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## MINISTRY OF HEALTH AND LONG-TERM CARE

### 4.08—Community Health Centre Program

(Follow-up to VFM Section 3.08, *Special Report on Accountability and Value for Money—2000*)

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#### BACKGROUND

Community health centres (CHCs) provide health care, health promotion, and other health, educational, and social services to identified priority groups within their geographical areas. Unlike most primary health care providers, which are funded on a fee-for-service basis, CHCs have fixed budgets and provide services using salaried staff. For the 2001/02 fiscal year, the Ministry provided approximately \$117 million to fund CHCs. In 1999/2000, it provided approximately \$87 million.

In our 2000 audit, our major concerns with the Program were:

- The Ministry had not assessed the efficiency, effectiveness, and ability of CHCs to provide quality care.
- Funding for CHCs was not linked to the expected amount of services to be provided, the number of clients to be served, or the anticipated outcomes.
- The Ministry had no assurance that CHCs regularly review the quality of care they provide and the services they deliver.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take corrective action.

#### CURRENT STATUS OF RECOMMENDATIONS

According to information we received from the Ministry of Health and Long-Term Care, the Ministry has taken some action on all of the recommendations we made in our *Special Report on Accountability and Value for Money* (2000). The current status of each of our recommendations is outlined below.

#### ***CHCS AND PRIMARY CARE REFORM***

##### **Recommendation**

*To ensure that any additional investments in CHCs are justified, the Ministry should first evaluate the efficiency and effectiveness of CHCs in providing quality primary health care and compare the results with other models of primary care delivery.*

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## Current Status

According to the Ministry, a strategic review of the CHC Program began in December 2000. A steering committee comprising various internal and external stakeholders issued a final report on June 8, 2001, which is now available to the public on the ministry's Web site. The Ministry developed implementation options in response to the results of the strategic review, and an action plan was approved for inclusion in the Ministry's 2002/03 business planning allocation process. The Ministry has begun work to identify alignment issues for integrating the CHC Program more fully with the objectives of primary-care reform.

The Ministry indicated that, while CHCs have been collecting information, there were significant problems with the new data extraction software that was implemented in October 2000, therefore limiting the Ministry's ability to utilize the information. A new version of the software, based on input from the field, was implemented in early 2001.

CHCs were surveyed in July 2001 to determine the extent of outstanding data quality issues. In response, a phased approach to transmitting data from the CHCs to the Ministry has been implemented. In January 2002, the Ministry updated its management information system, which improved the system's usability.

The Ministry advised us that it would continue to evaluate the experiences of other jurisdictions to identify best practices and approaches that warrant consideration in Ontario.

## **FINANCIAL MANAGEMENT**

### Recommendation

*To better enable it to assess whether CHCs use their funding economically and in accordance with funding arrangements, the Ministry should:*

- *ensure the timely receipt of audited financial statements and activity reports; and*
- *monitor CHC expenditures during the year and adjust cash flows where warranted.*

### Current Status

The Ministry advised us that a revised system to ensure the timely receipt of audited financial statements and activity reports was put in place in 2002.

The Ministry informed us that expenditures for the 2001/02 fiscal year have been reviewed and cash flows adjusted where warranted.

## **ASSESSING CHC PERFORMANCE**

### Recommendation

*To help ensure the prudent use of funds by CHCs, the Ministry should:*

- *develop measures and benchmarks to monitor and evaluate CHC performance; and*

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- *ensure funding agreements include measurable objectives and the results to be achieved by CHCs for the funding provided.*

### **Current Status**

According to the Ministry, a preliminary set of measures and performance indicators has been developed. Work is underway to identify qualifiers, data definitions, parameters, exclusions, and methods of calculation and to test indicators against data from the management information system. Specific indicators are to be finalized during 2002.

The Ministry indicated that 2002/03 funding agreements with CHCs would include a preliminary set of indicators to support the CHC Program's ability to measure whether results to be achieved by CHCs are consistent with funded expectations. The January 2002–October 2002 period will be used to identify and refine benchmarks for CHC performance.

## **SERVICES AND STAFFING**

### **Recommendation**

*To help ensure that CHCs deliver efficient and economical health care, the Ministry should:*

- *obtain and utilize information about the services provided to determine the funding level required to provide them; and*
- *develop guidelines to assist CHCs in determining cost-effective combinations of health-care staff.*

### **Current Status**

The Ministry indicated that difficulties with data extraction have limited the CHC Program's ability to make comparisons among CHCs and analyze trends in service volumes. In the meantime, the Ministry has continued to require that CHCs collect the data needed for such analysis, such as the number of clients served and services provided and has begun generating preliminary reports for analysis.

According to the Ministry, there are ongoing consultations with stakeholders regarding evidence-based practice. For instance, the Ministry is consulting with provider groups and other stakeholders to explore combinations of health-care providers that may contribute to high-quality and cost-effective health care.

## **SERVICES FOR NON-INSURED CLIENTS**

### **Recommendation**

*To enable it to better assess the needs of the CHC Program, the Ministry should obtain complete information on the number of non-insured clients served by CHCs and the types of services they receive.*

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### **Current Status**

The Ministry advised us that, until data extraction difficulties are resolved, CHCs will submit this information manually to the Ministry. The Ministry indicated that it is working on resolving the data extraction difficulties to enable the Ministry to obtain a detailed picture of the services received in each CHC by non-insured clients.

## **MONITORING SERVICE DELIVERY**

### **Recommendation**

*To help ensure that the services provided by CHCs are of high quality and are provided cost-effectively, the Ministry should:*

- *conduct regular reviews of CHCs to ensure that expectations are being met; and*
- *ensure that CHCs regularly review the quality of care they provide and the services they deliver.*

### **Current Status**

According to the Ministry, the accreditation process for CHCs has been revised to include all of the accountability requirements of the Ministry. Agreements with CHCs now require CHCs to report their accreditation status each fiscal year. The Ministry also indicated that it would reinforce the requirement that CHCs review the quality of care they provide to their clients. This requirement is to be included in the new funding agreements with CHCs.

## **COMPLAINTS**

### **Recommendation**

*To ensure that complaints concerning CHCs are dealt with appropriately, the Ministry should require CHCs to have adequate procedures for addressing complaints.*

### **Current Status**

The revised *Policies and Procedures Manual*, to be issued in Spring 2002, requires each CHC to have a complaints process. Minimum requirements are to be included in the manual.

## **INFORMATION SYSTEM**

### **Development and Implementation**

### **Recommendation**

*To help ensure that information systems are properly developed and implemented, the Ministry should ensure that appropriate oversight and project management expertise is applied.*

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**Current Status**

According to the Ministry, a process has been established to ensure that program management and technical expertise are brought to bear on all ongoing projects. In addition, the Ministry's Systems Development Branch (SDB) has the lead role in the integrated testing of the next version of the clinical management and data extraction software. The Ministry also indicated that CHC program staff were continuing to work closely with SDB staff to develop plans to enable cost-effective use of information technology in CHCs.

**Access to Information****Recommendation**

*The Ministry should expedite the resolution of any access to information issues to ensure that their impact on the new information system is recognized and addressed early in the development process.*

**Current Status**

The Ministry advised us that a data-sharing agreement between the Ministry and CHCs would be finalized in June 2002.