afhto association of family health teams of ontario

OCTOBER 17, 2016

2016 ANNUAL REPORT

Equity, Integration and Access: Shaping a Population-Focused Health System

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

PRESIDENT'S MESSAGE

A colleague once relayed to me, with a bewildered sigh: "I'm suffering from paradigm shift fatigue!" That was ten years ago, as the FHT model of care was just getting off the ground. Change is indeed the new norm and the effort to build a population-based health system through government's *Patients First* agenda is just the latest rumble of a continually shifting landscape.

Patients First shares many of the same goals as AFHTO's vision statement: timely access to high quality comprehensive primary care, informed by the social determinants of health, delivered by a collaborative mix of providers and interdisciplinary teams, anchored in an integrated, equitable and seamless health system, and appropriately resourced for sustainable and efficient care delivery.

This past year has been momentous in meeting our mission. AFHTO has been a strong advocate for its members at multiple levels of the MOHLTC with the launch of *Patients First*. We were able to secure some long overdue funding resources for staff compensation that will help to recruit and retain staff. We have continued to champion the evolution of leadership skills and strong governance among FHTs and NPLCs. AFHTO remains committed to support our members' wide array of health disciplines to network and connect to better improve and optimize care delivery.

The opportunity to demonstrate improvements in care comes from measuring the great work AFHTO members do. Our awesome D2D initiative has become recognized as a powerful grassroots tool – a game changer in assessing the quality of primary care.

A culture of quality is now pervasive among FHTs and NPLCs. We celebrate this with our Bright Lights Awards, yet all our member organizations shine with their own unique stories of excellent patient care.

The challenge for the future is for us to innovate primary care further within a population-based health system without sacrificing quality or provider satisfaction.

I owe a huge debt to our departing CEO Angie Heydon who made this busy year fun yet manageable with her meticulous organization and attention to detail. Thank you Angie for leaving AFHTO in solid shape. Many thanks to our Board of Directors, all volunteers, who have helped shape my views with their experience and insight. I am very grateful for AFHTO's amazing staff who work wonders every day on our behalf. And finally to all of you working in primary care, thank you for having pride in the work you do and for making our future a better place to be.

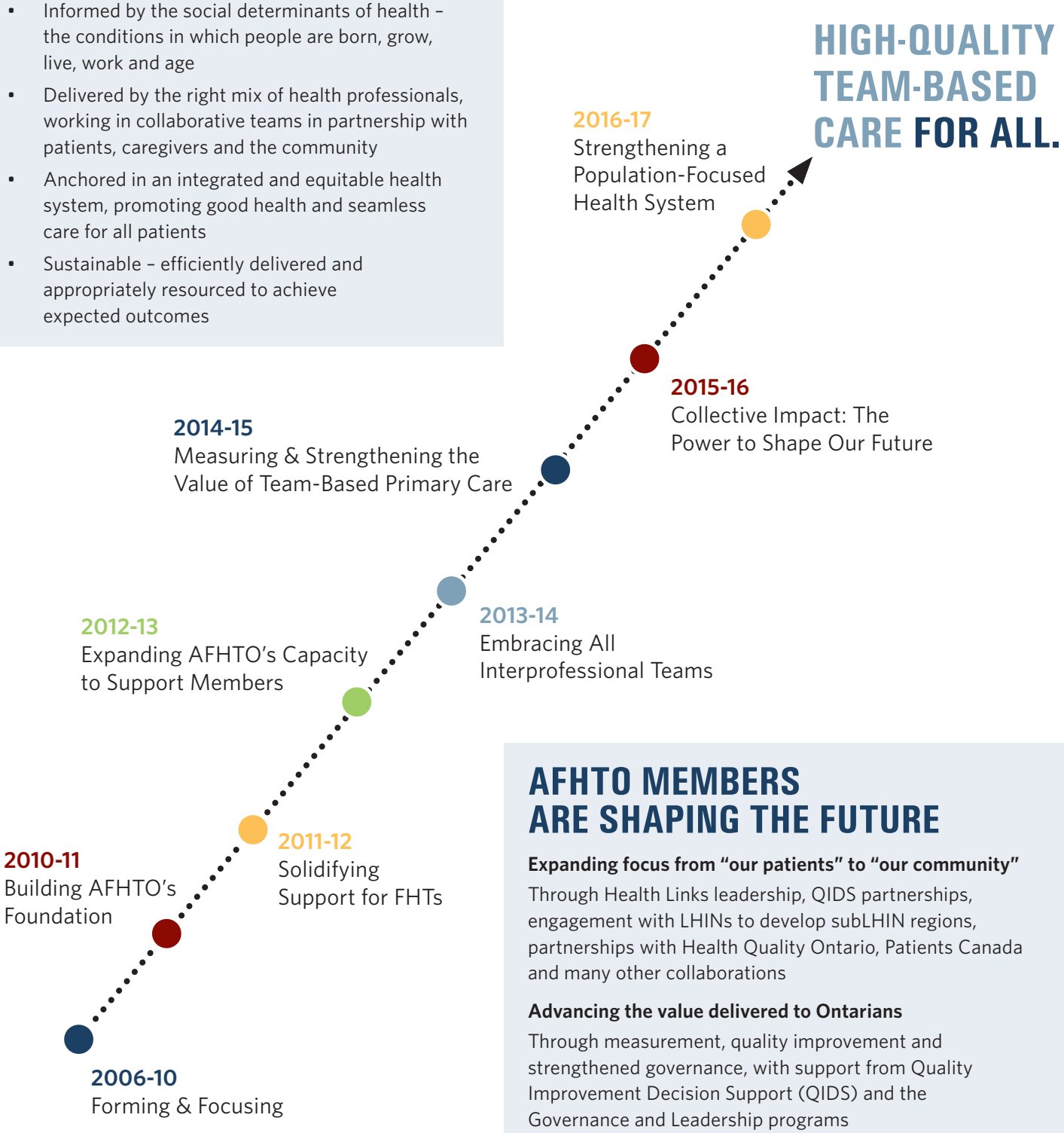
Regards,

Sean Blaine, MD CCFP
AFHTO President

AFHTO VISION

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 MEMBERS ARE SHAPING THE FUTURE

Expanding focus from "our patients" to "our community"

Through Health Links leadership, QIDS partnerships, engagement with LHINs to develop subLHIN regions, partnerships with Health Quality Ontario, Patients Canada and many other collaborations

Advancing the value delivered to Ontarians

Through measurement, quality improvement and strengthened governance, with support from Quality Improvement Decision Support (QIDS) and the Governance and Leadership programs

Demonstrating leadership in time of change

Having the courage to embrace the opportunity and the credibility to embrace and influence the province's direction for *Patients First*

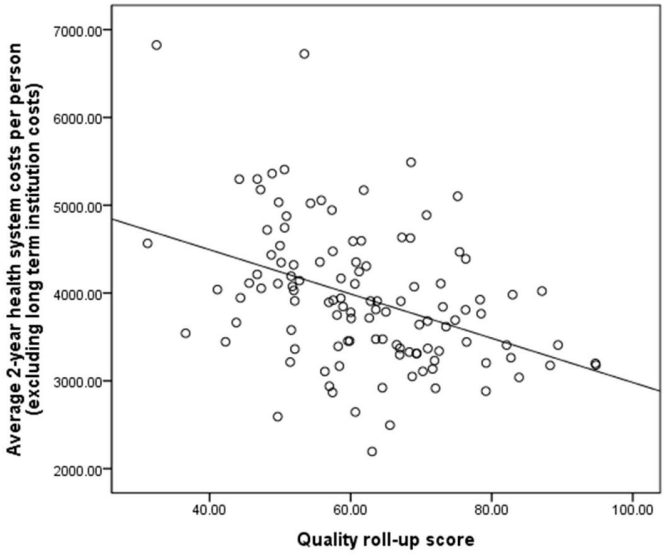
PROMOTING VALUE DELIVERED BY INTERPROFESSIONAL PRIMARY CARE TEAMS

AFHTO and its members are demonstrating value through LEADERSHIP and RESULTS.

Leadership in shaping how primary care is measured and improved

Members continue to be guided by the Starfield Principles – focusing on the relationship with patients and the primary care team's ability to deliver the care patients value. Its objective is to optimize quality, HR capacity and total health system cost of care for patients.

Improvements in our collective ability to capture EMR data and improve data quality means that we can now capture a comprehensive composite measure of quality. Results to date show the relationship between higher quality and lower total cost of care.



Relationship between average health care costs for each patient in the team and the team's overall quality score.

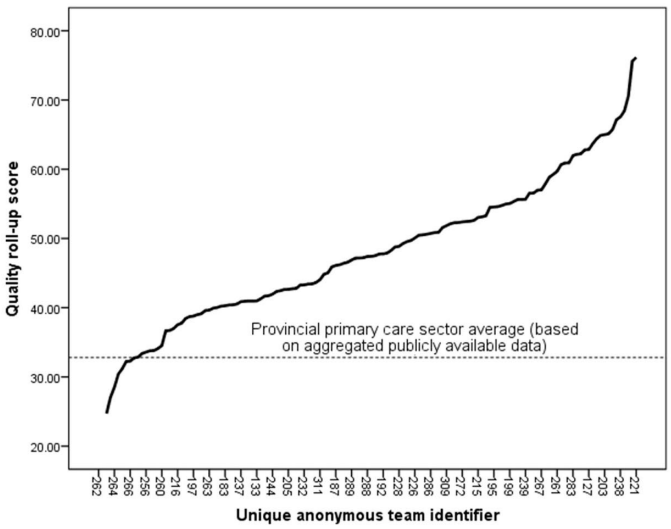
AFHTO programs such as Governing for Quality strengthen leadership for improvement. Quality Improvement Decision Support (QIDS) partnerships spread measurement and improvement capacity while building collaborative networks across primary care. The recently-published case study on QIDS partnerships points to the opportunity to leverage this approach to spread measurement and improvement more broadly across all of primary care.

AFHTO's measurement work, under the "Data to Decisions (D2D)" banner, continues to be well-respected in the primary care sector, serving as the reference point for most of the initial 21 indicators being considered by OntarioMD in the launch of the inaugural, province-wide EMR dashboard.

This work is built on partnerships with Health Quality Ontario, Patients Canada, EMR vendors, OntarioMD, eHealth Ontario, primary care researchers and other leaders to ensure relevance and spreadability across Ontario. It's gaining national and international attention for AFHTO and its members, with presentations delivered to groups such as the College of Family Physicians of Canada and the North American Primary Care Research Group.

Results – AFHTO members do better on quality than average for province

By advancing their ability to measure, AFHTO members are able to quantify how the quality of care they deliver compares to the average for primary care in Ontario. Since higher quality is related to lower cost of care, AFHTO members are delivering VALUE.



Overall quality of teams compared to provincial primary care average.

Earning credibility for interprofessional primary care

Health system leaders are paying increasing attention to what AFHTO and members are doing and saying. All of this is made possible by the conviction, commitment and collaboration of AFHTO members.

RECRUITING AND RETAINING THE STAFF NEEDED TO DELIVER HIGH-QUALITY, COMPREHENSIVE, WELL-INTEGRATED INTERPROFESSIONAL PRIMARY CARE

AFHTO's advocacy results in $85M funding commitment over three years

Growing recognition of the value of interprofessional teams.

After 4 years of lobbying in a tough fiscal environment with government's "no raises" policy, AFHTO, in partnership with the Association of Ontario Health Centres (AOHC) and the Nurse Practitioners Association of Ontario (NPAO), succeeded in getting an Ontario Budget commitment to invest an additional $85 million over three years, effective April 1, 2016. These funds are for compensation increases that will help recruit and retain qualified interprofessional staff in primary care settings.

Helping members get the most value from benefits funding.

To help members fund the Healthcare of Ontario Pension Plan (HOOPP) and a reasonable benefits program within the 22.5% funding envelope, AFHTO entered into a group benefits partnership – the Community Health Ontario Group Insurance Plan (CHOGIP). It gives AFHTO members the opportunity to access benefits packages, which for many, will be at a lower cost than their current benefits plan.

Supporting members through implementation.

At time of writing, ministry letters to implement the funding increase were in the final stages of ministry sign-off. The funding is, however, retroactive to April 1, 2016.

Each primary care organization is required to develop its own compensation plan to allocate these funds and report back to the ministry how the funds were used. AFHTO is developing guidance documents and resources to support teams to design and implement their plans and report back to the ministry. AFHTO will also hold technical briefings with EDs and Board Chairs.

Looking ahead

$85M is a start – and we have further to go

The AFHTO-AOHC-NPAO recommendations, based on a thorough analysis of market conditions in 2012, remain the goal. The ministry recognizes this $85M commitment is the first step in a process and is committed to working with us to achieve our overall goal. Two years from now the opportunity

for further increases is likely to open up. Government is committed to eliminating the deficit by the end of 2017-18 and some of the compensation constraints may be lifted for the following fiscal year. This will provide opportunities to address the remaining gaps.

Sufficient team capacity must be developed as we move toward population-based primary care

Currently 25% of Ontarians have access to interprofessional primary care teams. Equity, integration and access to primary care are core themes in government's *Patients First* direction. Rightly so, there is mounting pressure to ensure access to team-based care for those who would most benefit.

AFHTO wholeheartedly supports this direction, and insists that team capacity must be sufficiently developed such that additional demand can be managed without causing unacceptable increases in waits for appointments and/or decreases in quality of care. AFHTO's work to advance measurement of quality, HR capacity and total cost of care – the Starfield Principles – are our guide.

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

Toward the next ministry contract

On April 1, 2017, FHT members will see the introduction of new contracts with the ministry. AFHTO is working with members to identify specific needs and positions to advocate with the ministry. Members laid a foundation two years ago, articulated in *Toward the next ministry contract: Principles and guidance for moving forward*. Since then discussions with AFHTO's board, ED Advisory Council and Physician Leadership Council has identified the following topics for deeper probing with members:

- Strengthening relationship between FHT and physicians – both those who are within the team and those outside the team who may want to collaborate in the care of high-needs patients
- Board governance requirements
- Accountability and reporting requirements
- Dispute resolution between FHT and ministry and/or LHIN

AFHTO's member consultation will culminate with deliberations at the annual Leadership Triad Session, just before the start of the AFHTO 2016 Conference. A huge thank you to the AFHTO member organizations of all sizes, waves and LHIN regions that made voluntary contributions toward the special fund for legal and consulting help.

More meaningful reporting

AFHTO members pressed the ministry to make reporting requirements more meaningful. The ministry agreed to do so for 2016-17 year-end reporting, and so members voted last November for a set of seven indicators to recommend to the ministry, all from Data to Decisions (D2D). These are: Patients Involved, Cervical Screening, Colorectal Screening, Childhood Immunization, Same/Next Day Appointment, Reasonable Wait, Diabetes Care. We await final word on requirements from the ministry.

Strengthening governance and leadership practice

This past year saw delivery of these brand new resources:

- **Program Planning & Evaluation Framework:** a guide for FHTs and NPLCs to develop and evaluate programs to promote effective program delivery.
- **Indicator Catalogue:** to help FHTs/NPLCs select meaningful evidence-based measures aligned with program objectives.
- **ED Mentorship Program:** provides peer support for any member EDs or Administrative Lead who feels they could benefit from it. 25 EDs from across the province volunteered to be mentors and 20 mentees have enrolled in the program.
- **Case studies:** share lessons learned from AFHTO members that have:
  - » Integrated CCAC case managers within the primary care team
  - » Negotiated collective agreements with a union(s)
  - » Extended the programs and services of the team to otherwise unaffiliated family practices in the community (enhancing access to care)
  - » QIDS Partnerships: building collaboration and increased capacity for improvement
- **Governance Outreach:** targeted governance support and outreach to teams that could benefit as identified by the ministry through the Accountability Reform Initiative (ARI) application process.
- **Privacy Webinars and Tools:** nearly 150 EDs and Board Chairs of AFHTO member teams attended privacy training webinars to assist in their understanding and meeting Ontario's new privacy criteria. The webinars were recorded and, along with a compilation of privacy tools, are available on AFHTO's Members Only website.

Previously-developed resources continue to be available at www.afhto.ca

ACHIEVING MORE SEAMLESS INTEGRATION OF HEALTH CARE

Leadership in shaping *Patients First*

Leaders of AFHTO-member organizations engaged in a series of webinars and surveys to identify their key issues and develop positions that reflect members' perspectives. This was the basis for AFHTO's recommendations to the ministry, and guided AFHTO's CEO to lead our colleague associations in developing the Ontario Primary Care Council (OPCC) response. Key messages included:

- Ensure critical enablers are in place – i.e. primary care work force, information systems, QI support, leadership for successful change
- Consistent performance measurement is critical – listen to the field to ensure it's manageable and meaningful
- Broaden access to primary care teams – by optimizing the ability of professions to collaborate and sufficient resources to maintain quality care
- As capacity and trust are developed within each LHIN over time, evaluate whether funding and contractual relationships should shift to the LHIN

While there are many unknowns and potential for "devils in the details", AFHTO sees the opportunity presented by *Patients First* and remains fully committed to this direction. It is particularly challenging at a time when the biggest segment of the primary care workforce – family physicians – remains without a contract. With our members, AFHTO is prepared to lead – FHTs and NPLCs have the experience and innovative, collaborative approach needed to show the way.

Integrating care coordinators into primary care teams

The AFHTO and OPCC responses to *Patients First* emphasized the role of primary care providers to lead care coordination. It has the potential to significantly:

- Reduce duplication and role conflict currently in our health system
- Improve patient outcomes through much greater continuity and coordination of person-centred care.

Last December AFHTO released its position statement - *Transitioning care coordination resources to primary care*. In June, a report on care coordination from Health Quality Ontario confirmed the need for action – finding that primary care providers in Ontario face the biggest challenges compared to other provinces and countries. At the same time AFHTO released a new case study – *Effectively Embedding Care Coordinators within Primary Care* – to help AFHTO members learn from colleagues who have already embedded CCAC care coordinators in their operations. The very next day, the Minister released the report-back on his *Patients First* proposal, confirming the transfer of CCAC employees to LHINs, with a commitment to deploy care coordinators in primary care.

Building collaboration with and across LHINs

When first established 6-10 years ago, each FHT and NPLC had to create collaborative teams where none existed before. Having done that, their leaders have been highly effective in developing and nurturing Health Links, Quality Improvement Decision Support (QIDS) Partnerships and other collaborations in their communities and regions.

Anticipating the need to work more closely with LHINs, AFHTO worked with members to meet with LHIN CEOs in 11 out of 14 regions to determine how to develop and strengthen relationships with the LHIN, and to help prepare the LHIN for its growing role with primary care.

MEASURING AND IMPROVING THE QUALITY OF CARE

Quality Improvement Decision Support (QIDS) program: the means for advancing meaningful measurement and improvement across primary care

It's clear throughout this report that measurement and improvement permeates all that AFHTO members do as they serve patients and their communities. With support from the QIDS program, they are:

- Demonstrably advancing measurement, the critical pre-requisite for quality improvement, in the care for roughly one-quarter of Ontarians
- Fostering greater collaboration and coordination among family health teams – an important step in strengthening the relationships and leadership skills needed to integrate care for patients
- Incorporating the patient's perspective via a composite measure of quality that reflects what matters to patients and providers and is related to lower healthcare costs

QIDS Specialists and QIDS Partnerships: the "secret sauce" for support and spread

QIDS Specialists bring critical skills to support primary care providers. The partnership model connects QIDS staff (and through them, primary care providers) to each other and the knowledge, tools and services already available but historically under-utilized by primary care providers.

"Local ownership" is a critical ingredient. For each QIDS partnership, a host team is funded to employ a QIDS Specialist. The partnership is fully in charge of hiring and deploying their QIDS Specialist, thereby solidifying their relationship with the physicians and other clinicians they support. Province-wide collaboration, facilitated by the provincial QIDS team housed at AFHTO, accelerates spread through knowledge and resource sharing and project coordination.

Data to Decisions (D2D): the voluntary reporting activity that attracts participation

D2D uses indicators from Health Quality Ontario's Primary Care Performance Measurement Framework, with some modifications guided by input from front line providers.

The third iteration of D2D was launched February 1, 2016, and D2D 4.0 on September 29. Voluntary participation continues to increase, from 30% when D2D was first launched on October 1, 2014, to over 50% for D2D 2.0 (June 18, 2015), to almost two-thirds for D2D 3.0 and 4.0. This gives insight into the care of about 2 million Ontarians. It's also increasing the number of teams engaging their teams in conversations about performance.

AFHTO's experience with D2D has also led to HQO's introduction of team-level access to Primary Care Practice Reports. Within weeks of making this available, nearly 70% of AFHTO members enrolled. At the same time, enrolment by physicians increased, bringing the total number of physicians registered for these reports to DOUBLE the total that had enrolled over the previous 2-3 years. Expanding access to data beyond physicians not only ensures broader access for all members of the primary care team (important in itself) but also increases engagement of physicians with measurement.

> "Measurement is required to improve quality, but not an end in itself. Effective measurement processes attempt to avoid any disruption to clinical care delivery."

D2D is driving capacity to measure

D2D is driving improved data quality and increasing capture of EMR data to measure outcomes and value of team (i.e. beginning the move away from being captive to physician billing data). All three elements of the Starfield Principles are in place – comprehensive measures of quality (reflecting what patients value), HR capacity and total health system cost of care. The relationship between increased quality and decreased cost is evidenced in the graph on page 3.

QIDS Specialists involved in the Algorithm project have published standardized, tested queries for multiple EMRs for three disease conditions (COPD, Diabetes and CHF). Depression queries will be released in October and hypertension queries are in development. These queries are now posted on the national libraries of at least two EMR vendors and area also being incorporated into the OntarioMD EMR dashboard specifications.

Moving measurement to improvement

Measurement is required to improve quality, but not an end in itself. Effective measurement processes attempt to avoid any disruption to clinical care delivery.

On the other hand, improvement requires change, and change disrupts the status quo.

In the past year AFHTO launched support for members' improvement efforts. With advice from members, the board selected diabetes care as the common focus for improvement. Activities have included:

- Convening regional sessions for QIDS Specialists and patients to build capacity in using patient experience data to improve primary care
- Establishing a diabetes community of practice
- Defining measures for "using data to improve" to capture in subsequent D2D activities to better understand if and how members are using data to support improvement
- Consulting interprofessional health providers around the province to find out what they need to support them in improving performance
- Convening an education day on diabetes improvement
- Convening a half-day session for QIDS Specialists on the design of a collective QI strategy to improve diabetes outcomes

LOOKING FORWARD

In this next year AFHTO is moving to a new stage under a new CEO, Kavita Mehta, and the AFHTO board is launching development of its next strategic plan. We are bidding a fond farewell to our retiring CEO, Angie Heydon. As the timeline on page 2 clearly illustrates, her leadership over the past six years has guided and developed AFHTO from a loose group of about 70 FHTs operated by volunteers, to a well-organized, influential association powered by 186 members (181 out of 184 FHTs and 5 out of 25 NPLCs), numerous committees and communities of practice, and 9 permanent staff.

This province is also moving to a new stage, as the *Patients First* agenda moves forward to strengthen patient-centred health care. In this agenda the value of interprofessional primary care is very clear. AFHTO's support for members and influence on the health system will help members play their full role and continue to deliver excellent value for patients, communities and the health system.

Borrowing the title of this annual report and the 2016 AFHTO annual conference – **AFHTO members are leading primary care to strengthen a population-focused health system.**

THANK YOU TO OUR 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 22, 2016, membership in these groups were:

Executive Director Advisory Council (EDAC): Marg Alden, Maple FHT; Randy Belair, Sunset Country FHT; Marlis Bruyere, Fort Frances FHT; Kelly Buchanan, Huron Community FHT; Ken Callaghan, Women's College Academic FHT; Lynne Davies, Couchiching FHT; Paul Faguy, OakMed FHT; Mark Ferrari, Windsor FHT; Pauline Gemmell, Essex County NPLC; Kelly Griffiths, Tilbury District FHT; Marina Hodson, Kawartha North FHT; Nathaniel Izzo, Dilico FHT; Michelle Karker, East Wellington FHT; Terry McCarthy, Hamilton FHT; Kavita Mehta, South East Toronto FHT; Claudia Mior-Eckel, East Elgin FHT; Alejandra Priego, St. Joseph's Hospital Academic FHT; Mary-Jane Rodgers, Aurora-Newmarket FHT; Heba Sadek, Queen Square FHT; Connie Siedule, Akausavik Inuit FHT; Andre Veilleux, ESF Montfort; Mandy Weeden, Kirkland District FHT

Physician Leadership Council (PLC): Robert Annis, North Perth FHT; Mira Backo-Shannon, OakMed FHT; Lopita Banerjee, Wise Elephant FHT; Sean Blaine, STAR FHT; Caroline Bowman, Georgian Bay FHT; Duncan Bull, East Wellington FHT; Sven (Buzz) Pedersen, Sunset Country 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; Allan Grill, Markham FHT; Wendy Hamilton, The Westend Family Care Clinic FHT; Sheila Horen, Leamington & Area FHT; Tara Kiran, South East Toronto FHT; Lalit Krishna, Maitland Valley FHT; Joseph Lee, The Centre for Family Medicine FHT; Alan Mclean, Superior FHT; Silvia Orsini, London FHT; James Pencharz, Credit Valley FHT; Thuy-Nga Pham, South East Toronto FHT; Thomas Richard, Peterborough FHT; Elyse Savaria, Owen Sound FHT; Shane Teper, Queen Square FHT; Kaetlen Wilson, Peterborough FHT; Kevin Workentin, South East Toronto FHT

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

Quality Improvement Decision Support (QIDS) Steering Committee: Chair: Ross Kirkconnell, Guelph FHT; Christopher Belanger, Ministry of Health and Long-Term Care; Cameron Berry, Kawartha North FHT; Sarah Burrows, Patient Representative; Crystal Chin, Patient Representative; Gail Dobell, Health Quality Ontario; Radwan El Ali, eHealth Ontario; Paul Faguy, Oakmed FHT; Rick Glazier, St. Michael's Hospital Academic FHT & Institute for Clinical Evaluative Sciences, Institute for Clinical Evaluative Sciences; Phil Graham, Ministry of Health and Long-Term Care; Michelle Griever, North York FHT, UTOPIAN; Karen Hall-Barber, Queen's FHT, Queen's University; Monique Hancock, STAR FHT; Mary Keith, Garden City FHT; Darren Larsen, OntarioMD & Women's College Academic FHT, Women's College FHT; Alan Maclean, Superior FHT; Marjan Moeinedin, North York FHT; Kevin Samson, East Wellington FHT

Indicators Working Group: Chair: Monique Hancock, STAR FHT; Jack Cooper, OntarioMD; Rick Glazier, St. Michael's Hospital Academic FHT & Institute for Clinical Evaluative Sciences, Institute for Clinical Evaluative Sciences; Wissam Haj-Ali, Health Quality Ontario; Katalin Ivanyi, McMaster FHT; Hope Latam, East Wellington FHT; Jennifer Rayner, Association Of Ontario Health Centers; Lisa Ruddy, Markham FHT; Andrew Shantz, North Simcoe FHT; Karen Stanton, Petawawa Centennial FHT; Denis Tsang, Woodbridge Medical Centre FHT

EMR Data Management Subcommittee: David Barber, Queen's University; David Barber, Queen's University/CPCSSN; Elizabeth Keller, OntarioMD; Andrew King, OntarioMD; Darren Larsen, 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

Leads for EMR Communities of Practice: Urslin Fevrier-Thomas, McMaster FHT; Lisa McMartin, Upper Canada 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; Administration - Michelle Smith, Guelph FHT; Chiropodist - 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 Donelly, 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; Respiratory Therapists - Nicole Snyder, Thames Valley FHT; Respiratory Therapists - Kaela Hilderley, Elliot Lake FHT

Chair for Health Links Communites 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

From left to right:

- Ross Kirkconnell (Executive Director, Guelph FHT – Guelph)
- Veronica Asgary-Eden (Clinical Psychologist, Family First FHT – Ottawa)
- Kavita Mehta (Executive Director, South East Toronto FHT – Toronto)
- Beth Cowper-Fung, Secretary (Clinic Director / Lead Nurse Practitioner, Georgina NPLC – Sutton)
- Michelle Karker (Executive Director, East Wellington FHT – Erin)
- Sean Blaine, President and Chair (Lead Physician, STAR FHT – Stratford)
- Rob Annis, Treasurer (Physician, North Perth FHT – Listowel)
- Claudia Mariano (Nurse Practitioner, West Durham FHT – Pickering)
- George Southey (Lead Physician and Medical Director, Dorval Medical Associates FHT – Oakville)
- Kaela Hilderley (Registered Respiratory Therapist, Elliot Lake FHT – Elliot Lake)
- Mark Ferrari (Executive Director, Windsor FHT – Windsor)
- Marg Alfieri, Vice President (KW4 Health Link Manager, Centre for Family Medicine FHT – Kitchener)
- Allan Grill (Lead Physician, Markham FHT – Markham)
- Randy Belair, Past President (Executive Director, Sunset Country FHT – Kenora)

AFHTO STAFF

From left to right:

- Greg Mitchell, Knowledge Translation and Exchange Specialist, Quality Improvement Decision Support (QIDS) Program
- Sombo Saviye, Office Manager
- Saleemeh Abdolzahraei, Provincial Lead, Membership Engagement Program
- Heather Nichol, Clinical Knowledge Translation & Exchange Specialist Quality Improvement Decision Support Program
- Carol Mulder, Provincial Lead, Quality Improvement Decision Support (QIDS) Program
- Bryn Hamilton, Provincial Lead, Governance and Leadership Program
- Catherine Macdonald, Program Assistant, Quality Improvement Decision Support (QIDS), Governance and Leadership Programs
- Jonathan Motha-Pollock, Conference Assistant
- Paula Myers, Membership, Communications and Conference Coordinator
- Angie Heydon, Chief Executive Officer
- Jamie Sample, Project Coordinator, Quality Improvement Decision Support (QIDS) Program

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 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.