

July 10, 2018

Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister,

On behalf of the Association of Family Health Teams of Ontario (AFHTO) and its members, we send our sincerest congratulations on your appointment as Ontario's Minister of Health and Long-Term Care and Deputy Premier. AFHTO's members comprise of family health teams (FHTs), nurse practitioner-led clinics (NPLCs) and others who provide interprofessional comprehensive primary care. We work with, and on behalf of, members to provide leadership to promote expansion of high-quality, comprehensive, well-integrated interprofessional primary health care for the benefit of all Ontarians. We also support our members in improving and delivering optimal team-based care. Collectively these teams provide comprehensive primary health care to over one-quarter of the province.

AFHTO supports the late Dr. Barbara Starfield's observation that comprehensive, relationship-based, patient-centered care is the foundation of a sustainable health care system. Her lifelong work observed that investment in primary care was associated with improved system quality, equity and efficiency (leading to reduced costs)^{i, ii, iii, iv}.

The ability of primary care providers to access and coordinate care for their patients is vital to ensuring people get the right care at the right time and do not slip through the cracks. Health resources are used more efficiently when people do not have to go to the hospital or emergency room unnecessarily. As one of your government's goals is the promise to address the issue of hospital overcrowding and ending hallway medicine, creating a robust and well resourced primary health care system is a major solution to address this problem.

For many years, AFHTO's members have been working collaboratively with their acute and home and community care partners to find ways to work better together to ensure that their patients receive seamless transitions of care, while continually improving the patient, family and caregiver experience.

Good primary health care promotes the coordination of a patient's journey across the health care continuum. As relationships are the foundation in primary health care, the patient is at the centre of care and the team provides services, education and coaching to help the patient achieve optimal outcomes through best practices, clinical decision-making tools and education. Team members have opportunities to interact and communicate with one another on a regular basis for consultation and education, leading to better patient outcomes and satisfaction.



Expansion and introduction of new interprofessional models of primary care were introduced over the past decade and a half to improve access, quality and efficiency through team-based primary care. Evaluations and research studies have given evidence of the added value delivered by such teams^{v,vi,vii}. Research evidence also suggests that primary care is most effective when there is a long-term, continuing relationship with a physician or NP who is working as a full collaborator in an interprofessional team^{viii,ix}.

Today, only 30% of Ontarians access primary health care through a comprehensive, team-based model. Those fortunate enough to be a team's patient are receiving exceptional care that covers not only their immediate medical needs, but also focuses on preventative care and system navigation.

AFHTO members already serve 3 million Ontarians, including 900,000 that were previously unattached to primary health care. By limiting the expansion of team-based care Ontario has created disparities in access. This is highly problematic in a universal health care system and, unfortunately, has created a two-tiered primary health care system.

Primary health care in Ontario has come a long way, but there is a lot more work to do. AFHTO has three key goals which we hope your government will support:

1. *Ensure every community has access to team-based primary health care.*
 - Every patient and every community deserve team-based primary care, not just the 30% currently receiving it. The current system of two-tiered health care is not meeting Ontarians' needs.
2. *Support team-based providers in their ongoing efforts to deliver exceptional patient care.*
 - FHTs, NPLCs and other interprofessional models of care provide high-quality, team-based care and are always working on improving patient outcomes. Supporting their work will accelerate quality improvement in primary health care.
3. *Increase the number of patients able to access team-based primary health care that includes mental health supports.*
 - Too many families in communities who are served by team-based primary care are unable to access these teams. These communities need existing teams to take on more patients which can only happen if the teams are allowed to grow. Individuals receiving team-based care experience better outcomes and higher rates of patient satisfaction.

Primary health care is the anchor for patients and families, providing comprehensive care throughout their lives. Primary care providers are the first contact or entry into the system for all new needs and problems, and they directly influence the responses of people to their health needs by listening to their concerns and preferences and providing clinical evidence-based assessment and treatment recommendations. And when there is a gap in the system, they are the ones that often use innovation to bridge the gap in our very complex health and social systems.

There is so much we can accomplish together in ensuring the health and well-being of Ontarians, while also creating a health care system that is supportive to the providers that work within it. We look forward to meeting with you and your team to discuss how AFHTO and its members can play a role in health system transformation, one that is truly patient-centred and integrated.

Minister, we would also like to extend an invitation to join us at our annual conference on October 24 and 25, 2018 at the Westin Harbour Castle in Toronto. With the title of *Relationship Design with Starfield in Mind*, AFHTO and its members really do value the importance of meaningful relationships. With that in mind, we would also be honoured to have you speak at the conference which will be made up of over 800 attendees from all our teams' professions across the province including physicians, NPs, nurses, social workers, dietitians, pharmacists, health care administrators and many more. Our opening plenary speaker is Julie Drury who will speak to "*From Patient Engagement to Patient Partnership: Why Lived Experience Matters*", once again emphasizing the importance of relationships.

Congratulations once again and best wishes for great success in your mandate as our new Minister of Health and Long-Term Care.

Yours sincerely,



Kavita Mehta
Chief Executive Officer

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Dr. Rob Annis, President and Chair of the Board, Association of Family Health Teams of Ontario

ⁱ Shi L, Starfield B, Kennedy BP, Kawachi I. Income inequality, primary care, and health indicators. *J Fam Pract.* 48 (1999), 275--84.

ⁱⁱ Starfield B. Family medicine should shape reform, not vice versa. *Fam Pract Man.* May 28, 2009; Global health, equity, and primary care. *J Am Board Fam Med.* 20(6) (2007), 511--13; Is US health really the best in the world? *JAMA.* 284(4) (2000), 483--4; Research in general practice: co-morbidity, referrals, and the roles of general practitioners and specialists. *SEMERGEN.* 29(Suppl 1) (2003), 7--16, Appendix D.

ⁱⁱⁱ Starfield B, Shi L. Policy relevant determinants of health: an international perspective. *Health Policy.* 60 (2002), 201--18.

^{iv} Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Quarterly.* 83(3) (2005), 457--502.

^v Kiran T, Kopp A, Glazier R. Those Left Behind From Voluntary Medical Home Reforms in Ontario, Canada. *Ann Fam Med.* 2016; Nov 14

^{vi} Belle Brown J, Ryan BL, Thorpe C. Processes of patient-centred care in Family Health Teams: a qualitative study. *CMAJ Open*, June 1, 2016 vol. 4 no. 2 E271-E276

^{vii} Additional references available in Optimizing the value of team-based primary care: Review of the Literature. AFHTO: May 27, 2015. <http://www.afhto.ca/wp-content/uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf>.

^{viii} Howard, M., Brazil, K., Akhtar-Danesh, N., & Agarwal, G. Self-reported teamwork in family health team practices in Ontario: organizational and cultural predictors of team climate. *Canadian Family Physician*, 57(5), 2011; e185-e191

^{ix} Saba, G. W., Villela, T.J., Chen, E., Hammer, H., & Bodenheimer, T. The myth of the lone physician: toward a collaborative alternative. *The Annals of Family Medicine*, 10(2), 2012; 169-173.