

# reconnect & reimagine: moving forward together





# table of contents

A message from the President **01**

A message from the CEO **02**

Reimagining health care in Ontario **03**

Interprofessional team-based  
primary care matters: Showing the value **04**

Leadership matters: Organizing primary care **08**

Advocacy matters:  
Speaking up for teams and patients **12**

Moving forward together **15**

Thank you **16**

AFHTO board of directors and staff **17**

# a message from the president



**Clarys Tirel,**  
President

**WHEN I BECAME PRESIDENT AND BOARD CHAIR** a year ago, I thought that by the end of my term I would be writing about the end of the pandemic and the return to a normal that would feel somewhat familiar. Well, we can probably all agree that this “new normal” feels like nothing normal.

In the midst of the constant changes and pressures, I have been in awe of the resilience of our teams to maintain excellent patient care. You have continued to demonstrate your dedication and capacity to adapt to constant challenges. Thank you to all of you for the work you do every day.

This year was punctuated by a provincial election, and I was glad that our board dedicated resources to AFHTO’s advocacy with all parties and to support teams’ local advocacy. I had the opportunity to attend meetings to ensure our concerns and solutions were heard and that political parties understood the importance of team-based primary care. As a result, we saw commitments to this care in several party platforms. I am proud of AFHTO’s advocacy work, our partnerships, and our ongoing collaborations. AFHTO is a strong voice not only for FHTs but for all primary care teams. It has been a privilege for me to support this work.

The AFHTO team is small and continues to excel. I cannot thank them enough for their great work and the lifeline of support, information, and resources that they provide. While I have always believed in the role of AFHTO, the current healthcare crisis has emphasized the necessity of a strong unified primary care voice. We can and must be part of the solutions, and we will continue to collaborate with our partners.

I want to thank our CEO, Kavita Mehta. It has been a pleasure for me to work with Kavita. Her ability to establish partnerships, her deep knowledge of our sector and of the system, and her persistence to bring primary care to the forefront cannot be recognized enough. Thank you, Kavita, for your exceptional leadership!

Finally, I want to thank my fellow board members. I am always energized by our meetings, by the engagement of our board, and by the thoughtfulness and dedication of our board members. It has been an honour to be president and to serve AFHTO.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Clarys Tirel', with a stylized flourish at the end.

# a message from the CEO



**Kavita Mehta,**  
CEO

**AFTER ANOTHER YEAR OF THE PANDEMIC**, it is clear we need to learn to live with this virus and recognize that the future will bring new variants, new viruses, and other communicable diseases. This is a reality alongside health human resources and systemic capacity challenges in an already fragile healthcare system.

Upstream care that is so integral and important in preventing hospitalizations and diverting ER visits was impacted by the pandemic. We have seen an increase in mental health and addiction challenges and chronic diseases, as well as the outcome of delayed cancer screenings and other preventative care. Primary care teams have continued to put in tremendous effort in the COVID-19 response by educating, collaborating, advocating, communicating, and vaccinating, all while addressing the backlog now coming through their doors.

Our healthcare system is reliant on the people who work in it. We need to ensure we are moving towards an efficient and sustainable system that recognizes that investments in primary care contribute to high-functioning and cost-effective systems of care. AFHTO, along with nine partners, is undergoing substantial market compensation refresh work to support a compensation advocacy campaign. This is critical to address if we want a sustainable healthcare system, and it is a priority.

Providing recommendations for the FHT contract renewal; moving towards organizing primary care; building relationships with our colleagues in the Primary Care Collaborative, home and community care, and mental health and addiction; and supporting members' work in Ontario Health Teams are also priorities in the upcoming year. All of this will be done with the message that every Ontarian needs access to interprofessional team-based primary care. They need access to you because for the best care, #ItTakesATeam.

We still have more to learn about systemic inequities and barriers to health and social services for the most marginalized and vulnerable. Together with our allies, we will continue to listen, learn, grow, and do better. We hope to roll out some deliberate and meaningful work regarding social determinants of health (SDOH), equity, diversity, and inclusivity (EDI), and social prescribing over the next year.

On behalf of AFHTO staff, thank you for your continued support, your dedication to your patients, and your ongoing partnership. A special thank you to the AFHTO board and our president, Clarys Tirel, who provided leadership and guidance throughout these very challenging times. As always, please stay safe.

Yours in good health,

A handwritten signature in dark ink, appearing to read 'K Mehta'.



# Reimagining health care in Ontario

Primary care is the centre of each person's health care and the foundation of an effective healthcare system.

Ontario is developing integrated health neighbourhoods, something that has proven effective around the world: coordinated, comprehensive, patient-centred care.

The goals are good, but we need to be clear on how we will get there. To see integrated health neighbourhoods, such as Ontario Health Teams (OHTs), integrated primary care that is organized and supported must be the foundation.

It is concerning to look at this fundamental sector of health care and to say it is struggling. It is. Challenges in care delivery will continue if we do not fix issues like burnout, insufficient funding,



▲ Baawaating FHT provides screening, testing, and vaccine clinics for patients and neighbouring First Nations communities. They have vaccinated over 1,400 people.


and unequal pay. It is already difficult to meet current demands, let alone to expand access and to build successful integrated health neighbourhoods.

If we are going to deliver high-quality, patient-centred care to build effective OHTs and to address the acute and long-term impact of the pandemic, integrated health neighbourhoods start with integrated primary care teams.

This report will share the work AFHTO has done this year to advocate for and support primary care teams that deliver this care, and the work we are doing to help reimagine and rebuild health care in Ontario.

# 01 02 03

## Interprofessional team-based primary care matters: Showing the value



▲ North York FHT began vaccinating children aged 5 to 11 as soon as they became eligible.

“

**Our FHT was a critical partner in protecting our community from the worst of the Omicron variant. We organized and ran extensive community vaccination clinics for anyone across our region who needed a shot.**

FAMILY PHYSICIAN,  
PETERBOROUGH FHT

### COVID-19: All hands on deck

Teams put “all hands on deck” in response to the ministry’s call for help when the Omicron variant took off in December 2021, and they have continued vaccinating throughout 2022.

South East Toronto FHT rolled out “10 Days of Vaccine” before Christmas when over 11,000 shots were administered in 10 days.

New Vision FHT has worked hand-in-hand with Waterloo Region Public Health to organize regional vaccine clinics. The FHT has redeployed staff to manage the clinics and vaccinate over 13,000 people.

Teams continue to vaccinate and to respond and adapt to change, while managing assessment centres, Paxlovid administration centres, and the COVID@Home program. They work together to deliver the best care for their communities.

AFHTO has supported teams throughout the pandemic and support continues today with tools, resources, webinars, and information from the Ministry of Health, Public Health Ontario, and Ontario Health. Where more information or support is needed, AFHTO continues to work with government and advocate for what teams need to deliver care.

## Researching high-performing primary care systems

Research continues to contribute to the rebuild of the healthcare system and to show the critical role of team-based primary care.

In partnership with the Section of General and Family Practice, the Ontario College of Family Physicians, and the Dalla Lana School of Public Health at University of Toronto, a primary care researcher has been embedded in our organizations. AFHTO is pleased to be leading the “High Performing Primary Care Systems” research project for the next three years.

The first of its kind in primary care, Dr. Monica Aggarwal’s research will focus on the attributes of high-performing primary care systems, including interprofessional teams, patient attachment and enrollment, primary care governance, system coordination and integration, quality improvement training, and virtual technologies.

A collaborative approach will be taken to define the scope of work, deliverables, and realistic timelines. The knowledge dissemination strategy will focus on reaching policy makers and primary care stakeholders at the provincial and national levels.

## Research continues to demonstrate the value of teams

Research during the first wave of the pandemic helped us understand how teams would incorporate learnings. AFHTO partnered with researchers in late 2021 and published “The Delivery of Patient Care in Ontario’s Family Health Teams During the First Wave of the COVID-19 Pandemic.” We were pleased to see it ranked third in Longwoods’ Top 10 Most Read that month.



▲ Dryden Area FHT continues to run vaccine clinics, assessment centres, and the COVID@Home program.

Research continues with our partners and colleagues. The following papers are in development or under review, and they will be shared once complete:

- The Role of Primary Care in Vaccine Administration
- Severe Mental Illness Focus Groups in Partnership with the University of Ottawa
- The Structure of Social Work Practice in Ontario Primary Care Teams
- The Impact of the COVID-19 Pandemic on Primary Care Teams
- The Benefits and Challenges of Precepting Pharmacy Students in Primary Care during the COVID-19 Pandemic
- A second paper on the IHP perspective of interprofessional primary care during the pandemic. The first one was published last year.



## Mental health care is a priority – for patients and providers

Challenges with mental health and addiction is a struggle for many people in Ontario. There should be no struggle to get care. In advocating for access to teams, that includes access to publicly funded mental health care for those who need it. Mental health is health.

With the Primary Care Collaborative and the Ontario Medical Association, we have been advocating for expanded access to mental health care and the supports needed for primary care to deliver it. Our recommendations will be shared this fall.

AFHTO continues to provide mental health and wellness resources and supports to teams. Each member's well-being must be prioritized – both for themselves and for their ability to deliver the best care to their patients.

### Teams have been focused on mental health support. A few examples:

- Improving Access without Increasing Resources – Women's College Academic FHT
- A System Overhaul: How We Reduced Our Mental Health Wait Times From 12 Months To 2 Months – Connexion FHT
- Mind the Gap: Creating a Successful Mindfulness Program – Peterborough FHT



▲ Windsor Regional Hospital and the Team Care Centre at Windsor FHT work together to support patients' mental health needs in the region.



▲ The team at Erie Shores FHT's memory clinic provides the care their patients need with ongoing consultation with the patient, their family, and their caregivers.



▲ An RPN supports the Gender Program at Queen Square FHT, an NP-led program that serves over 300 transgender and gender-diverse individuals.



## AFHTO supports the Quality Improvement in Primary Care Council

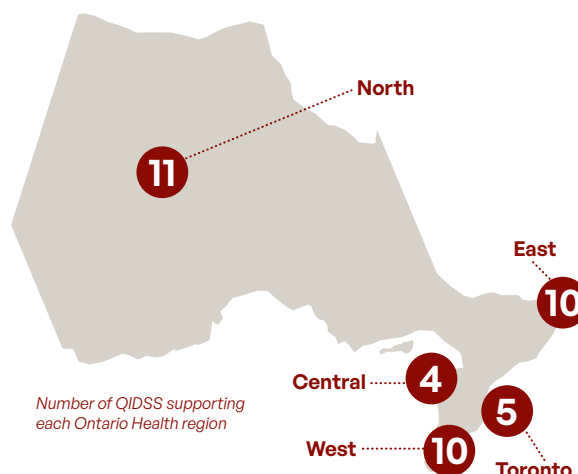
The QI in PC Council consists of QIDSS, QIIMS, and QIDSS-like individuals with the goal of supporting quality improvement initiatives in primary care.

### A few quick facts:

- 35** involved in OHT committees
- 62** assist with Schedule A reporting
- 61** have a quality committee
- 63** have a patient experience survey
- 23** have a provider experience survey

### **40** Quality Improvement Decision Support Specialists (QIDSS)

QIDSS assist family health teams in meeting their quality improvement objectives with data standardization and extraction, information production, and ongoing analysis.



### **3** Quality Improvement and Information Management Support (QIIMS)

QIIMS work with nurse practitioner-led clinics in the province, assisting between seven and nine teams each.

### **55** QIDSS-like Individuals

Includes members of teams that work on quality improvement initiatives, such as IT specialists, data managers, quality coordinators, research assistants, and executive directors.

## Knowledge Translation & Exchange (KTE) webinars

AFHTO has engaged members and spread best practices through interprofessional KTE webinars to support teams' learning and to showcase their work and accomplishments. A few examples:

- Practical technologies that can enable aging in place
- Advancing equity in cancer screening for gender diverse patients
- Online appointment booking
- IPAC strategies to ensure a safe environment in clinics

### Let's stay connected!

The QI in Action eBulletin is a resource to share innovations, tools, stories, and dates of KTE webinars. 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 newsletter for regular updates and event invitations! Email [info@afhto.ca](mailto:info@afhto.ca) to be added to the mailing list.



▲ A physician and nurse at Woodbine FHT are ready to kick off another one of the vaccine clinics that they organized.

“

**The amalgamation of the two organizations has enabled not only increased clinical capacity but also created operational efficiencies. We have streamlined administration and redeployed those administrative savings to support patient care.**

EXECUTIVE DIRECTOR, NORTH  
PERTH-NORTH HURON FHT

01 02 03

## Leadership matters: Organizing primary care

### Exploring how teams can work together

AFHTO has supported teams who work together to deliver care to more people. To expand access to teams, we need to understand population needs; make the best use of existing resources; look at better alignment of governance, administrative work, and clinical work across neighbouring teams; and ensure appropriate investments. Strengthened partnerships and collaboration can create efficiencies and cost savings that can be redirected to clinical work.

North Perth-North Huron FHT is a recent example of two teams amalgamating. By aligning programs, they are working to deliver equitable access to high-quality primary care across a broader geography. Administrative savings are redirected to patient care, and patients are better able to access services in their community of choice.

AFHTO now has work underway with teams in Brampton and Kingston to explore how to optimize resources and see how to maximize access without causing undue stress on providers, seeing wait times increase, or decreasing quality of care in their communities.

To spread team capacity, consideration must be given to population needs, the best use of existing resources, and ensuring appropriate investments are available to provide optimal access and quality of care. This demonstration project will continue into the fall, and AFHTO will share the results.

Through collaboration and integration, teams may be in a better position to advocate for more investments and to expand access to team-based primary care.

## Bringing the primary care sector together

A strong primary care sector is the foundation of an integrated system. To deliver this most effectively, primary care needs to be organized. We are seeing primary care organizing into primary care networks (PCNs) across the country and Ontario is now looking at this approach, which AFHTO is supporting. PCNs are an opportunity to address the fragmentation of the primary care system; to improve the probability of successful population health outcomes through provincially recognized primary care structures; and to strengthen the primary care sector as the foundation of our healthcare system.

Although their initial performance is promising, the ability of PCNs to evolve into the highly functional entities needed to support and sustain an integrated primary care system is limited without immediate provincial support for their development. AFHTO is working with partners to develop a blueprint for the establishment and ongoing implementation of PCNs. This will be presented to the Ministry of Health.

Further consultation with stakeholders to refine these recommendations will occur in the coming months.

“

**Primary care networks are important to help to connect physicians to each other and local community resources. They can help to educate, provide support, and make practicing easier. Every family physician should have access to a PCN, just like every family physician should have access to team-based care.**

FAMILY PHYSICIAN

▼ Vaccine uptake was low in three East York communities, so the East Toronto Family Practice Network and partners, including South East Toronto FHT, ran campaigns to encourage people in the M4H, M1L, and M3C areas get their shots.





## Toolkit and dashboard to monitor organizational performance

Governance support continues for teams, and oversight is a key responsibility of a board of directors. To support boards and to help them excel, a [Monitoring Organizational Performance](#) toolkit and dashboard were developed.

The toolkit and sample dashboard help boards meet their performance measures and Quality Improvement Plan reporting in a way that is meaningful and useful to the organization.

In addition, AFHTO has undertaken a partnership with Charity Village to offer three different governance training programs that align with the expectations in teams' governance attestation. Over 20 teams have enrolled!

## Consultation for FHT contract recommendations

AFHTO is undertaking extensive member and external stakeholder consultation to provide recommendations for the next FHT-Ministry contract. The current one ends on March 31, 2023.

AFHTO has been seeking guidance from our contract working group since 2021, and discussion groups were established for three major areas of consultation in 2022: governance, accountability and performance, and FHT/physician affiliation.

There is opportunity for teams to elevate governance and operational practices as we rebuild the sector. Team-based primary care must be the foundation of an integrated care system, and the contract can provide the best direction for strong primary care teams.

Recommendations to strengthen the contract will be submitted to the ministry shortly. We look forward to ongoing discussion as the next FHT contract is developed.

## Governance and Leadership: Tools and Support

- [Support for the 2022/23 Annual Operating Plan](#)
- [Working for Workers Act – What Employers Need to Know](#)
- [Financial Management Training Series](#)
- [Understanding Financial Expectations](#)
- [Compliance with the Ontario Not-for-Profit Corporations Act](#)
- [Employment Law Updates](#)
- [EMR Auditing Obligations](#)
- [Check-in with the Ministry and Ontario Health](#)



▲ *The Hamilton FHT Green Initiative is improving patient outcomes while reducing climate change. This project has supported environmental efforts in teams across Ontario and it has helped direct the efforts of the OHT.*



▲ North Shore FHT coordinates care across the district for patients to achieve the best outcomes. This includes mental health and addiction care with weekly check-ins from the FHT, and navigation of services such as food and utility, PSW care, and rent subsidies.



▲ A nurse prepares a patient for foot care at Lower Outaouais FHT.

▼ Équipe de santé familiale communautaire de l'Est d'Ottawa and Équipe de Santé familiale académique Montfort organized flu vaccination clinics in Ottawa East region, which were hosted at the Orléans Health Hub (OHH) and made possible by collaboration with Hôpital Montfort, OHH, and OHT partners.



▼ City of Kawartha Lakes FHT is the first in Canada to use Goji Voice technology, allowing providers to spend more time face-to-face with patients.



◀ Georgina NPLC's clinical lead, Beth Cowper-Fung, receives an award from the region in recognition of her and her team's 11 years of leadership and service in the community.

# 01 02 03

## Advocacy matters: Speaking up for teams and patients

### It Takes a Team!

The pandemic exposed and exacerbated many gaps and problems in health care in Ontario. AFHTO continues to advocate for team-based primary care as a solution to help establish a stronger and more sustainable healthcare system.

Government advocacy continues, including alongside our partners in the Primary Care Collaborative (PCC). Together we submitted the 2022 pre-budget submission and our recommendations on how to address many challenges we're facing.

AFHTO also worked with political parties leading up to and during the election, and teams reached out to candidates to make sure they knew that It Takes a Team to deliver the best primary care. Campaign material was developed for teams and they were supported in their advocacy.

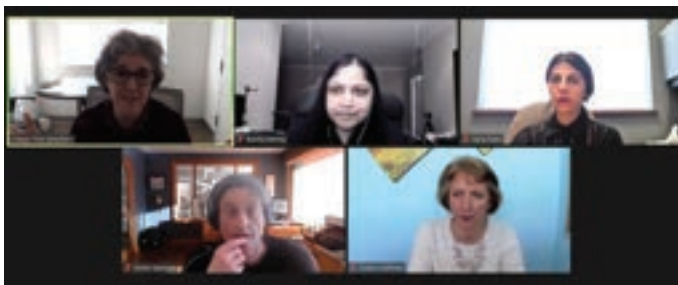
It was positive to see team-based primary care in three parties' platforms, and to hear stories from teams about their local advocacy.

AFHTO looks forward to working with Minister Sylvia Jones, Minister Michael Tibollo, and the re-elected government on key issues like access to team-based primary care and how to address the health human resource crisis.

▼ AFHTO met with several Liberal candidates to talk about the importance of committing to investment in team-based primary care.



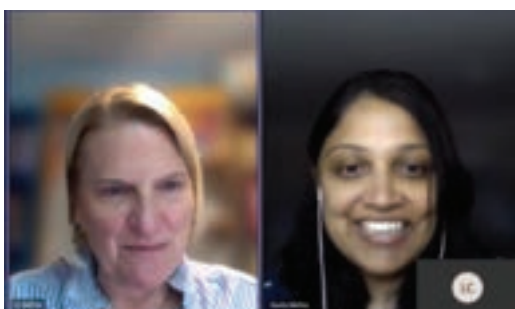




▲ (L to R): Clarys Tirel (president), Kavita Mehta (CEO), Sara Dalo (vice president), Dr. Kevin Samson (board member), MPP France G  linas (NDP health critic)



▲ (L to R): Kavita Mehta (CEO), Clarys Tirel (president), Minister Michael Tibollo, Dr. Rob Annis (board member), Beth MacKinnon (AFHTO staff), Dr. Crystal Holly (board member)



▲ CEO Kavita Mehta and Minister of Health Sylvia Jones met soon after the minister assumed her new role.



▲ (L to R) Beth MacKinnon (AFHTO staff), Kavita Mehta (CEO), medical student Arooba Talat and Dr. Rob Annis (board member), MPP Robin Martin (Parliamentary Assistant to the Minister of Health)



▲ Central Lambton FHT invited candidates to tour their clinic and learn more about the importance of team-based primary care.

Ingersoll NPLC gave candidates tours of their clinic during the election and discussed the importance of team-based primary care. ►



## Advocating for better pay for healthcare providers

Funding for healthcare providers does not keep up with inflation or cost of living, making it hard to recruit and retain staff. This presents hurdles to Ontarians accessing primary and community care and increases demand on the acute care sector.

This is placing undue burden on patients and providers, and it is leading to fragmentation in care and longer wait times.

Ten associations that represent primary and community care have formed the Community Health Compensation Working Group to undergo the Ontario Community Health Market Salary Review.

The working group is confirming a vendor and will be presenting recommendations to the government on reasonable and fair compensation for primary and community care.

## Collaboration with the federal government

AFHTO has begun advocacy with the federal government, which provides funding to the provinces and territories through the Canada Health Transfer.

The federal government has expressed support for all Canadians to have access to a family physician or a primary care team. AFHTO recently met with staff in the health minister's office and looks forward to ongoing collaboration.

## Better access to online OHIP renewal

AFHTO learned that only people with a driver's license could renew OHIP cards online. To ensure improved access to services, advocacy began for those with disabilities that prevented them from driving. After several months of work with partners, the province announced that people with a driver's license or an Ontario Photo Card could renew their OHIP cards online.



# Moving forward together

Primary care is the centre of each person's health care and the foundation of an effective healthcare system.



▲ Kirkland and District FHT partnered with the public health unit and worked overtime to get COVID shots in arms, to provide vaccine counselling and education, and to help patients book appointments.



▲ Thames Valley FHT joined the Pride in London Parade to march for people's rights and well-being. Person-centred health care for everyone is how we change health care and change lives.

The system has been challenged for years, and preventative care was put on the back burner because of the pandemic. This is having a serious impact on patients and their caregivers, on healthcare providers, and on the system.

Ontario Health Teams that have primary care networks and team-based primary care as their foundation will be key to rebuilding an effective, sustainable healthcare system that can address backlog and deliver timely and publicly funded care to those who need it.

We must focus on working together across the sector, retaining staff and helping keep them well, and delivering high-quality care to all Ontarians.

AFHTO will continue to support teams and to work with partners and government. Together, we can build strong integrated health neighbourhoods that can deliver high-quality, patient-centred care – and that starts with integrated primary care teams.



# thank you

AFHTO would like to thank the many members who were critical in supporting our 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 working groups, 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 everyone who shared stories and pictures for this report, and to all members and fellow stakeholders who have been active in advisory groups over the past year.

## **AFHTO Leadership Council**

*Chair:* Adam Steacie, Upper Canada FHT *Members:* Elise Harding-Davis, Harrow Health Centre Inc: A Family Health Team; Birgitte Robertson, Trent Hills FHT; Rabia Khan, East Wellington FHT; Priya Akula, Dufferin Area FHT; Camille Lemieux, Toronto Western FHT; Erin Pepper, Northumberland FHT; Ruthanne Williams, Fort William FHT; Andrew Atkins, Harrow Health Centre Inc: A Family Health Team; Janine van den Heuvel, Algonquin FHT; Peggy Kelly, Kingston FHT; André Veilleux, ESF académique Montfort; Robin Mackie, Norfolk FHT; Rakib Mohammed, Credit Valley FHT; Jill Berridge, McMaster FHT; Lynn Laidler, Rapids FHT; Karen Simpson, Arnprior and District FHT; Aasif Khakoo, City of Kawartha Lakes FHT; Nancy Ewen, Elliot Lake FHT; Mary Lynn Dingwell, North Shore FHT; Stephen Beckwith, South East Toronto FHT; Jennifer Willsie, New Vision FHT; Andrea Groff, Health for All FHT; Stephanie Nevins, Ingersoll NPLC

*Thanks and farewell:* Tracy Redden, Central Brampton FHT; Nora Conostas, Markham FHT; Colleen Neil, Sunset Country FHT; Jon Brunetti, Espanola and Area FHT; Kimberly Van Wyk, Clinton FHT; Connie Siedule, Akausivik Inuit FHT; Stephen Gray, North Durham FHT; Shirley Borges, Minto-Mapleton FHT; Sheila Latour, Powassan and Area FHT; John McKinley, South East Toronto FHT; Tom Richard, Peterborough FHT; Ruby Redmond-Misner, Barrie CHC

## **IHP Advisory Council**

*Chair:* Kaela Hilderley; Elliot Lake FHT *Members:* Chantal Simms, Women's College Academic FHT; Katherine Koroluk, Thames Valley FHT; Jane Colella, Windsor FHT; Crystal Wasney, ESF académique Montfort; Gisele Barlow, Chapleau and District FHT; Tiffany Ng, North York FHT; Tara Blake, Powassan and Area FHT; Kathleen Homiak, Health for All FHT; Natalie Bazely, New Vision FHT; Cailin Hill, Minto-Mapleton FHT *Thanks and farewell:* 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

## **ED Mentors**

Alejandra Priego, St Joseph's Toronto Urban FHT; Anna Gibson-Olajos, Powassan and Area FHT; Jenny Lane, Leeds and Grenville Community FHT; Judy Miller, Northeastern Manitoulin FHT; Kimberly Van Wyk, Clinton FHT; Marie LaRose, Georgian Bay FHT; Mary-Jane Rodgers, Aurora Newmarket FHT; Sandy Scapillati, Etobicoke Medical Centre FHT; Suzanne Trivers, Mount Forest FHT; Wendy Parker, Lakeview FHT; Pamela Loughlean, Peninsula FHT; Marina Hodson, Kawartha North FHT; Andrew Shantz, North Simcoe FHT; Jill Berridge, McMaster FHT; Judy Hill, Petawawa Centennial Family Health Centre; Andrea Stevens, Summerville FHT; Mike McMahon, Thames Valley FHT *Thanks and farewell:* Mary Atkinson, North Perth-North Huron FHT

## **Quality Steering Committee**

*Chair:* Kevin Samson, East Wellington FHT *Members:* Reza Talebi, OntarioMD; Jill Strong, Thames Valley FHT; Andrew Shantz, North Simcoe FHT; Anna Gibson-Olajos, Powassan and Area FHT; Tricia Wilkerson, eHealth Centre of Excellence; Mitch Chartier, Elliot Lake FHT; Fernando Tavares, Ministry of Health; Chandi Chandrasena, OntarioMD; Liisa Jaakkimainen, IC/ES; Catherine Donnelly, Queen's University; Rebecca Paul, Cottage Country FHT and Algonquin FHT; Sara Dalo, Tilbury District FHT; Faten Mitchell, Patient Advisor; Hui Jia, Ontario Health Quality *Thanks and farewell:* Gail Dobell, Ontario Health Quality; Nancy Lum-Wilson, Ontario College of Pharmacists

## **Quality Improvement in Primary Care Council**

Cameron Berry, Kawartha North FHT; Mitch Chartier, Elliot Lake FHT *Thanks and farewell:* David Raan, Southlake Academic FHT; Samantha Gupta, Central Brampton FHT; Brice Wong, Windsor FHT

**AFHTO Board of Directors:** (L-R) Crystal Holly, Secretary (Psychologist, ESF académique Montfort); Rob Annis (Family Physician, North Perth-North Huron FHT); Neil Shah (Executive Director, North York FHT); Clarys Tirel, President (Executive Director, Mount Sinai Academic FHT); Thomas Richard (Family Physician, Peterborough FHT); Kaela Hilderley (Registered Respiratory Therapist, Elliot Lake FHT); Kevin Samson, Treasurer (Family Physician, East Wellington FHT); Pam Delgaty (Clinical Lead, Lakehead NPLC); Allan Grill, Past President (Lead Physician, Markham FHT)

*Absent: Sara Dalo, Vice President (Executive Director, Tilbury District FHT); Adam Steacie (Lead Physician, Upper Canada FHT); John McKinley (Board Chair, South East Toronto FHT); Diana Noel (Executive Director, Village FHT)*



**AFHTO Staff:** Beth MacKinnon, Senior Associate, Policy and Advocacy; Abisola Otepola, Director, Policy and Stakeholder Relations; Veronica Jiang, Manager, Finance and Corporate Affairs; Raveen Bahniwal, Quality and Knowledge Translation Specialist; Bryn Hamilton, Director, Governance and Integration; Kavita Mehta, Chief Executive Officer; Alexander Christy, Program and Operations Coordinator; Paula Myers, Manager, Membership and Communications



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

400 University Ave, Suite 2100  
Toronto, ON M5G 1S5  
647-234-8605

info@afhto.ca • www.afhto.ca



**Facebook:** [www.facebook.com/afhto](https://www.facebook.com/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.

*Top row, left: Ingersoll NPLC gave candidates tours of their clinic during the election and discussed the importance of team-based primary care.*

*Top row, centre: The nursing team and family medicine residents at St Joseph's Urban FHT increased the number of pap clinics and contacted all patients who had not had a pap in four years to address the screening backlog caused by the pandemic.*

*Top right: Minto-Mapleton FHT organized vaccine clinics for the Super Kids in the community!*

*Middle row, centre: Chatham-Kent FHT organizes ongoing training for its nurses, including in Indigenous Culture Safety, Phlebotomy, and Public Health Infection Prevention and Control.*

*Middle row, left: The Paxlovid Pharmacist Team from Credit Valley FHT, Summerville FHT, and CarePoint Health work together to dispense Paxlovid and help prevent high-risk COVID+ patients from needing a hospital.*

*Bottom row, left: Barrie and Community FHT leads a prenatal and well-baby program to provide routine care for babies and moms who do not have a primary care provider.*

*Bottom row, right: A pharmacist prepares vaccines for administration at one of Two Rivers FHT's booster clinics.*



association of family  
health teams of ontario