



2017

ANNUAL REPORT

Improving
Primary Health
Care Together



PRESIDENT'S MESSAGE



In 2017, the AFHTO board came together to vision of AFHTO's innovation and evolution to ensure that all Ontarians receive comprehensive primary health care. AFHTO has been transformed over the last eight years from a small organization operating out of the inaugural part time CEO's spare bedroom, to an association who lives and breathes comprehensive primary health care. AFHTO has evolved from a focus on primary care (relationship between a provider and patient) to primary health care, which encompasses the traditional provider/patient relational continuity, but also team based care, and seamless transitions between health, social and community services, which speaks to the continuity of care for Ontarians.

The *Patients First* Legislation has the capacity to create equity for all Ontarians as all residents would have access to interprofessional health care providers. A total game changer – if, and only if, there is adequate funding provided for this increase in access. Currently, there is no capacity for interprofessional health care providers to see all Ontarians. Many LHINs are 'have nots' with salient inequities in primary health care

being seen across Ontario. *"Universal access equity without proper funding is a race toward mediocrity."* This quote is from Dr. Tom Richard, an AFHTO board member.

AFHTO's D2D has been a game changer as well, based on Dr. Barbara Starfield's primary care model of continuity of care, capacity and cost. We have clear data from Data to Decisions that Family Health Teams do deliver excellent services from all providers and at a very reasonable cost. FHTs do reduce cost over time, but the very real danger is that the dilution of existing services, by opening the borders to IHP access to all Ontarians without more funding, threatens to nullify the benefits of FHTs.

FHT and NPLC staff have finally, after almost a decade of strong advocating, reached the 2012 pay levels in 2017. Primary care staff have been underpaid for more than a decade despite the Ministry addressing compensation over the last two years and yet, at the same time, we are being asked to open the access to all Ontarians. Recruitment and retention are clear issues for primary health care. If primary care is truly to be the foundation of the health care system, it must be adequately funded. The real advocacy work for 2018 salary levels must begin in earnest.

Kavita is completing her first year as CEO and on behalf of the Board, I want to acknowledge her many excellent contributions, particularly her unique skillset in creating new collaborative relationships with our partners, including the OCFP and the OMA SGFP and, of course, strengthening existing relationships with NPAO and AOHC, along with many other partners. The AFHTO staff are a small number but very mighty. They honour AFHTO's commitment to *"Improve Primary Health Care Together"*.

Finally, to all our members, partners, stakeholders, and staff, this Presidency has been an honour. To be the first interprofessional health care provider to be the President and Board Chair is a very clear signal that we truly believe that interprofessional collaboration is the cornerstone of comprehensive primary health care.

Marg Alfieri
AFHTO President



AFHTO MEMBERS

ARE AT THE FOREFRONT OF SYSTEM TRANSFORMATION

COLLABORATIVE EFFORT IN PRIMARY HEALTH CARE TRANSFORMATION

AFHTO is the trusted voice for interprofessional primary health care. Our members - 181 family health teams (FHTs) and 5 nurse practitioner-led clinics (NPLCs) - share the commitment to advance primary care and improve patients' outcomes. In the last year AFHTO has concentrated on building and nurturing partnerships and collaborations to ensure we are continually enhancing team-based primary care. We strongly believe that sustainable, effective and timely health care can be achieved when there is a strong collaboration between all partners working together towards a common goal.



AFHTO MEMBERS ARE INSTRUMENTAL IN DRIVING CHANGE

- AFHTO members are at the forefront of primary care reform. In preparation for the implementation of the *Patients First* legislation, many FHTs and NPLCs have established relationships with their local LHIN sub region leads to spearhead and facilitate the transformation agenda. And to support that agenda, many have also assumed important leadership roles to help drive the primary care message.
- To advance the value of care delivery, AFHTO members are engaged in the active data analysis and are now ready to expand its collective focus beyond measurement to improvement.
- The importance of the innovative work of interprofessional teams has gained more recognition as the achievements of our members are celebrated by peers, in the press and on social media.

LOOKING INTO THE FUTURE

Primary care is at the crossroad of change and together we are working towards more sustainable team-based care. Building on the enthusiasm and dedication of our teams, collaborative efforts of our partners and support from the stakeholders, we aspire to be the leaders in primary care reform.

As we move into this next phase of *Patients First* and health system reform, we look forward to continuing to build a strong primary health care system. We aim to leverage the expertise and commitment of our member organizations in the FHTs and NPLCs with the hope that we will see further investments made in team-based primary care so that all Ontarians will have access to comprehensive team-based primary health care.





INTRODUCING OUR NEW STRATEGIC PLAN!

“We need to “aspire to have primary care treated as though it really is the foundation of the health system”

“AFHTO should “shift from being a ‘cheerleader’ for team-based care to a leader in primary care reform; build on governance and leadership training.”

In 2017 AFHTO undertook a comprehensive and consultative approach to the development of its new strategic plan. This plan builds on our experience which shows that team-based comprehensive primary care is delivering better health and value to patients. We received a lot of feedback through the consultations and are grateful for the participatory nature in the development of this plan.

In the last few years AFHTO and its members have worked hard in supporting, measuring, and promoting the value of well-integrated interprofessional primary care and advocating for its expansion so that more Ontarians can access high-quality comprehensive care. This Strategic Plan serves as a blueprint for AFHTO to continue this very important work and assume a leadership role in the ongoing health care transformation agenda in Ontario, with the introduction of three strategic directions:

- **Be a Leader in Primary Health Care Transformation**
- **Demonstrate the Value of Team-Based Care and**
- **Advocate for the Tools, Resources, and Conditions to Support an Effective Primary Health Care System.**

And through these directions a new vision that will guide our work – *High quality, sustainable, team-based primary health care.*

A sincere thank you to all our members and partners whose support has been invaluable in furthering AFHTO’s commitment to be an advocate, champion, network and resource to support FHTs, NPLCs and other interprofessional models of care. A special thank you to all the members and partners who participated in our strategic planning webinars, focus groups and interviews to provide feedback on what the future of the Association could and should look like. We remain steadfast in our commitment that together we all will strive to promote and encourage system change to ensure primary care be strengthened to become the foundation of a health system that truly puts patients first.





“ AFHTO is a strong voice for its members and is at all the key tables. The signature initiative you hear most about is D2D. It has provided visibility and credibility and demonstrates strong leadership that has been provided. There is always much praise for AFHTO as an organization. ”



BE A LEADER IN PRIMARY HEALTH CARE TRANSFORMATION

NEW LEADERSHIP AT AFHTO

This year was marked by new leadership at AFHTO. Kavita Mehta will be soon celebrating her first year as our CEO and what a year it has been! Under Kavita's guidance we were able to support our members through a grassroots compensation recruitment and retention campaign, lead the development of a new association strategic plan, build and maintain productive partnerships and collaborations with stakeholders, funders and partners and add new members to our team.

AFHTO also embraced the true nature of being an association that supports all members of the team by having an interprofessional health care provider in the role of AFHTO President and Chair of the Board. Marg Alfieri's tenure is reflective of the composition of interprofessional teams and demonstrates the true essence of interprofessional collaboration. And through her leadership we have seen and heard the strong and passionate voices of our interprofessional team members.

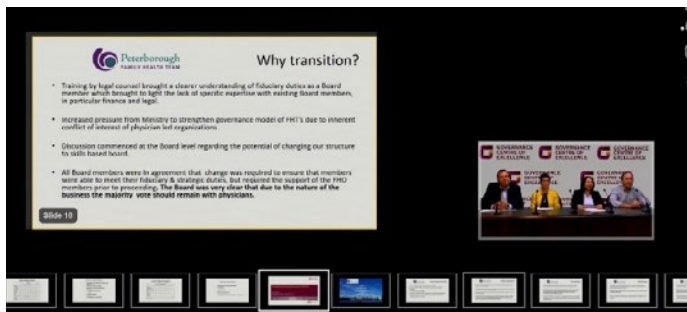
RAISING THE BAR ON GOVERNANCE

High performing organizations in governance demonstrate higher performance in quality and patient safety. That is why AFHTO continues to be actively engaged in strengthening governance practices by providing boards with the resources and tools they need to successfully lead FHTs and NPLCs in our constantly changing health care environment. Our members have also continued to demonstrate their commitment to improved governance:

- Nearly 80% of teams and over 300-member leaders participated in regional & provincial governance workshops to learn about practical strategies for better governance and improved quality and patient safety.
- Nearly 80% of teams that applied for Accountability Reform Initiative (ARI) status were granted approval based on their demonstration of sound governance practices – a 40% improvement from the previous fiscal year!
- AFHTO provided local outreach to over 50 teams - through one on one site visits, peer mentorship, and policy/resource support – to offer tailored guidance and meet the unique learning needs of individual boards.
- Another 2 dozen teams received training and peer support to transition their boards to becoming 'skills based', better equipping them with the appropriate skills and knowledge needed to execute board functions effectively.
- Over 130 EDs and board members attended a financial literacy webinar, offered in partnership with BDO Canada, to assist in the boards understanding of financial reporting, budgeting, and oversight.

AFHTO has established a new partnership with the Governance Centre of Excellence to better serve our members governance needs, empower board leadership and to continue the shift from good governance to great governance.

“Great, practical governance tips and tools I can bring back to my board”



Through this partnership, AFHTO is providing boards with practical, evidence-informed governance resources, highly relevant **educational offerings**, and a variety of opportunities to learn from, and connect with, each other.

SUPPORTING OUR LEADERS: OFFERING PRACTICAL TRAINING, TOOLS & RESOURCES

As teams strive to offer high quality programs to the patients they serve, many are looking at ways to strengthen program outcomes, address areas for improvement and better meet the local population health needs. AFHTO collaborated with the MoHLTC and Public Health Ontario to offer comprehensive **Program Planning and Evaluation Tools** to assist members with program development. Over 150 members participated in webinar and workshops offerings focused on developing tools and the confidence needed to make program planning easier, more meaningful for teams, and more effective for patients.

Evidence suggests that primary care is most effective when there is a long-term, continuing relationship with physicians and/or nurse practitioners, working as full collaborators in an interprofessional team. In response to member requests for help in equipping physicians for leadership and strengthening FHT-physician partnerships, AFHTO developed a **Physician Orientation Toolkit and Case Studies: Fostering FHT-Physician Teamwork**. Seven teams participated in the case studies – another demonstration of our members willingness to promote information sharing across teams!

When the Ministry of Labour announced proactive inspections were to take place for FHTs across the province to determine compliance with the *Ontario Health and Safety Act* (OHSA), AFHTO got our members health & safety ready! Through a partnership with Public Services Health & Safety Association, AFHTO created a **health and safety resource webpage** containing numerous sample policies, tools and steps to make teams' workplace healthy and safe.

AFHTO has been diligently updating privacy resources for members to stay up to date and in compliance with new regulations. In response to recent amendments to the *Personal Health Information Protection Act* (PHIPA) AFHTO hosted a webinar with the Office of the Information and Privacy Commissioner of Ontario (IPC) to inform our members on privacy-related issues like breach reporting requirements, unauthorized access and communicating personal health information by email. Additionally, a compilation of **privacy tools** were developed and are available on the AFHTO website to answer teams' privacy questions and guide members in updating privacy policies.



INVESTING IN LEADERSHIP DURING THE TRANSFORMATION STAGE

AFHTO recognizes a key role FHT and NPLC Executive Directors (EDs) and Administrators play during primary care transformation. AFHTO's **Executive Director mentorship program** has been developed in response to member requests to assist them with the questions posed by the challenges of the current environment. It aims to build upon the strong leadership qualities many of our EDs are willing to share with less seasoned executives. The program continues to be a great venue for mentoring and peer support.

AFHTO is pleased to be participating in the **"Community Health Leadership Initiative in the Community and Primary Health Care Sectors"**. This multi-year project will build leadership capacity through the delivery of the LEADS Leadership Development training program specifically tailored to the community and primary health care sector. Approximately 600 leaders in the community health and primary care sector will have the opportunity to participate in a LEADS 5-day learning series and graduate with a leadership certificate! Complementary Leadership Development webinars will also be available to our members to further build leadership capability across our teams.

DEMONSTRATE THE VALUE OF TEAM-BASED PRIMARY HEALTH CARE

LEADERSHIP IN PROMOTING MEANINGFUL MEASUREMENT FOR IMPROVEMENT

AFHTO's Quality Improvement Decision Support (QIDS) Program works with and on behalf of AFHTO member FHTs and NPLCs to:

- Optimize the value derived from the Ministry's roll-out of approximately 34 Quality Improvement Decision Support Specialist (QIDSS) positions across FHTs;
- Advance meaningful and manageable measurement in a way that leverages the work of many of our stakeholders (OntarioMD, OCFP, HQO, ICES, CPCSSN and others) to ensure relevance and feasibility of spread to any model of comprehensive primary care delivery; and
- Encourage and support actual IMPROVEMENT as a result of progress in measurement.

RECOGNIZED VALUE OF D2D

As one of our stakeholders noted in the development of our new strategic plan, D2D is a signature initiative of AFHTO and it is one that has been developed and led by our members. AFHTO members have shown their desire to demonstrate the value of team-based primary health care through their voluntary participation of this grassroots, membership driven initiative. Now in its sixth iteration, participation in D2D is holding steady at two-thirds of the members participating, bringing the total number of teams that have contributed to any iteration of D2D to 90% of all teams. Our members want to highlight that an investment in comprehensive team-based primary care does deliver value, not just to our patients, but to the entire health care system.

THAT MAGIC D2D WORD

- D2D was the first primary care report in Canada to report health care cost directly to providers. And we now have data to show that higher quality comprehensive, patient-centered care is related to lower healthcare costs.
- D2D is a way to see how you stack up against your peers. Over the last few iterations, teams have started 'unmasking' themselves which is moving the needle towards transparency in the sector.

The Indicators Working Group thanking Monique Hancock, STAR FHT, for chairing the group and welcoming Andrew Shantz, North Simcoe FHT, as the new Chair



- D2D reports on quality at the level of the team to help improve quality locally and at the system level. In the last iteration with D2D 5.0 nearly all participants indicated what LHIN sub region they belonged in, suggesting progress towards openness in reporting and a desire to learn from one another.
- D2D emphasizes the value of team-based care. It helps teams celebrate achievements and set focus for improvements. It allows teams to reach out to other teams and learn from each other.

- D2D reports on several aspects of how patients feel about their ability to get the care they need. It is identifying action to be taken in response to the data and identifying specific patients to take action upon.
- D2D translates the relationship between patients and providers right into the measurement of quality. Nearly two-thirds of AFHTO members participate in D2D which gives insight into the care of close to 2 million Ontarians.

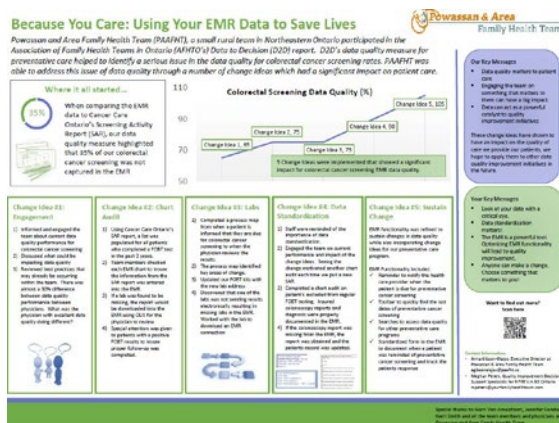


WHAT'S NEXT FOR D2D?

Organizational structure data is now available for over 80 teams which puts AFHTO in the unique position of addressing gaps in the literature about 'high performing' teams by being the first organization to be able to compare organizational characteristics to measures of team-based performance. Other work on high performing teams tends not to have any measures of performance or are limited to performance based on administration data only. With the development of 76 LHIN sub regions and the intention of having high performing primary health care teams in each sub region, we have an opportunity to define the characteristics of these teams. And, more importantly, we have on-the-ground expertise of measurement that is meaningful to the sector that needs to be integrated with HQO and LHIN sub region measurement activities.

TELLING THE D2D STORY

Anna Gibson-Olajos and Meghan Peters of Powassan & Area FHT (PAAFT) were awarded Poster of Distinction at Health Quality Ontario's 2016 *Health Quality Transformation* conference. Their poster **Because You Care: Using Your EMR Data to Save Lives** tells the story of how D2D helped PAAFT identify a serious issue in their data quality for colorectal cancer screening rates. PAAFT was able to address this issue through a number of change ideas, which in turn had a significant impact on patient care. This is just one example of how teams are using D2D to work through their quality improvement journey.



MOVING FROM MEASUREMENT TO KNOWLEDGE EXCHANGE

In the last year, our teams started asking 'so what do we do with all this data'? And thus, our communities of practice for diabetes and physical activity were developed. On March 7th, 2017, nearly 100 interprofessional health care providers from across Ontario came together to share and learn about the role of physical activity in primary care. We were reminded that exercise is medicine, and physical activity is a vital sign. By incorporating physical activity promotion into primary care, we can improve the quality of care we deliver and get better outcomes for our patients. However, to support the development of an effective program, you also need data to get you started. And what better way to 'get moving' than to learn from one another? More knowledge translation activities are planned for AFHTO teams in the upcoming year, including an important one for all team members around managing medication as a team.

INFORMATION TO ACTION

To help support teams with their improvement journey, *Information to Action* was introduced this year. These **basket of resources and tools** can be used by teams to make progress in primary care quality. Information to Action will provide dedicated support to teams interested in building on their momentum in measurement to improve their performance. The overall goal is to achieve continuously increasing performance among primary care teams in future iterations of D2D. Just like with D2D, not all teams will be ready to make this move right away. And just like D2D, teams can start slowly, taking advantage of only those parts of Information to Action that work for them right now. Ultimately this initiative will teach us what really works for all AFHTO members, to translate Information to Action.

ADVOCATE FOR THE TOOLS, RESOURCES AND CONDITIONS TO SUPPORT AN EFFECTIVE PRIMARY CARE HEALTH CARE SYSTEM

AFHTO AT THE FOREFRONT OF THE COMPENSATION CAMPAIGN

AFHTO members are keenly aware of the perils of the current inadequate funding resulting in a high staff turnover and limited resources for its growing patient population. Over the last four years, AFHTO, in joint effort with its partners, the Association of Ontario Health Centres (AOHC) and Nurse Practitioners' Association of Ontario (NPAO), has been relentlessly advocating for more recruitment and retention funding by communicating to the government the difficulties of recruiting and retaining staff at these low primary care compensation rates.

In 2017, we engaged in a grassroots advocacy campaign with our members – manifested by writing letters, sending in petitions, meeting with MPPs – all activities that were instrumental in advancing the primary care investment announcement in the 2017 Ontario budget. With the announcement that the provincial government will be investing an additional \$145 million over the next three years for the recruitment and retention of interprofessional health care providers in primary care, this, coupled with the 2016 \$85 million announcement, is getting closer to our goal of bringing our team members to the 2012 recommended wage rates.

This investment would not have been possible without the active participation of our members. The funding will be used to bolster compensation for over 7,500 health care professionals working in over 400 interprofessional primary health care teams in Ontario. But the work continues with a 2017 market review refresh that is currently underway to ensure our team members are being fairly compensated and are reflective of the current growing healthcare costs and ongoing advances to IHP scopes of practice.

Retention and Recruitment Campaign 2017

By the numbers



Left: Dufferin Area FHT meeting with
MPP Sylvia Jones.

Middle: Welland McMaster FHT staff with
MPP Cindy Forster.

Right: North Perth FHT with their petitions.



Left: Belleville NPLC staff presenting their petition to MPP Todd Smith.

Right: Hamilton FHT NPs mobilizing with their petitions.



PURSuing A NEW FHT CONTRACT

For the last two years, AFHTO has been working alongside our members in the pursuit of a new FHT contract with the Ministry of Health and Long-Term Care (MoHLTC). At our 2016 Leadership Session at the AFHTO Conference, over 200 Executive Directors, Lead Physicians, Board Chairs and Board members provided feedback on the key issues that needed to be addressed on their behalf by AFHTO. Major themes identified at the session included: standardizing FHT contracts; fostering teamwork and defining the “team”; defining the “population” for which governors are accountable, defining minimum standards of governance/ addressing conflict of interest; and accountability and dispute resolution.

We were pleased to see that the MoHLTC did indeed listen to our members and incorporated some of the recommendations into the new FHT contract template. Although, at the time of this report, we have not yet seen the new contract, we have been able to confirm the following clauses are under consideration:

- There will be **one FHT agreement** regardless of Board makeup (provider, mixed, community) with appropriate schedules to address specific circumstances;
- FHTs will be required to move to **skills-based Boards** (e.g. financial, risk management, human resources, planning, program development, clinical skills);
- Strengthened **conflict of interest provisions** to ensure conflict at the governance level is managed appropriately and incorporated into Board by-laws;

- With a few exceptions, all FHTs will be required to be **incorporated**;
- FHTs will need to develop a formal mechanism to include patient and community input into FHT planning and priorities;
- Changes to **support improved collaboration in quality improvement** efforts across the care team;
- FHTs will be required to **submit a Quality Improvement Plan** annually to Health Quality Ontario;
- The FHT will be required to participate in **sub regional planning with their LHIN** and deliver programs based on a community needs assessment (details about this are not known); and
- **Changes to improve access** including ensuring that patients are aware of stable hours of operation, making the option of email communication available to patients and ensuring that patients with urgent health conditions have the ability to receive timely access after contacting the FHT.

To help support our FHT Boards comply with these, and other changes that may arise from the new FHT contract, AFHTO will be developing a series of governance supports and tools. And in our ongoing pursuit to strengthen partnerships, AFHTO will also work alongside with our colleagues at the OMA on the FHT contract deployment and education to ensure we are working collaboratively in supporting our respective memberships.





A FLASHBACK TO THE PAST - OUR 2016 AFHTO BRIGHT LIGHTS WINNERS!

The big event of every AFHTO Conference is the Bright Lights Awards. The awards recognize individuals and teams for their leadership and for the work being conducted to improve the value of services delivered by primary care teams in Ontario. In 2016, the winners were selected by a panel of judges from more than 60 nominations. AFHTO members are showing tremendous innovation and leadership and our successful Bright Lights certainly highlight the many contributions our teams are making in delivering excellent patient-centred care to Ontarians. Let's take a look back at last year's winners!



1. Award category: Planning programs and fostering partnerships for healthier communities

Manitoulin Central Family Health Team:

Mobile Teleophthalmology Program – Successful implementation of innovative technology to conduct diabetic retinopathy screening in a rural location

2. Award category: Optimizing access to interprofessional teams

Centre for Family Medicine Family Health Team:

Obstetrical Clinic – Identified a real need for pre- and post-natal care in rural communities and put together an interprofessional team to run an obstetrical clinic

3. Award category: Strengthening collaboration within the interprofessional team

Couchiching Family Health Team:

School Success Program – Created partnership among parents, caregivers, healthcare providers and schools to ensure classroom success for children with mental, physical or behavioural difficulties

4. Award category: Measuring performance to foster improvement in comprehensive care

Mount Sinai Academic Family Health Team:

Healthy Living with Pain Program – Using best practices, put a program in place to identify opioid abuse and improve treatment

5. Award category: Coordinating care to create better transitions

Clare Liddy & Erin Keely, Champlain Base eConsult Team, Ottawa Hospital Academic Family Health Team:

Online eConsult System – Created an online system that allows patients prompt access to specialists, now adopted across Canada, the United States and the United Kingdom

6. Award category: Leadership and governance in a changing environment

Cathy Faulds, London Family Health Team:

Engaging Patients with Online Communications – Dr. Faulds introduced an online communications initiative that allows patients to have a real relationship with their physicians and team members and offers them access to curated information about their health concerns





7. Award category: Clinical innovations to address equity
Couchiching Family Health Team:

Digital Chronic Obstructive Pulmonary Disease Screening – Introduced a comprehensive, universal screening process that also allowed for demographic data collection

8. Special recognition for collaboration across interprofessional teams to foster improvement

Espanola & Area Family Health Team; Powassan & Area Family Health Team; City of Lakes Family Health Team; Great Northern Family Health Team; East End Family Health Team; Temagami Family Health Team – *Technology-based Falls Prevention Program* – Collaborated to incorporate a falls risk assessment into the electronic medical records, along with links to prevention and education programs

AFHTO Board awards that recognize significant contributions to Ontario's primary care teams:

- **Theresa Agnew, Angie Heydon, Adrianna Tetley**
 Achievement – *Earning a Commitment and Seeing It Through: Primary Care Compensation* – Advocated for improved compensation for Ontario's primary care teams, leading to the Government of Ontario's commitment of \$85 million over three years to ensure that they "can effectively recruit and retain qualified interprofessional staff in primary care settings."
- **Dr. Ross Baker**
 Achievement – *Primary Care Governance* – Authored a ground-breaking study, which formed the basis for the toolkit and curriculum – *Effective Governance for Quality in Primary Care* – that AFHTO has used to train hundreds of primary care team board members over the past three years



THANK YOU!

AFHTO would like to thank the many members who were critical in supporting AFHTO in its work this year. Thank you to all who have taken the time to send in comments, respond to consultations, partake in advocacy efforts, participate in communities of practice and contribute to the ongoing efforts of ensuring comprehensive team-based primary care is at the forefront of health system reform. A special thank you to members who have been active in advisory and working groups over the past year.

Executive Directors Advisory Council (EDAC):

Chair: Michelle Karker, East Wellington FHT; Nathaniel Izzo, Dilico FHT; Ken Callaghan, Women's College Academic FHT; Jenny Lane, Leeds & Grenville Community FHT; Mary-Jane Rodgers, Aurora-Newmarket FHT; Lori Richey, Peterborough FHT; Heba Sadek, Queen Square FHT; Connie Siedule Akausavik Inuit FHT; Kelly Griffiths, Tilbury District FHT; André Veilleux, Équipe de santé familiale académique Montfort; Jill Berridge, McMaster FHT; Paul Faguy, OakMed FHT; Mandy Weeden, Kirkland District FHT; Pauline Gemmell, Essex County NPLC; Marg Alden, Maple FHT; Kimberley Van Wyk, Clinton FHT; Caroline Rafferty, Owen Sound FHT; Jon Brunetti, Espanola FHT; Sherry Kennedy, Taddle Creek FHT; Jeff Poll, Grandview Medical Centre FHT; Mark Ferrari, Windsor FHT; Joanne Berube, Marathon FHT; Shelly Van den Heuvel, Cottage Country FHT

ED Mentors:

Alejandra Priego, St. Joseph's Urban FHT; Anna Gibson-Olajos, Powassan & Area FHT; Barbara Major-McEwan, North Huron FHT; Heba Sadek, Queen Square FHT; Jayne Graham, London FHT; Jeff Moulton, Elliot Lake FHT; Jenny Lane, Leeds & Grenville Community FHT; Joe DaSilva, Health for All FHT; Judy Miller, Northeastern Manitoulin FHT; Kelly Griffiths, Tilbury District FHT; Ken Callaghan, Women's College Academic FHT; Keri Selkirk, Thames Valley FHT; Kimberly VanWyk, Clinton FHT; Lori Richey, Peterborough FHT; Marie LaRose, Georgian Bay FHT; Mary Atkinson, North Perth FHT; Mary-Jane Rodgers, Aurora-Newmarket FHT; Michael Levitt, Humber River FHT; Michelle Karker, East Wellington FHT; Paul Faguy, OakMed FHT; Rosslyn Bentley, Credit Valley FHT; Sandy Scapillati, Etobicoke Medical Centre FHT; Suzanne Trivers, Mount Forest FHT; Wendy Parker, Brighton/Quinte West FHT

Nurse Practitioner-Led Clinic Leadership Council (NPLC Leadership Council):

Chair: Beth Cowper-Fung, Georgina NPLC

Physician Leadership Council (PLC):

Chair: Allan Grill, Markham FHT; Rob Annis, North Perth FHT; Mira Backo-Shannon, OakMed FHT; Sean Blaine, STAR FHT;

Duncan Bull, East Wellington FHT; Chris Cressey, Minto-Mapleton FHT; Monica Debenedetti, Hamilton FHT; Ann Duggan, Akausavik Inuit FHT; Andrew Everett, Upper Canada FHT; Mary Kate Gazendam, Loyalist FHT; Wendy Hamilton, The Westend FamilyCare Clinic FHT; Sheila Horen, Leamington & Area FHT; Lalit Krishna, Maitland Valley FHT; Joseph Lee, Centre for Family Medicine FHT; Alan McLean, Superior FHT; Sven "Buzz" Pedersen, Sunset Country FHT; James Pencharz, Credit Valley FHT; Tia Pham, South East Toronto FHT; Tom Richard, Peterborough FHT; Elyse Savaria, Owen Sound FHT; Shane Teper, Queen Square FHT; Kaetlen Wilson, Peterborough FHT; Kirk Hollohan, London FHT; Sylvia Orsini, London FHT

FHT Indicators Working Group:

Monique Hancock, STAR FHT; Jack Cooper, OntarioMD; Rick Glazier, St. Michael's Hospital Academic FHT & Institute for Clinical Evaluative Sciences; Wissam Haj-Ali, Health Quality Ontario; Katalin Ivanyi, McMaster FHT; Hope Latam, East Wellington FHT; Jennifer Rayner, AOHC; Lisa Ruddy, Markham FHT; Andrew Shantz, North Simcoe FHT; Karen Stanton, Rideau FHT; Denis Tsang, Carefirst FHT; Sam Davie, St. Michael's Hospital Academic FHT; Carol Petryschuk, Dufferin Area FHT

FHT EMR Data Management Subcommittee:

Kevin Samson, East Wellington FHT; Elizabeth Keller, OntarioMD; Andrew King, OntarioMD; Darren Larsen, OntarioMD; Knut Rodne, OntarioMD; Kirk Miller, Guelph FHT; Dawn Olsen, Great Northern FHT; Meghan Peters, City of Lakes FHT; Knut Rodne, OntarioMD; Brice Wong, Windsor FHT; Tom Sitter, East GTA FHT; Bob Bernstein, Bridgepoint FHT; Jason Barell, Chatham-Kent FHT; Danika Walden, eHealth Centre of Excellence

Leads for EMR Communities of Practice:

Urslin Fevrier-Thomas, McMaster FHT; Frank Ruberto, Niagara Medical Group FHT; Kevin Samson, East Wellington FHT; Brice Wong, Windsor FHT

Leads for the IHP Communities of Practice:

Lead of CoP Leads & Registered Dietitian - Marg Alfieri, Centre for Family Medicine FHT;

Chiropracist - Tiffany Ng, North York FHT; Chiropractor - Craig Bauman, Centre for Family Medicine FHT; Health Promoter - Sandy Turner, Minto-Mapleton FHT; Mental Health and Social Workers - Catherine McPherson-Doe, Hamilton FHT; Nurse (RN/RPN) - Tara Laskowski, Hamilton FHT; Nurse (RN/RPN) - Sheena Howard, Ontario Family Practice Nurses; Nurse Practitioner - Claudia Mariano, West Durham FHT; Occupational Therapists - Catherine Donnelly, Queen's FHT; Pharmacist - Lisa Dolovich, McMaster FHT; Physician Assistant - Melissa Holm, Hamilton FHT; Physiotherapist - Dragana Susic, Ontario Physiotherapist Association; Physiotherapist - Jordan Miller, Ontario Physiotherapist Association; Physiotherapist - Julie Richardson, Ontario Physiotherapist Association; Psychologist - Veronica Asgary-Eden, Family First FHT; Registered Dietitian - Ashley Hurley, City of Lakes FHT; Respiratory Therapists - Nicole Snyder, Thames Valley FHT; Respiratory Therapists - Kaela Hilderley, Elliot Lake FHT; Physical Activity CoP - Krista Crozier, Registered Kinesiologist, Guelph FHT; Diabetes CoP - Dennis Tsang, Registered Dietitian, Carefirst FHT

Quality Improvement Decision Support (QIDS) Steering Committee:

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



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Improving Primary Health Care Together

THE ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO (AFHTO)

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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.



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