

Community-Based Specialty Clinics: Frequently Asked Questions

COMMUNITY-BASED SPECIALTY CLINIC STRATEGY

1. What is the Community-Based Specialty Clinics Strategy?

In January 2012, the Ministry of Health and Long-Term Care released Ontario's Action Plan for Health Care, which included the commitment to shift more procedures out of hospital and into non-profit community-based clinics if it will mean offering patients faster access to high-quality care at less cost.

Since that time, Ontario has announced that two midwife-led Birth Centres would be established in Toronto and Ottawa. These new centres will give women more choices about where to deliver healthy babies while freeing up hospital beds for high-risk births. The ministry has also funded additional eye surgeries at the Kensington Eye Institute, a clinic in Toronto.

2. What are Community-Based Specialty Clinics?

Community-Based Specialty Clinics are non-profit community-based settings where low-risk OHIP-insured health services are provided. They can be an Independent Health Facility licensed by the ministry under the *Independent Health Facilities Act*, or a hospital planning to operate in a new site (e.g., hospital satellite or ambulatory care centre).

*Independent Health Facilities (IHF)*s currently provide a broad range of procedures in Ontario, for example, vision care provided at the Kensington Eye Institute in Toronto. The Ministry may create new non-profit IHFs through an application process under the *Independent Health Facilities Act*.

Hospital sites may be located at the hospital main campus, or may be a satellite providing hospital services in a separate location. Hospital sites are created through approval under the *Public Hospitals Act*.

3. Why is the ministry moving low-risk procedures from hospitals to Community-Based Specialty Clinics?

Hospitals are currently performing low-risk procedures that could be performed in Community-Based Specialty Clinics efficiently with improved patient experience and at the same level of quality. This allows hospitals to concentrate resources on more complicated procedures.

Low-risk procedures will be shifted from hospitals into Community-Based Specialty Clinics, if the shift meets Ministry requirements, and is supported by the hospital and the hospital's Local Health Integration Network. It will be mandatory for every Community-Based Specialty Clinic to be affiliated with the local hospital.

4. Is there any evidence to support the decision to move procedures into the community?

Yes. Ontario has received advice from the Provincial Vision Strategy Task Force (Task Force), which has supported the use of Specialty Clinics for low-risk vision procedures. The Task Force report identified a number of community-based service delivery models that provide rapid, safe and efficient vision care (i.e. hospital and IHF models)

Also, a number of hospitals have moved their low-risk procedures out of acute hospital settings to out-patient clinics. For example, several hospitals in Toronto have shifted low-risk cataract procedures to the Kensington Eye Institute, which is a non-profit IHF.

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5. What services are planned for the initial Community-Based Specialty Clinics?

The Ministry of Health and Long-Term Care is planning a phased approach to implementing the Community-Based Specialty Clinic Strategy. Initially, the Ministry plans to establish Community-Based Specialty Clinics to deliver low-risk cataract services. The Ministry is also working with Cancer Care Ontario to establish specialty clinics to deliver colonoscopy services.

In future, the Ministry will be expanding the scope to additional routine procedures, such as minor orthopedic surgeries, diagnostic procedures, therapeutics and surgical procedures.

6. Why are cataract services planned for the initial Community-Based Specialty Clinics?

Many cataract procedures are low-risk and do not require overnight stays. These procedures are appropriate for specialty clinics and community-based settings, which can improve patient access, increase efficiency, and provide high quality care.

Specialty clinics are supported by Ontario's Vision Strategy Task Force, and the Ministry of Health and Long-Term Care has experience funding cataracts and other low-risk vision procedures in community-based settings such as at the Kensington Eye Institute and the Stein Surgical Centre.

The Ministry has developed clinical pathways and best practices for the cataract Quality-Based Procedure, as well as pricing for cataracts that allows funding to more easily follow the patient served by a Specialty Clinic.

IMPROVING SERVICES FOR PATIENTS

7. How will patients be referred to a Community-Based Specialty Clinic?

Patients will be referred to a Community-Based Specialty Clinic by their family physician and/or specialist (e.g. optometrists).

8. Will there be a charge to patients for services received at a Community-Based Specialty Clinic?

No. Moving procedures from hospitals to Community-Based Specialty Clinics will not result in charges to patients for OHIP insured services. All medically necessary insured services provided at Community-Based Specialty Clinics are paid for by OHIP just as when the services were provided in a hospital.

9. Will patients receive the same quality of care at a Community-Based Specialty Clinic as at a hospital?

Ensuring services are provided safely and according to the highest quality standards is a priority to the government of Ontario.

High standards will remain for services shifted out of hospitals to community clinics, including inspection by the College of Physicians and Surgeons of Ontario for Independent Health Facilities.

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PROCESS TO ESTABLISH COMMUNITY-BASED SPECIALTY CLINICS

10. How will specialty clinics be rolled out across the province?

Services will shift out of hospitals to clinics in different parts of the province gradually, depending on local community needs and opportunities. In some communities, it might not be appropriate to shift procedures out of hospitals. The LHINs will work closely with their hospitals to identify potential opportunities to shift procedures into the community, and will work with hospitals that express interest in participating.

An “Application Process” will be issued in early 2014 to shift services from hospitals to Community-Based IHF Specialty Clinics. Hospitals proposing new sites (e.g. satellites or ambulatory care centres) will be required to prepare business cases. This process will be gradual, so that hospitals and communities have time to plan and adjust.

11. What information will be provided about the process to establish a Community-Based Specialty Clinic?

A [Policy Guide for Creating Community-Based Specialty Clinics](#) has been developed as a resource for potential applicants and interested stakeholders. The Guide outlines the principles and eligibility requirements for establishing a Community-Based Specialty Clinic. More detailed information will be made available in the IHF Applications Guidelines and the Hospital Business Case Submission Guidelines.

12. What are the general requirements for establishing a Community-Based Specialty Clinic?

Applicants proposing a new IHF will need to have endorsement from the LHIN and the hospital(s) transferring procedures, a hospital agreement for service continuity, and be willing to establish as a not-for-profit corporation, among other requirements. A full description of the requirements will be available in the Application Guidelines.

13. Will all Community-Based Specialty Clinics be required to be non-profit?

Yes. Community-Based Specialty Clinics will be required to be non-profit Independent Health Facilities, or established as a hospital site under the Public Hospitals Act. Ontarians will not have to pay to receive OHIP insured services in Specialty Clinics and physicians practicing in Specialty Clinics will continue to be paid by OHIP. The government will ensure that patients will not have to pay optional fees to access insured services.

14. Will those who are interested in establishing a Community-Based Specialty Clinic work with Local Health Integration Networks (LHINs)?

Interested participants would be expected to consult with LHINs and other health care providers for their input in advance of submitting an application, to help ensure patient needs are met and the right procedures are being provided at the right place and at the right time.

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15. How will Community-Based Specialty Clinics be funded?

Community-Based Specialty Clinic funding details, including the price provided for direct costs of services, will be provided in the Call for Applications for IHFs and the Business Case Submission Guidelines for hospitals. Clinics will be funded based on Health System Funding Reform and Quality Based Procedure (QBP) funding. There are no plans to provide capital funding to establish Specialty Clinics for cataract and colonoscopy procedures.

16. How will an Application Process be announced?

A Call for Applications and a Business Case Submission notice will be announced through the Ministry website, as well as notices in newspapers, and successful applicants will be notified by the Ministry in writing. For each application process, the ministry will develop and publish detailed information and guidelines for reference by interested applicants.

Questions about the Community-Based Specialty Clinics initiative that cannot be answered after a review of the material published on the Specialty Clinics section of the Ministry of Health and Long-Term Care's website can be sent via e-mail to: specialtyclinics@ontario.ca.