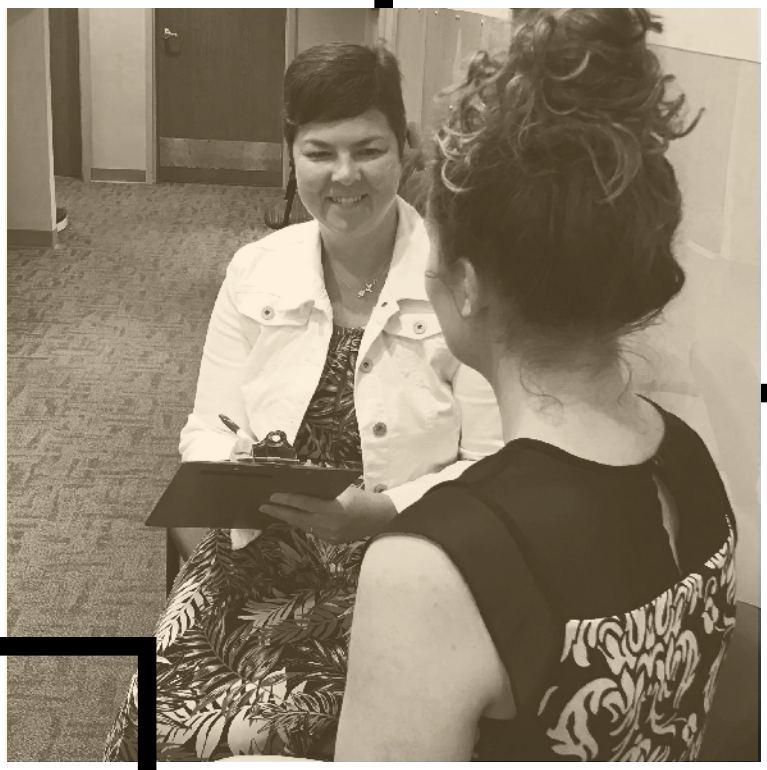

2018
Annual Report

Improving Primary
Health Care Together

afhto association of family health teams of ontario

President's Message

The image of an ill grandparent languishing in a stark, cold hospital hallway anywhere in Ontario defined the recent provincial health care debate. It's a different image applied to the same old issue: how do we make Ontario health care work better for the people?

While hospital funding needs to be addressed and the creation of more long-term care beds could help relieve the hospital hallway bottleneck, the 30% of Ontarians receiving comprehensive primary care from FHTs, NPLCs, and other team-based models have been avoiding the hospital in the first place over the last decade. Expanding this care to every patient in every community is the right long-term vision.

Team-based care helps Ontarians avoid hospitals every day: Thames Valley FHT social workers reduced their wait time from 45 to four days by using a rapid assessment model; Georgian Bay FHT achieved a 29% reduction in EMS calls using a Poverty Screen with coordinated connection to local support services; East Wellington FHT has persistent and astronomically high cancer screening rates, thereby avoiding the need for treatment in the first place. These stories, and many others, are replicated day after day in the primary care world, and this keeps people out of "the hallway."

These stories, as well as our developed culture of measurement, our move to public-facing data transparency, and our push for skills-based governance, are all revealed in our provincial D2D data: team-based care in Ontario is of higher quality than the average Ontario care, and, consistent with international data, higher-quality primary care lowers overall system costs.

And now, with the move to virtual care, care becomes more accessible and convenient. Great examples include North Perth FHT, which added secure patient email, and Peterborough FHT with their innovative "virtual care" clinic for the unattached population in the city.

The next year will see challenges for our organization. With the current line-by-line government audit, the recent Auditor General's negative report regarding patient enrollment models, and the perceived expense of FHTs at first glance, we will be hard pressed to stay status quo. AFHTO will continue to represent an organized primary care sector defined by a culture of skills-based governance, transparent measurement, and the ability to coordinate improvement for provincial problems. This is how system issues can be addressed systemically, and how hallway medicine, as one issue among many, will disappear for every patient in every community.

It has been my great privilege to serve as board chair and president this past year as we work to implement this vision. I thank all my fellow board members and our persistent and effective CEO, Kavita Mehta, for their passion and thoughtful work.

Dr. Rob Annis
AFHTO President

The Starfield Principles: Why Relationships Matter

There is a compelling association between comprehensive primary care and system efficiency and effectiveness. The late Dr. Barbara Starfield's lifelong work observed that an investment in comprehensive primary care was associated with improved system quality, equity and efficiency, which reduces cost.

The value of comprehensive primary care comes from the focus on the whole person – in their family and community context – over their lifetime. It's based on **long-term, trusting relationships**.

Ontario's health system is ever-changing, and shifts aren't always easy to predict. Each change has the potential for far-reaching implications, but the fundamentals remain the same: ***changes won't make a positive, lasting difference unless primary health care sustains and strengthens the relationships that matter to serve patients.***

The Starfield Principles incorporate the 4Cs of primary care:

- **CONTINUITY** through better relationships between patients and providers;
- **COORDINATION** of better transitions;
- first point of **CONTACT** into the health care system; and
- **COMPREHENSIVENESS** by providing a wide range of services that deal with a broad range of patient problems and needs. This is "womb-to-tomb" care of the whole person.

Together, we'll use these principles to make the most of opportunities, both locally and regionally, to improve health, health care and its value for all Ontarians.

Top: HIPS Home-based Interdisciplinary Primary Care for Seniors, Mount Sinai Academic Family Health Team

Bottom: Team-based Transition Management- A Hospital Discharge Follow-up Process, Tilbury District Family Health Team

Our Strategic Plan: Year 2

AFHTO is an advocate, champion, network and resource that supports family health teams (FHTs), nurse practitioner-led clinics (NPLCs) and other interprofessional models of care in Ontario.

Our members – 184 FHTs, five NPLCs, one community health centre, and the new Mississauga Integrated Care Centre (MICC) – share the commitment to advance team-based primary care and to improve patient outcomes across Ontario.

In 2017, after consultation with members, we introduced our three-year strategic plan. It's the blueprint of the work we are doing to promote and encourage system change. It's our vision, our mission and our commitment for team-based primary care in Ontario.

OUR VISION

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. Our vision will always be a province that delivers **high-quality, sustainable, team-based primary health care for all.**

OUR MISSION

AFHTO's mission is to work with our members to lead and improve the delivery of team-based primary care in Ontario.

After intensive member consultations this year, members have said that the top priority or performance is timely follow-up after hospital discharge.

Young Thunderbirds drumming, City of Lakes Family Health Team

A focus this coming year will be delivering high-quality, timely follow-up to demonstrate the value of team-based care to a sustainable health care system. This can reduce rates of hospital readmission and the current pressures hospitals face with overcapacity.

OUR COMMITMENT

AFHTO and its members are committed to improving primary care **together.** We will continue to work hard in supporting, measuring and promoting the value of well-integrated interprofessional primary care and advocating for its expansion, so that all Ontarians can access high-quality comprehensive care.

We are now in year two of our strategic plan with its three priorities:

In this report, we will share progress made this past year in delivering on each of these priorities.

Be a Leader in Primary Health Care Transformation

"Team Awesome", Sunnybrook Academic Family Health Team

LEADING THE EVOLVING TRANSFORMATION OF PRIMARY CARE

AFHTO was pleased with the approved expansion of 22 interprofessional care teams, the development of four new FHTs, and the new Mississauga Integrated Care Centre. We established a community of practice for the expansion of team-based care, and we're excited to welcome new teams as members!

There has been progress. However, it's still only about 30% of Ontarians who have access to team-based care. We will continue to work with the LHINs on the importance of delivering high-quality, sustainable, team-based care to all, and to manage their varying approaches to the expansion of teams. Supporting our members in business case development and LHIN relations remains a top priority.

AFHTO also demonstrated leadership in generating a LHIN-specific performance report. With D2D, we have been leaders in measurement. With participating teams unmasking their performance data, it's becoming easier for teams to learn from each other and to reach out to peers to discuss challenges and to build on successes.

This is information and support teams can build on, and it's a driver in AFHTO's members continuing to be leaders in the transformation of team-based primary care.

INTRODUCING TWO NEW LEADERSHIP COUNCILS

We're happy to announce two new leadership councils:

- The **Board Chair Leadership Council** brings the voice of the boards to AFHTO and the board of directors. The council enables FHT and NPLC board chairs to raise governance issues, and to advance knowledge transfer for governance best practices.
- The **IHP Advisory Council** provides input on matters related to IHP issues and fosters leadership across the IHP community. The council communicates operational, governance and other FHT- or NPLC-related matters, and it gives advice and input to the AFHTO board, staff and other leadership councils.

We welcome the new council members and look forward to working with them alongside the Executive Director Advisory Council, the Physician Leadership Council and the Nurse Practitioner-Led Clinic Leadership Council.

Left: Muskoka Community Health Hubs staff, Algonquin and Cottage Country Family Health Teams. Right: Empowering patients to improve their diet and exercise habits to reduce cardiometabolic risk, Loyalist and Northumberland Family Health Teams

INVESTING IN PRIMARY CARE LEADERSHIP

High-performing teams start with great leaders. There have been several training opportunities this year that have helped members in senior positions advance as leaders.

In partnership with several other associations, LeaderShift has been rolling out. It's a LEADS five-day leadership learning series. It has been in eight regions so far, and five more are happening throughout the fall. We also introduced Leadership LITE, which is the online, condensed version.

Over 120 members have participated. If you haven't yet been able to participate and are interested, stay tuned for dates in 2019!

In addition, we partnered with seven LHINs and the Joule's Physician Leadership Institute to offer leadership training for physicians. Discussions are underway for more opportunities.

> *Thank you for providing this course. It really helped me learn more about myself and identify areas for further introspection, opportunities for behaviour change that may increase my satisfaction with work and my success in my career.*
>
> PARTICIPANT IN THE JOULE'S PHYSICIAN LEADERSHIP INSTITUTE

NUMBER OF PARTICIPANTS:

129 LeaderShift or Leadership LITE

52* Joule physician leadership training

**includes non-members. It is part of an effort to expand support to non-affiliated primary care physicians.*

In-house Medical Cannabis Program, Thamesview Family Health Team

> *Affecting a shift in the leadership culture of family health teams across Ontario is the driving force behind LeaderShift. If you want to leverage team performance, LeaderShift may be just the fulcrum that you've been looking for.*
>
> PARTICIPANT IN LEADERSHIFT PROGRAM

Several regions have participated in a day-long training course offered to leadership triads to address relevant priority areas, to advance local collaborations, and to generate practical and actionable plans to move ahead. This opportunity is still there for other interested regions!

Our priorities remain the same: we will continue to support local leadership, equip governing bodies with the appropriate skill sets, empower our champions and harness the tremendous amount of good work that is already happening across the province.

RAISING THE BAR ON GOVERNANCE

AFHTO continues to help boards strengthen governance to run efficient organizations by offering web-based learning modules, toolkits and local hands-on training.

A skills-based board toolkit was developed to help FHT and NPLC boards strengthen governance and to meet the new FHT contract requirements.

There have also been a series of governance learning modules offered in partnership with the Ontario Hospital Association's Governance Centre of Excellence that have helped with privacy and enterprise risk management, building and maintaining an effective skills-based board, and financial literacy.

In addition, collaborative governance case studies have identified FHTs that have successfully undertaken a range of collaborative governance initiatives.

AFHTO's ongoing governance education and training plan includes a series of webcasts on the governance topics identified to be of most interest by AFHTO member boards.

We will continue to work with the board chair leadership council to provide the support and materials needed to meet the high standards for good governance.

Demonstrate the Value of Team-based Primary Health Care

GETTING STRONGER EVERY DAY: A CULTURE OF MEASUREMENT

Over the past four years, AFHTO members have shown increasing will and skill for measurement. They have built a culture of measurement into the fabric of primary care teams across Ontario.

You can see signs of this everywhere. There are high and sustained rates of voluntary participation in the Data to Decisions (D2D) report. Thanks in large part to the Quality Improvement Decision Support (QIDS) specialists working at the front lines, D2D has helped members measure with meaning.

Members have embraced the hard work of getting measurement right. They have begun to tap that potential to get even better outcomes for patients and to show the value of team-based primary care.

THE NEXT LEVEL: A SUSTAINABLE CULTURE OF IMPROVEMENT

From the firm foundation in measurement, members are stepping up to the next level: building a culture of improvement. What does that look like?

- **Setting priorities:** Teams identified follow-up after hospitalization as an improvement priority. Follow-up helps keep patients from falling through the cracks after hospitalization and helps keep them safe at home.
- **Working together:** The growing willingness of members to share their data signals their comfort – a commitment even – to transparency and collaboration with their peers, two important enablers of success.
- **Embracing research and learning:** Nearly two-thirds of teams showed interest in sharing their anonymous D2D data with research partners at Queen's University. In the QI enablers study, teams gave their time to tell their stories about teamwork to better explain what helps teams get the best outcomes. These are only two examples of member engagement in research.

Our 7th D2D!

ONE OF THE MORE THAN 90% OF TEAMS WHO HAVE BEEN PART OF AT LEAST ONE ITERATION OF D2D.

We unmask our data in D2D and post our results on our website.

ONE OF THE NEARLY THREE-QUARTERS OF TEAMS MOVING TOWARDS TRANSPARENCY IN MEASUREMENT.

The sub-region peer group feature helps us work with our neighbouring teams.

ONE OF NEARLY ALL D2D CONTRIBUTORS REVEALING THEIR SUB-REGION, MAKING D2D THE FIRST SUMMARY OF SUB-REGION PRIMARY CARE PERFORMANCE.

SUCCESS STORIES:

In the North East, all 27 teams have joined forces to get to the same level in data entry capacity on the same set of measures across the region. The idea is to help every person in the region get the same quality care.

Teams in the HNHB region are sharing their Quality Improvement Plans, using a common opioid indicator and shared strategy to support doctors.

The nine **Erie St. Clair teams** are trading stories about their improvement projects to compare progress and learn from one another.

Program-level data **from each of Champlain's 21 teams** are available to every team for region-wide learning. They also all use the same patient survey to make it even easier to learn across the region.

- **Building QI skills:** Members took advantage of offers of training in LEAN methods and academic detailing delivered in partnership with the Centre for Effective Practice (CEP) and KM&T.
- **Measuring even better:** We're sharpening D2D, our flagship measurement tool, to better support improvement. D2D will be more deeply rooted in local data. Some indicators will be dropped to make room for new ones. The top five performers are highlighted, making it easier for teams to learn from each other. There will be more space for stories about our improvement journeys, so teams can show, tell and grow together.

Creating and cementing an improvement culture is a work in progress. Fortunately, AFHTO members have the strength of many to do this work together!

INVESTING IN PARTNERSHIPS

AFHTO is always looking to partner with others. Here's one example: AFHTO members partnered with the Centre for Addiction and Mental Health (CAMH) to improve pain management and find better ways to use opioids. QIDSS volunteers created EMR tools to help primary care providers find out what is happening with opioids with their own patients. The tools are being spread across the province through partners at Health Quality Ontario's Ontario Pain Management table, *Partnered Supports for Management of Chronic Pain and Addictions*.

Other partners include researchers, health care organizations, private companies, and government and its agencies.

KEEPING OUR WORK PATIENT CENTRED

How do we know if we're working on what really matters to patients? Start by asking them! We did, using a survey built with, and for, patients. We dug even deeper through patient focus groups across Ontario. The data are part of the way we measure quality in D2D.

Teams are also starting to focus directly on patient-centeredness. Some have switched up their usual patient survey for the Patient Perceptions of Patient-Centeredness (PPPC) tool. Don't let the name fool you – it's a short, easy set of 14 questions that gives patients a way to tell their teams how much they feel like the centre of attention. Teams want to know that. The results are also useful at the membership level to help us understand how well our measure of quality actually DOES reflect what matters to patients.

Advocate for the Tools, Resources and Conditions to Support an Effective Primary Health Care System

ADVOCATING FOR RECRUITMENT AND RETENTION

AFHTO and its members are pleased with the result of successful advocacy: the 3-year recruitment and retention funding. This funding will help teams recruit and retain high-quality staff to provide the best, most consistent care to patients. IHP funding is finally more aligned with current market rates.

COMMITTED RECRUITMENT AND RETENTION FUNDING:

- 2016/17: $22.2 million
- 2017/18: $34.1 million
- 2018/19: $24.1 million
- 2019/20: $24.3 million
- 2020/21: $24.3 million

We're working to support boards as senior management rates are the exception to aligning with market comparisons. We recognize they are below current rates.

A guidance document – the Lead Executive Role Assessment Framework – has the recommended ranges of compensation for the lead executive role based on the responsibilities of the role and the size and complexity of the organization.

Materials will provide needed guidance and will ensure all boards are referencing a consistent set of criteria for making compensation decisions.

This guidance document also fulfills the requirement that boards use factor-based analysis when determining compensation rates as noted in the ministry's Recruitment and Retention Planning Guide.

Nordic Walking Program, Alliston Family Health Team

SUPPORT FOR FHT CONTRACT REQUIREMENTS

AFHTO and our members played a lead role in establishing the new FHT contract by providing feedback on what needed to be addressed. We were pleased the government incorporated many of our suggestions that will help improve performance and, as a result, demonstrate value.

The new FHT contract requirements are to be in place by the end of this year. There have been regular education sessions, and a skills-based board toolkit and ED performance guide were developed to support teams.

The toolkit helps move towards the new board structure that is required under the contract. The ED performance guide supports boards in having a review process for their EDs, which is a requirement of the governance attestation.

A CALL-OUT FOR NEW ED MENTORS!

Our Executive Director Mentorship Program continues to provide great peer support. New EDs get connected with a mentor in a similar team who can answer questions, share learning experiences, and give guidance on general financial, governance and operational requirements.

We're always looking for new mentors, so please consider offering your skills and experience to help new EDs excel. And you may just build a great relationship along the way!

If you are interested, please email info@afhto.ca and we'll send you the application form.

OFFERING PRACTICAL SUPPORT THROUGH TRAINING, TOOLS & RESOURCES

We continue to offer resources to help members strengthen their teams and to comply with relevant legislation.

A series of privacy webinars, including a joint webcast with the Office of the Information and Privacy Commissioner, focused on amendments to the *Personal Health Information Protection Act* (PHIPA).

AFHTO developed the Provincial Primary Care Policies and Procedures Manual to offer a standardized set of governance and operating procedures for use by teams and other affiliated primary care providers.

Collaboration with SWLHIN Partnering for Quality Team (PFQ)'s practice facilitators to create a healthier team, Clinton Family Health Team

> *I have been an ED for three years now and I can say I am still here, I enjoy my job and I am comfortable in my role thanks to my mentor.*
>
> FORMER ED MENTEE

Left: Reach Out And Read (ROAR), St. Joseph's Urban Family Health Team. Right: Social Aces and The School Success Program, Couchiching Family Health Team

Partnership with the Ministry of Labour and Public Services Health and Safety Association has equipped members with the resources and training requirements needed to meet the Safe at Work Ontario enforcement initiative.

PHIPA template agreements were developed to support data sharing efforts with affiliated physicians.

In addition, as part of the team-specific improvement focus, LEAN training was offered to six QIDSS to help them produce more value with fewer resources.

Further webinars were offered on employment contracts, changes to the *Employment Standards Act*, and new amendments to non-profit governance, one of the requirements under the FHT contract. For members who may have missed some of these, tools and summaries can be found on our website.

POLITICAL ADVOCACY: ALWAYS BE WORKING WITH YOUR MPP

There were big changes at Queen's Park this year: a new government, more seats in the legislature, and many new MPPs.

Just as relationships are important between patients and providers, they are key drivers to success with elected representatives. MPPs can be good advocates if they know what is important to their constituents and understand its value.

Teams are encouraged to build this relationship, share local successes and challenges, and communicate AFHTO's three asks:

1. Ensure every **community** has access to team-based care.
2. Support team-based **providers** in their ongoing efforts to deliver exceptional patient care.
3. Increase the number of **patients** able to access team-based primary health care that includes mental health supports.

AFHTO is also supporting teams in developing regional brochures to show what team-based care has brought to communities. If you're interested, please contact your EDAC rep or info@afhto.ca.

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.

Board Chair Leadership Council:

John McKinley, South East Toronto FHT (Chair); Ron Esterbauer, Markham FHT; Colin Wilson, Kingston FHT; Elliot Halparin, Halton Hills FHT; Erin Glass, STAR FHT; Gary Gurbin, Kincardine FHT; Jim Armstrong, Kawartha North FHT; Kandace Macara, PrimaCare Community FHT; Louise Gamelin, Espanola & Area FHT; Marlene Davidson, Atikokan FHT; Merrill Baker, Harrow Health Centre Inc.: A Family Health Team; Nancy Roxborough, Barrie FHT; Sean O'Connor, Kirkland District FHT; Sheila Latour, Powassan & Area FHT; Jay Johnston, Arnprior & District FHT; Joseph Lee, The Centre for Family Medicine FHT; Stephen Elliot, Leeds & Grenville Community FHT. *Thanks and farewell:* Nancy Newton, Kawartha North FHT

Executive Director Advisory Council:

André Veilleux, ESF académique Montfort; Clarys Tirel, Mount Sinai Academic FHT; Connie Siedule, Akausivik Inuit FHT; Heba Sadek, Queen Square FHT; Jeff Poll, Grandview Medical Centre FHT; Jenny Lane, Leeds & Grenville Community FHT; Jill Berridge, McMaster FHT; Joanne Berube, Marathon FHT; Jon Brunetti, Espanola & Area FHT; Kelly Griffiths, Tilbury District FHT; Ken Callaghan, Women's College Academic FHT; Kimberly Van Wyk, Clinton FHT; Lori Richey, Peterborough FHT; Mandy Weeden, Kirkland District FHT; Marg Alden, Maple FHT; Mary-Jane Rodgers, Aurora-Newmarket FHT; Nathaniel Izzo, Fort William FHT; Pauline Gemmel , Essex County NPLC; Sandy Scapilatti , Etobicoke Medical Centre FHT; Shelly Van Den Heuvel, Cottage Country FHT; Sherry Kennedy, Taddle Creek FHT; *Thanks and farewell:* Michelle Karker, East Wellington FHT; Paul Faguy, OakMed FHT

IHP Advisory Council

Marg Alfieri, The Centre for Family Medicine FHT (Chair); Catherine Donnelly, Queen's FHT; Debbie Good, Niagara North FHT; Holly DeVisser, Brockton & Area FHT; John Spirou, Essex County NPLC and Chatham-Kent FHT; Kaela Hilderley, Elliot Lake FHT; Kelly Van Camp, Markham FHT; Sarah Schrie, Dufferin Area FHT; Suzanne Singh, Mount Sinai Academic FHT; Tiffany Ng, North York FHT; Veronica Asgary-Eden, Family First FHT

Nurse Practitioner-Led Clinic (NPLC) Leadership Council

Beth Cowper-Fung, Georgina NPLC (Chair); Andrew Ward, VON NPLC - Lakeshore; Ann Marie Manlow, Belleville NPLC; Karen Clayton-Roberts, Belleville NPLC; Kate Bolohan, Essex County NPLC; Lisa Ekblad, VON NPLC - Lakeshore; Lisa Joyce, Georgina NPLC; Pauline Gemmell, Essex County NPLC; Sharon Bevington, VON NPLC - Lakeshore; Stephanie Nevins, Ingersoll NPLC; Sue Tobin, Ingersoll NPLC; *Thanks and farewell:* Linda Chudiak, Ingersoll NPLC; Diana Danyluk, VON NPLC - Lakeshore

Physician Leadership Council

Tom Richard, Peterborough FHT (Chair); Allan Grill, Markham FHT; Andrew Everett, Upper Canada FHT; Chris Cressey, Minto-Mapleton FHT; Duncan Bull, East Wellington FHT; Haider Saeed, Hamilton FHT; James Pencharz, Credit Valley FHT; Joseph Lee, The Centre for Family Medicine FHT; Kaetlen Wilson, Peterborough FHT; Kirk Hollohan, London FHT; Lalit Krishna, Maitland Valley FHT; Lopita Banerjee, Wise Elephant FHT; Mary Kate Gazendam, Loyalist FHT; Mira Backo-Shannon, OakMed FHT; Rob Annis, North Perth FHT; Shane Teper, Queen Square FHT; Sheila Horen, Leamington & Area FHT; Sven "Buzz" Pedersen, Sunset Country FHT; Sylvia Orsini, London FHT; Tia Pham, South East Toronto FHT; Wendy Hamilton, The Westend Family Care Clinic FHT; Hanni Darwish, North Simcoe FHT; *Thanks and farewell:* Monica Debenedetti, Hamilton FHT

Indicators Working Group

Andrew Shantz, North Simcoe FHT (Chair); Denis Tsang, Carefirst FHT; Jack Cooper, OntarioMD; Jennifer Rayner, Alliance for Healthier Communities; Lisa Ruddy, Markham FHT; Rick Glazier, St. Michael's Hospital Academic FHT; Lisa Hawkins, Champlain FHTs; Charles Brunt, Timmins FHT; Carol Petryschuk, Dufferin Area FHT; Jonathan Lam, Health Quality Ontario; Sharon Gushue, Health Quality Ontario; *Thanks and farewell:* Wissam Haj-Ali, Health Quality Ontario; Sam Davie, St. Michael's Hospital Academic FHT; Hope Latam, East Wellington FHT

Quality Steering Committee

Alan McLean, Superior FHT (Chair); Darren Larsen, OntarioMD; June Park, MOHLTC; Rick Glazier, Institute for Clinical Evaluative Sciences; Andrew Shantz, North Simcoe FHT; Angela Lianos, eHealth Ontario; Anna Gibson-Olajos, Powassan & Area FHT; Karen Hall-Barber, Queen's FHT; Kevin Samson, East Wellington FHT; Sarah Burrows, Patient Representative; Gail Dobell, Health Quality Ontario; Jennifer Torode, Arnprior & District FHT; Brice Wong, Windsor FHT; Reza Talebi, OntarioMD; Jill Strong, Thames Valley FHT; *Thanks and farewell:* Marjan Moeinedin, North York FHT; Ailies Maybee, Patient Representative; Mary Keith, Niagara North FHT; Richard Park, MOHLTC; Monique Hancock, STAR FHT; Paul Faguy, OakMed FHT; Ross Kirkconnell, Guelph FHT

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EMR-DM Subcommittee

Kevin Samson, East Wellington FHT (Chair); Kirk Miller, Guelph FHT; Bob Bernstein, Bridgepoint FHT; Jason Bartell, Chatham-Kent FHT; David Barber, Queen's University; Stephanie Chin, eHealth Centre for Excellence; Knut Rodne, OntarioMD; Gina Palmese, OntarioMD; Meghan Peters, City of Lakes FHT; *Thanks and farewell:* Danika Walden, eHealth Centre for Excellence; Tom Sitter, East GTA FHT

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; Jill Strong, Thames Valley FHT

Algorithm Project

Brice Wong, Windsor FHT; Charles Bruntz, Timmins FHT; Jesse Lamothe, Hamilton FHT; Sara Dalo, Windsor FHT; Tom Sitter, East GTA 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; Jenny Lane, Leeds & Grenville Community FHT; Joe Da Silva, Health for All FHT; Judy Miller, Northeastern Manitoulin FHT; Kelly Griffiths, Tilbury District FHT; Ken Callaghan, Women's College Academic FHT; Kimberly Van Wyk, 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; Sandy Scapillati, Etobicoke Medical Centre FHT; Suzanne Trivers, Mount Forest FHT; Wendy Parker, Brighton-Quinte West FHT

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

AFHTO BOARD OF DIRECTORS

From left to right: Clarys Tirel (Executive Director, Mount Sinai Academic FHT – Toronto), Sara Dalo (Manager of Quality, Experience and Patient Safety, Windsor FHT – Windsor), Kaela Hilderley (Registered Respiratory Therapist, Elliot Lake FHT – Elliot Lake), Thomas Richard, Treasurer (Physician and Director, Peterborough FHT – Peterborough), Beth Cowper-Fung, Vice President (Clinic Director / Lead Nurse Practitioner, Georgina NPLC – Sutton) , Rob Annis, President and Chair (Physician, North Perth FHT – Listowel), Veronica Asgary-Eden (Clinical Psychologist, Family First FHT – Ottawa), Allan Grill, Secretary (Lead Physician, Markham FHT – Markham), Marg Alfieri, Past President (Clinical Dietitian, Centre for Family Medicine FHT – Kitchener), Absent: Alan McLean (Lead Physician, Superior FHT – Sault Ste. Marie)

AFHTO STAFF

From left to right: Sombo Saviye, Manager, Finance and Corporate Affairs; Beth MacKinnon, Program Associate, Policy, Leadership and Strategic Communications; Rachel So, Events and Administrative Assistant; Carol Mulder, Provincial Lead, Quality Improvement Decision Support (QIDS) Program; Kavita Mehta, Chief Executive Officer; Paula Myers, Manager, Membership and Communications; Bryn Hamilton, Provincial Lead, Governance and Leadership; Laura Belsito, Clinical Knowledge Translation and Exchange Specialist, Quality Improvement Decision Support (QIDS) Program; Catherine Macdonald, Project Coordinator, Quality Improvement Decision Support (QIDS) Program

2018 Annual Report

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 show that team-based comprehensive primary care is delivering better health and better value to patients.

afhto association of family health teams of ontario