afhto

Annual Report to the Members

Leadership in Healthcare for Ontario

October 22, 2013

President's Message

"Starting from here"

A few years ago, my wife and I took a road trip on Ireland's incredibly beautiful but poorly marked roads. One day we were trying to find Limerick but got horribly lost. We came across an old man walking at the side of the road. I stopped and asked him how to get to where we wanted to go. Looking at the ground he pondered, "Limerick you say?" Then after a long pause he looked at me and said, "Well, I wouldn't start from here."

In charting our collective course to improve comprehensive primary care for Ontarians, it's easy to see why it has been such a monumental task – "starting from here". Building multi-dimensional teams would have been so much easier if we had learned our vocations together rather than in isolation. Most of us came from a paper based record system and the transition to electronic records, a necessary component of team-based care, was difficult and time consuming. Our funding systems were major impediments to progress, and some may argue they still are. Family physicians needed to break away from a method of remuneration based on episodic care and where the fee schedule placed an emphasis on doing things to patients rather than listening, discussing, and formulating plans. Most of us were trained in a system of disease diagnosis, treatment and mitigation rather than with an emphasis on preserving health. The disease itself was always at the centre of our focus, rather than the patient and their family. So few of us had any formal training in primary care research and in continuous quality measurement/improvement that it has been akin to going back to school for each of us. A hierarchical system of care, based on centuries of tradition, was so entrenched in our psyche that new bridges across deep canyons of cynicism had to be constructed.

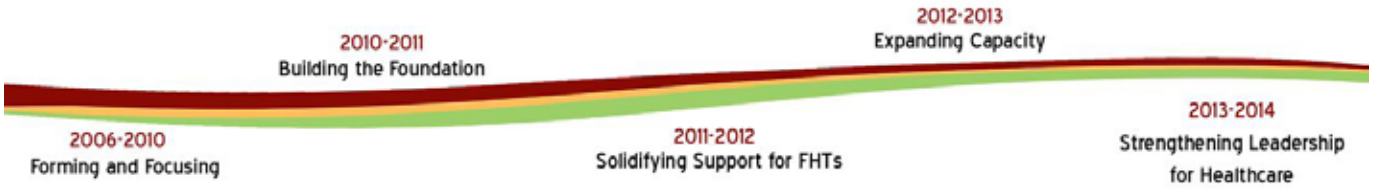
But we are making such incredible progress with the advent of family health teams and nurse practitioner-led clinics that it is clear this "experiment", launched with the support and insight of our provincial government, has become a beacon of hope for primary care renewal across Canada and into the international sphere as well.

As you will see from this annual report, in the past year AFHTO has begun to focus our talents and energies in the areas of Governance and Quality Improvement. As is often said – you can't improve what you don't measure. So we have begun the long but essential journey of determining what quality in primary care looks like, how we can measure the attributes we need to examine, and how we will collectively move forward with this quality agenda. All of this will require a system of governance that is nimble, local, reflective, knowledgeable, and forward thinking. So, in spite of all the baggage we bring to the table from our past non-system of primary care, perhaps we can get there, even starting from here.

I am so grateful for the multi-layered talents of the AFHTO board, for the amazing work of our staff, and especially for the tireless energy and forward thinking of our Executive Director, Angie Heydon. It has indeed been an honour and privilege to be your President this past year. We are all on a new road, perhaps uncharted, with few road maps to give us guidance, but nonetheless so exciting.

Val Rachlis MD, CCFP, FCFP
AFHTO President

Leadership in Healthcare for Ontario



Together with its members, AFHTO continues on its journey as a constructive force in innovating and improving primary care for the benefit of Ontarians.

The focus of the past year has been on **expanding AFHTO's capacity to support its members.** Enabled by the ministry's increase in funding for FHT memberships, announced in August 2012, AFHTO strengthened its advocacy, programs and services for members as staff size doubled from two to four. One year later, the ministry approved program funding for AFHTO to support members in developing their governance, leadership and measurement capacity. Meanwhile, both the sector and its association have matured and broadened focus which is reflected in the leadership members are bringing to Health Links and other partnerships, and in their **renewal of AFHTO's vision and mission.**

Vision

All Ontarians have timely access to high-quality and comprehensive primary care; care that is:

- Informed by the social determinants of health – the conditions in which people are born, grow, live, work and age.
- Delivered by the right mix of health professionals, working in collaborative teams in partnership with patients, caregivers and the community.
- Anchored in an integrated and equitable health system, promoting good health and seamless care for all patients.
- Sustainable – efficiently delivered and appropriately resourced to achieve expected outcomes.

Mission

AFHTO works with and on behalf of its members to:

- Provide leadership to promote expansion of high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of all Ontarians, and
- Be their advocate, champion, network and resource to support them in improving and delivering optimal interprofessional care.

To achieve the vision and mission, members identified the following **strategic priorities –**

- Promote value delivered by family health teams and the role this model could play in expanding patient access to high-quality, comprehensive, well-integrated interprofessional primary care.
- To deliver this value, work with the Ministry of Health, other partners and AFHTO members to ensure family health teams are supported to succeed in:
  - Governing and leading high-quality, comprehensive, well-integrated interprofessional primary care organizations.
  - Measuring and improving the quality of care they deliver.
  - Achieving more seamless integration of health care and other supports required by their patient populations.
  - Recruiting and retaining the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care.
- Engage with AFHTO members to ensure AFHTO continues to reflect their aspirations, respond to their priority needs, and leverage their collective knowledge and capacity for the benefit of all members.

This annual report presents AFHTO's progress over the past year in each of these six strategic priorities.

Promote value delivered by family health teams and the role this model could play in expanding patient access to high-quality, comprehensive, well-integrated interprofessional primary care

Family health teams and nurse practitioner-led clinics were introduced in Ontario to improve access to comprehensive primary care and give focus to chronic disease management. With organizational characteristics conducive to innovation and improvement, and with over 22% of Ontarians enrolled, the success of government's Action Plan is directly tied to the ability of these models to lead the way.

There are many examples of FHT innovation, leadership and partnerships that have spread – e.g. the Virtual Ward, Memory Clinics, shared care models and leadership in Health Link development. On the other hand, we are challenged in getting any sense of the extent to which these pockets of innovation are resulting in improved quality and value across the sector as a whole, since there is an inability to measure performance across primary care organizations.

AFHTO's strategic priorities are squarely focused on ensuring our members are supported in the key factors for optimizing quality and value – governance and leadership, measurement and improvement, integration and support for care delivery, and the ability to recruit and retain staff.

To showcase outstanding work in improving quality and value, AFHTO launched the **Bright Lights Awards** program last year. The first-ever awards were announced at a celebratory dinner held at the AFHTO 2012 Conference. In front of over 200 guests, including senior leaders from the ministry and other parts of the health system, the spotlight was on examples of excellence in primary care.

The AFHTO Bright Lights Awards – and the members who strive for them – are receiving increased recognition. There are more corporate sponsors providing education grants to the honoured teams – increasing this year from four to seven awards. For the 2013 awards, the Honourable Deb Matthews, Minister of Health and Long-Term Care and Deputy Premier of Ontario, will join the dinner guests to witness what FHTs have accomplished and share her reflections on the excellence she sees.

The AFHTO Bright Lights Awards

Ensure FHTs are supported to govern and lead high-quality, comprehensive, well-integrated interprofessional primary care organizations

The quality of care delivery is directly linked to the quality of governance and leadership.[1] With the creation of close to 200 independent FHT corporations over the past 8 years, each under its own board, hundreds of people found themselves in governance roles for which they received little, if any, training and support. Nurse practitioner-led clinics (NPLCs), created more recently, are now going through the same journey. While a number of these organizations have put in place exemplary governance processes, AFHTO has advocated for governance development resources to spread best practice and to prepare new board members to fulfill their role.

The ministry recognized the need and funded ten sessions of the **Governing for Quality in Primary Care** training program for the boards of FHTs, NPLCs, Community Health Centres and Aboriginal Access Centres. Content for this program was developed and delivered in collaboration with AFHTO, the Association of Ontario Health Centres (AOHC) and the Canadian Patient Safety Institute (CPSI). Dr. Rob Annis of North Perth FHT was recruited to be a peer facilitator.

The response to the program greatly surpassed the supply of available spots. Delivered over February to May 2013, 519 people participated in the sessions, including 352 individuals from 144 FHTs. In view of the need for more support, in August the ministry approved funding for AFHTO to deliver two additional sessions of the "Governing for Quality" program and to build the foundation with an online "Governance 101" program and resources. These are expected to be delivered in the first half of 2014.

Effective leadership also requires sound operational management. The **Executive Director Advisory Council (EDAC)** was introduced in the spring to engage EDs in identifying and prioritizing the issues that are critical to their operations, and in working toward appropriate solutions. EDAC is composed of a representative selected by FHT EDs in each of the 14 LHINs, and among groups of FHTs that share distinct needs and perspectives, i.e. FHTs with physicians in Blended Salary Model, Academic FHTs, Aboriginal/Inuit FHTs, and Francophone FHTs. (See page 9 for list of members.) The push for greater budget flexibility and improved accountability reporting has emerged as the top priority to work through with the ministry over the fall of 2013.

Leadership in Healthcare for Ontarians is the central theme of AFHTO 2013 Conference. The theme is woven throughout – beginning with the **FHT Leadership Session**, which has been a feature of the past three AFHTO annual conferences, and culminating with the call to action – ***health system transformation must be led by Primary Care.***

[1] For example, G.Ross Baker et al, High Performing Healthcare Systems: Delivering Quality by Design, Toronto: Longwoods Publishing, 2008.

Ensure FHTs are supported to measure and improve the quality of care

"QIPs" and "QIDS" are the key acronyms introduced this past year. The ministry's move to spread the principles of the *Excellent Care for All Act* to all interprofessional models of primary care required each to submit an annual **Quality Improvement Plan (QIP)** to Health Quality Ontario as of April 1, 2013. This has been a key driver for getting ministry support to develop FHT capacity to use data for improvement, through the **Quality Improvement Decision Support (QIDS)** program.

The QIDS role was highly welcomed – AFHTO has advocated since its inception for support for FHTs to access and use data to improve care. Recognizing fiscal constraints AFHTO consulted with members to develop **recommendations on how to optimize and spread measurement capacity**. These included taking a partnership approach to allocating QIDS positions, and establishing provincial-level resources to support these QIDS and their FHTs across the province.

As members worked on their proposals for QIDS partnerships and their first QIPs, AFHTO was able to provide advice and assistance through a new staff position – **Senior Project Lead, FHT Governance, Quality, and Operations**. Clarys Tirel, a former ED in both the North York FHT and the Mount Sinai FHT, joined AFHTO as its third staff member, just in time to be AFHTO's key link between Health Quality Ontario and the ministry's FHT Unit and Health Quality Branch on these needs. This work has led to improvements to guidance materials and other supports from HQO.

Following from the QIDS recommendations, in late July ministry approvals were issued to 34 FHTs for a total of 33 full-time equivalent QIDS Specialist positions. Up to 110 additional FHTs will benefit through partnerships. Three weeks later AFHTO received program funding to house the **provincial-level QIDS resources**. In preparation, AFHTO brought on board **QIDS Provincial Lead** Tim Burns to staff in July. Tim brings his senior experience in the ministry and Health Quality Ontario, most notably in converting the long-term care system to standardized resident assessments to improve quality of care and the availability of quality indicator data. A member-driven **QIDS Steering Committee** is being constituted to set project priorities and objectives for advancing best practice and measurement capacity. The first formal meeting is to be held on October 21, the eve of the AFHTO 2013 Conference.

Measurement for improvement continues to be a focal point of the annual conference. In 2013 it features streams in **Using Data to Improve Care** and **Meaningful Use of EMRs**. A panel of leaders from seven key organizations will speak to progress being made in **Building a Primary Health Care Information Infrastructure: Linking and Governing Data**; this panel is the direct result of AFHTO's advocacy in the quest to make it easier for clinicians to extract and use relevant data. As well, **EMR user group meetings** are taking place with 8 different vendors.

Following from the first-ever EMR user group meeting held at the 2012 Conference, AFHTO established an on-going **Practice Solutions Suite (PSS) Working Group** with TELUS Health. PSS was chosen as the starting point since it's in use in about half of all FHTs, and a spring 2012 member survey revealed significant dissatisfaction. EMR vendor relations will be an important component of the QIDS provincial work – we foresee additional user groups forming over the next year.

AFHTO's influence in performance measurement is accelerating. Our credibility was boosted when **Dr. Rick Glazier**, Lead Scientist in the Institute for Clinical Evaluative Sciences (ICES) Primary Care and Population Health Program, was appointed this past spring to fill a vacancy on the AFHTO board. AFHTO is active in the Health Quality Ontario's development of a **Primary Care Performance Measurement Framework**, through their steering and technical committees. Our ideas on the simultaneous tracking of quality, capacity and total health system cost (the "**Starfield Model**") are gaining increasing interest. AFHTO enjoys the strength of many respected leaders in performance measurement who work in FHTs, and this will be bolstered by our expanding provincial QIDS resources.

Ensure FHTs are supported to achieve more seamless integration of health care and other supports required by their patient populations

First announced in December, **Health Links** introduced a new way to approach organizing care. Their aim is to bring together health care providers in a community to better and more quickly coordinate care for high-need patients. The ministry has called this a "bottom-up approach" and has been encouraging communities to apply to become Health Links. They anticipate seeing about 75 across the province – to be rolled out as communities are ready.

In making the announcement the Minister underlined the central role that primary care plays for patients, and for the health system. It's no surprise that **FHTs have emerged as the coordinators/leaders of about 40% of the 35 Health Links announced to date.** This is a natural progression in their evolution. FHTs were created to join family doctors, nurse practitioners, pharmacists, dietitians, nurses, social workers and others to strengthen primary care – the first level of care over a person's lifetime. Health Links promise to extend the care team – they will strengthen links between primary care providers and specialists, hospitals, and other community support agencies, to give high needs patients the wrap-around care they need.

AFHTO has been convening bi-weekly teleconferences of these FHT leaders to **facilitate exchange of ideas, issues and action needed.** To date, these FHTs are:

- Barrie and Community FHT
- Couchiching FHT
- Georgian Bay FHT
- Guelph FHT
- Lower Outaouais FHT
- Maple FHT
- McMaster FHT
- Mount Forest FHT
- North Perth FHT
- South East Toronto FHT
- Summerville FHT
- Taddle Creek FHT
- Timmins FHT
- Upper Canada FHT

This first group of FHTs has also consolidated their Health Link experiences to date in the **Improving care for "the 5%"** stream at the AFHTO 2013 Conference.

More broadly, AFHTO has also been playing a leadership role within the Ontario Primary Care Council, a coalition of the seven key associations in primary care,[2] to develop a common position among stakeholders on the **central role of primary care in coordinating care for patients.** This work includes defining a set of principles on the support needed to enable comprehensive primary care to fulfill this role.

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[2] In addition to AFHTO, Ontario Primary Care Council members are the Association of Ontario Health Centres, Nurse Practitioners' Association of Ontario, Ontario College of Family Physicians, Ontario Medical Association, Ontario Pharmacists' Association and Registered Nurses' Association of Ontario

Ensure FHTs are supported to recruit and retain the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care

In the past year AFHTO, in partnership with the Association of Ontario Health Centres (AOHC) and the Nurse Practitioners Association of Ontario (NPAO), became stronger than ever in its advocacy on recruitment and retention in Ontario's interprofessional primary care organizations (IPCOs) – 185 FHTs, 75 community health centres (CHCs), 26 nurse practitioner-led clinics (NPLCs), and 10 aboriginal health access centres (AHACs).

The three associations released their second report on this issue in June – ***Toward a Primary Care Recruitment and Retention Strategy for Ontario: Compensation Structure for Ontario's Interprofessional Primary Care Organizations.***

The report presents a rigorous market study by the Hay Group, which found indisputable evidence that:

- Compensation levels in primary care are below market – averaging 15.6% for all non-physician positions and ranging up to 30% below market.
- The gap between market and actual compensation is growing – it has increased by an average of 4.9% from 2009 to 2012.
- Lack of pensions is a key barrier to labour mobility – primary care organizations cannot provide both the HOOPP plan and a reasonable benefits package within the imposed financial limit of 20% of salary.
- Pay equity challenges are a real risk – two types of positions (registered dietitians and nurse practitioners) have been consistently found to be funded at a salary grade below that of comparable health professions. These positions also post the highest vacancy rates in primary care - 19% and 14% respectively.

This work builds upon the joint AFHTO-AOHC-NPAO report released in February 2012 – *Toward a Primary Care Recruitment and Retention Strategy for Ontario*. That report found:

- Factoring in turnover rates and the time needed to fill each type of position, roughly 6-7% of overall staff service capacity is lost each year due to turnover.
- The majority of staff who leave are then lost to the primary care sector – only one-third move to other primary care settings, but about one-half go to work in hospitals and other health care settings.
- Over 85% of IPCO EDs identified lower salaries as one of the 3 main reasons potential candidates turn down job offers. The others are lack of pensions and the desire for full-time employment.

This report was the focus of a meeting in July with senior ministry officials. Its purpose was to ensure the report's methodology and findings are seen as credible. The three associations are currently working with experts to further develop the strategy for building support in the current environment of fiscal restraint.

Engage with members to ensure AFHTO continues to reflect their aspirations, respond to their priority needs, and leverage their collective knowledge and capacity for the benefit of all members

The achievements in this annual report illustrate the power of working together as a sector. Thank you to all who have taken the time to send in comments, offer advice, respond to consultations, make presentations to peers, participate in advisory and working group, and contribute in many other ways.

AFHTO is especially grateful for the **member input and feedback** provided during January's consultations on the renewal of AFHTO's strategic direction. Member response to consultations and surveys on the new Quality Improvement Decision Support (QIDS) positions significantly guided the ministry's implementation plans.

Your financial support is critical. AFHTO's membership is holding steady at 180 out of 185 FHTs, and the first NPLC joined in the past year. With the ministry's increase in membership funding, about two-thirds of eligible FHTs made a second, voluntary contribution in the last half of fiscal 2012-13. This enabled increased staff capacity, which allowed AFHTO to develop new forums in which to engage members, e.g. the Executive Director Advisory Council (EDAC), the Practice Solutions Suite (PSS) Working Group, and the QIDS Working Groups.

Thank you to members who have been active in **advisory and working groups** over the past year, including:

Executive Director Advisory Council:

Randy Belair, Sunset Country FHT; Lois Bomberry, Six Nations FHT; Lucy Bonanno, Summerville FHT; Marlis Bruyere, Fort Frances FHT; Anne Childs, McMaster FHT; Richard Christie, Kingston FHT; Tammy Coulombe, Équipe de santé familiale Nord-Aski; Lynne Davies, Couchiching FHT; Anne Marie Graham, South Lake Regional FHT; Robin Griller, Inner City FHT; Marina Hodson, Kawartha North FHT; Michelle Karker, East Wellington FHT; Jennifer Kennedy, North Renfrew FHT; Ross Kirkconnell, Guelph FHT; Jaipaul Massey-Singh, Wise Elephant FHT; Terry McCarthy, Hamilton FHT; Kavita Mehta, South East Toronto FHT; Claudia Mior-Eckel, East Elgin FHT; Craig Nicks, Stratford FHT; Alejandra Priego, St Joseph Hospital FHT; Keri Selkirk, Thames Valley FHT; Connie Siedule, Tungasuvvingat Inuit FHT; Denise Waddick, Thamesview FHT; Shirley Watchorn, Great Northern FHT.

Quality Improvement Decision Support Program Working Groups:

- **Recruitment and Screening:** Monique Hancock, STAR FHT; Jeff Moulton, Elliot Lake FHT; Kimberly Wintemute, North York FHT; Susan Griffis, North York FHT; Shirley Watchorn, Great Northern FHT; Tabatha Berriault, North Simcoe FHT.
- **Partnership Agreements:** Gail Czukar, Humber River FHT; Monique Hancock, STAR FHT; Jaipaul Massey-Singh, Wise Elephant FHT; Jennifer McLeod, Timmins FHT; Katherine Campbell, Dryden Area FHT; Lucy Bonanno, Summerville FHT; Randy Belair, Sunset County FHT; Sherry Lynn Harrington, Peterborough Networked FHT; Terry McCarthy, Hamilton FHT.
- **Training and Orientation:** Bill Casey, Peterborough Networked FHT; John Maxted, Health for All FHT; Keri Selkirk, Thames Valley FHT; Michelle Karker, East Wellington FHT; Sanjeev Goel, Wise Elephant FHT.

Practice Solutions Suite (PSS) Working Group:

Paul Cano, Smithville Medical Centre FHT; Bill Davenport, Trent Hills FHT; Dave Dickson, Georgian Bay FHT; Jody Fleming, Mount Forest FHT; Sherry Lynn Harrington, Peterborough Networked FHT; Michelle Karker, East Wellington FHT; Debbie Kean, Owen Sound FHT; Kevin Kennedy, Centre For Family Medicine FHT; Karl Langton, Hamilton FHT; Fok-Jee Leung, Bruyere Academic FHT; Michael Levitt, CANES FHT; Debby MacLeod, Southlake FHT; Barbara Major-McEwan, Huron Community FHT; Judith Manson, Sunnybrook Academic FHT; Kirk Miller, Guelph FHT; Alan Monavvari, North York FHT; John Pefanis, Centre for Family Medicine FHT; Sandra Pennie, Municipality of Assiginack FHT; Carol Petryschuk, Dufferin Area FHT; Bogdan Pylypenko, Carefirst FHT; Sergio Rotondi, Health for All FHT; Kevin Samson, East Wellington FHT.

Drs. Michelle Greiver, North York FHT, and George Southey, Dorval Medical Associates FHT, represent AFHTO on a number of external working groups and consultation processes related to use of data and performance measurement.

Bright Lights Awards Committee:

Bill Casey, Peterborough Networked FHT; Lynne Davies, Couchiching FHT; Lee Donohue, Connexion FHT; Tracy Hussey, Hamilton FHT; Diana Noel, Village FHT.

Conference program development:

- **Leadership and governance for quality:** Karen Hall Barber, Queens FHT; Debbie McGregor, Bruyere Academic FHT; Jenn Metzloff, Centre for Family Medicine FHT.
- **Using data to improve care:** Sanjeev Goel, Wise Elephant FHT; Michelle Greiver, North York FHT; Michelle Karker, East Wellington FHT; Danyal Martin, Queens FHT.
- **Improving outcomes for "the 5%":** Lucy Bonanno, Summerville FHT; Brent Elsey, Barrie & Community FHT; Michael Feraday, Barrie & Community FHT; Sherry Kennedy, Taddle Creek FHT; Ross Kirkconnell, Guelph FHT; Lindsay McGee, North Perth FHT; Jennifer McLeod, Timmins FHT.
- **Integration: building the team beyond the FHT**: Lianne Davies, Dufferin Area FHT; Lee Donohue, Connexion FHT; Ellen Ibey, Temagami FHT; Stephanie MacLaren, South East Toronto FHT; Mike Perry, City of Kawartha Lakes FHT.
- **Advances in health promotion and chronic disease management:** Bill Casey, Peterborough Networked FHT; Rohan Ganguli, Village FHT; Sam Marzouk, Guelph FHT; Megan Omstead, Taddle Creek FHT.
- **Improving care for seniors:** Sabrina Akhtar, Toronto Western FHT; Linda Lee, Centre for Family Medicine FHT; Lisa McCarthy, Women's College Hospital FHT; Tia Pham, South East Toronto FHT; Joy White, McMaster FHT.
- **Innovation in IPC team implementation:** Marg Alfieri, Centre for Family Medicine FHT; Tracy Hussey, Hamilton FHT; Sylvie Jacques, Bruyere Academic FHT.

Looking forward

AFHTO's renewed vision compels us to think more broadly about comprehensive, interprofessional primary care for Ontarians. We are focused and now funded to support members to strengthen their governance, leadership and measurement to support quality improvement. Our advocacy is honed in on improving our members' funding and accountability relationship with government, including the need for adequate funding to recruit and retain the staff required to deliver patient care. We continue to spread the good news on the value delivered by comprehensive, interprofessional primary care.

Thank you for bringing forward 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: Dr. Val Rachlis (Physician, North York FHT)
Past President: Ms. Kavita Mehta (Executive Director, South East Toronto FHT)
Vice President: Ms. Keri Selkirk (Executive Director, Thames Valley FHT – London Region)
Treasurer: Mr. Randy Belair (Executive Director, Sunset Country FHT – Kenora)
Secretary: Dr. Sean Blaine (Lead Physician, STAR FHT – Stratford)

Directors:

Ms. Marg Alfieri (Registered Dietitian, Centre for Family Medicine FHT – Kitchener)
Dr. Rick Glazier (ICES Researcher and Physician, St. Michael's Hospital Academic FHT – Toronto)
Ms. Jennifer Kennedy (Executive Director, North Renfrew FHT, Deep River)
Mr. Ross Kirkconnell (Executive Director, Guelph FHT)
Dr. John McDonald (Lead Physician, PrimaCare Community FHT – Paris)
Dr. Jamie Read (Physician, Sherbourne FHT – Toronto)
Ms. Tanya Spencer Cameron (Nurse Practitioner, Timmins FHT)
Dr. George Southey (Lead Physician, Dorval Medical Associates FHT – Oakville)
Mr. John Stanczyk (Pharmacist, Delhi FHT)

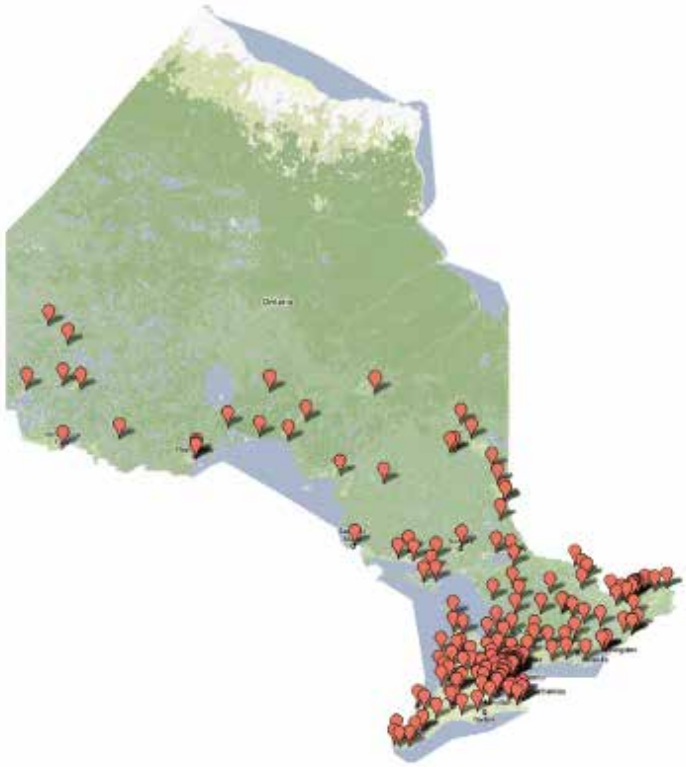
AFHTO Staff

Angie Heydon (Executive Director)
Saleemeh Abdolzahraei (Membership and Conference Coordinator)
Tim Burns, Provincial Lead (Quality Improvement Decision Support Program - QIDS)
Sombo Saviye (Office Manager)
Clarys Tirel (Senior Project Lead – FHT Governance, Quality, and Operations)

AFHTO members provide comprehensive primary health care to over 3 million patients. That's more than 22% of all Ontarians.

The Association of Family Health Teams of Ontario works with and on behalf of its members to:

- Provide leadership to promote expansion of high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of all Ontarians, and
- Be their advocate, champion, network and resource to support them in improving and delivering optimal interprofessional care.



AFHTO members include 180 Family Health Teams and one Nurse Practitioner-Led Clinic.

afhto association of family health teams of ontario

www.afhto.ca