

2019
**Annual
Report**



**Health System Integration
Built on the Foundation
of Team-Based Primary
Health Care**

President's Message



Serving as the board chair and president of AFHTO over the past year has been an honour and a privilege. I've had the absolute pleasure of working with an engaged and active board and an incredible team. The AFHTO CEO, Kavita Mehta, and staff have worked tirelessly at engaging the new government to expand their understanding of how team-based care is what Ontarians need and deserve, and how it can be instrumental in ending hallway healthcare.

AFHTO has met with Minister Christine Elliott, Dr. Rueben Devlin, and ministry officials. The association was invited to present at the Standing Committee on *The People's Health Care Act*, where we spoke to the importance of team-based interprofessional care and primary care leadership.

The association also has two board members who were invited to sit on the Primary Care Working Group of the Premier's Council on Improving Healthcare and Ending Hallway Medicine, which continues to provide guidance on the benefits of models of team-based care. In addition, we have representation on committees of the Ontario Medical Association, and we have continued to fortify our relationships with other groups, such as the Ontario College of Family Physicians and the Nurse Practitioners' Association of Ontario to better reflect the interconnectedness of the sector.

Along with many teams, we've felt the effects of the new financial reality. Sadly, this resulted in the sunsetting of the D2D program and led to the reassessment of the association's priorities. We have redirected our focus on data measurement to improvement, and we continue to work to ensure teams have governance and leadership support. This will be especially important during this time of system restructuring and the building of Ontario Health Teams.

In the coming year, we'll be revisiting our strategic plan and assessing how we can best serve our members within the new health care reality. We'll be calling on you, as our membership, to provide your input and direction.

Thank you for the opportunity to work with an amazing board and an outstanding CEO and team.

Yours,

A handwritten signature in black ink, appearing to read 'Beth Cowper-Fung'. The signature is fluid and cursive, with a small flourish at the end.

Beth Cowper-Fung, AFHTO President

CEO's Message



Ontario is undergoing significant health care transformation, and, despite all the uncertainty, it is very gratifying and motivating to see our members embrace the challenge.

Primary health care providers in interprofessional team-based primary care have been working in integrated systems of care for years, but have felt that there is still fragmentation in the care they can provide because of the disconnect between the siloes of care – from acute to home care, from mental health and addictions to long-term care. With the passage of *The People's Health Care Act* in April, there is renewed commitment towards truly integrated patient-centred care and a movement towards patient-provider co-design.

With this transformation, there is an emphasis for all sectors of the health system to work more closely together to build Ontario Health Teams. AFHTO is working with system partners in primary care, acute care, home care, and mental health and addictions, and we are supporting members in doing the same. Among other things, members will continue to see new governance and leadership tools and resources, which will be essential to help system partners collaborate to form effective OHTs.

Despite a financially challenging year for AFHTO with the loss of our Quality Improvement Decision Support (QIDS) Program funding, we continue to push forward with the importance of quality and

quality improvement, especially as it pertains to better outcomes for patients and less cost to the system. We know our teams have been working hard in the last decade to reach the Quadruple Aim in practice, and we are pleased to see that it's a focus of OHT development. Our special thank you to the QIDSS and QIDSS-like team members for being so nimble and flexible this year with all the changes to the QIDS Program.

On behalf of the AFHTO staff, thank you to everyone from our member teams for being supportive and patient as we adapt and direct attention towards the new health system priorities. We're a small but mighty team, and we look forward to supporting you during this transformation. With a strategic plan refresh to start shortly, we look forward to hearing from you about AFHTO's priorities and where we should focus our attention in the upcoming years.

Your willingness to participate in AFHTO's activities is very much appreciated. Once again, thank you for your ongoing support.

Yours in good health,

A handwritten signature in dark ink, appearing to read 'K Mehta', written in a cursive style.

Kavita Mehta, Chief Executive Officer

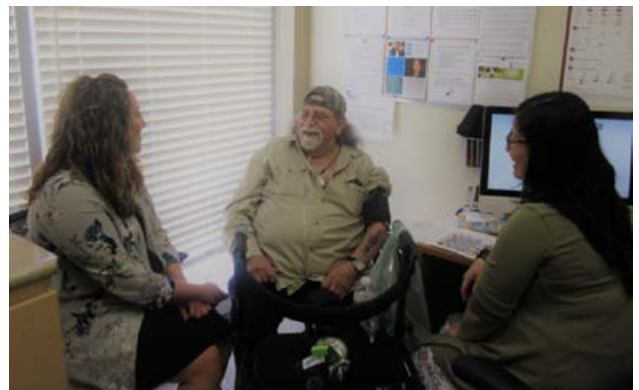
Health system integration built on the foundation of team-based primary health care

There's significant change underway in Ontario as the health care system is restructured to deliver fully integrated, patient-centred care —care that's co-designed by patients, families, and caregivers alongside their health care providers.

Several agencies are merging to create one agency called Ontario Health, and under Ontario Health will be Ontario Health Teams. Work is now underway to build these teams, which will be responsible for providing integrated care across regions.

Ontario Health Teams will be building on what team-based primary care providers have been doing for years: providing coordinated, comprehensive, patient-centred care.

Primary care will always be the entry point to the health care system. Members can be leaders in this transformation as team-based primary care is the foundation upon which to build a fully integrated care system that will provide the best health care for all Ontarians.



From top: The TEAM is in: Adding more players to solo practitioners' teams, Windsor Family Health Team.

Reducing silos and wrapping team-based care around complex geriatric patients, New Vision FHT Geriatric Complex Care Program.

Our Strategic Plan: Year 3



AFHTO is an advocate, network, and resource for team-based primary health care in Ontario.

Our members are family health teams (FHT), nurse practitioner-led clinics (NPLC), and other interprofessional primary care teams that are committed to advancing team-based primary care and improving patient outcomes across the province.

In 2017, we introduced a three-year strategic plan. It's our vision, our mission, and our commitment for team-based primary care, which will help ensure strong, integrated, patient-centred care across the province.

We're now in the final year of the strategic plan. In this report, we'll share progress made this past year in delivering on the three priorities.

Be a leader in primary health care transformation

Raising the bar on governance

Strong governance will be essential in the development and growth of [Ontario Health Teams](#) (OHTs). It's important to be strengthening governance across the sector while collaborating with providers to build OHTs.

AFHTO continues to help boards strengthen governance by offering web-based learning modules, toolkits, and local hands-on training. Over the past year, we've seen a significant shift in boards evolving to become skills-based and ensuring governance structures have the appropriate balance of clinical, community, and patient representation. A [skills-based board toolkit](#) was provided to support this.

Governance education and training was provided over six months through a series of webcasts on topics identified to be of most value by AFHTO's former Board Chair Leadership Council. Over 120 members participated in the governance webcast series.

When OHTs were announced, "[Questions all boards should be asking](#)" was prepared to help boards assess their readiness to lead or participate in the development of OHTs, and to encourage generative dialogue. A [governance handbook](#) is now being developed.

AFHTO will continue to provide support and materials to meet the high standards for good governance at this time of system change where strong, collaborative governance is critical.



Above: Increasing access to Dialectical Behavior Therapy (DBT) skills to underserved patients in primary care, Family First FHT Mental Health Team.

“The governance webinars were very timely and provided excellent information—immediately useful to board deliberations at the time.”

BOARD CHAIR

Governance webcast series:

- [Board orientation and education](#)
- [Board role and responsibility](#)
- [ED performance](#)
- [Risk management](#)
- [Strategic planning](#)
- [Public complaints](#)



Above: Care from a team at Greenstone Family Health Team, in collaboration with specialists, is helping ensure premature babies maximize their potential.

Collaborative governance: leading the evolving transformation of primary care

Successful development of Ontario Health Teams will require concerted efforts by boards to ensure there is a strong line of sight around expectations, performance, responsibilities, and accountabilities.

Last fall, the [Collaborative Governance Case Studies Report](#) provided an analysis of collaborative governance initiatives led by members. It looked at reasons for collaboration, as well as process, challenges, and lessons learned.

Collaborative governance at this time of system integration will be important, and it will be a focus for supportive tools and training in the coming year.

“The Achieve Results section of the LeaderShift program really helped me to understand how to strategically align my decisions with our organization’s vision and values.”

EXECUTIVE DIRECTOR

Investing in strong leaders

AFHTO continues to work in partnership with other associations to invest in leadership training. We recognize a natural outcome of effective leadership development is coalition building to move system change forward.

[LeaderShift](#) continues for the second year. Two hundred members have become LEADS certified or participated in the online LEADS Lite training. An applied leadership elearning series, a complement of the LeaderShift project, was also offered. LeaderShift continues this fall, with six more sessions across the province.

To broaden and refresh leadership skills, a self-directed online learning program was offered in partnership with [Harvard ManageMentor](#). Forty-two members received licenses, and it covered 40 topics for health care managers, with modules to help strengthen leadership and performance.

BY THE NUMBERS:

200 members

LeaderShift or Leadership LITE

42 licenses

Harvard ManageMentor

120 participants

Governance webcast series



Support for collaboration with non-affiliated physicians

Many teams are engaging with non-affiliated physicians to expand team-based care across communities. To support this, a [template shared care letter](#) was drafted to outline the partnership, to set expectations, and to define the commitment to work together. The letter included a template agreement for Personal Health Information and Electronic Medical Record (EMR) Access to identify obligations and restrictions when it comes to EMR access for shared care patients.

The tools are to support collaboration between teams and independent practitioners, and to affirm both parties as valuable partners in care. AFHTO will continue to support this focus on collaboration and expansion of team-based care.

Merger of the leadership councils

The Executive Director Advisory Council, Board Chair Leadership Council, and Physician Leadership Council have merged to form the [AFHTO Leadership Council](#) to bring leaders to one table and reduce duplication of efforts. It includes one representative for NPLCs and one for IHPs.

The representatives continue to be a conduit of information between peers and the AFHTO board and staff, which is especially important during this time of change. The council also provides guidance and advice that helps determine priorities that will best support members. The first meeting of the council was in June.

Counterclockwise from top: Group Perinatal Care, Mount Sinai Academic Family Health Team.

KW4 Community Ward Team, Centre for Family Medicine.

Improving asthma care through the Electronic Asthma Management System (eAMS), Wise Elephant Family Health Team.

Demonstrate the value of team-based primary health care

Focusing on improvement with the Quality Improvement in Primary Care Council

Although AFHTO's priorities have shifted due to funding and staffing changes, quality remains a priority.

In January 2019, the Quality Improvement in Primary Care (QI in PC) Council was formed to support quality work in the field. The QI in PC Council is five appointed QIDSS and QIDSS-like individuals whose goal is to support the QI in Primary Care Community of Practice (formerly known as the QIDSS CoP) and to strengthen collective QI capacity across the sector.

QI in PC Council Priorities:

- ✓ Share tools and resources across the QI in PC CoP membership
- ✓ Advocate for resources and support for the QI in PC CoP
- ✓ Coordinate collective QI projects at the regional and provincial level
- ✓ Coordinate peer support and knowledge exchange across the QI in PC CoP membership



Above: Eat. Move. Repeat. - East End Family Health Team, Timmins Family Health Team, and Misiway Milopemahtesewin Community Health Centre.

QI in Action eBulletin

The new [QI in Action eBulletin](#) is a resource to share innovations, tools, and stories from across the province. Each eBulletin will focus on a specific topic and give guidance on how to improve in concrete ways. Want to sign up? Email improve@afhto.ca.

From left:
Open access to
interdisciplinary group
programs, Queen's
Family Health Team.

North Simcoe Muskoka
works together to
integrate trans health
care into primary health
care, Couchiching
Family Health Team.



Continuing to build and support high-performing teams

AFHTO continues to host knowledge translation and exchange (KTE) workshops.

In November 2018, the [*Focus on Follow-up*](#) workshop provided teams with tools to overcome challenges of follow-up after hospital discharge and to keep patients from falling through the cracks.

In March 2019, the [*Building together: How to become a high performing team*](#) workshop was held in Ottawa and Toronto. The workshop explored the foundational elements that teams are built on and how to improve them.

KTE webinars have continued in collaboration with AFHTO members, external organizations, and stakeholders. They provide opportunities for members to learn about different primary care topics from peers and experts, with the focus of improving quality of care.

Aligning indicators to show value for money

Demonstrating value is more important than ever. Aligning indicators can demonstrate integration, collaboration, and strong relationships. It can increase efficiencies and patient outcome and show the value of team-based care.

As one example, teams in the North East have aligned their program indicators. They reduced the number from 419 to 24. This has let them focus on critical areas where improvement is possible. This strong relationship building and collaboration results in improved outcomes and resulted in the collaborative winning a [*Bright Lights Award*](#) last year.

We hope in this coming year to see more alignment of indicators between teams and among the health system as a whole. AFHTO will continue to work with partners to ensure that our members' successes are leveraged and included in future health system indicator work.

Ongoing collaboration and strong partnerships

Strong partnerships and collaboration across the sector are key to seeing the best outcomes for providers and patients. AFHTO is building more partnerships to build primary care teams' capacity to run successful QI programs that can help demonstrate the value of team-based care.

- AFHTO partnered with Western University, Centre for Studies in Family Medicine, and Schulich School of Medicine and Dentistry to complete the [*QI Enablers Study*](#) (i.e., what factors are needed to have a high functioning team). The research paper is expected to be published this fall.



From left: Creation of a comprehensive firefighter health initiative, Central Lambton Family Health Team.

Supporting patients to manage their chronic respiratory disease through each stage of their illness, Trent Hills Family Health Team.

- A partnership with the eHealth Centre of Excellence will provide decision support tools and change management support. This will help quality specialists be better equipped to support their team’s data collection and reporting while improving quality of care.
- A collaborative partnership between the Canadian Mental Health Association and Addictions and Mental Health Ontario is underway. Webinars will be developed for primary care teams and mental health and addiction agencies to inform on QI initiatives, to spread best practices and success stories, and to strengthen collaboration between sectors.

Other partners include researchers, health care organizations, the Ontario government, and digital health companies.

IHP Advisory Council: driving improvement forward

The IHP Advisory Council is bringing the voice of interprofessional health care providers to the AFHTO staff, board, and leadership council. The council is committed to driving improvement forward by focusing on and communicating its vision: advocating for interprofessional care, demonstrating value, and acting as a resource for IHPs across teams.

This year’s work has focused on collaboration and advocacy with agencies and MPPs; working to demonstrate how team-based care helps lower and prevent mental health and addictions crises; and how to share new innovations of care for IHPs to learn from one another and spread knowledge across the sector.

Advocate for the tools, resources, and conditions to support an effective primary health care system

Advocating for primary care

AFHTO continues to advocate for team-based primary care as a critical piece of health care delivery, and to speak to how it aligns with the government's vision of province-wide, integrated, patient-centred care.

We're working closely with government and ministry officials on the importance of a strong primary care component in all [Ontario Health Teams](#) (OHTs). AFHTO was one of the few [stakeholders selected to speak at the Standing Committee on The People's Health Care Act \(Bill 74\)](#). We were pleased to present on the importance of team-based primary care in the formation of OHTs.

We're working to collaborate with other primary care associations on advocacy for team-based primary care in health system restructuring.

Offering practical support through training, tools, and resources

As primary care is a key component of Ontario Health Teams (OHTs), webinars have been held to review OHT requirements, the role of primary care, and tips for planning.

The [Fundamentals of Governance Toolkit](#) was updated and is a helpful resource for teams.

As teams work to establish one collective primary care voice in regions to strengthen the formation of OHTs, this resource supports that work.

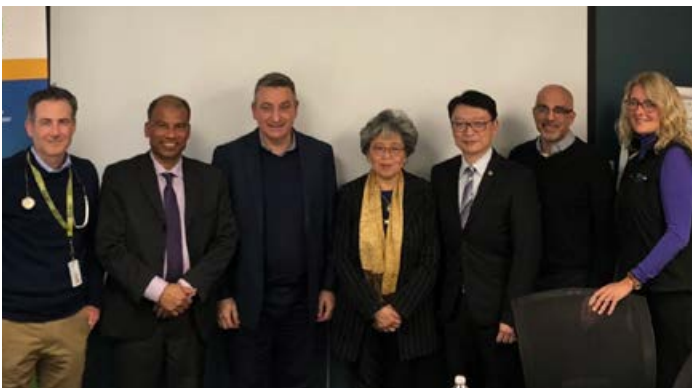
A [Lead Executive Performance Assessment Guide](#) helps boards measure and assess the performance of the lead executive of the organization. It provides a simple process for boards to use when conducting annual performance evaluations.

Other tools, including the [Primary Care Policies and Procedures Manual](#) and [privacy resources](#), are online. The manual has been made available to all primary care providers across the province to support physicians in various practice settings.

Co-leading a primary care virtual community

With The Change Foundation as the convener, AFHTO is excited to be co-leading the first-ever [primary care virtual community](#) in Ontario with the Ontario College of Family Physicians.

The virtual community brings together those in primary care who are interested in leading in their context and supporting meaningful system change. With the changes coming with Ontario Health Teams, supporting primary care clinicians



to lead in their settings will be important to integrate patient-centred care to improve the patient experience and outcomes, and to improve the experience of those delivering care.

With coaching support from Dr. Robert Varnam, GP and Head of General Practice Development at NHS England, we're learning about the journey that the UK underwent in health system transformation. Primary care was at the centre of reforms and we're looking at how we might use their learnings. These virtual community meetings will continue this year, and we look forward to learning from each other.



Local MPP engagement during this time of transformation

Teams have been doing a great job in building relationships and working with their MPP to ensure they're familiar with different models of care, what that delivers to their constituents, why continued investment is needed, and why team-based primary care is a critical part of Ontario Health Teams.

AFHTO has been working with a government relations firm since last fall to ensure members have tools to help communicate the value of team-based care while showing how it aligns with the government's priorities. A full set of [tools and resources for MPP engagement](#) are on our website in the members only advocacy section.



From top: Markham FHT, including AFHTO treasurer Dr. Allan Grill, meets with York region MPPs Logan Kanapathi, Minister Paul Calandra, Daisy Wai, and Billy Pang; In Perth County, Happy Valley FHT, North Perth FHT, Stratford FHT, and STAR FHT with their MPP, Randy Pettapiece; Timmins FHT's board chair, executive director, and lead physician with their MPP, Gilles Bisson; Georgina NPLC, including AFHTO president and board chair Beth Cowper-Fung, meet with their MPP, Minister Caroline Mulroney.

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.

AFHTO Leadership Council

Co-chairs: John McKinley, South East Toronto FHT; J.C. Kirk, Southlake Academic FHT; Tom Richard, Peterborough FHT. *Members:* Shirley Borges, Minto-Mapleton FHT; Colleen Neil, Sunset Country FHT; Stephen Gray, North Durham FHT; Janine van den Heuvel, Algonquin FHT; Diana Noel, Village FHT; Tracy Redden, Central Brampton FHT; Peggy Kelly, Kingston FHT; Joe Da Silva, Health for All FHT; Lynn Laidler, Rapids FHT; André Veilleux, ESF académique Montfort; Clarys Tirel, Mount Sinai Academic FHT; Connie Siedule, Akasivik Inuit FHT; Jenny Lane, Leeds & Grenville Community FHT; Jill Berridge, McMaster FHT; Jon Brunetti, Espanola & Area FHT; Kimberly Van Wyk, Clinton FHT; Sandy Scapilatti, Etobicoke Medical Centre FHT; Stephanie Nevins, Ingersoll NPLC; Marg Alfieri, The Centre for Family Medicine FHT; 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 & District FHT; Merrill Baker, Harrow 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; Allan Grill, Markham FHT; Andrew Everett, Upper Canada FHT; Haider Saeed, Hamilton FHT; James Pencharz, Credit Valley FHT; Joseph Lee, The Centre for Family Medicine FHT; Mira Backo-Shannon, OakMed FHT; Rob Annis, North Perth FHT; Shane Teper, Queen Square FHT; Tia Pham, South East Toronto FHT; Tamra Steinmann, Maitland Valley FHT; Hanni Darwish, North Simcoe FHT; Sheila Horan, Leamington & Area FHT

IHP Advisory Council

Chair: Marg Alfieri, The Centre for Family Medicine FHT. *Members:* Catherine Donnelly, Queen's 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; Suzanne Singh, Mount Sinai Academic FHT; Tiffany Ng, North York FHT; Veronica Asgary-Eden, Family First FHT; Sarah Schrier, Dufferin Area FHT. *Thanks and farewell:* Debbie Good, Niagara North FHT

ED Mentors

Alejandra Priego, St Joseph's Urban FHT; Anna Gibson-Olajos, Powassan & Area FHT; Barbara Major-McEwan, North Huron FHT; Jayne Graham, London FHT; Jenny Lane, Leeds & Grenville Community FHT; Joe Da Silva, Health for All FHT; Judy Miller, Northeastern Manitoulin FHT; Kelly Griffith, 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; Sandy Scapilatti, Etobicoke Medical Centre FHT; Suzanne Trivers, Mount Forest FHT; Wendy Parker, Lakeview FHT. *Thanks and farewell:* Michael Levitt, Humber River FHT; Heba Sadek, Queen Square FHT

Quality Steering Committee

Chair: Kevin Samson, East Wellington FHT. *Members:* Marg Alfieri, Centre for Family Medicine FHT; Darren Larsen, OntarioMD; Jill Strong, Thames Valley FHT; Andrew Shantz, North Simcoe FHT; Anna Gibson-Olajos, Powassan & Area FHT; Sarah Burrows, Patient Representative; Gail Dobell, Health Quality Ontario; Danika Walden, eHealth Centre of Excellence; Sandeep Gill, Queen Square FHT, QI in PC Council; Darlene Wong, MOHLTC; *Thanks and farewell:* Karen Hall-Barber, Queen's University; Angela Lianos, eHealth Ontario; June Park, MOHLTC; Salima Allibhai-Hussein, MOHLTC; Rick Glazier, Institute for Clinical Evaluative Sciences; Alan McLean, Superior FHT; Jennifer Torode, Arnprior & District FHT; Brice Wong, Windsor 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; *Thanks and farewell:* Jill Strong, Thames Valley FHT

Algorithm Project

Brice Wong, Windsor FHT; Charles Bruntz, West Carleton FHT; Sandeep Gill, Queen Square FHT; Abigail Scott, Queen's FHT; *Thanks and farewell:* Jesse Lamothe, Hamilton FHT; Sara Dalo, Windsor FHT

Quality Improvement in Primary Care Council

Abigail Scott, Queen's FHT; Brice Wong, Windsor FHT; Cameron Berry, Kawartha North FHT; Charles Bruntz, West Carleton FHT; Sandeep Gill, Queen Square FHT

Thank you and farewell to members who served on these former councils and committees:

Physician Leadership Council

Thanks and farewell: Wendy Hamilton, The Westend Family Care Clinic FHT; Sven "Buzz" Pedersen, Sunset Country FHT; Sylvia Orsini, London FHT; Chris Cressey, Minto-Mapleton FHT; Duncan Bull, East Wellington FHT; Kaetlen Wilson, Peterborough FHT; Kirk Hollohan, London FHT; Lalit Krishna, Maitland Valley FHT; Lopita Banerjee, Wise Elephant FHT; Mary Kate Gazendam, Loyalist FHT

Board Chair Leadership Council

Thanks and farewell: Nancy Roxborough, Barrie and Community FHT; Sean O'Connor, Kirkland & District FHT; Marlene Davidson, Atikokan FHT

Executive Director Advisory Council

Thanks and farewell: Heba Sadek, Queen Square FHT; Sherry Kennedy, Taddle Creek FHT; Jeff Poll, Grandview Medical Centre FHT; Joanne Berube, Marathon FHT; Kelly Griffiths, Tilbury District FHT; Ken Callaghan, Women's College Academic 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; Shelly Van Den Heuvel, Cottage Country FHT

Indicators Working Group

Chair: Andrew Shantz, North Simcoe FHT.
Members: 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 Bruntz, Timmins FHT; Carol Petryschuk, Dufferin Area FHT; Jonathan Lam, Health Quality Ontario; Sharon Gushue, Health Quality Ontario

EMR-DM Subcommittee

Chair: Kevin Samson, East Wellington FHT.
Members: Kirk Miller, Guelph FHT; Bob Bernstein, Bridgepoint FHT; Jason Bartell, Chatham-Kent FHT; David Barber, Queen's University; Stephanie Chin, eHealth Centre of Excellence; Knut Rodne, OntarioMD; Reza Talebi, OntarioMD; Meghan Peters, City of Kawartha Lakes FHT

NPLC Leadership Council

Chair: Beth Cowper-Fung, Georgina NPLC.
Members: 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 Gemmel, Essex County NPLC; Sharon Bevington, VON NPLC - Lakeshore; Sue Tobin, Ingersoll NPLC

AFHTO Board of Directors



AFHTO Board of Directors

From left to right: Marg Alfieri (Clinical Dietitian, Centre for Family Medicine FHT); Clarys Tirel (Executive Director, Mount Sinai Academic FHT); Thomas Richard, Vice President (Physician and Director, Peterborough FHT); Karen Lusignan (Executive Director, Atikokan FHT); Veronica Asgary-Eden (Clinical Psychologist, Family First FHT); Beth Cowper-Fung, President & Chair (Clinic Director / Lead Nurse Practitioner, Georgina NPLC); Kevin Samson (Lead Physician, East Wellington FHT). Absent: Rob Annis, Past President (Physician, North Perth FHT); Sara Dalo (Manager of Quality, Experience and Patient Safety, Windsor FHT); Kaela Hilderley (Registered Respiratory Therapist, Elliot Lake FHT); Tracy Hussey (Executive Director, Sunnybrook Academic FHT); J.C. Kirk (Executive Director, Southlake Academic FHT); John McKinley (Board Chair, South East Toronto FHT)

AFHTO Staff



AFHTO Staff


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

2019 Annual Report

The Association of Family Health Teams of Ontario (AFHTO)

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 Facebook: Association of Family Health Teams of Ontario (AFHTO)

 Twitter: @afhto

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.

Programs and teams on the cover, from top down:

Put Your Best Foot Forward, Sunnybrook Academic Family Health Team;

Trent Hills Family Health Team Nutrition Program;

North Simcoe Muskoka works together to integrate trans health care into primary health care, Couchiching Family Health Team;

Supporting families in rural areas for better care of their children from birth to school age, Trent Hills Family Health Team.