



afhto

Annual Report to the Members

Strengthening our Capacity to Support Ontario's Family Health Teams

October 16, 2012

President's Message

Hello to all AFHTO members!

As we wrap up another year, AFHTO remains steadfast in ensuring that we are *the* voice for Family Health Teams (FHTs) in Ontario. On your behalf, we work to advocate, champion, network and be a resource centre for FHTs in supporting them to improve access to comprehensive, patient-centric, interprofessional team-based primary care. And we cannot do this without the support of our members.



This last year has been one of real growth for our association. We saw AFHTO double in size – along with our Executive Director, Angie Heydon, we also welcomed Sal Abdolzahraei to the association as our Membership Coordinator/Administrative Assistant. This small but mighty team of two work tirelessly to ensure that AFHTO works through its strategic priorities in establishing FHTs as a highly-valuable and valued model for delivering interprofessional primary care to all Ontarians. With the implementation of all 186 Family Health Teams, now one in five Ontarians receive their care through a FHT – that is tremendous progress in positioning FHTs as the model of primary care for patients.

We also saw our membership to AFHTO grow to 96% of all FHTs – that is 179 FHTs that share a collective voice! We are so grateful that so many of our member FHTs volunteer their time and expertise to our association and are so willing and able to support the ongoing growth of AFHTO. The progress we have been able to make in the last year is detailed in this report and we are very appreciative that so many of you had a hand in these tremendous accomplishments. We look forward to celebrating so many of the successes of our member FHTs at this year's AFHTO Annual Conference and shining a spotlight on those individuals who have demonstrated leadership and innovation at the first-ever AFHTO's Bright Lights Awards which will be presented at this year's conference.

The commitment of the AFHTO Board is admirable – the volunteers on the Board have worked or participated on a number of high priority items in the last year, including presentations to the *Drummond Commission on Broader Public Sector Reform*, to the Premier and Minister's offices on *Advancing a Performance-Oriented Model for Primary Care* and *Toward a Primary Care Recruitment and Retention Strategy For Ontario* Report that was done in collaboration with the Association of Ontario Health Centres and the Nurse Practitioner Association of Ontario. We are now well-poised to influence the policy decision-makers in the implementation of the *Ontario's Action Plan for Health Care* and the roll out of the *Excellent Care for All Act* in primary care. And it is through Angie's hard work and dedication that we will continue to be looked upon as leaders in primary care transformation in Ontario.

As I step down as President of AFHTO I would like to thank everyone for their support and guidance in propelling us forward towards an integrated and seamless health care system of which we can be proud.

Kavita Mehta
AFHTO President

Strengthening capacity to support FHTs



The Association of Family Health Teams of Ontario (AFHTO) has the mission to work with and on behalf of its members as the advocate, champion, network and resource center for family health teams, to support them in improving and delivering optimal care. The first Family Health Teams (FHTs) were announced in 2005, and AFHTO was born soon thereafter from the voluntary efforts of the early leaders in this pioneering model for delivering interprofessional primary care.

AFHTO has just completed its 2nd year as a formalized entity with permanent staff – the first staff member, Executive Director Angie Heydon, started in September 2010. In that first year the AFHTO board’s focus was to establish the foundation – recruit members, stabilize funding, develop infrastructure, establish a regular forum for meeting with the Ministry, and build key relationships, profile and credibility – while dealing with critical issues, such as persuading the Ministry to make key revisions to the new five-year FHT funding templates. AFHTO membership grew from 50% to 90% of all FHTs.

This past year has built on that important foundation. The growth in membership – now reaching 96% – enabled some growth in AFHTO’s infrastructure – the Executive Director role became full-time, Sal Abdolzahraei was added as

Membership Coordinator, and AFHTO moved into sub-leased office space within blocks of the Ministry of Health and almost all key stakeholders. This in turn made it possible to tap into and develop networks of AFHTO members, initiate more working groups, get involved in more Ministry and stakeholder tables, and take on more issues on behalf of FHTs.

AFHTO involvement has ranged from high level policy discussions – such as our presentation to the Drummond Commission¹ that led to the declaration in their report, “Family Health Teams should become the norm for primary care”² – to working with the FHT Unit to resolve operational issues such as improvements to the budget process.

An unmistakable sign of AFHTO’s growing influence was the Ministry’s decision, during a time of intense fiscal austerity, to increase FHT budgets by \$2,000 so that all could join AFHTO.³ This demonstrates the value the Ministry sees in enabling FHTs to work with a common voice and address common issues, and will also give AFHTO the capability to sustain and mature as the voice for FHTs.

The AFHTO Board of Directors is pleased to provide the following report of our association’s progress over the past 12 months.

¹ AFHTO presentation to the Drummond Commission is found at: <http://www.afhto.ca/news/afhto%e2%80%99s-submission-to-drummond-commission-on-broader-public-sector-reform/>

² Drummond Commission Report, page 24. For a summary and link to the report, go to <http://www.afhto.ca/news/drummond-commission-family-health-teams-should-become-the-norm-for-primary-care/>.

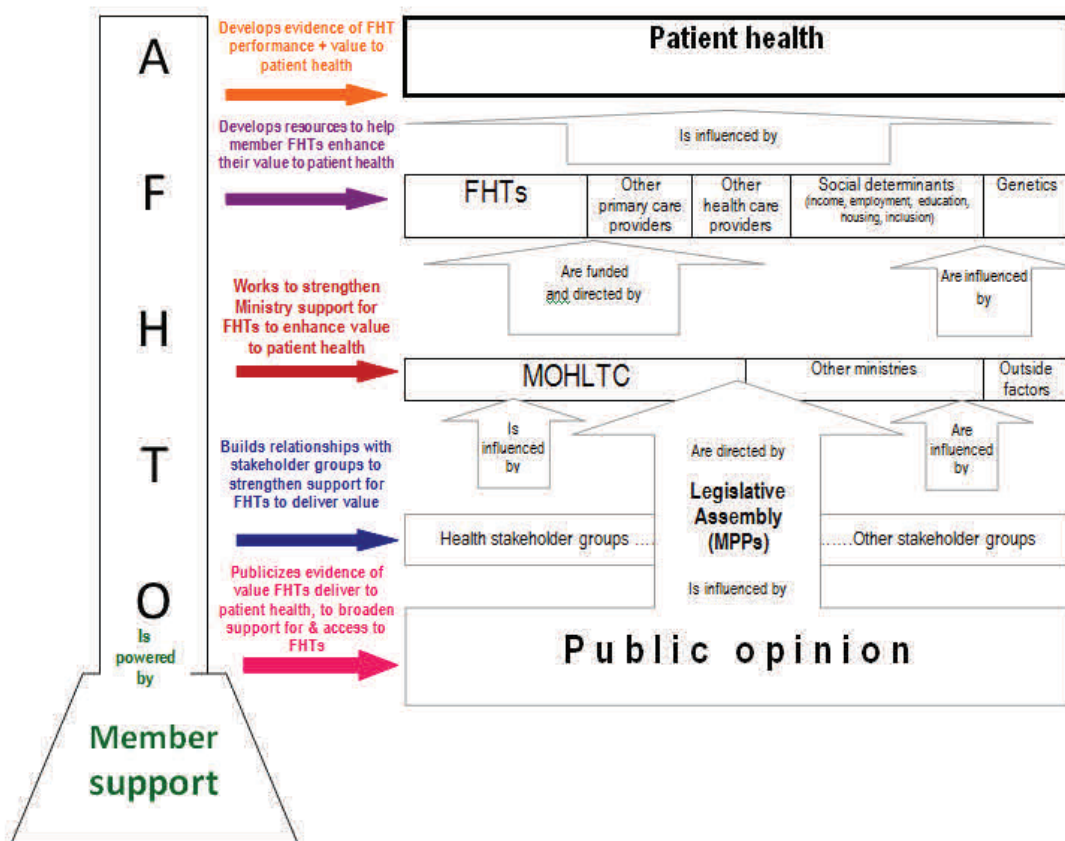
³ Community-governed have the option to join the Association of Ontario Health Centres as well as, or place of, AFHTO. About 25 FHTs have this option; all but 3 have chosen to belong to AFHTO.

Progress achieved in AFHTO's Six Strategic Directions

AFHTO's Strategic Plan 2011-13 is a document built through consultation and surveys among Family Health Teams across the province. It sets out six strategic directions to achieve the vision where—

Family Health Teams are recognized by patients, FHT boards, physicians and staff, other health organizations, the public at large and their government as an innovative and efficient model for delivering accessible, comprehensive, high-quality, patient-centred primary health care.

It all starts and ends with the people of Ontario ...



The following pages describe AFHTO's progress in each of these six directions.

Strengthening Ministry support for FHTs to enhance their value to patient health

Ontario's Action Plan for Health Care puts "Family Health Care at the Centre of the System". The Drummond Commission recommendations, released two weeks after government's *Action Plan*, identified a much stronger role for FHTs in a number of their solutions for "A Path to Sustainability and Excellence." AFHTO contributed to development of these ideas through our presentation to the Drummond Commission¹ and participation in the Ministry's *Strengthening Primary Care* working groups.

The key messages in our Drummond submission and underlining much of AFHTO's advocacy work are:

- Illness prevention and effective management of chronic conditions – the outcomes of a strong primary care infrastructure – are the keys to health and health system sustainability;
- Clear goals for our health system and sound information to track health outcomes, costs and public satisfaction, are the keys to driving and managing improvement;
- This must be coupled with leadership capacity and other mechanisms to bring organizations together to facilitate the flow of patients, information and the workforce, in order to improve health outcomes, system efficiency and public satisfaction;
- With further evolution and support, Family Health Teams could act as "Primary Care Hubs" to provide primary care leadership and support for population-based planning, service integration and improvement.

Government's *Action Plan* priorities include

Ontario's Action Plan For Health Care

Better patient care through better value from our health care dollars

LET'S MAKE
**HEALTHY
CHANGE**
HAPPEN

ontario.ca/health



"Local Integration of Family Health Care." To date different groups are advocating different approaches to accomplish this. To strengthen the FHT voice in this journey, AFHTO has set up a meeting for FHT leaders in their LHIN groupings with their LHIN CEO and Primary Care Physician Lead at the end of the AFHTO 2012 conference. The objective is to explore ways to facilitate and support further integration across their communities – to guide priorities within each region and to inform AFHTO's advocacy work.

In partnership with the Association of Ontario Health Centres (AOHC) and the Nurse Practitioners Association of Ontario (NPAO), AFHTO achieved a small first step toward addressing the challenges to recruit and retain staff in inter-professional primary care models. With survey data collected from half of Ontario's 295 inter-professional primary care organizations (FHTs, community health centres, aboriginal health access centres and nurse practitioner led clinics) and the results of a 2009 market compensation study, the three associations released a report in February.

Our key messages:

- The full compensation package – salaries, pensions and benefits – must be addressed to make working in primary care sufficiently attractive to recruit and retain competent staff in this sector. Recognizing current economic constraints, it is well understood that reaching a competitive compensation level will need to be phased in over a few years.
- As an immediate first step, the barrier to labour mobility must be removed to enable all Interprofessional primary care organizations to offer the HOOPP pension plan and reasonable benefit package.

The initial response from key government decision makers indicates they clearly understand the limitations of current compensation policy and the need to address it within a broader primary care strategy. The three associations have engaged in a joint study to update compensation recommendations to 2012 market conditions, and will continue to advocate that these issues be addressed as government aims to put “Family Health Care at the Centre of the System.”

AFHTO has forged a constructive on-going relationship to resolve FHT operational issues with the FHT Unit and Primary Health Care Branch.

Through these meetings the Ministry agreed to:

- Introduce some flexibility into FHT budgets. This has begun with the “operational overhead” line. AFHTO will press for greater flexibility in the next fiscal year.
- Pilot test the Nurse Practitioner Activity Reporting system so issues could be resolved before implementing across all FHTs.
- Resume limited processing of physician applications to join Patient Enrollment Models (PEMs).
- Add \$2,000 to FHT budgets to enable this sector to have an association that

has the capacity to provide the collective voice and support to improve the value this sector brings to the health of Ontarians.

AFHTO remains active in working with Health Quality Branch and Health Quality Ontario on advancing quality in primary care, and in various Ministry-sponsored consultation processes, e.g. Seniors Strategy, Improving Quality in Patient Safety Practices in Ontario, Smoke Free Ontario.



Thank you:

- AFHTO Executive Committee: Kavita Mehta (ED, South East Toronto FHT), Val Rachlis (MD, North York FHT), John McDonald (Lead MD, PrimaCare Community FHT), Keri Selkirk (ED, Thames Valley FHT), Randy Belair (ED, Sunset Country FHT)
- Operational Issues Working Group: Randy Belair (ED, Sunset Country FHT), Michelle Karker (ED, East Wellington FHT), John McDonald (Lead MD, PrimaCare Community FHT), Kavita Mehta (ED, South East Toronto FHT), Joyce Phillips (ED, Kingston FHT)
- Recruitment and Retention Working Group: Randy Belair (ED, Sunset Country FHT), Lianne Davies (ED, Dufferin Area FHT), Yan Gao (ED, Don Mills FHT), Ellen Ibey (ED, Temagami FHT), Shelly van den Heuvel (ED, Algonquin FHT)
- AFHTO members of AFHTO-AOHC-NPAO Steering Group for the 2012 Primary Care Compensation Study: Joyce Phillips (ED, Kingston FHT), Shelly van den Heuvel (ED, Algonquin FHT)

Developing evidence of FHT performance and value to patient health

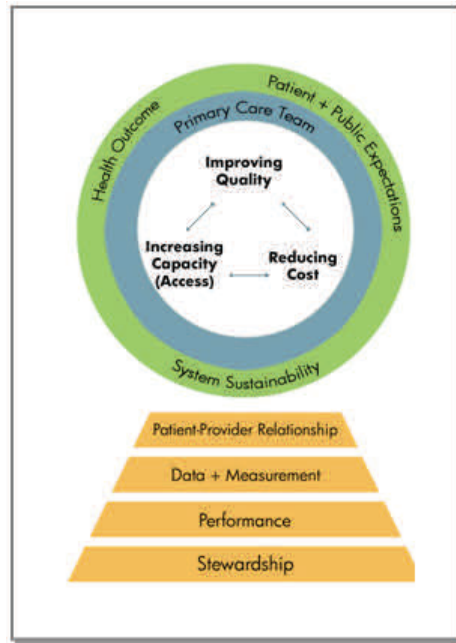
The AFHTO board built on its presentation to the Drummond Commission by launching Performance and Sustainability Working Group. Their proposal – *Advancing a Performance Oriented Model for Primary Care in Ontario*⁵ adds the following concepts –

Comprehensive primary care is the foundation of a sustainable, responsive health care system in Ontario. The focus of the primary care team is to:

- Improve quality
- Increase capacity to assure access for patients
- Reduce cost – at the team level and the system level

To be able to optimize performance of primary care teams, the foundation must be set to:

- Support the fundamental relationship between patients and their primary care team
- Enable primary care teams to collect and report data efficiently
- Encourage and reinforce excellence in team performance
- Provide the feedback needed to promote stewardship of health system resources beyond the Primary Care Team



Having discussed the concepts with the Premier’s Office and the Minister’s Office, AFHTO submitted the proposal in February along with letters of support from Health Quality Ontario (HQO), the Canadian Institute for Health Information (CIHI) and the Canadian

Primary Care Sentinel Surveillance Network (CPCSSN). The Ministry subsequently directed Health Quality Ontario to develop a Performance Measurement Framework for primary care in Ontario. AFHTO continues to use the concepts from this proposal to influence the direction.

In the meantime AFHTO persists in looking for ways to boost capacity to collect and use meaningful data:

- Following a member survey on EMRs, AFHTO linked users of the same EMRs and fed back their results so they could better support one another and collaborate in working with their vendor.
- Discussion with Ministry continues about FHT needs for support to collect and retrieve meaningful data.
- The 2012 Conference features a stream on “Getting data and using it to improve care.”
- AFHTO acts as a link with researchers, facilitating studies involving FHTs and informing FHTs of findings through the AFHTO website and annual conference.

Thank you:

- Performance & Sustainability Working Group: George Southey (Lead MD, Dorval FHT), Sean Blaine (Lead MD, STAR FHT), Michelle Griever (MD, North York FHT), Val Rachlis (MD, North York FHT), Jamie Read (MD, Sherbourne FHT), Keri Selkirk (ED, Thames Valley FHT)
- PSS Users Group: Ken Callaghan (ED, Two Rivers FHT), Dave Courtemanche (ED, City of Lakes FHT) and others
- AFHTO 2012 Conference “Using Data” Working Group: Sanjeev Goel (Lead MD, Wise Elephant FHT), Michelle Griever (MD, North York FHT), Jennifer McLeod (ED, Timmins FHT), Suzanne Trivers (ED, Mount Forest FHT)

⁵ <http://www.afhto.ca/wp-content/uploads/AFHTO-Advancing-a-Performance-Oriented-Model-for-Primary-Care-2012-02-17-Proposal-Summary.pdf> (login to Members Only site is required)

Building relationships with stakeholder groups to strengthen support for FHTs to deliver value

The Ontario Primary Care Council— a collaboration of seven associations to advance primary care in Ontario – was established in March. It creates a table for the key stakeholders in primary care to find common ground, and from this to develop actionable plans.

The founding members are:

Association of Family Health Teams of Ontario
Association of Ontario Health Centres
Nurse Practitioners' Association of Ontario
Ontario College of Family Physicians
Ontario Medical Association
Ontario Pharmacists' Association
Registered Nurses' Association of Ontario

In addition to the joint work on recruitment and retention described above, AOHC has been a key collaborator in operational meetings with the Ministry's FHT Unit. Community-governed FHTs have the option to join either or both associations since AOHC membership encompasses community-governed Interprofessional primary care models. This collaboration aims to

ensure all FHTs are fully and compellingly represented in resolving common operational issues.

AFHTO has also been an active member on a number of other collaborative endeavours, such as

- Health Quality Ontario's Primary Healthcare Steering Committee
- RNAO Task Force on Primary Care Nursing
- Family Medicine Alliance (initiated by OMA Section on General and Family Practice)

Thank you:

- AFHTO representatives on RNAO Task Force on Primary Care Nursing: Gwen Devereaux (RN, AFHTO Board), Judith Manson (RN, ED, Sunnybrook FHT), Colleen Snyder (RN, Program Coordinator, Sunset Country FHT)
- AFHTO Executive Committee, Operational Issues Working Group, and Compensation Study Steering Group, as listed above



Publicizing evidence of value FHTs deliver to patient health, to broaden support for and access to FHTs

The first-ever AFHTO's Bright Lights Awards will be presented at the AFHTO 2012 Conference. These awards spotlight those who have demonstrated leadership and made significant progress to improve the quality and value delivered by Family Health Teams, and enable us to celebrate and communicate these important achievements. The importance of these awards has garnered sponsorship attention, such that AFHTO will sponsor four award-winners to attend an Institute for Healthcare Improvement conference to further develop FHT capacity for quality improvement.

AFHTO monitors for opportunities to post "good

news" stories about FHTs on our website, to speak to broader audiences about FHTs, and to respond to FHT-related issues in the media. AFHTO's quick action in June prevented further damage from a poorly-researched article published in the National Post. As AFHTO builds continues to build its capacity to support FHTs, there is much more that can be developed toward this strategic direction.

Thank you:

- Awards Committee: John McDonald (Lead MD, Prima Care Community FHT), Jamie Read (MD, Sherbourne FHT), John Stanczyk (Pharmacist, Delhi FHT)

Developing resources to help member FHTs to enhance their value to patient health

The annual conference is AFHTO's focal point for developing and delivering knowledge and networking that supports FHTs in their quest to improve care. The value of the conference continues well past its conclusion – presentations and tools are posted on the AFHTO members-only website, ideas emanating from the FHT Leadership session inform AFHTO's priorities and advocacy work, and above all, the relationships forged among people who work in FHTs continue to provide mentoring, support, and assistance.

Evidence of the high value of the conference is seen in its dramatic growth from a one-day event with 300 participants in 2010, to 1 ½ days with 500 participants in 2011, to 750 participants in a full 2-day conference in 2012. Despite the increase in the number of concurrent sessions, there were more people wanting to present than could be fit into the schedule. Sponsors and exhibitors are keen contributors as well – these revenues almost doubled in the past year.

The AFHTO 2012 Conference has been explicitly designed to support AFHTO's strategic directions. Special sessions were organized to address key developments in primary care – leadership and governance for quality, primary care integration with LHINs, evolution of a primary care hub, and strengthening FHT governance – in addition to numerous sessions on topics to improve the quality of patient care and the patient's experience in receiving that care.

Network-building has been a priority in the past year. Profession-based networking sessions were introduced for the first time as an optional addition immediately following the conference. The "AFHTO ED Collaborative Space" was launched for web-based peer-to-peer advice and information-sharing; learning from this experiment will eventually be spread among other FHT

groups.

AFHTO's e-mail communications and website continue to report on issues and developments affecting FHTs. The members-only website is the go-to source for valuable tools, templates and presentations that are specifically for FHTs.

Thank you to:

- The many, many volunteers who contribute to the annual conference through their presentations, posters, participation in program working groups, and on-site assistance
- Numerous FHT physicians, EDs and staff who have taken the leadership to build networks with their peers for mutual support and assistance
- Sanjeev Goel and Jaipaul Massey-Singh (Lead MD and ED, Wise Elephant FHT) for developing and hosting the AFHTO ED Collaborative Space
- Everyone who takes the time to contact AFHTO to give a "heads up" on percolating issues, to share useful tools and resources through the AFHTO website, and/or supply important data through AFHTO surveys

Powering the AFHTO organization through strengthened membership, governance and supporting infrastructure

The AFHTO board of directors is extremely pleased that in the space of two years we can now count 96% of all FHTs as members. Through careful stewardship of member resources, we have grown our staff capacity to two full-time employees housed in an office located close to the Ministry and almost all other key associations.



tion of candidates for election to the board, as well as board development activities.

- Implemented an annual board evaluation process.
- Fleshed out additional governance policies, such as board attendance, board travel and corporate sponsorship.

Over this time period, with the help of AFHTO staff, the AFHTO board has been strengthening its governance capacity. In the past year the board has:

- Reviewed the size and make-up of the board to optimize representation of FHTs by governance type and by geography, as well as representation of the various professions working within FHTs.
- Developed a “board competency matrix” to guide recruitment and nomina-

As mentioned in the overview of this annual report, the Ministry has recognized the value of AFHTO and has done so in very concrete terms. With the additional Ministry funding to FHTs to pay for membership, the board will present a proposal at the annual general meeting for a new fee structure to enable AFHTO to continue to strengthen its capacity to support Ontario’s FHTs.

Thank you:

- AFHTO’s board, board committees, staff and all of our member FHTs

Looking Forward

AFHTO members are the foundation that powers this association. As a sector, FHTs are blessed with strong visionaries, leaders and doers – all committed to improving the quality of primary care for Ontarians. Thank you for bringing for-

ward your time and talent to the benefit of your patients, communities and peers. We look forward to continuing to work with our members to support your work in improving and delivering optimal care.

AFHTO Board of Directors



Executive Committee:

- President and Chair: Ms. Kavita Mehta (Executive Director, South East Toronto FHT)
- Past President: Dr. John McDonald (Lead Physician, PrimaCare Community FHT – Paris)
- Vice President: Dr. Val Rachlis (Physician, North York FHT)
- Treasurer: Ms. Keri Selkirk (Executive Director, Thames Valley FHT)
- Secretary: Mr. Randy Belair (Executive Director, Sunset Country FHT – Kenora)

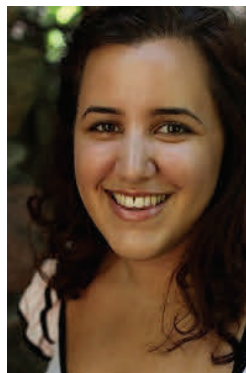
Directors:

- Dr. Sean Blaine (Lead Physician, STAR FHT – Stratford)
- Ms. Gwen Devereaux (Physician Recruitment Lead, Huron Perth Healthcare Alliance and Alexandra Marine & General Hospital)
- Dr. Jamie Read (Physician, Sherbourne FHT)
- Tanya Spencer Cameron (Nurse Practitioner, Timmins FHT)
- Dr. George Southey (Lead Physician, Dorval Medical Associates FHT – Oakville)
- Mr. John Stanczyk (Pharmacist, Delhi FHT)
- Ms. Durhane Wong-Rieger (President & CEO, Institute for Optimizing Health Outcomes)

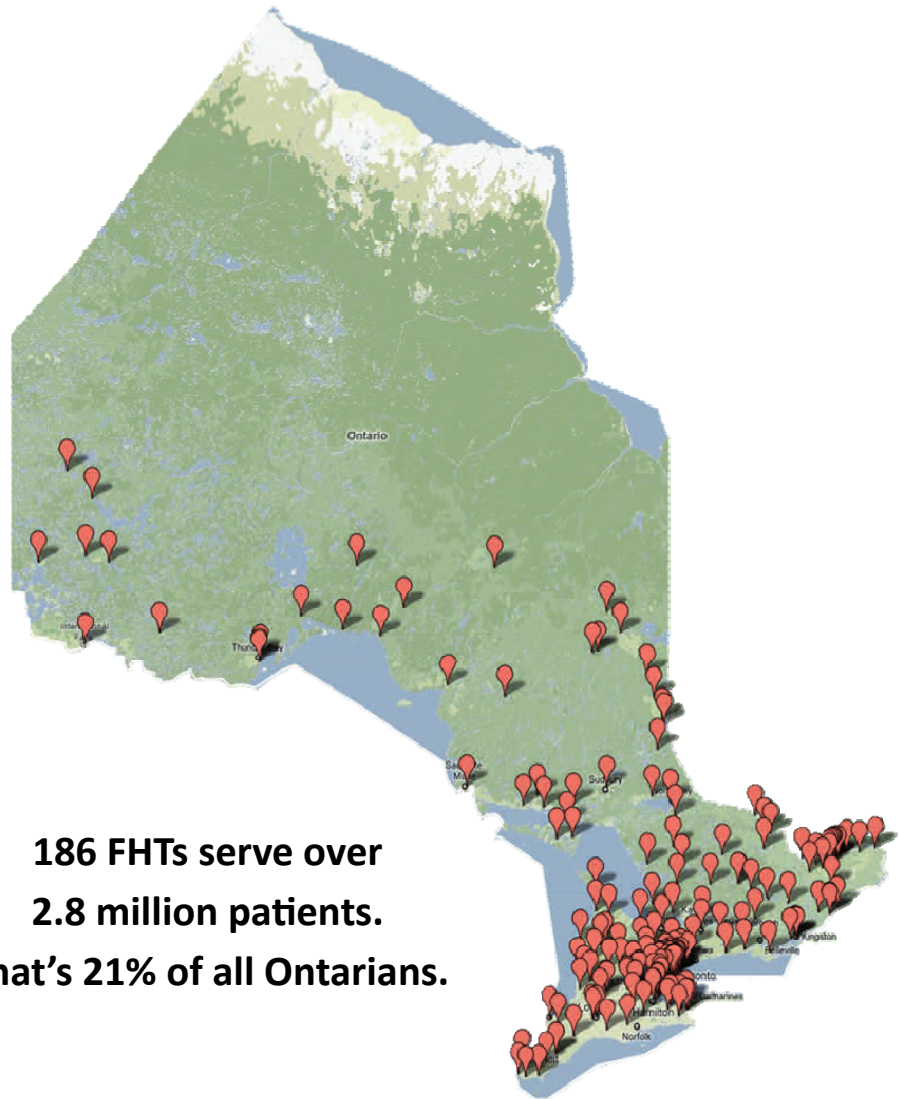
Administration:



Angie Heydon
Executive Director



Saleemeh Abdolzahraei
Membership Coordinator/
Administrative Assistant



**186 FHTs serve over
2.8 million patients.
That's 21% of all Ontarians.**

The Association of Family Health Teams of Ontario works with and on behalf of family health teams as the advocate, champion, network, and resource center for Family Health Teams, to support them in improving and delivering optimal interprofessional care. Over 96% of FHTs belong to AFHTO.



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