ANNUAL REPORT

Collective Impact: The Power to Shape Our Future

The Association of Family Health Teams of Ontario

October 28, 2015

afhto association of family health teams of ontario

PRESIDENT'S MESSAGE

Randy Belair, AFHTO President and Chair

"Excellence is not a destination; it is a continuous journey that never ends."

- Brian Tracy

In preparing this report, I looked back at previous Annual Reports and found common themes. AFHTO and its members are all about **team-based primary care, leadership, capacity, partnership with patients, integration of care, manageable meaningful measurement, demonstrating value, and advancing primary care.**

The "added value" of team-based primary care is clear from the evidence underlying AFHTO's brief on *Optimizing value of and access to team-based primary care:*

- Teams improve timely access to primary care
- Patients experience better coordination of care
- Team-based primary care supports improved management of chronic disease

I look at the work in my own team – Sunset Country Family Health Team in Kenora – and see the impact we are making on the lives of the people in our communities. For example, this summer our FHT partnered with the Kenora Recreation Centre and the Ontario Lung Association "Fitness for Breath" Community Exercise Program. A group of four COPD patients enthusiastically learned about what COPD is and how exercise can help them manage their symptoms. For 12 weeks each participant stayed committed to weekly workouts directed by a kinesiologist. Evaluation comments included "could do so much more than I ever dreamed" and "it has changed my life." Two of the participants continue to meet twice weekly to continue the strength building exercises and endurance training.

Primary care teams make a difference. We owe it to Ontarians to spread access to high quality, comprehensive team-based care, and we need to do this in a way that gains the best value. AFHTO's brief points the way to doing just that.

Recommendations to the Ministry of Health and Long-Term Care include:

- Stabilize the workforce with sufficient funding to recruit and retain staff.
- Work with the field to develop common understanding of needs and capacity, to achieve the optimal level of access while maintaining quality of care.
- Do not expand access unless capacity is sufficiently developed, and providers commit to minimum standards of meaningful collaboration.

As President, I thank those members who have been involved in advisory and working groups this past year. Your commitment to AFHTO, its members, and to advancing primary care is admirable. A special thank you goes to my fellow AFHTO Board members for their support and guidance.

I am most grateful for the amazing work and tireless energy of our AFHTO staff, led by our dedicated strategic thinker, CEO Angie Heydon. It has been an honour, privilege and pleasure to work alongside all of you during my year as President.

Our collective commitment to advancing measurement, governance, leadership and improvement has gained recognition and respect from many corners. As we anticipate significant change ahead for primary care, we have the great opportunity, as stated in the Minister's mandate, **"to lead the shift toward a sustainable, accountable system that provides coordinated quality care to people, when and where they need it."**

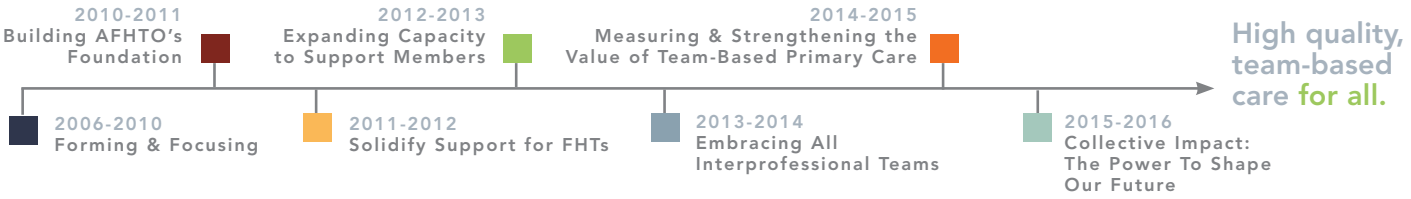
Randy Belair
AFHTO President and Chair

COLLECTIVE IMPACT: THE POWER TO SHAPE OUR FUTURE

AFHTO is the voice for interprofessional comprehensive primary care. Our members – family health teams (FHTs), nurse practitioner-led clinics (NPLCs) and others who provide interprofessional comprehensive primary care – share the compelling vision that one day, all Ontarians will 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

AFHTO'S JOURNEY



AFHTO members and staff are listening, learning and shaping the direction forward

- **Listening to and learning** from patients:
  - » As an AFHTO membership, through collaboration with Patients Canada to present the 2014 conference – *In Partnership with Patients*, and continuing with our joint work to examine the patient-provider relationship and how the patient perspective is reflected in measurement.
  - » At the team level, many are bringing the voice of patients and communities onto their boards and into their planning and quality improvement processes.
- **Listening to and learning** from each other:
  - » Sharing knowledge and experience as we collectively develop common principles, indicators, tools and other resources to advance practice in governance, leadership, measurement and improvement across primary care teams.
  - » Reaching out to colleagues in primary care and others in our local and provincial communities to collaborate in this quest.
- **Working collectively to shape the future** for patients, communities and primary care providers:
  - » While we await government announcements about the next stage in the evolution of primary care, one thing is certain – the Ministry of Health and Long-Term Care (the Ministry) has the stated mandate to "lead the shift toward a sustainable, accountable system that provides co-ordinated quality care to people, when and where they need it."
  - » The AFHTO membership is ahead of this curve – forging ahead to show the way for primary care.

The AFHTO membership is earning growing recognition and respect from funders (the Ministry), key agencies (e.g. Health Quality Ontario (HQO), eHealth Ontario, OntarioMD), the research community (e.g. Institute for Clinical Evaluative Sciences (ICES)) and many other colleagues for this work.

The following pages describe our collective progress in more detail.

Leadership + governance + measurement + improvement = Growing VALUE for Ontario's patients and communities.

PROMOTING VALUE DELIVERED BY INTERPROFESSIONAL PRIMARY CARE TEAMS

Evidence of value has clearly emerged.

FHTs and NPLCs were introduced in Ontario over the past 5-10 years. These models continue to develop and evolve, even in the face of funding constraints that lead to challenges such as attracting and keeping qualified staff (see next section).

Clear evidence of their added value has emerged:

- **January 2014:** A comprehensive literature review published in the Journal of Research in Interprofessional Practice and Education concluded, "Ontario FHTs have generated improvements in healthcare access and outcomes. Collaborative team functioning, while present, has not reached its full potential. Supportive public policy, education for patients and providers, and evaluation research is needed to advance FHT functioning."
- **March 2014:** A Conference Board of Canada report concluded, "Making interprofessional primary care (IPC) teams the standard model for delivery of primary health care services across Canada could help improve patient outcomes while reining in costs. ... IPC team care could save the health care system almost $3 billion in direct and indirect costs of diabetes and depression complications alone."
- **November 2014:** A comparison of data from the first iteration of Data to Decisions (D2D) to HQO's annual report found that teams are performing significantly better than the rest of primary care in same-day/next-day access, cancer screening and overall patient experience.
- **December 2014:** The Ministry released a five-year longitudinal evaluation of FHTs, which found they offer a wider range of programs and services to promote health and manage chronic disease, and that interprofessional teams make it possible to bring together the variety of skills needed to help people stay as healthy as possible.
- **July 2015:** D2D 2.0 is released. Participation doubled since the first iteration, and the results continue to show superior performance in timely access, cancer screening and patient satisfaction.
- **August 2015:** As AFHTO members progress in their D2D journey, survey results also indicate increasing quality improvement activity and data standardization and improved climate within teams.
- **September 2015:** The *Canadian Medical Association Journal* publishes findings that switching doctors from fee-for-service payment and adding interprofessional health providers to the team appears to result in improved diabetes care for Ontario patients. "Our study suggests that Ontarians might be healthier if everyone had access to team-based care" said lead author, Dr. Tara Kiran of St. Michael's Hospital Academic FHT.

The above-named studies can be accessed through www.afhto.ca/category/highlights/evidence/.

Spreading the good news about primary care teams

AFHTO's public website was re-launched in September 2015 to more clearly communicate the value of team-based primary care, supported with social media. AFHTO members and staff have joined to spread this good news in meetings with the Minister of Health and Long-Term Care (Minister), Ministry officials, Members of Provincial Parliament (MPPs), and most recently, with Local Health Integration Networks (LHINs), as well as in the annual celebration of leadership and achievement in the AFHTO Bright Lights Awards.

RECRUITING AND RETAINING STAFF

Underfunding holds back the value of teams

While AFHTO members continue to deliver more and more value to patients and the health system, this sector remains woefully undervalued.

AFHTO members feel increasing pain from salary grids frozen at 2006 market rates, exacerbated by the inability to provide the pension and benefit plans available through most other health sector employers. The situation is untenable – as an example, Community Care Access Centres (CCACs) have been funded to hire Nurse Practitioners (NPs) for primary palliative care, care that was already being provided by many AFHTO members, at salaries that are up to $30,000 per year more than what FHTs and NPLCs are able to pay. It's no wonder primary care teams lose staff!

Staff turnover, and the challenge of finding replacements, create gaps in care. Diabetes, COPD, Healthy Weights and other programs stop when key staff leave. Patients lose their trusted relationships. Remaining staff try to cover, but at the same time, primary care teams are pressured to extend care to a greater proportion of Ontarians beyond the current level of about one in four. Remaining staff wonder why they should give more to the "health system" when that system clearly doesn't value them.

Winning a commitment... and a very long quest to get it done

In the spring 2014 election campaign, the now-governing Liberals declared a "Primary Care Guarantee" that "will ensure that every Ontarian has access to a primary care provider by 2018." It acknowledges that to do this, government must "improve the recruitment and retention of community-based primary care teams."

At the October 2014 AFHTO conference, the Minister acknowledged this problem. He told AFHTO members, "This is very much front of mind for me." As of October 1, one year later, primary care teams are still waiting for confirmation that action will be taken.

For four years now, primary care recruitment and retention has been the focal point for AFHTO's advocacy work. AFHTO joined together with the Association of Ontario Health Centres (AOHC) and, on behalf of NPLCs, the Nurse Practitioners' Association of Ontario (NPAO), to compile the case, recommend reasonable solutions, and advocate at political levels.
(The report and recommendations can be accessed at www.afhto.ca/wp-content/uploads/Toward-a-Primary-Care-Recruitment-and-Retention-Strategy-January-2014.pdf).

AFHTO members and staff, together with those from AOHC and NPAO and supporting interest from other professional associations, have been diligent in reminding the Minister, his Cabinet colleagues, Treasury Board, MPPs and Ministry staff of the need for action to mitigate the negative impact on patients and communities.

Promise made ... when will the promise be kept?

MEASURING AND IMPROVING THE QUALITY OF CARE

In two short years, the progress AFHTO members have made in advancing measurement has been truly astounding!

AFHTO members drive the Quality Improvement Decision Support (QIDS) Program

Since AFHTO's early days, members identified the need to advance meaningful measurement as a strategic priority. By the summer of 2013, having worked with members to propose an affordable and effective way to support teams across the province, AFHTO succeeded in securing Ministry funding for the Quality Improvement Decision Support (QIDS) Program.

Teams organized themselves into partnerships to hire QIDS Specialists to support each group. About 35 QIDS Specialists serve over 150 of AFHTO's 185 members. AFHTO employs another 3.5 QIDS staff to support:

- Cross-provincial coordination and knowledge exchange;
- Program governance by AFHTO members through the QIDS Steering Committee, reporting to the AFHTO Board of Directors;
- Advocacy, leadership and collaboration with key stakeholders, including the Ministry, provincial agencies such as eHealth Ontario and HQO, EMR vendors, the research community and others.

This collective group of local QIDS Specialists and provincial QIDS staff has unleashed learning, problem-solving and use of data to improve. While Ministry funding is currently limited to QIDS Specialists in FHTs, provincial staff provide direct assistance to AFHTO's NPLC members.

Measuring primary care for 1.7 million Ontarians – and growing – through Data to Decisions (D2D)

One year after QIDS Specialist positions were approved, Data to Decisions (D2D 1.0) was launched in October 2014, with D2D 2.0 following in July 2015. Voluntary participation increased from 30% to over 50% of teams, and is expected to climb further when D2D 3.0 is released in early 2016.

D2D is a summary report of team performance on a small number of measures that AFHTO members identified as being meaningful and possible to measure. The indicators are drawn from HQO's Primary Care Performance Measurement Framework. In turn, D2D indicators are informing and refining broader implementation of this framework.

Pursuing the Starfield Principles: optimizing quality, HR capacity and total cost of care

AFHTO is aligning measurement of primary care with evidence from the lifelong work of the late Barbara Starfield, that an investment in primary care is associated with improved system quality, equity and reduced cost. With members and collaborators, including HQO and ICES, AFHTO is creating three measures to track and optimize, at the team level:

- **Quality:** D2D 2.0 included the first iteration of a "roll-up" measure to reflect a more comprehensive and patient centered view of primary care than could be done with a small number of granular indicators. A partnership of primary care researchers and thought leaders are working with AFHTO to further refine and test this measure to ensure actual and perceived scientific credibility and therefore spreadability and impact across the sector.

- **Human resource capacity:** This is fundamental to ensuring all Ontarians have appropriate access to primary care, but is a complex task lacking in widely-accepted measures. An initial indicator will be tested in D2D 3.0.
- **Total cost of care:** Primary care impacts the total cost of caring for a population across all parts of the health system. Working with ICES, AFHTO included an initial measure in D2D 1.0 that was further refined in D2D 2.0. HQO has included this indicator as a system-level priority and is also adding this indicator to the primary care practice reports produced for family physicians in every model of care across Ontario.

Keeping patients at the forefront

The patient-provider relationship is at the core of primary care; measurement must reflect what patients find important. AFHTO's partnership with Patients Canada generated the necessary inputs from patients for constructing the "roll-up" indicator of quality (see above). The cross-Canada survey has captured interest from organizations such as the Canadian College of Family Physicians and Saskatchewan's Health Quality Council.

Getting more value from EMRs

Active engagement with members, development of standardized queries, leveraging student work experiences – these are all ways in which the QIDS program is fostering more meaningful use of EMRs:

- To generate COPD and diabetes registries, standardized, evidence-based queries have been developed tested and released to all members for 3 EMRs. Queries are being extended to additional EMRs and other common chronic conditions based on standard case definitions published by CPCSSN/EMRALD. These queries are being spread through EMR vendors, OntarioMD and the Ontario Lung Association to other providers in their networks.
- Five EMR Communities of Practice currently involve over 200 participants – a 65% increase from the first year. These groups actively develop and share solutions, tracked by prioritized action logs. Vendor response to AFHTO member needs is quicker and sometimes without the usual charges.
- The Hire-a-student toolkit was developed to help FHTs take advantage of funding opportunities to recruit and deploy student talent to promote effective use of EMRs.
- Member surveys have found EMR use is improving:
  - » 40% or more of teams used the standardized queries and processes for D2D 2.0 EMR-based indicators, compared to less than 20% in D2D 1.0.
  - » 60% of teams contributing to D2D 2.0 report automated connection between hospital and EMR. This compares to 34% from D2D 1.0.
  - » 10% of teams limit EMR access to physicians (baseline measure).

Impacting the broader health system

A vision for comprehensive primary care combined with collaboration across many partners means the AFHTO membership's work is leading the way for measurement and more meaningful use of EMRs across all of primary care. So much so, that eHealth Ontario has sponsored AFHTO to complete an impact assessment of the D2D initiative, to be completed by December 2015.

GOVERNING AND LEADING HIGH-QUALITY, COMPREHENSIVE, WELL-INTEGRATED INTERPROFESSIONAL PRIMARY CARE ORGANIZATIONS

Leadership in the face of uncertainty and opportunity

In February 2015 the Minister released *Patients First: Action Plan for Health Care.* Since then the Ministry has received several important reports to help them define the path forward. In the meantime, AFHTO members are working to demonstrate what this path can be and should be.

FHT and NPLC leaders have built their organizations, developed totally new ways of working in teams, engaged patients to be full partners in their care, and reached out to others to collaborate in caring for their communities. Through bodies such as the ED Advisory Council, Physician Leadership Council, NPLC Leaders' Group, Health Link Leaders' Group, QIDS Steering Committee, Governance and Leadership Advisory Committee and many working groups, leaders from across the AFHTO membership come together to guide the way forward for team-based primary care.

Toward the next ministry contract

AFHTO members are also forging a more mature relationship with their funder, the Ministry of Health and Long-Term Care. The contract is the formal expression of that relationship. For FHTs, a new contract template will take over when current contracts expire on March 31, 2016.

Directed by a set of principles and priorities that emerged from leaders across the province last fall, AFHTO representatives reached agreement with the Ministry to:

- Replace Schedule E reports with more meaningful measures taken from the D2D initiative.
- Establish a joint working group to develop more effective program reporting (Schedule A).
- Work with NPLCs to accomplish similar objectives for NPLC contract reporting.

Defining principles for good governance

The principles included those that direct AFHTO's Governance and Leadership program:

FHTs and NPLCs are not-for-profit corporations in a health system mandated to provide appropriate, equitable, sustainable care. Their boards:

- Are accountable to the patients, funders and members of their organization.
- Ensure their organizations are appropriately managed and advocate for appropriate resources so that patients can access high-quality comprehensive care that is sustainably delivered and strives to meet patient and public expectations.
- Ensure the culture of their organization supports development of high-functioning interprofessional teams.
- Provide leadership to harmonize and optimize policies and practices for effective and efficient teamwork within the organization and with other entities contributing to the health and health care of the organization's patients and community.
- Provide leadership and collaborate with other organizations to spread best practice and encourage growth in capacity so that all Ontarians can have access to high quality interprofessional comprehensive primary care.
- Ensure that patients and community members are engaged in the development of programs and services.

Strengthening governance and leadership practice

Thanks to funding from the Ministry, AFHTO's Governance and Leadership program works with and on behalf of AFHTO members to strengthen governance and leadership of their organizations. Building on the resources developed in the program's first year, this second year added the *Executive Directors' Resource Toolkit* and a series of video recordings to help members meet Accountability Reform Initiative requirements, to a collection that already includes the *Fundamentals of Governance* (guidebook, tools and videos), *Statutory Compliance Toolkit*, and *Privacy Toolkit*.

ACHIEVING MORE SEAMLESS INTEGRATION OF HEALTH CARE AND OTHER SUPPORTS REQUIRED BY PATIENT POPULATIONS

Primary care leadership for care coordination

AFHTO contributed to the Ontario Primary Care Council's adoption of a joint position statement – *Principles of Care Coordination Leading to Seamless Transitions for Patients and Families.* Effective care coordination is best led by a person's primary care team throughout his or her lifetime. It reduces duplication, facilitates access and ensures continuity of care regardless of setting. This statement is timely, given reviews arising from the recent Auditor General of Ontario's Special Report on CCACs and the Report of the Expert Group on Home and Community Care.

Optimizing capacity and spreading access to teams

AFHTO's vision is that all Ontarians will have access to high quality, comprehensive team-based care. Based on research evidence, in early June AFHTO advised the Ministry that, to optimize value of and enhance access to team based primary care we must:

- Stabilize the work force with sufficient funding for recruitment and retention of skilled professionals, per AFHTO-AOHC-NPAO recommendations.
- Agree on how to measure and track capacity such that additional demand can be managed without causing unacceptable increases in waits for appointments and/or decreases in quality of care.
- Establish minimum requirements for meaningful communication and collaboration for any primary care provider whose patients are receiving services from a team.

Teams continue to strengthen their capacity to deliver appropriate care in their communities. In July, AFHTO published case studies with supporting tools and templates that document the work of four FHTs and affiliated physician groups (FHOs, RNPGAs) to integrate components of their respective operations to build a stronger team and enhance patient care.

Supporting Health Links leadership

AFHTO continues to facilitate a Community of Practice for members leading Health Links in their communities, bringing them together with key Ministry staff, and advocating for the support primary care organizations need to fulfill this role.

Developing and strengthening LHIN relationships

Anticipating a closer relationship with LHINs, AFHTO has:

- Partnered with the LHIN Collaborative to develop educational material for LHINs, to spread greater understanding of team-based primary care among LHIN staff.
- Invited ED Advisory Council and Physician Leadership Council representatives, at their request, to develop greater profile with their respective LHIN CEO through meetings coordinated by AFHTO.
- Commenced planning for "Regional Leadership Sessions", to bring together leaders from FHTs/NPLCs, LHINs and other stakeholders within each LHIN region, to advance regional dialogue and planning.

Looking forward

Primary care continues to evolve – where to from here?

Together, AFHTO members are showing the way. We maintain an unrelenting focus on what research evidence tells us about the value of team-based comprehensive primary care. Together, we are building capacity to measure, strengthening our capability to deliver measurable value to our patients and communities, and making the case so that our work, and the people who do this work, ARE valued.

THANK YOU TO AFHTO 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, respond to consultations, meet with MPPs, make presentations to peers, participate in communities of practice, and contribute in many other ways.

Thank you to members who have been active in advisory and working groups over the past year. As of September 30, membership in these groups were:

Executive Director Advisory Council (EDAC): Randy Belair, Sunset Country FHT; Marlis Bruyere, Fort Frances FHT; Kelly Buchanan, Huron Community FHT; Lynne Davies, Couchiching FHT; Paul Faguy, OakMed FHT; Pauline Gemmel, Essex County NPLC; Marina Hodson, Kawartha North FHT; Nathaniel Izzo, Dilico FHT; Michelle Karker, East Wellington FHT; Stephanie MacLaren, Prince Edward FHT; David Marriott, Markham FHT; Jaipaul Massey Singh, Wise Elephant FHT; Terry McCarthy, Hamilton FHT; Kavita Mehta, South East Toronto FHT; Claudia Mior-Eckel, East Elgin FHT; Dawn Morrisette, Huron Shores FHT; Alejandra Priego, St. Joseph Urban FHT; Connie Siedule, Akausivik Inuit FHT; André Veilleux, Équipe de santé familiale académique Montfort; Denise Waddick, Thamesview FHT.

Physician Leadership Council (PLC): Mira Backo-Shannon, Oakmed FHT; Lopita Banerjee, Wise Elephant FHT; Sean Blaine, STAR FHT; Caroline Bowman, Georgian Bay FHT; Duncan Bull, East Wellington FHT; Chris Cressey, Minto Mapleton FHT; Ann Duggan, Akausivik Inuit FHT; Andrew Everett, Upper Canada FHT; Mary Kate Gazendam, Loyalist FHT; Allan Grill, Markham FHT; Wendy Hamilton, Westend Family Care Clinic FHT; Christopher Jyu, East GTA FHT; Tara Kiran, South East Toronto FHT; Lalit Krishna, Maitland Valley FHT; Joseph Lee, The Centre for Family Medicine FHT; Alan McLean, Superior FHT; Sven (Buzz) Pedersen, Sunset Country FHT; James Pencharz, Credit Valley FHT; Thuy-Nga Pham, SETFHT; Cathy Risdon, McMaster FHT; Elyse Savaria, Owen Sound FHT; Shane Teper, Queen Square FHT; Cathy Walsh, London FHT; Kaetlen Wilson, Peterborough FHT; Kevin Workentin, South East Toronto FHT.

Governance and Leadership Advisory Committee (G+LAC): Rob Annis, North Perth FHT; Merrill Baker, Harrow Health Centre FHT; Anna Gibson-Olajos, Powassan and Area FHT; Allan Grill, Markham FHT; Joseph Lee, Centre for Family Medicine FHT; Sharon Pillon, Amherstburg FHT; Catherine Schooley, Essex County NPLC; Keri Selkirk, Thames Valley FHT.

Lead for the NPLC Leadership Council: Beth Cowper-Fung, Georgina NPLC.

Quality Improvement Decision Support (QIDS) Steering Committee: Cameron Berry, Kawartha North FHT; Christopher Belanger, Ministry of Health and Long-Term Care; Katherine Campbell, Dryden Area FHT; Crystal Chin, Patients Canada; Gail Dobell, Health Quality Ontario; Radwan El Ali, eHealth Ontario; Paul Faguy, Oakmed FHT; Dennis Ferenc, OntarioMD; Rick Glazier, St. Michael's Hospital Academic FHT/Institute for Clinical Evaluative Sciences; Christine Gordon, Bridgepoint FHT; Phil Graham, Ministry of Health and Long-Term Care; Michelle Greiver, North York FHT; Karen Hall-Barber, Queen's FHT; Monique Hancock, STAR FHT; Mary Keith, Garden City FHT; Elizabeth Keller, OntarioMD; Ross Kirkconnell, Guelph FHT; Darren Larsen, Women's College Academic FHT/Ontario Medical Association; Alan Maclean, Superior FHT; Chad Moore, North Simcoe FHT; Fernando Tavares, Ministry of Health and Long-Term Care; Kevin Samson, East Wellington FHT.

Indicators Working Group: Lisa Barnett, Elliot Lake FHT; Jack Cooper, OntarioMD; Sara Dalo, Windsor FHT; Dennis Ferenc, OntarioMD; Jennifer Rayner, Association of Ontario Health Centres; Rick Glazier, St. Michael's Academic FHT/Institute for Clinical Evaluative Sciences; Monique Hancock, STAR FHT; Wissam Haj-Ali, Health Quality Ontario; Michael Oates, Thames Valley FHT; Denis Tsang, Woodbridge Medical Centre FHT.

EMR Data Management Subcommittee: David Barber, Queen's FHT; Christine Gordon, Bridgepoint FHT; Elizabeth Keller, OntarioMD; Andrew King, OntarioMD; Kirk Miller, Guelph FHT; Craig Nicks, Stratford FHT; Dawn Olsen, Great Northern FHT; Meghan Peters, City of Lakes FHT; Knut Rodne, OntarioMD; Kevin Samson, East Wellington FHT; Brice Wong, Windsor FHT.

D2D Advisory Panel: Rob Annis, North Perth FHT; Margaret Cousins, Marathon FHT; Gail Dobell, Health Quality Ontario; Cathy Faulds, London FHT; Allan Grill, Markham FHT; Harry Jones, Clarence-Rockland FHT; Eli Orrantia, Marathon FHT; John Riva, McMaster University; Lisa Ruddy, Markham FHT; Kevin Samson, East Wellington FHT.

Leads for EMR Communities of Practice: Accuro EMR - Brice Wong, Windsor FHT; Nightingale EMR - Lisa McMartin, Upper Canada FHT; OSCAR EMR - Urslin Fevrier-Thomas, McMaster FHT; P&P Data Systems - Frank Ruberto, Niagara Medical Group FHT; TELUS Practice Solutions - Kevin Samson, East Wellington FHT.

Leads for the IHP Communities of Practice: Lead of Practice Leads - Marg Alfieri, Centre for Family Medicine FHT; Administration - Michelle Smith, Guelph FHT; Chiropractor - Craig Bauman, Centre for Family Medicine FHT; Chiropodist - Tiffany Ng, North York FHT; Health Promoter - Sandy Turner, Minto-Mapleton FHT; Mental Health & Social Worker - Catherine McPherson-Doe; Nurse (RN/RPN) - Tara Laskowski, Hamilton FHT; Nurse Practitioner - Claudia Mariano, West Durham FHT; Occupational Therapist - Catherine Donelly, Queen's FHT; Pharmacist - Lisa Dolovich, McMaster FHT; Physician Assistant - Melissa Holm, Hamilton FHT; Psychologist - Veronica Asgary-Eden, Family First FHT; Registered Dietitian - Jacquie Reeds, Hamilton FHT; Respiratory Therapist - Nicole Snyder, Thames Valley FHT.

Lead for the Health Links Community of Practice: Marg Alfieri, Centre for Family Medicine FHT.

Please see the AFHTO Conference program for the members who have contributed to the success of this important event.

AFHTO BOARD OF DIRECTORS

AFHTO BOARD OF DIRECTORS, 2014-15

Front row:

- Dr. Sean Blaine, Vice President (Lead Physician, STAR FHT – Stratford)
- Mr. Randy Belair, President and Chair (Executive Director, Sunset Country FHT - Kenora)
- Mr. Ross Kirkconnell, Secretary (Executive Director, Guelph FHT - Guelph)
- Dr. Veronica Asgary-Eden, Director (Psychologist, Family First FHT - Ottawa)
- Ms. Kavita Mehta, Director (Executive Director, South East Toronto FHT - Toronto)
- Ms. Keri Selkirk, Past President (Executive Director, Thames Valley FHT - London Region)
- Ms. Beth Cowper-Fung (Clinical Lead, Georgina NPLC – Sutton)

Back row:

- Ms. Jennifer Kennedy, Director (Project Manager, North Renfrew County Health Link – Pembroke)
- Dr. Rob Annis (Physician, North Perth FHT – Listowel)
- Dr. Allan Grill (Lead Physician, Markham FHT – Markham)
- Ms. Marg Alfieri, Treasurer (Registered Dietitian, Centre for Family Medicine FHT - Kitchener)
- Ms. Claudia Mariano (Nurse Practitioner, West Durham FHT – Pickering)
- Dr. George Southey, Director (Lead Physician, Dorval Medical Associates FHT - Oakville)

AFHTO STAFF (LEFT TO RIGHT)

- Carol Mulder, Provincial Lead, Quality Improvement Decision Support (QIDS) Program
- Bryn Hamilton, Provincial Lead, Governance and Leadership Program
- Marg Leyland, Knowledge Translation and Exchange Specialist, Quality Improvement Decision Support (QIDS) Program
- Catherine Macdonald, Program Assistant, Quality Improvement Decision Support (QIDS), Governance and Leadership Programs
- Sombo Saviye, Office Manager
- Greg Mitchell, Knowledge Translation and Exchange Specialist, Quality Improvement Decision Support (QIDS) Program
- Puja Ahluwahlia, Project Coordinator, Quality Improvement Decision Support (QIDS) Program
- Maria Krahn, Impact Evaluation Analyst, Quality Improvement Decision Support (QIDS) Program
- Saleemeh Abdolzahraei, Provincial Lead, Membership Engagement Program
- Angie Heydon, Chief Executive Officer
- Paula Myers, Membership, Communications and Conference Coordinator

Primary care teams are the key to eliminating the professional silos that separate parts of the health care system. Eliminating these silos will improve care and reduce costs. Across Ontario, primary care teams are introducing new tools to improve quality and accountability, and to integrate more closely with other parts of the health care system.

To improve outcomes and deliver cost savings, Ontario must:

- **EXPAND ACCESS:** Expanding access to interprofessional comprehensive primary care to all Ontarians must be done as soon as possible. Three of every four Ontarians do not yet have access to the benefits of this type of care.
- **ENHANCE VALUE:** Enhancing team capacity to track quality, access and total cost of care for their patients will improve program sustainability and value, enable quality improvement, and further demonstrate the benefit of primary care teams to overall population health and the health system.
- **ENABLE RECRUITING:** Ensuring primary care teams have the funding capacity to recruit and retain skilled professionals is essential to providing high-quality comprehensive primary care.

afhto association of family health teams of ontario

The Association of Family Health Teams (AFHTO)

60 St. Clair Avenue East, Suite 800,
Toronto, Ontario M4T 1N5
647-234-8605 • www.afhto.ca

The Association of Family Health Teams of Ontario (AFHTO) is a not-for-profit association representing Ontario's primary care teams, which includes Family Health Teams, Nurse Practitioner-Led Clinics and others who provide interprofessional comprehensive primary care. AFHTO works to support the implementation and growth of primary care teams by promoting best practices, sharing lessons learned, and advocating on behalf of all primary care teams. Evidence and experience shows that team-based comprehensive primary care is delivering better health and better value to patients.