

The following is a list of members' most frequently asked questions with respect to the new non-Blended Salary Model FHT Funding Agreement (the "**Agreement**"). Questions with respect to the new Blended Salary Model FHT Funding Agreement are included at the end of this FAQ. The OMA's legal memo, which contains a more detailed analysis of the Agreement, can be found at <https://www.oma.org/wp-content/uploads/FHTagreementLegalOpinion.pdf>.

GENERAL:***What is the Agreement about?***

The Agreement replaces the previous 2011 agreement that expires on March 31, 2018 and will fund Family Health Teams ("**FHTs**") effective April 1, 2018. The Agreement funds all costs associated with operating a FHT, other than funding for physician compensation. The Agreement is between the Ministry of Health and Long-Term Care (the "**Ministry**") and the FHT (a not-for-profit corporation).

Are physicians funded under the Agreement?

No, physicians are not funded under the Agreement. Physicians who are affiliated with FHTs receive compensation under a Family Health Network ("**FHN**") agreement, Family Health Organization ("**FHO**") agreement, or Rural-Northern Physician Group Agreement ("**RNGPA**"). Those arrangements (and physician compensation generally) are not affected by the Agreement.

Has the OMA been involved in the negotiation of the Agreement?

Yes, pursuant to the OMA-MOHLTC Representation Rights Agreement, the Ministry is required to consult with the OMA about health policy matters, such as funding for FHTs. However, this consultation does not require the Ministry and the OMA to come to agreement regarding the terms of the Agreement.

Can the Ministry release the Agreement without the OMA's approval?

Yes. As the Agreement does not relate to physician compensation or associated accountabilities, and as the OMA is not a party to the Agreement, OMA approval is not required for the Ministry to release the Agreement.

Why doesn't the OMA stop the Ministry from releasing the Agreement?

The OMA has no legal standing to prevent the Ministry from releasing the Agreement. As the Agreement does not deal with physician compensation or obligations, the Agreement is not within the scope of the Binding Arbitration Framework under the OMA-MOHLTC Representation Rights Agreement.

Why is the Agreement not part of the Binding Arbitration Framework?

With respect to FHTs, the scope of the Binding Arbitration Framework is limited to physician compensation and related accountabilities, such as the Blended Salary Model and FHT sessional fees.

What obligations does the Agreement impose on physicians?

The Agreement does not impose any obligations on physicians as physicians are not a party to the Agreement. The Agreement binds the FHT as an entity and does not bind physicians.

What obligations with respect to "primary care services" does the Agreement impose on physicians?

The Agreement does not impose any obligations with respect to "primary care services" on physicians. The term "primary care services" is only used in the preamble to the Agreement. Terms contained in the preamble of an agreement do not create contractual obligations for the parties to the agreement. The preamble only provides background information on the objectives of the parties in entering into the Agreement or the purpose of providing context about the relationship between the parties. Furthermore, the Agreement cannot create obligations for physicians since physicians are not a party to the Agreement.

Does the Agreement remove physician representation from FHT boards?

No, the Agreement does not remove physician representation from FHT boards. However, the FHT must ensure that its board possesses skills in specified areas. If the FHT identifies gaps in the required skills, the Agreement provides the opportunity for the FHT to address such gaps either through board member education or by retaining external expertise. The move toward a skills-based board does not preclude physician representation on FHT boards, but potential reliance on non-physicians to meet certain skills requirements may risk diluting physician leadership.

What is the OMA's main concern with the Agreement?

The OMA's main concern with the Agreement relates to the ability of the Ministry to take unilateral action under the Agreement. A detailed analysis of the OMA's legal concerns can be found at <https://www.oma.org/wp-content/uploads/FHTagreementLegalOpinion.pdf>. However, it is important for each FHT to obtain independent legal advice regarding how it will be impacted by the Agreement.

Should a FHT sign the Agreement?

As every FHT is different, each FHT should obtain appropriate independent legal advice regarding how it will be impacted by the Agreement in order to determine if the provisions of the Agreement create a significant risk that would cause the FHT to reconsider continuing to receive its funding. Physicians who sit on FHT boards will also be required to review the Agreement and consider such legal advice in assessing any organizational risks. Generally, the benefits of entering into an agreement should outweigh any risks. If a FHT does sign the Agreement, and then later wants to get out of it, the FHT may terminate the Agreement at any time and without any reason upon giving at least 90 days' written notice.

What happens if a FHT does not sign the Agreement?

If a FHT does not sign the Agreement, the Ministry would likely allow the FHT's previous agreement to expire on March 31, 2018 and the FHT would lose its funding.

DIGITAL HEALTH AND ACCESS REQUIREMENTS:***Can physicians be forced to use electronic communication?***

The Agreement requires the FHT to make "reasonable efforts" to ensure that patients have the option of email communication. Unfortunately, the "reasonable efforts" standard is ambiguous and there is uncertainty surrounding what the Ministry may expect the FHT to do to implement such a system. The cost to implement an electronic communication system would be funded by the Budget under the Agreement.

Will the Ministry compensate physicians for providing healthcare to patients over email?

Physician compensation is not affected by the Agreement. Physicians affiliated with FHTs will continue to be compensated the same way they are currently compensated under their FHN, FHO or RNGPA agreement.

Are physicians required to set mandatory hours of work and advertise such hours?

The FHT must be open for fixed hours and patients must be made aware of the FHT's hours of operation (through a sign on the door, a recording on the voicemail message, a note on the website, etc.). This is to ensure that patients have predictable access to the FHT. The Agreement does not specify what the hours must be, just that there must be fixed hours that are clearly stated. Note that there is already a requirement under the FHO agreement that states that physicians shall advise enrolled patients of their office hours and locations by posting a notice in a prominent place in all of the FHO physicians' office locations.

AFFILIATION BETWEEN A FHT AND A FHO:***Is the affiliation between a FHT and a FHO voluntary?***

All FHTs must be affiliated with physicians (through a FHN, FHO, or RNGPA). Physicians are not required to be affiliated with a FHT. If a FHO is not happy with the terms imposed on a FHT under the Agreement, or if it is considered that these terms will impact physicians at the FHO level, the FHO can end its affiliation with a FHT and continue as an independent FHO. Like its predecessor, the Agreement does not require the affiliation between the FHT and physicians to be contained in a written agreement.

How can a FHO separate from a FHT?

If there is a written agreement in place between the FHT and the FHO, it may speak to how a FHO can separate from a FHT. If there is no written agreement in place, the FHO should advise the FHT that it wishes to end its affiliation with the FHT.

What will happen to a group's FHO status if the FHO removes itself from the FHT?

A group's FHO status will not change if the FHO removes itself from the FHT. In other words, a FHO will not lose its FHO status by separating from a FHT as a FHO is not required to be affiliated

with a FHT. A FHT will be required to affiliate itself with a FHO in order to meet the conditions under the Agreement.

BLENDED SALARY MODEL (“BSM”) FHT FUNDING AGREEMENT:***What is the anticipated timing of the new BSM agreement?***

The Ministry has not advised the OMA when the new BSM agreement will be completed. The OMA is working with the Ministry to ensure that the physician funding terms contained in the new BSM agreement are the same as those previously agreed to between the OMA and the Ministry, as required under the OMA-MOHLTC Representation Rights Agreement.

When will physicians get more information about the new BSM agreement?

The Ministry has not advised the OMA when the new BSM agreement will be completed. The new BSM agreement will be substantially similar to the new non-BSM FHT Funding Agreement except that it will also contain terms related to physician compensation.

Will the current BSM agreement be extended?

It is the OMA’s understanding that the current BSM FHT Funding Agreement will be extended until the new BSM agreement is completed.