Provides a model for **optimizing the way team members work together** toward the shared objective of attaching patients with timely access to high-quality comprehensive, longitudinal primary care.
  - *The model is not about taking resources away from teams (i.e. FHTs, CHCs), but rather, mobilizing resources in these teams to work alongside physicians towards this objective.*
- **Physicians can share daily clinical and administrative tasks** with their patient core team members which frees up the physician's capacity to attach more patients.
- All team members work to their optimal scope to deliver a broad range of primary care services **focused on the objective of attachment**.
- Patient core teams help family doctors **see more patients**.
  - In the Netherlands, where over 95% of people have a family doctor, practice assistants play a key role in increasing physician capacity by providing immunizations and pap tests, and managing administrative work.[1]
  - In the United States, clinics using patient core teams with nurses or medical assistants have increased capacity for physicians to see more patients, while also improving access to care, quality of care, and satisfaction for patients, physicians, and staff.[2]

Recommendations to implement patient core teams

1) Funding

- FHTs and CHCs should collaborate with local family physicians in all practice models as well as primary care pediatricians to utilize PCAT funding to build patient core teams.
- Funding should be used to hire patient core team members with the intention to maximize attachment for family physicians.

2) Change management

- Family physicians and other professionals need to be provided with change management supports to become an effective patient core team that increases capacity to attach, including practice facilitation.

3) Workforce

- System investments need to be made to recruit and retain the workforce required to fill these patient core team roles, including reducing administrative burden and updating compensation models for family physicians, as well as pay parity for other patient core team members across all models (i.e. between hospital and community-based teams).

For more information

oma.org

References

[1] Dr. Tara Kiran, Patients in the Netherlands can't go to the ER without a GP referral, *Canadian Healthcare Network*. https://canadianhealthcarenetwork.ca/patients-netherlands-cant-go-er-without-gp-referral

[2] Christine A. Sinsky and Thomas Bodenheimer, Powering-up primary care teams: advanced team care with in-room support, *Annals of Family Medicine*. https://www.annfammed.org/content/17/4/367