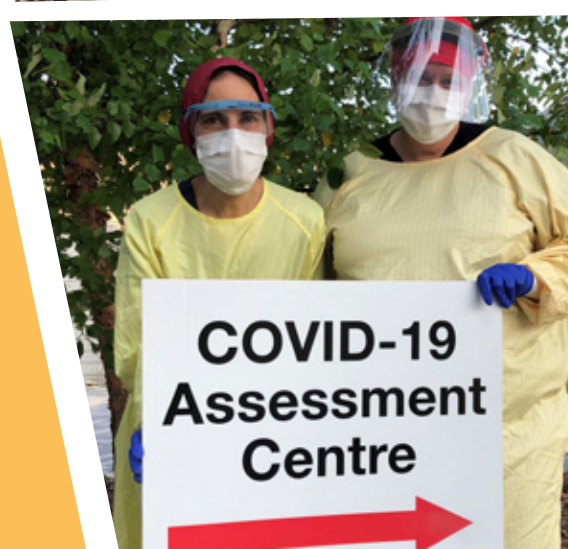


AFHTO 2020 ANNUAL REPORT

# Tectonic Shifts: Rebuilding Primary Care In A New World

**afhto** association of family  
health teams of ontario



## President's message



Our members are **incredible teams that came together** to provide Ontarians the care they needed and deserved as our province grappled with COVID-19.

This has truly been a memorable year. It's hard to put together my thoughts on my term as chair of AFHTO without feeling that the pandemic has dominated everything. Over this past year, my work would not have been possible without the support and hard work of our dedicated staff, particularly our CEO, Kavita Mehta. Our committed board members have also worked diligently to ensure a responsive and effective organization as we adapted to meet the challenges of COVID-19. I thank them all for their tremendous support and guidance over the last year.

AFHTO has had to adjust and develop new ways of working to respond to the needs of our members. We have done this while evolving into some kind of new normal and continuing to manage financial challenges. From Zoom meetings to working from home to coping with anxiety to missing colleagues, we have experienced many of the same challenges our teams have experienced throughout this pandemic.

The good news is that we have seen that the strength of teams can lift us over obstacles that otherwise may have paralyzed primary care in Ontario. Our members are incredible teams that came together to provide Ontarians the care they needed and deserved as our province grappled with COVID-19. By being flexible, nimble, and properly resourced, teams adapted to the needs of patients. This highlights the true value of team-based care, and I hope that the sacrifice and risk get recognized as we move forward with restructuring primary health care in this province.

Not all our work, however, was related to the virus. AFHTO has been busy with advocacy and continued relationship building with sector partners where our interests align. The fruits of these relationships will serve our members well as we continue to work to ensure team-based primary care is the standard of care for all of Ontario.

It has been an honour serving as your board chair over this past year, and I want to thank all of you for the opportunity. Between the incredible board and excellent staff, our team is well placed to confront whatever this next year will bring us. Together, we can overcome anything.

Please take care of yourselves and each other.

A handwritten signature in black ink that reads "Dr. Tom Richard". The signature is written in a cursive, flowing style.

*Dr. Tom Richard, AFHTO President*

## CEO's message



**Primary care teams rose to the challenge and ensured that patients and the community were well taken care of.**

When you think of 2020, you think about visual acuity and having 'normal vision,' but I think we can all agree that there has been nothing normal about this year. COVID-19 has led to major shifts in our lives, and we have seen major changes in the way health care can be delivered. The pandemic has also exposed gaps and cracks in our system, especially in providing care and support for the most vulnerable.

We have seen how connections matter. Whether that was a patient's connection to their community or to their primary care provider, those who were connected had a team that cared about them and their health and wellbeing.

For those who did not have a team, it left many vulnerable not just to COVID-19 but to bigger problems, such as social isolation and their mental health and wellbeing. But this is where we saw teams shine by leveraging the trusting relationships they have with their patients, and also working to support their communities as a whole.

Despite the false narrative, primary care never closed. Teams stepped up and innovated. They provided injections in parking lots, they delivered virtual cooking classes, they did proactive check-in calls with seniors and the most vulnerable, and they deployed to support assessment centres and other areas of the healthcare system. In-person care was there for those who needed it. Primary care teams rose to the challenge and ensured that patients and the community were well taken care of.

As we head into the fall, one thing we know is that care is best when it is integrated and connected. The unpausing of OHTs presents an opportunity for primary care to continue its leadership and ensure that they are the foundation of the integrated health and social system in their communities. AFHTO looks forward to continuing to shine a light on the tremendous impact our teams make in the lives of Ontarians. As the pandemic exposed, a focus on social

determinants of health is important in delivering that care. Every Ontarian who needs a team deserves one.

On behalf of AFHTO staff, thank you to everyone for your continued support, especially as we also pivoted in a new direction to support our teams through the pandemic. A special thank you to the AFHTO board, who provided leadership and guidance as we all found our way navigating through this 'new normal.' As things are currently fluid, we will be engaging in a prioritization exercise with the board this fall on where to direct our energies. We look forward to your thoughts and input as we undergo this journey.

Once again, thank you for your ongoing support. We look forward to co-designing the future of team-based primary care with you.

Yours in good health,

*Kavita Mehta, AFHTO CEO*

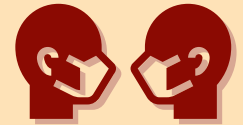


Curbside INR clinic at Thamesview FHT

## Pivoting to the new normal



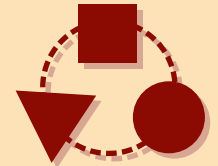
Virtual care



In-person care



Working with  
the vulnerable



Community  
collaboration

## The primary care **pivot**

This has been a year of change unlike any we could have expected.

Teams were working with local partners to restructure how they delivered health care: making it seamless, integrated, and patient centred. That work paused when a pandemic struck, and every team needed to direct their focus to the challenges at hand.

Transitions to virtual care happened within 48 hours, and adapting to the new reality continues. From acquiring and wearing personal protective equipment (PPE) to managing office operations, transitions to a new normal are ongoing.

Gaps in our healthcare system have been exposed. For example, it is now clear that virtual care needs to be permanent, that there are health inequities to address, and that trusting relationships are important, particularly during times of fear and uncertainty. There is now an opportunity to address the gaps, and a pivot in primary care delivery is underway.

This report is about our members who pivoted quickly to deliver exceptional care in exceptional circumstances. As health system restructuring now continues, one thing remains certain: Ontarians deserve nothing less than the integrated, patient-centred primary care that teams provide. Nothing less than the exceptional.



### Who are we?

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.



Ready to go! First day at the assessment centre led by Toronto Western FHT.



The pandemic has raised two important conversation points for primary care: **defining the greatest strength and value** we bring to our patients and the health care system in being trusted clinicians with a diverse and highly agile skill set, and **the importance of unity and solidarity** as a profession.

- Family Physician,  
Mississauga Halton Primary Care Network

## Be a leader in primary health care transformation

### Organizing integrated, patient-centred primary care

It was clear before the pandemic struck that it was time for the sector to work better together across all primary care models and practice types. The benefit of coming together and organizing primary care was exemplified during the response to COVID-19. Regions with strong connectivity were able to take a more collective approach to PPE, virtual care, and maintaining essential in-person care delivery.

Governance and clinical leadership have been the key pillars in strengthening collaboration and connectivity.

### Collaborative governance and community stewardship

Having strong governance practices in place has allowed teams to continue to govern effectively during the pandemic and maintain a level of normalcy through appropriate board oversight and functionality. Teams have stepped up, such as in Grey-Bruce, where Brockton Area and Kincardine FHTs have formalized a collaborative model of care that brings the two teams together and supports a more patient-oriented health system.



### Supporting clinical collaboration

- ✓ AFHTO organized and facilitated 12 collaboration sessions, which over 340 physicians attended
- ✓ [Primary Care Physicians: Working Together for Change](#) supports physicians in exploring how they might work better together. This included 'lessons learned' from emerging physician groups that AFHTO interviewed to learn about and disseminate successful strategies
- ✓ Ongoing collaboration with the Ontario College of Family Physicians and the Section on General and Family Practice to highlight the importance of clinical leadership

Under this initiative, a joint board was developed to support the alignment of the programs and services offered by each organization, enhance access, and standardize administrative, operational, and governance functions.

They have also been leaders in board-to-board discussions about the best governance approach for their region – one that is locally responsive, accountable, and representative.

This is just one example of teams that are leaders in local Ontario Health Team (OHT) development; demonstrating that primary care governance can be about leading bold change and strategic collaboration across sectors; the co-design of our future state; and sharing accountability.

### Strengthening clinical leadership

Physicians and nurse practitioners know the healthcare system, have long-term relationships

with their patients, and have an in-depth understanding of their communities' healthcare needs. Multiple physician networks are being built and showing that physician collaboration is key in delivering a strong pandemic response.

Physicians at South East Toronto FHT are one example of leaders who have taken on new challenges to support the community. Mobile unit medics have been used to conduct assessments and care for seniors and other vulnerable populations; they have teamed up with partners to create a primary and community care virtual response team, and to see patients in-person for partners due to lack of PPE for some pediatricians and primary care physicians; and social media has been leveraged to reach out to patients and to answer questions from the broader community.

Physicians across the province are – together – strengthening clinical leadership.



### Delivering support for effective governance and operations

- ✓ [Business Continuity Toolkit](#)
- ✓ [Board webinars and tools](#) on resumption of services, direction of OHTs during the pandemic, and strengthening governance
- ✓ [OHT Handbook for Boards](#)
- ✓ [OHT Starter Kit](#)
- ✓ [Primary Care: Local Change Ideas](#) to highlight initiatives underway across the province for other teams to consider and build on
- ✓ [OHTs: Questions all Boards Should be Asking](#) on health system restructuring



The regions with primary care and physician leadership tables were able to **rapidly pull together a united pandemic response plan** as family physicians across a variety of practice and remuneration models, nurse practitioners, executive directors of FHTs and CHCs, and other leaders had already started self-organizing in preparation for their budding OHT work. Being able to **quickly reach out and communicate across established networks of providers** who trusted each other was **key to a successful pandemic response**.

- Family Physician,  
East Toronto Family Practice Network



Georgina NPLC organized a drive-thru testing day with local partners – 133 tests were done in just over three hours.



Delhi FHT led the crisis response for migrant farm workers.

### Strong leadership and collaboration shining through

Teams have been leaders in ensuring continuity of care for patients and in providing care to others in the community. Strong partnerships and collaboration have been key.

When virus outbreaks occurred on farms, teams were there to help migrant farm workers. Delhi FHT is one example. They were leaders in working with the local public health unit and hospital on 673 ‘in the field’ visits to help migrant farm workers with the outbreak. Building trust helped the workers be honest without fear of losing their jobs. This was key in ensuring their recovery.

A virtual townhall was organized by Northumberland FHT, along with the public health unit, hospitals, and the municipality, to foster a sense of assurance in the community. A virtual seniors’ wellness program was established, and webinars were open to the public. The FHT also ran a sewn masks campaign to provide masks for those who struggle to get their own.

Such leadership is not just the driver in developing Ontario Health Teams, but it is the reason that teams who already had this collaboration and relationship building underway were all the stronger in addressing the crisis that the pandemic presented.



### Supporting team leadership

- ✓ Organizing regional ED check-in calls
- ✓ Enabling EDs to share challenges and successes with one another
- ✓ Delivering webcasts and posting tools on the biggest questions and challenges, including virtual care, human resources and staff support, privacy, and risk management
- ✓ [A webinar for IHPs on OHTs and leadership in health system transformation](#)



Essex County NPLC enhanced digital services with a funding grant for mobile phones and tablets to loan to patients.



Akausivik Inuit FHT has been and continues to be a COVID-19 assessment centre for Inuit, while also managing special requests for testing from First Nations and Métis organizations and their clients.

## Demonstrate the value of team-based primary health care

### The virtual care pivot in primary care

Primary care moved many services virtual within 48 hours of the pandemic being declared. Virtual check-ins became regular across teams, including outreach and wellness calls to vulnerable or high-risk patients.

North York FHT and many others increased IHP support and took a lead in supporting physician and patient EMR accessibility to ensure virtual team care was successful. Team-based primary care never closed, and many teams, such as

Aurora-Newmarket FHT, were leaders in providing services to unattached patients or those having trouble accessing their physician because of challenges others faced in remaining open.

Teams worked around these unexpected barriers and many programs went virtual, such as Summerville FHT's education series. Their IHPs have been running virtual sessions for anyone in the community on topics requested through a patient experience survey.



### AFHTO supporting the move to virtual care

- ✓ [Shift to Virtual Care: Primary Care Response to the COVID-19 Pandemic](#) provided information on platforms, etiquette, and ways to deliver virtual care
- ✓ Guidance on virtual visit platforms and hosting virtual group programs
- ✓ Webinars and resources, including [how to conduct virtual visits](#) and [innovative initiatives across teams](#)





Espanola and Area FHT and community partners announced the opening of the Espanola Rapid Access Addiction Medicine (RAAM) Clinic last year. The clinic is run out of the FHT and is now providing faster, barrier-free access to medical treatment for substance abuse disorders.



Dryden Area FHT's patient care navigator works closely with members of the team to support patients who are struggling with finances, medication coverage, and system navigation.

Teams have also been creative, such as Essex County NPLC, who enhanced digital services to meet community needs with a funding grant from the Canadian Red Cross for mobile phones and tablets to loan to patients, allowing them to access virtual appointments, one-on-one and group programming, and pre-recorded health material.

And where virtual was not possible for some patients or services, teams found new ways to deliver in-person care, such as Atikokan FHT and West Carleton FHT, where drive-thru swabbing or parking lot injection sites were set up.

Teams have stepped up to meet the challenges faced during the pandemic and, while doing so, have demonstrated that virtual care can be equally as effective as in-person care.

### **A rise in mental health and addiction: preparing for the next wave**

Across the province, the lack of mental health and addiction support is increasing the workload for healthcare providers due to an increase in needed care among patients.

Many teams are focusing on this priority population, such as Haldimand FHT, whose mental health staff provide check-in calls to counsel and monitor patients in isolation. This support is being provided to patients in active counselling and patients who received mental health support in the past. Counselling services have also been extended to non-rostered patients.

The Hills of Headwaters Collaborative OHT, including Dufferin Area FHT, have been supporting long-term care workers and other frontline providers by mobilizing an online portal to access timely counselling supports.



### **Did you know?**

AFHTO continues to work with the Primary Care Mental Health and Addiction Table on the Primary Care Mental Health and Addiction OHT Guidebook on how providers can be supported. This analysis of what exists and where there are gaps is an important first step in delivering integrated mental health and addiction supports in primary care.

The team also hosted 'coping with stress' webinars and brought the community together for a virtual community memorial event.

A webinar series centred around coping conversations to support the community's wellbeing and to foster a sense of belonging is now delivered by Central Brampton FHT, and Georgian Bay FHT is delivering care to vulnerable people by having mental health counsellors visit those who are homeless to ensure they have support, food, and places to sleep.

There have also been unique programs that have gone virtual, such as at Queen's FHT where there are now online group programs to ensure continuity in mental health care for their patients, including anxiety and depression supports, sleep therapy, and mental health support for new mothers.

The importance of continuity of care for patients has not been lost across teams, especially for patients' mental health and wellbeing during stressful and challenging times, and as we prepare for a possible second wave.

### **Capturing the primary care journey throughout COVID-19**

AFHTO brought together multiple partners and is leading collaborative research among providers, patients, and teams to demonstrate the importance of team-based primary care and how it has been critical during the pandemic. Research is focusing on virtual care, in-person care, working with the vulnerable, and community collaboration.

### **The provider experience story**

- AFHTO worked with researchers at Queen's University on the IHP Experience Survey – in which over 450 IHPs participated – and with researchers at University of Toronto on Exploring the Impact of COVID-19 on Interprofessional Primary Care Service Delivery: Informing the Evolution of Provincial Models of Care.
- A provider experience survey that AFHTO is the lead and convener on is underway in partnership with the Nurse Practitioners' Association of Ontario, the Ontario College of Family Physicians, and Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV). Results will be available later in the fall, and WIHV will be providing recommendations to the ministry on virtual care.

**"When collaboration amongst all providers of care from clerical to physicians and IHPs can be done, the improvement seen in morale and patient care is significant."**

*– Interprofessional healthcare provider,  
IHP research project*

### **The team experience story**

- While most care went virtual, offices were not closed. A research paper that shares lived experience and demonstrates the value of teams, particularly during such exceptional times, will be published. Ninety-three executive directors participated in the research project.
- Data will be presented in the fall and a paper will follow in the new year.

**"The future of primary care will be a hybrid approach where practitioners have more flexibility to do a combination of virtual and in-person care. As we're seeing, that is what's best for practitioners to deliver appropriate care – and that is what's best for their patients."**

*- FHT executive director*



## The patient experience story

- AFHTO convened multiple sector partners and led the development of the Primary Care Patient/Client Virtual Care Experience Survey. It is now being conducted by teams. Learning the patient experience will show preferred methods and provide direction on what needs to be permanent.
- AFHTO is looking to collect data every three months to showcase what has worked well for patients across interprofessional teams during the pandemic.
- Teams have also been conducting their own patient surveys. Guelph FHT's patient experience survey was open between March and August. Of patients who responded, 87% had a positive experience receiving care during that time, and 88% were satisfied with the technology used for virtual visits.

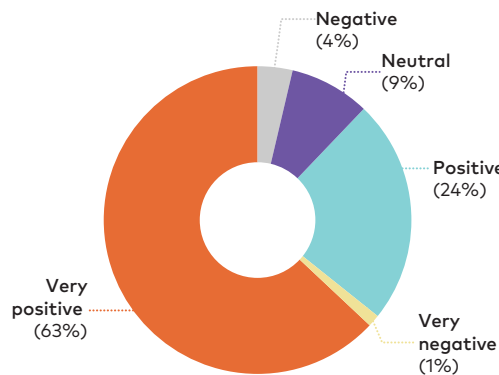
**"I think it's great to be able to use telemedicine instead of having to go in and take time off work."**

*– Patient, Guelph FHT*

## Patient Experience Survey - COVID-19

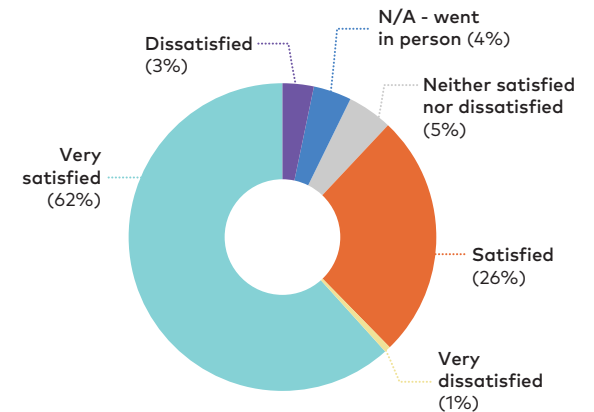
Guelph FHT runs patient experience surveys throughout the year using social media, email lists, and clinic distribution. They have adjusted their typical patient experience survey to include experiences during the COVID-19 pandemic. Below are the results from March 24, 2020, to August 18, 2020 (372 responses).

**Overall, patients described their experience during COVID-19 as:**

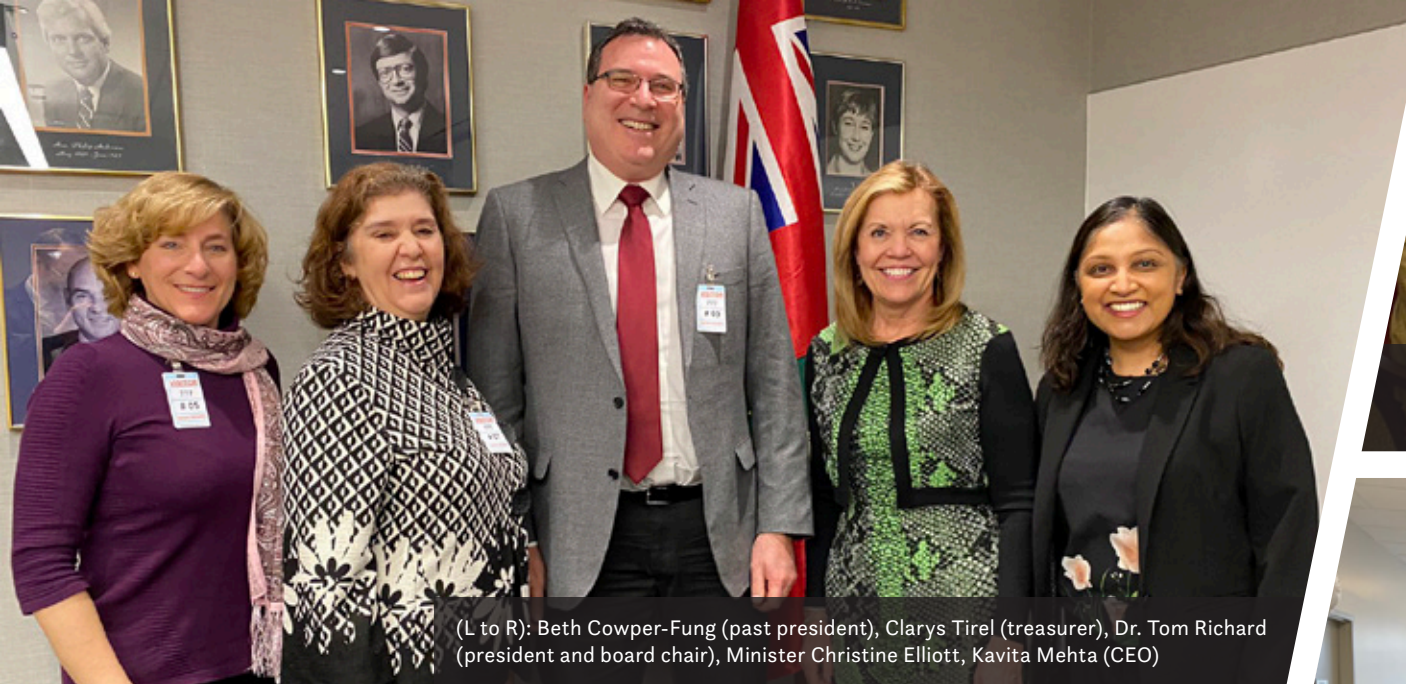


**87% of patients** surveyed described their experience receiving care during COVID-19 as **positive or very positive**

**Satisfaction with the technology (phone, email, video):**



**88% of patients** stated they were **satisfied or very satisfied** with the technology used during their visits



(L to R): Beth Cowper-Fung (past president), Clarys Tirel (treasurer), Dr. Tom Richard (president and board chair), Minister Christine Elliott, Kavita Mehta (CEO)



(L to R) Dr. Tom Richard (president and board chair), Kavita Mehta (CEO), Beth Cowper-Fung (past president), MPP France G  linas (NDP health critic)



Tilbury District FHT, Chatham-Kent FHT, Thamesview FHT, and many community partners were joined by MPPs Rick Nicholls and Monte McNaughton to announce the Chatham-Kent OHT.

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

### Interprofessional team-based care for all

For care to be truly equal and integrated, everyone needs access to the same services when they need them. For health system restructuring to be successful in providing integrated care and keeping people out of hospitals, comprehensive primary care must be at the base.

AFHTO regularly works and builds relationships with stakeholders, government, and ministry officials, and advocates for the critical role of team-based primary care.

### Advocacy in action:

- ✓ The temporary Provincial Pandemic PPE Transitional Support Program was announced as a first step for PPE support following advocacy for centralized PPE distribution for primary care
- ✓ Successfully lobbied for members redeployed to higher-risk settings to receive pandemic pay; this included a joint open letter with multiple associations

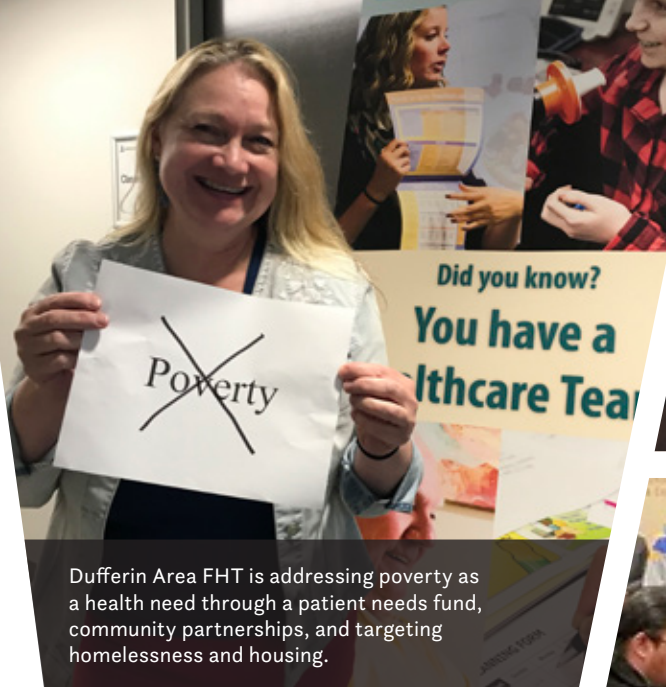
- ✓ Submitted recommendations to the Standing Committee on the Legislative Assembly on Bill 175, Connecting People to Home and Community Care Act, 2020
- ✓ Input on the proposed regulations for Bill 175 was later submitted in collaboration with the Ontario College of Family Physicians
- ✓ Met with the Minister of Health, the office of the Associate Minister of Mental Health and Addictions, and the NDP's health critic to discuss AFHTO's 2020 pre-budget submission

- ✓ The pre-budget submission included recommendations for funding for clinical leaders in OHTs. A \$25.25 million investment was later announced to support approved OHTs; this funding includes leadership support
- ✓ Ongoing collaboration with Ministry of Health officials, government, Ontario Health, and stakeholders
- ✓ Submitted recommendations to the Primary Care Working Group and the OMA Negotiations Committee
- ✓ The Ontario Chronic Disease Prevention Alliance, of which AFHTO is a part, published Increasing Resilience to Chronic Disease and COVID-19: A Deployment Strategy for the New Health and Economic Reality
- ✓ Published Offering Patients a Medical Home - Not a Hallway - and a Stronger Health System in Longwoods' Healthcare Quarterly

**The social determinants of health: front and centre**

An effective healthcare system needs to address everything that makes people sick. The pandemic has highlighted the social determinants of health among the most vulnerable people in our province.

Teams continue to work to help those who need it. Humber River FHT is one example of teams providing phone services



Dufferin Area FHT is addressing poverty as a health need through a patient needs fund, community partnerships, and targeting homelessness and housing.



Village FHT patient receives an injection from an RN.



Blankets were made and gifted by indigenous community members for physicians in the All Nations Health Partners OHT, which includes Sunset Country FHT, who are committed to providing care to First Nations communities.

to vulnerable communities that face racial inequalities and poverty and have limited access to technology.

And while the pandemic has affected everyone, isolated First Nations communities have been significantly impacted. All Nations Health Partners OHT, including Sunset Country FHT, set up mobile access teams, so nurses and paramedics could visit areas with low access to care to provide testing for COVID-19 and appropriate follow-up care. Videos were also created with chiefs of them getting swabbed for COVID-19 to encourage members of the communities to get tested as well.

Teams know how critical it is to address the social determinants of health, and AFHTO will continue to advocate for investments in delivering equal and comprehensive care to everyone who needs it.



We are not all in the same boat.  
We are all in the same storm.

Some of us are on super-yachts.  
Some have just the one oar.

- Author Damian Barr, April 2020

## Speaking up for social prescribing

Prescriptions are for more than just drugs, and OHTs should use social prescribing to improve Ontarians' health and wellbeing. This is the next step in equitable health care.

AFHTO and the Alliance for Healthier Communities have collaborated on two articles published in Healthy Debate on social prescribing. The articles were published this year on [February 6](#) and [August 20](#).

## Co-leading the Primary Care Virtual Community

AFHTO and the Ontario College of Family Physicians, in partnership with the Nurse Practitioners' Association of Ontario and the Section on General and Family Practice, have been co-leading the Primary Care Virtual

Community (PCVC). The PCVC brings together primary care clinicians who are interested in leading and supporting meaningful system change. Several thousand people have now connected through this community.

With coaching support from Dr. Robert Varnam, GP and Head of General Practice Development at NHS England, we've learned about the UK's journey in health system transformation. This was used as guidance to develop the top 10 made-in-Ontario high impact actions.

AFHTO delivered [Primary Care: Local Change Ideas](#) to build on the Ontario high impact action items. It highlights local challenges and solutions to improve clinical practices and care delivery in communities.



Following the advice of the UK's transformation gurus, Helen Bevan and Robert Varnam, and in the spirit of Ontario Health Teams, Ontario's Virtual Primary Care Network was born: **an open-ended local leadership enabled virtual community**. With hundreds of Ontario's primary care leaders, and facilitated by The Change Foundation, **10 High Impact Actions to free up time in primary care were co-designed and have spread**. The ability to align local change efforts with provincial policy and direction is proving to be a powerful driver towards **primary care as foundational in integrated care**.

- Family Physician

## The 10 Made-in-Ontario High Impact Actions

1. Navigate and Coordinate
2. Integrate EMRs
3. Access to Mental Health and Addictions
4. Organize Primary Care
5. Practice Facilitation and Change Management
6. Build the Extended Team
7. Streamline and Reduce Admin
8. Recognize and Support Primary Care Continuity
9. Build Connections to Address the Social Determinants of Health
10. Patients and Caregivers as Partners



Sunnybrook Academic FHT and the new era of virtual communication.



Staying strong at Thamesview FHT!

## Where to from here?

Primary care is the entry point to the healthcare system and the foundation of people's health care: it supports them throughout their lifetime with care that is comprehensive, promotes health and wellbeing, and works to prevent, detect, treat, and manage illnesses.

Team-based primary care is care that is fully coordinated, integrated, and patient centred. This type of care is also the aspiration of Ontario Health Teams. To be successful, they will need to build on what primary care teams have been delivering for years.

The pandemic has highlighted the quality of care that teams deliver and reinforced that equitable access is essential. As the healthcare system is restructured, one thing is certain: every Ontarian who needs access to team-based primary care should get it. There is more work to do, but this can be achievable.

**Let's keep going.**



### Let's stay connected!

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

Members can also sign up for AFHTO's weekly e-newsletter for regular updates! Email [info@afhto.ca](mailto:info@afhto.ca) to be added to the mailing list.

# 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; Lynn Laidler, Rapids FHT; André Veilleux, ESF académique Montfort; Clarys Tirel, Mount Sinai Academic FHT; Connie Siedule, Akusivik 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; Ron Esterbauer, Markham FHT; Colin Wilson, Kingston FHT; Elliot Halparin, Halton Hills FHT; Erin Glass, STAR FHT; Gary Gurbun, Kincardine FHT; Jim Armstrong, Kawartha North FHT; Kandace Macara, PrimaCare Community FHT; Louise Gamelin, Espanola & Area FHT; Merrill Baker, Harrow Health Centre Inc: A Family Health Team; Sheila Latour, Powassan & Area FHT; Jay Johnston, Arnprior and District FHT; Bridget Davidson, Atikokan FHT; Joseph Lee, Centre for Family Medicine FHT; Stephen Elliot, Leeds & Grenville Community FHT; Allan Grill, Markham FHT; Andrew Everett, Upper Canada FHT; James Pencharz, Credit Valley 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; Marg Alfieri, Centre for Family Medicine FHT  
*Thanks and farewell:* Joe Da Silva, Health for All FHT; Haider Saeed, Hamilton FHT

## IHP Advisory Council

*Chair:* Marg Alfieri, Centre for Family Medicine FHT  
*Members:* Kaela Hilderley, Elliot Lake FHT; Chantal Simms, Women's College Academic FHT; Amber Brown, Peterborough FHT; Brigita Prskalo-Mantz, Ingersoll NPLC; Nosheen Chaudry, Dufferin Area FHT; Zachary Hollingham, Burlington FHT; Julie Cordasco, Prime Care FHT; Sheetal Desai, Markham FHT; Kelsey White, Village FHT; Katherine Koroluk, Thames Valley FHT  
*Thanks and farewell:* Kelly Van Camp, Markham FHT; Catherine Donnelly, Queen's FHT; Holly DeVisser, Brockton & Area FHT; Emily Watson, Burlington FHT; John Spirou, Essex County NPLC and Chatham-Kent FHT; Suzanne Singh, Mount Sinai Academic FHT; Tiffany Ng, North York FHT; Sarah Schrier, Dufferin Area FHT; Veronica Asgary-Eden, Family First FHT

## ED Mentors

Alejandra Priego, St Joseph's Urban FHT; Anna Gibson-Olajos, Powassan & Area FHT; Jenny Lane, Leeds & Grenville Community FHT; Judy Miller, Northeastern Manitoulin FHT; Kelly Griffiths, Tilbury District FHT; Kimberly Van Wyk, Clinton FHT; Marie LaRose, Georgian Bay FHT; Mary Atkinson, North Perth FHT and North Huron FHT; Mary-Jane Rodgers, Aurora-Newmarket FHT; Sandy Scapilatti, Etobicoke Medical Centre FHT; Suzanne Trivers, Mount

Forest FHT; Ken Callaghan, Women's College Academic FHT; Wendy Parker, Lakeview FHT; Pamela Loughlean, Peninsula FHT; Marina Hodson, Kawartha North FHT; Andrew Shantz, North Simcoe FHT; Susan Griffis, North York FHT; Jill Berridge, McMaster FHT; Judy Hill, Petawawa Centennial Family Health Centre; Andrea Stevens, Summerville FHT; Mike McMahon, Thames Valley FHT  
*Thanks and farewell:* Barbara Major-McEwan, North Huron FHT; Joe Da Silva, Health for All FHT; Lori Richey, Peterborough FHT; Jayne Graham, London FHT

## Quality Steering Committee

*Chair:* Kevin Samson, East Wellington FHT  
*Members:* Marg Alfieri, Centre for Family Medicine FHT; Reza Talebi, OntarioMD; Jill Strong, Thames Valley FHT; Andrew Shantz, North Simcoe FHT; Anna Gibson-Olajos, Powassan & Area FHT; Sarah Burrows, Patient Representative, Gail Dobell, Ontario Health Quality; Tricia Wilkerson, eHealth Centre of Excellence; Mitch Chartier, Elliot Lake FHT; Darlene Wong, Ministry of Health; Catherine Donnelly, Queen's FHT; Liisa Jaakkimainen, ICES  
*Thanks and farewell:* Danika Walden, eHealth Centre of Excellence; Darren Larsen, OntarioMD

## Leads for EMR Communities of Practice

*Thanks and farewell:* Urslin Fevrier-Thomas, McMaster FHT; Frank Ruberto, Niagara Medical Group FHT; Kevin Samson, East Wellington FHT; Brice Wong, Windsor FHT; Jill Strong, Thames Valley FHT

## Algorithm Project

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

## Quality Improvement in Primary Care Council

Brice Wong, Windsor FHT; Cameron Berry, Kawartha North FHT; Mitch Chartier, Elliot Lake FHT; David Raan, Southlake Academic FHT  
*Thanks and farewell:* Abigail Scott, Queen's FHT; Charles Bruntz, West Carleton FHT

## Canada Summer Jobs Interns

Anantha Soogoor, Aarohi Pathak

## Researchers

*Leads:* Catherine Donnelly, Rachele Ashcroft  
*Assistants:* Sally Abudiab, Olivia Hoffsummer, Liv Biehn, Zana London, Stephanie Cairns



# AFHTO team



## Staff (from top left):

Paula Myers (Manager, Membership and Communications); Rachel So (Program and Events Coordinator); Sombo Saviye (Manager, Finance and Corporate Affairs); Kavita Mehta (Chief Executive Officer); Sandeep Gill, Manager (Quality and Knowledge Translation); Beth MacKinnon (Senior Associate, Policy and Advocacy); Bryn Hamilton (Provincial Lead, Governance and Leadership Program)



## Board (from top left):

Clarys Tirel, Treasurer (Executive Director, Mount Sinai Academic FHT); Kevin Samson (Physician, East Wellington FHT); Thomas Richard, President and Board Chair (Physician and Director, Peterborough FHT); Beth Cowper-Fung, Past President (Clinical Director and Lead Nurse Practitioner, Georgina NPLC); John McKinley (Board Chair, South East Toronto FHT); Allan Grill, Vice President (Lead Physician, Markham FHT); Rob Annis (Physician, North Perth FHT); Adam Steacie (Lead Physician, Upper Canada FHT); Karen Lusignan (Executive Director, Atikokan FHT); Sara Dalo (Manager of Quality, Experience and Patient Safety, Windsor FHT); J.C. Kirk (Executive Director, Southlake Academic FHT); Kaela Hilderley (Registered Respiratory Therapist, Elliot Lake FHT); Marg Alfieri (Clinical Dietitian, Centre for Family Medicine FHT)

# The Association of Family Health Teams of Ontario (AFHTO)

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The Association of Family Health Teams of Ontario (AFHTO) is a not-for-profit association representing Ontario's primary care teams, which includes family health teams, nurse practitioner-led clinics, and others who provide interprofessional comprehensive primary care. AFHTO works to support the implementation and growth of primary care teams by promoting best practices, sharing lessons learned, and advocating on behalf of all primary care teams. Evidence and experience show that team-based comprehensive primary care is delivering better health and better value to patients.

## Cover photos from top:

Photo 1: Unmasking the benefits of a PPE tracking tool, Thamesview FHT

Photo 2: Staying safe and strong with the community, Guelph FHT

Photo 3: Development of a collaborative COVID-19 assessment centre, Guelph FHT

Photo 4: FHT-led mobile testing unit, Toronto Western FHT