afhto association of family health teams of ontario

Strategic Plan 2011 – 2013

Contents:

1 Introduction

Recognizing the need for a combined voice for this new model of care, leaders from a number of Family Health Teams (FHTs) joined together to form the Association of Family Health Teams of Ontario (AFHTO) in 2006. This team-based model – designed to improve Ontarians' access to primary care and provide a focus on chronic disease management, disease prevention and health promotion – was first announced by the Government of Ontario in 2004. By August 2010 a total of 200 teams had been announced, and AFHTO shifted from being a completely volunteer-run organization, to having its first executive director in place.

This strategic plan proposes the next steps in the journey to establish FHTs as a highly-valuable and valued model for delivering primary health care to Ontarians, and to develop the capacity for its representative body, AFHTO, to be their strong and effective voice.

AFHTO belongs to FHTs and is the voice for FHTs, and so AFHTO's board of directors engaged FHT leaders in developing this strategic plan. Building on the consensus achieved among 150 FHT leaders in November 2009, the board further developed these ideas into a draft for discussion. The draft was sent out to all FHT leaders for consultation at the end of January. On February 9, 2011, about 70 FHT leaders joined a web meeting to learn more about the plan and give initial feedback. This was followed up with a survey sent to all FHT leaders to invite further feedback, and 127 responded.

Survey respondents were unanimous in their agreement with the vision, mission, principles and values proposed in the draft strategic plan. The strategic directions and initiatives reflect the priorities indicated by the survey respondents.

This strategic plan charts the course for AFHTO over the next 2 – 3 years. The speed and strength with which this plan can be implemented fully depends upon the support of FHTs.

2 Vision

Family health teams are recognized by patients, FHT boards and staff, other health organizations, the public at large and their government as an innovative and efficient model for delivering accessible, comprehensive, high-quality, patient-centred primary health care.

3 Mission

To achieve this vision, AFHTO works with and on behalf of its members as the advocate, champion, network, and resource center for family health teams, to support them in improving and delivering optimal Interprofessional care.

4 Principles

AFHTO believes that Comprehensive Primary Care is the foundation of a sustainable responsive health care system in Ontario. AFHTO strives to represent individuals and organizations committed to the following principles of Comprehensive Primary Care:

1. The basis of Comprehensive Primary Care is the existence of a Trusting Accessible relationship between patients and their primary care providers.
2. Comprehensive Primary Care is accountable to the population it serves.
3. Comprehensive Primary Care needs to represent the expectations and needs of the population it serves.
4. Comprehensive Primary Care embraces the opportunity for group (team) objectives, dynamics and outcomes.
5. Comprehensive Primary Care embraces the opportunity for the innovative use of all service provider skills in the achievement of group (team) objectives, dynamics and outcomes.
6. Comprehensive Primary Care embraces the responsibility of Health System stewardship, conservation and sustainability.
7. Comprehensive Primary Care incorporates all the PCCCAR Functions, namely:
    1. Health assessment
    2. Clinical evidence-based illness prevention and health promotion
    3. Appropriate interventions for episodic illness and injury
    4. Primary reproductive care
    5. Early detection, initial and ongoing treatment of chronic illnesses
    6. Care for the majority of illnesses (with specialists as needed)
    7. Education and supports for self-care
    8. Support for hospital care and care provided in-home and in long term care facilities
    9. Arrangements for 24 hours/ 7 day a week response
    10. Service co-ordination and referral
    11. Maintenance of a comprehensive client health record
    12. Advocacy
    13. Primary mental health care including psycho-social counseling.
    14. Co-ordination and access to rehabilitation
    15. Support for people with terminal illnesses

5 Values

The following values will guide AFHTO as it seeks to meet its mission and vision:

1. Transparency: AFHTO is open and transparent in all of its dealings with its member FHTs.

2. Equity: AFHTO ensures that all member FHTs are given an equal opportunity for participation in the organization. AFHTO also seeks to ensure that all of the health disciplines and employees represented in its member FHTs are given the opportunity to provide input to the workings of the organization.

3. Diversity: AFHTO will always seek to solicit the widest possible spectrum of views and opinions from all of its member organizations when developing its policy positions and programs.

4. Collaboration: AFHTO seeks to collaborate as widely as possible with other healthcare organizations including the MOLTC, to provide the best possible care to the residents of Ontario.

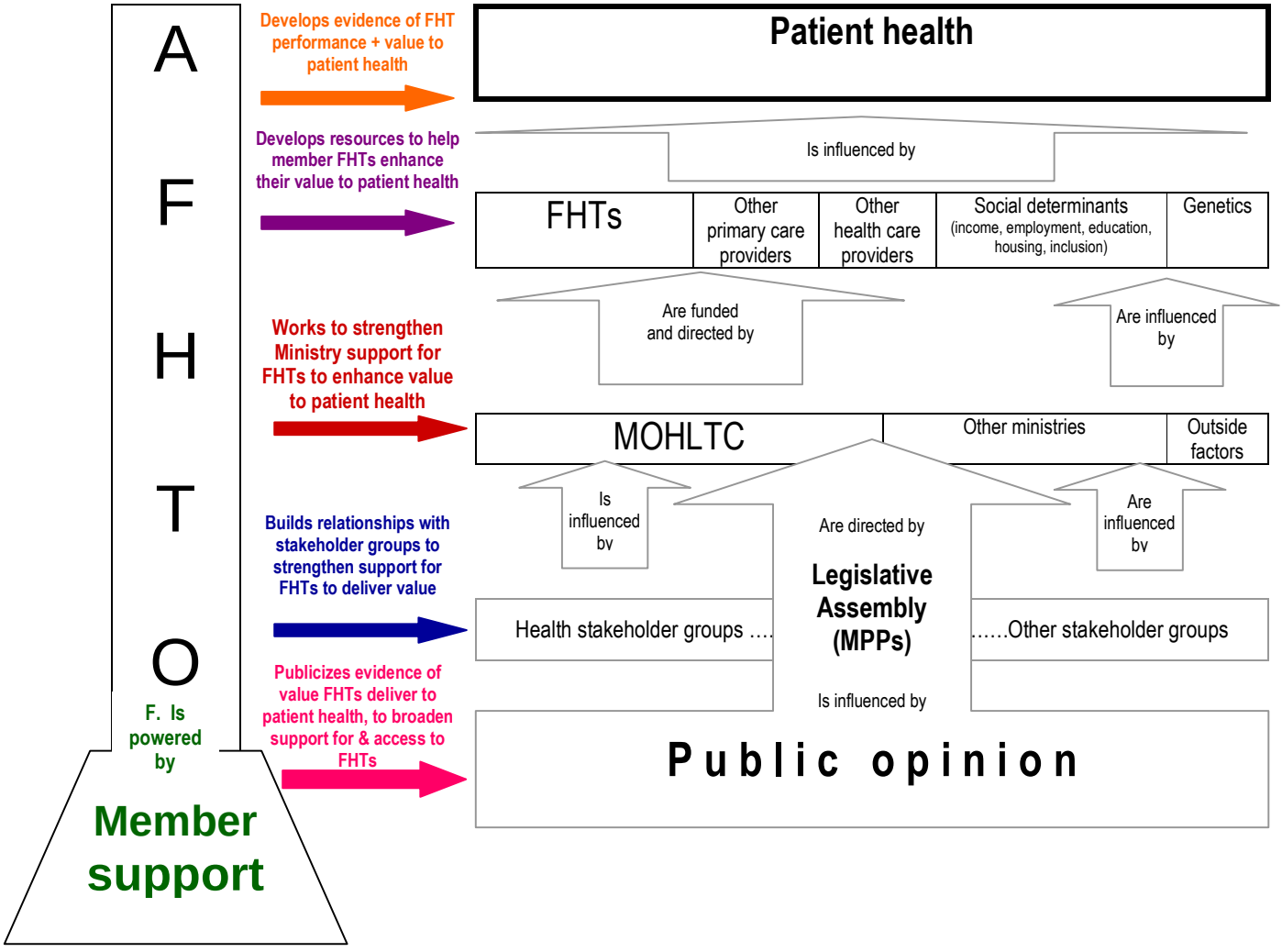
5. Honesty and Integrity: In order to achieve its mission, AFHTO will always work to earn and preserve the trust of its members as well as all of the organizations that with which it collaborates.

6. Interprofessional Cooperation: AFHTO seeks to encourage and foster the development of teams that are at the core of the FHT concept.

7. Dedication to Constant Improvement: A core value of AFHTO is its dedication to the constant improvement in the ability of member FHTs to provide the best possible care to the residents of Ontario.

6 Strategic directions and logic model

It all starts and ends with the people of Ontario …



7 Priority initiatives for each strategic direction

The strategic directions, and initiatives to advance in each of these directions, are listed below. They are colour-coded to the logic model on the previous page. The order of presentation reflects the priorities reported by FHT leaders in their survey responses. Details for each are presented in the pages that follow.

The strategic directions and initiatives will guide AFHTO's work over the next 2 – 3 years; however the speed and strength with which this plan can be implemented depends upon the level of support provided by FHTs.

A. Strengthen Ministry support for FHTs to enhance their value to patient health

- A.1. Continue to implement process for issues identification and collaborative problem-solving with MOHLTC, starting with budget and funding process

B. Build relationships with stakeholder groups to strengthen support for FHTs to deliver value

- B.1. Partnership role in MOHLTC "Strengthening Primary Care" initiative and preparation to implement "Excellent Care for All Act" in primary care
- B.2. Advocacy in support of recruitment & retention (pension & benefits)

C. "Stand up and be counted" – Develop evidence of FHT performance and value to patient health

- C.1. Strategy for advancing performance measurement in FHTs

D. "Toot our own horns" – Publicize evidence of value FHTs deliver to patient health, to broaden support for & access to FHTs

- D.1. Report on evidence of FHT success / pre-election education campaign

E. Develop resources to help member FHTs to enhance their value to patient health

- E.1. Governance development project
- E.2. Group purchase arrangements
- E.3. Annual conference

F. Power the AFHTO organization through strengthened membership and supporting infrastructure

- F.1. Build member engagement in pursuing AFHTO's vision and mission
- F.2. Continue to develop necessary infrastructure for the AFHTO organization

A. Strengthen Ministry support for FHTs to enhance their value to patient health

A.1. Continue to implement process for issues identification and collaborative problem-solving with MOHLTC, starting with budget and funding process

Why is this important?

- Individual FHT leaders face numerous issues each day. Collective processes to identify and address common issues leads to greater traction to focus attention on solving the problem, greater likelihood of finding satisfactory solutions, much less time and effort taken up by each individual FHT.
- "A formal, participatory, and transparent relationship with MOH" was identified as a key requirement for AFHTO at the November 2009 Leadership Retreat, and "an improved MOH budget approval process" was seen as a critical enabler to support FHT effectiveness.

AFHTO achievements to date:

- Since August 2010 the ministry's Primary Health Care branch has committed to meet regularly.
- In October, a small group of FHT EDs worked with FHT Unit staff to solve some problems with WERS and ASRER, and a letter was prepared for FHT auditors to clarify/resolve audit issues.
- In December, another small group of FHT EDs met with representatives of the FHT Unit and the Minister's Office to give feedback on an initial ministry proposal to bring greater structure and transparency to the process and predictability when it comes to funding. Ministry communication to FHTs is expected by early February for some improvements for the 2011-12 budget year.
- On January 25 yet another small group of FHT representatives met with staff from 2 different units within Primary Health Care branch to raise and work to resolve concerns with the Nurse Practitioner Service Encounter Reporting and Tracking (NP-SERT) Initiative. MOHLTC will send out a communication to all FHTs by early February to address the concerns.
- In response to a January 17 request from the Ministries of Health and Health Promotion, AFHTO has recruited another small group of FHT representatives to provide input on the implementation of the Nicotine Replacement Therapy program.

Proposed objectives for the next 1 – 3 years:

- Continue to press for and offer solutions for improved processes and more transparency around allocation methods to be used for 2012-13 budget process.
- Further develop AFHTO's capacity to engage members in identifying common issues, analyzing and prioritizing them for action, and participating in problem-solving forums. (Also see section F.1.)

Key resource requirements:

- For budget & funding process: Volunteer working group of FHT EDs who are willing to work with MOHLTC's PHC branch and consult with their colleagues in other FHTs to provide input, testing, constructive feedback and implementation assistance to improve the process for the 2012-13 planning cycle.
- For other issues: Further development of FHT networks, as described in section F.1, and volunteers from FHTs to work on analysis and problem-solving.
- ED time to receive and process concerns, recruit and coordinate volunteer activity, communicate to membership.

B. Build relationships with stakeholder groups to strengthen support for FHTs to deliver value

B.1. Partnership role in MOHLTC "Strengthening Primary Care" initiative and preparation to implement "Excellent Care for All Act" in primary care

Why is this important?

- Proclamation of the *Excellent Care for All Act* last June was one of the driving events for MOHLTC to initiate a process called "Strengthening Primary Care". First step was for ADM Susan Fitzpatrick to launch "a small planning group to draft and build consensus on a strategy for strengthening primary healthcare in Ontario, and plan a summit at which the strategy would be debated, finalized and approved by a broad-based group of key stakeholders, including citizen and patient groups, and representatives from Local Health Integration Networks and from public health units."[1]
- A highly reliable source states that, in 2012/13 quality planning frameworks & feedback processes are expected to be phased in for an additional sector beyond hospitals, and then additional ones in the following year.
- "Formalized relationships with other organizations, including partnerships where appropriate " was identified as a key requirement for AFHTO at the November 2009 Leadership Retreat. This particular initiative gives the opportunity for AFHTO to actively work with related stakeholders and the Ministry to reach common positions on the future of primary care.

AFHTO achievements to date:

- Through its board and ED, AFHTO is already well-connected to a number of organizations. This, together with participation on the FHT Action Group, has enabled board members to establish and nurture relationships with organizations such as the Quality Improvement and Innovation Partnership (QIIP), the Ontario College of Family Physicians, the Association of Ontario Health Centres, the Ontario Health Quality Council, etc.
- The ADM has written to say that AFHTO will be invited to participate in one or more of the 5 working groups – governance, access, accountability, efficiency, and quality – to be struck for the "Strengthening Primary Care" initiative

Proposed objectives for the next 1 – 3 years:

- Use this as an opportunity to promote value of FHTs, and to demonstrate AFHTO's capacity to contribute constructively and intelligently to policy and program development that affects primary care.

Key resource requirements:

- ED time, with input/consultation/assistance from AFHTO board and volunteers from member networks (see section F.1).

[1] From the dialogue summary prepared by the McMaster Health Forum following invited deliberations on "Supporting quality improvement in primary health care in Ontario", June 21, 2010.

B.2. Advocacy in support of recruitment & retention (pension & benefits)

Why is this important?

- FHTs must be able to offer competitive compensation packages, including pension and benefit considerations, in order to attract and retain qualified and competent staff.
- The need for support to enhance recruitment and retention was identified as a top level goal at the November 2009 FHT Leadership Retreat.

AFHTO achievements to date:

- AFHTO has partnered with HOOPP – the Hospitals of Ontario Pension Plan – to conduct survey research with FHTs on the funding gap for pension & benefits in FHTs. Preliminary findings were presented at the 2010 AFHTO Conference (http://www.afhto.ca/members-only/administration-tools/human-resources/afhto-hoopp-benefit-research-project/).
- As of January 27, HOOPP had achieved sufficient responses to reasonably quantify the funding gap for FHTs. This has also been done for other sectors in primary care and community-based services (e.g.), so it is likely there will be sufficient data to move forward with advocacy in 2011.

Proposed objectives for the next 1 – 3 years:

- Government's Compensation Restraint Act expires in March 2012. AFHTO's objective would be to gain an increase in funding to enable FHTs to offer competitive pension & benefit packages (of their choosing, from HOOPP or other sources) to recruit and retain skilled staff, by the time the Act expires. The data has also been collected for CHCs and community support agencies, so the Association of Ontario Health Centres (AOHC) and Ontario Community Support Association (OCSA) are potential allies in this advocacy.

Key resource requirements:

- ED time for some further consultation with FHT EDs, and to discuss with MOHLTC.
- Some volunteer involvement from FHT EDs may be needed to help make the case.

C. "Stand up and be counted" – Develop evidence of FHT performance and value to patient health

C.1. Strategy for advancing performance measurement in FHTs

Why is this important?

- To provide evidence of the value delivered by FHTs to patients and the health system.
- To understand the factors underlying FHTs ability to perform.
- Both of these factors power AFHTO's ability to succeed in its other strategic directions, in particular, to broaden support for the FHT model among the public and MPPs, to strengthen MOHLTC's financial and policy support to enable success and to develop resources to help FHTs enhance their value.
- This is also groundwork to influence and prepare for implementation of the *Excellent Care for All Act* (http://www.health.gov.on.ca/en/legislation/excellent_care/) in primary care, at which point all FHTs and other primary care organizations will be required to report on performance and improvement in performance against targets and benchmarks in key indicators.
- The need for standard measures, based on quality and patient outcomes was identified as a top level goal at the November 2009 FHT Leadership Retreat.

AFHTO achievements to date:

- Preliminary conversations have taken place with leaders of work underway in Ontario to develop common indicators and benchmarks for primary care.
- Presentation was made at the 2010 AFHTO conference on the subject of comprehensive primary care performance metrics and the relationship among cost, capacity and quality (posted at http://www.afhto.ca/members-only/comprehensive-primary-care-performance-metrics/)

Proposed objectives for the next 1 – 3 years:

- Develop a strategy to influence work underway in Ontario to ensure the indicators and benchmarks selected for purposes such as MOHLTC-FHT contracts and implementation of the *Excellent Care for All Act* make sense for FHTs and their patients. The current landscape includes:
  - MOHLTC Strategy Division is working on system level performance measurement.
  - The LHIN Collaborative's (LHINC) Health System Indicators Steering Committee is working at the level of LHIN-provider accountability agreements ("HSAA" and "MSAA"). This body includes key reps from MOHLTC Strategy Division and OHQC.
  - OHQC is working on this for both public reporting and implementation of Excellent Care for All Act.
  - Other key players include CIHI, ICES, MOHLTC's Health Analytics Branch, OCFP, "Quality in Family Practice" group at McMaster.
- At the same time, monitor related activity to develop data sources to populate these indicators, to ensure burden of data collection and reporting is manageable for FHTs.

Key resource requirements:

- Volunteer working group with some expertise in performance measurement in primary care to give guidance to the project.
- Research/analytical expertise.
- Someone to liaise with/ participate in the other key measurement initiatives
- ED time: To assist in developing AFHTO's strategy and to develop a funding proposal.
- This topic area has strong potential for some sponsorship by MOHLTC +/or OHQC.

D. Toot our own horns" – Publicize evidence of value FHTs deliver to patient health, to broaden support for & access to FHTs

D.1. Report on evidence of FHT success / pre-election education campaign

Why is this important?

- The need for the value of FHTs to be broadly recognized by the ministry, patients, and the public was identified as a top level goal at the November 2009 FHT Leadership Retreat.
- The pre-election period presents the opportunity, and the critical need, to educate and gain profile for FHTs (and greater credibility for AFHTO) among aspiring MPPs from all parties and other health organizations.
- Collateral benefits include providing a greater source of pride among FHTs and improving the potential for future expansion of FHTs.

AFHTO achievements to date:

- AFHTO representatives have been invited to present on FHT achievements to wider audiences, e.g. OHA conferences on Jan.28 (Chronic Disease Management & Prevention: System Solutions for Sustainability) and Feb.22 (Role of Primary Care in Health System Reform

Proposed objectives for the next 1 – 3 years:

- It is very late in the game to be starting this initiative now, so the question is – what actions will give the biggest bang for the buck at this stage? Are there opportunities to leverage work done by others, and strengthen these external relationships? (e.g. OCFP, RNAO & AOHC are potential allies in this)
- After the election, AFHTO activity could then shift to developing vehicles to create regular opportunities to attract attention to the value of FHTs, e.g. develop:
  - Template for all FHT annual reports, based on common metrics. (This is dependent on progress achieved in developing evidence/understanding of performance measurement (item A.1 above).)
  - AFHTO annual report.
  - Innovation awards at AFHTO annual conferences.

Key resource requirements:

- Pre-election candidate meetings require a lot of person-power and coordination:
  - To find credible evidence[2] of benefits of the FHT model as well as "anecdotal" success stories
  - To develop the speaking points and supporting brochure and/or other communications materials, background info on candidates
  - To recruit & coordinate volunteers to visit candidates
  - Members willing to leverage the goodwill and reputation many FHTs have already developed with MPPs.
- Expertise and knowledge gained in performance measurement project (see A.1 above) will provide valuable input and guidance
- Will need a working group, chaired by a board member, to carry out much of the work
- Supplemented by communications services – graphic design / print production / web presentation
- ED time:
  - To write up the strategy and project plan, and provide overall project mgt.
  - Possibly to prepare a proposal for MOHTLC funding or other sponsorship for the communications pieces. If successful:
    - To hire a researcher/writer to put the piece together.
    - To get admin support to recruit & coordinate visits to candidates

[2] For example, Yves Talbot and June Carroll at U of T, Mike Green at Queens, Rick Glazier at ICES, Bill Hogg at Ottawa. Stewart Harris is the lead family medicine researcher looking at this through the Thames Valley primary care research group out of London's UWO

E. Develop resources to help member FHTs to enhance their value to patient health

E.1. Governance development project

Why is this important?

- FHT performance in all areas is directly influenced by the degree of effective governance, from the provincial government through the FHT board of directors and down to the front line. When performance fails – clinically, financially, legally, ethically – auditors, politicians, the media and the public all ask, "Where was the oversight?"
- The need for clear governance structures and processes was identified as a top level goal at the November 2009 FHT Leadership Retreat.

AFHTO achievements to date:

- AFHTO volunteer working group has completed a detailed proposal to develop web-based learning modules on the basics of governance, strategic planning and risk management, for anytime learning by FHT board members.
- Proposal was submitted to MOHLTC on Jan.18, 2011 for funding consideration.
- Proposal was informed by results of the AFHTO-QIIP survey on Creating Good Governance in FHTs, to which 115 people from 59 different FHTs responded. (Results are posted at http://www.afhto.ca/members/surveys/ .)

Proposed objectives for the next 1 – 3 years:

- Once project funding is secured, develop and launch the program.
- This proposal is a potential launching point for a broader initiative to work with government and related stakeholders to create an appropriate "governance framework" that supports the ability of FHTs to enhance their value to patient health, prepares them for implementation of the *Excellent Care for All Act* (http://www.health.gov.on.ca/en/legislation/excellent_care/) and avoids undue burden.

Key resource requirements:

- Once project funding is secured, ED time will be needed for project management.
- Volunteer working group to continue providing expertise and insight into the development of the educational modules so that they are of the best quality and usefulness for FHTs

E.2. Group purchase arrangements

Why is this important?

- Many AFHTO members are looking for advice and group purchasing power when sourcing supplies and services that are common among FHTs,

AFHTO achievements to date:

- Commercial Advisory Committee (CAC) has been established to do this work.
- CAC has run a successful pilot process to identify suitable vendors, and is finalizing arrangements for the first two.

Proposed objectives for the next 1 – 3 years:

- Continue to pursue favourable purchasing arrangements for goods & services that meet specified criteria.

Key resource requirements:

- Volunteers to serve on the Commercial Advisory Committee and conduct the rigorous process of developing RFPs, screening candidates, and developing recommendations.
- Contracted support and legal assistance for CAC's work (financed through application fees for prospective vendors)
- ED time for related membership communications and promotion.

E.3. Annual conference

Why is this important?
- Prime opportunity for FHT leaders and staff to learn from one another.

AFHTO achievements to date:
- 2010 Conference attracted over 300 enthusiastic participants from 91 FHTs.
- Roughly half of these FHTs presented their innovations and best practices to their peers.
- Health Minister Deborah Matthews opened the proceedings with welcome words of support for AFHTO and FHTs.
- Revenue from registrations and sponsorships resulted in a $10,000 surplus over the direct costs of the event.

Proposed objectives for the next 1 – 3 years:
- Continue with the successful, proven format of encouraging FHTs to present to FHTs, and soliciting sponsorships so that the event breaks even in the end.
- The event is a showcase opportunity. The timing 2-3 weeks following the provincial election makes it a bit tricky in 2011, but it may be possible to invite, well in advance, the current minister and health critics to speak. Regardless of the election results, each one would have the opportunity to articulate how their party views FHTs, and what they will focus on in the health file, given the election result.

Key resource requirements:
- Volunteer working group to seek input from members on content and format, and to manage all aspects of the conference program, sponsorship and registration.
- Continue with external contract for conference management to implement and oversee all logistics.
- ED time for membership communications and promotion, and financial administration.

F. "Power the AFHTO organization through strengthened membership and supporting infrastructure

F.1. Build member engagement in pursuing AFHTO's vision and mission

Why is this important?

- AFHTO's credibility as the voice for FHTs increases as the proportion of FHTs who are members increases, and as the ability to speak with one collective voice is strengthened.
- The ideas, brainpower and time of people working within FHTs to enable AFHTO to achieve its mission, on behalf of all FHT members.
- As mentioned in section A.1, this is a key contributor to AFHTO's effectiveness in identifying and resolving issues with MOHLTC.

AFHTO achievements to date:

- From the 11 members who launched AFHTO 4 years ago, AFHTO grew to 94 as of September 1, 2010, and has added another 22 members up to February 20, 2011, for a current total of 116 members.
- This means AFHTO represents 62% of Ontario's 186 FHTs at present. (Of the 200 FHTs were announced, 17 amalgamated into 3 networked FHTs in Hamilton, Barrie and Peterborough.)
- As described in the previous sections, AFHTO has engaged FHT leaders in the November 2009 Leaders Retreat, in identifying and working to resolve issues with MOHLTC, in presenting to peers at the annual conference, and in serving on a variety of working groups.
- The consultation process on this draft strategic plan is intended to listen to leaders from all FHTs to ensure they feel their needs are reflected in their association's direction, and that AFHTO continues to deliver good value for their membership investment.
- From the 118 responses to the very recent survey on how FHT leader engage, we have learned that over 85% of FHTs are interacting with one another in networks that mirror the geography of their LHIN, that virtually all who do so value this interaction for help in problem-solving, and that use of e-mail and in-person meetings are the predominant mode of interaction. While over 85% have Facebook accounts, there are very few who are currently using social media for professional interactions.

Proposed objectives for the next 1 – 3 years:

- Based on these survey results, AFHTO will reach out to these existing networks of FHTs and find ways to further develop, support, tap into and truly listen to the networks of members.
- Strategies for optimizing communications with and among members (i.e. use of e-mail, AFHTO website) will be further explored.

Key resource requirements:

- A Membership Committee of the board is in place to develop and oversee engagement strategy and to actively promote membership.
- Development of and linkage with regional networks of FHTs will require the willingness of AFHTO members and AFHTO board directors to coordinate activity and communicate with one another.
- Ability of the Membership Committee to identify and nurture development of FHT networks where there are gaps or deficiencies
- ED time to:
  - Provide overall coordination for Membership Committee and support in set up of network arrangements
  - Develop and deliver e-mail updates and web postings at an increased level
  - At a future point, depending on evolving interest, to set up and administer the Member Forums function in AFHTO's Members Only website
  - Manage membership application and renewal process, including access to privileges.

F.2. Continue to develop necessary infrastructure for the AFHTO organization

Why is this important?

- "A formalized entity with infrastructure, including professional human resources" was identified as a key requirement for AFHTO at the November 2009 Leadership Retreat.
- The quantity and quality of infrastructure, paired with the degree of volunteer involvement, is what will power AFHTO's ability to progress in each of the strategic directions.

AFHTO achievements to date:

- August 26, 2010: AFHTO's first staff member, Executive Director Angie Heydon, was hired on a half-time contract. Angie has brought to AFHTO twenty years' experience in working with boards of directors, management teams, committees and stakeholders in planning, governance, organization development, policy and communications. She has worked in leadership positions in a number of health provider associations and government agencies, namely, the Ontario Health Quality Council, College of Family Physicians of Canada, Association of Ontario Health Centres, Cancer Care Ontario, the Ontario Medical Association and the Workplace Safety and Insurance Board.
- October 6, 2010: AFHTO's governance was formalized with the first fully-constituted annual meeting of the membership and approval of the association's bylaws.
- October 6, 2010: AFHTO launched its new website – a critical backbone for any membership-driven organization. The "members only" website was launched about six weeks later.
- January 2, 2011: AFHTO was able to hire a second staff member on a 2-month contract to assist the ED in engaging members in strategic plan development.

Key resource requirements:

- Significant ED time is needed take on administrative financial duties. AFHTO's Treasurer continues to volunteer an average of 2-3 hours per week (equivalent to 10-15% of ED's current paid time of 22 hours per week) to fulfill these duties. This is not sustainable and must be addressed well before the next board election in October 2012.
- Amount of ED time available is the key to determining how far and how fast AFHTO can proceed with the 10 priority initiatives identified in this draft strategic plan, and whether the progress will be sustainable.
- ED time could be expanded through an increase from half-time to full-time employment, and through expansion of the staff complement.
- Note that a staff expansion will also require acquisition of office space and equipment. The ED currently works from home using her own equipment.

Proposed objectives for the next 1 – 3 years:

- Ideally, to secure sufficient sustainable resourcing to support core infrastructure, minimally to include a full-time Executive Director, one or two additional staff and physical space. AFHTO is aiming toward a modest annual office budget of approximately $350k-400k, and looks forward to receiving feedback from FHTs to assess the feasibility.

8 Key indicators of success

- By April of 2013, AFHTO membership grows to 90% of all FHTs, from the January 2011 level of 60%.

  This gives tangible evidence of the value of AFHTO's work as seen by members.

- Expansion in % of Ontario population served by FHTs

  This gives tangible evidence of the value given by government (after the October 2011 election) and Ontarians to the FHT model, as well as the growing capacity of FHTs to increase efficiency in their delivery of high-quality care.

- AFHTO is consulted by MOHLTC and other health organizations on matters related to primary care delivery, and FHT perspectives are reflected in their work.

  While this is a "soft" measure, it gives tangible evidence of the perceptions these organizations hold of AFHTO's value.

- Successful and timely delivery of the 10 initiatives proposed in this strategic plan

  Project plans and timelines for deliverables are dependent upon the willingness and ability of FHTs to fund AFHTO's core infrastructure, and building on that, for AFHTO to find additional sources for project-specific funding.

- FHTs will feel prepared for application of the *Excellent Care for All Act*, and well-served by their association in this regard.

  To be measured by survey at appropriate times/intervals.