

January 23, 2025

Dr. Jane Philpott
Chair, Primary Care Action Team
Ministry of Health
Whitney Block
99 Wellesley St. W.
Toronto, Ontario M7A 1A1

Dear Dr. Philpott,

Thank you for your letter introducing the Primary Care Action Team (PCAT) and outlining upcoming engagement opportunities for stakeholders. It was great to meet with you and your team on January 14th as part of your consultation with the Primary Care Collaborative (PCC). AFHTO greatly appreciates your dedication to advancing primary care in Ontario and your commitment to achieving the ambitious mandate of attaching all Ontarians to interdisciplinary primary care teams. We appreciated the invitation to participate in the PCC engagement session and would like to emphasize the importance of deeper, ongoing engagement with AFHTO and our members at the outset of your planning process. Our members bring critical insights and real-world expertise that can help shape robust solutions and ensure proposed PCAT plans are practical, actionable, and informed by the realities of interdisciplinary team-based primary care

The work that PCAT has undertaken so far, including engagement with researchers and understanding insights from the INSPIRE data, is an important foundation. **Our collective experience, however, demonstrates how the complexities of primary care demand deep collaboration with providers and those who represent them. AFHTO believes that solutions-focused leadership already exists within the primary care sector – in past efforts, that leadership has not been adequately enabled from the ground up.** Dedicated and iterative discussions with AFHTO and our members are essential to fully understand the nuances and opportunities within primary care teams generally, and the Family Health Team model specifically, as they continue to evolve and improve. To this end, we are eager to collaborate more closely with PCAT to provide data, case studies and recommendations that highlight the value of primary care teams and their role in delivering comprehensive and equitable care. These insights will complement the data you've already received and maximize the potential for a well-rounded, impactful plan.

We have attached a briefing note which outlines key initial recommendations for PCAT's consideration. These recommendations reflect the collective expertise of our members and aim to ensure the success of this initiative. We look forward to contributing actively to your work and would welcome further opportunities to ensure that the expertise of primary care teams across Ontario is leveraged effectively. We would greatly appreciate a deeper collaboration and a direct meeting with you as you develop your plan. **We also invite you to attend our next AFHTO Board of Directors meeting, which is happening in-person on February 26th from 10:30am-3:30pm at 400 University Ave, Suite 2100 in Toronto.**

Thank you for your leadership, and we remain committed to supporting PCAT's efforts to strengthen Ontario's primary care system.

Sincerely,



Jess Rogers
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CC:
AFHTO members

Briefing Note to Dr. Jane Philpott, Chair of Ontario's Primary Care Action Team**Date:** January 23, 2025**From:** Jess Rogers, CEO, Association of Family Health Teams (AFHTO)**Subject:** Recommendations and Offer of Support to Strengthen Team-Based Primary Care in Ontario**Introduction:**

The Association of Family Health Teams of Ontario (AFHTO) is dedicated to advancing team-based primary care across the province. Representing interprofessional healthcare providers, AFHTO advocates for an accessible, equitable, and sustainable primary care system that meets the needs of all Ontarians. Through our commitment to innovation and collaboration, we work to improve patient outcomes and support Ontario's diverse communities in achieving optimal health.

AFHTO currently represents
190 primary care teams
across Ontario, supporting the
primary care of over **3.5 million** Ontarians.

As an amalgamation of primary care teams in Ontario, AFHTO wants to be active partners in the process of primary care modernization and looks forward to representing the needs and opportunities of our members as we partner with different primary care team models in Ontario.

AFHTO is committed to advancing strong, geographically based primary care models in collaboration with a wide spectrum of providers and stakeholders. We represent interprofessional primary care providers across Ontario, advocating for a healthcare system that serves all Ontarians, with a particular focus on high needs populations. We value patient and clinician choice and recognize the need to urgently attach underserved communities. Our openness to change and innovation is critical to our goal of expanding team-based care for everyone, not only for Family Health Teams (FHTs) or AFHTO members. We want to support primary care teams as they work towards quality improvement and data-driven learning.

Our Ask:

AFHTO seeks to be an active participant at the Primary Care Action Team, contributing expertise and infrastructure to advance team-based primary care. With the appropriate financial resourcing, we are ready to take a leadership role in implementing the recommendations to combat issues in the primary care sector, as listed below.

AFHTO's Recommendations & Expected Outcomes:**1. Invest Strategically in Targeted Team Expansion**

- **Recommendation:** Focus **new primary care team investments** on regions with a high number of unattached patients and significant community gaps by creating a **coverage plan to create new primary care teams** in areas where there is a lack of interdisciplinary team-based primary care already available. Invest in existing teams that demonstrate the leadership, accountability and ability to expand further within their communities to continue achieving results and increasing the number of Ontarians served. Use a phased approach to ensure well-rounded investment in the sector, starting with investments in areas where there is a clear gap. Following these investments, expand into areas with faster population growth and significant unattachment, then invest in expanding across the rest of the province.
- Invest consistently in digital health infrastructure across all models, **to provide seamless, integrated care across primary care teams** and other care settings, like community pharmacies.
 - Connectivity is crucial to ensure efficient cross-sectoral sharing of information, therefore, **expanding broadband infrastructure** and **standardizing Electronic Medical Record**

(EMR) communication across systems used in primary care settings and hospitals will ensure that patient information is easily accessible across all care sites.

- **Enabling Factors:**

- **Flexibility in funding use** is critical, empowering teams to remain responsive to local needs without facing budget reductions for achieving efficiencies or for problem solving HHR barriers to reduce impact on services provided to patients.
 - Confirm an overall commitment to support the primary care system with the right level of investment to support regional or provincial capacity building, support achieving governance excellence and ensure accountability through a continuous quality improvement approach.
 - Provide clear lines of accountability through contract modernization between the government, Ontario Health, and primary care teams. In addition, provide clear and consistent direction on the contractual relationship between primary care teams and family physician structures to ensure greater uniformity across the primary care system and the various models.
 - A **tailored approach to investment distribution according to local need** will be key for a more equitable structure of primary care teams, including FHT's, across the province.
 - A standard approach to investments will not work as well for rural and northern Primary Care given the population distribution, indigenous services, geographical distance to and from acute care and diagnostics services. A key consideration in these communities is **strengthening the level of integration** to ensure hospitals remain open and investments maximized.
 - **Ontario Health needs to collaborate strategically with Primary Care** to ensure funding is level set to a sustainable baseline, prior to more investments being injected into the system for growth. We need a strong foundation first.
- **Outcome:** Enhanced capacity and resource allocation will **reduce the number of unattached patients** and **support underserved communities** with consistent, quality care.

2. Address Primary Care Health Human Resources (HHR) Crisis

Ontario's Health Human Resources (HHR) crisis is driven by severe workforce shortages, increased healthcare demand, and challenging working conditions. There is currently a lack of pay parity for equal work in the primary care and acute care sectors. As an example, the Ontario Community Health Compensation Market Salary Review (2023), found that social workers are paid approximately 30% more in other sectors compared to primary care. The crisis has resulted in longer wait times, overcrowded hospitals, decreased programs and reduced access to care, requiring urgent action to improve staffing, working conditions, and retention. To address the HHR crisis, AFHTO recommends the following:

- **Recommendation:** Invest **\$430 million (\$86 million annually for 5 years)** to close the wage gap and support workforce sustainability across the sector and specifically in primary care. An investment in the current HHR in primary care will enable the sector to be ready for the ongoing changes anticipated to come from the Primary Care Action Team and Ontario Health and allow the sector to grow.
 - Government can **lead the establishment of a market value compensation strategy** for primary care and commit to achieve fair compensation levels in the sector within a feasible time frame.
 - **Transition FHTs to global budgets**, as seen with CHCs. While it would not directly solve the HHR issue, it would enable flexibility in addressing documented increases in operating costs as well as open the door for changes to compensation and recruitment strategies based on local needs.

- Broadening the HHR strategy to include **scope-of-practice and rural incentives** would position primary care teams to better address diverse community health needs.
- **Outcome:** A well-supported workforce will allow teams to **adapt to local community needs, strengthen services that meet the need**, decrease attrition, and **stabilize the workforce** in communities. This will **improve capacity** to attach more people to primary care teams.

3. Support the Development and Governance of Ontario Health Teams to Ensure Primary Care Networks (PCNs) Represent All Primary Care Providers

- **Recommendation:** Formalize collaborative governance models to **ensure equal representation between primary care and acute care on OHT boards**, fostering collaboration in health planning and recognizing the importance of primary care leadership in designing a primary care system.
- **Enabling Factors:** Provincial support for PCN governance with equitable representation across sectors will better position **primary care to drive integrated care planning within OHTs rather than passively respond to decisions made without adequate representation**. A performance measurement framework focusing on primary care outcomes would support this integration.
- **Outcome:** Strengthened collaboration within OHTs will facilitate a **more coordinated and responsive healthcare system**, aligning resources with community health needs.

How AFHTO Can Support the Primary Care Action Team:

AFHTO is ready to collaborate with the Primary Care Action Team, offering the following support:

- **Stakeholder Engagement:** Convening diverse primary care providers to offer insights and frontline feedback.
- **Data and Evaluation Expertise:** Sharing member data to help identify workforce challenges and evaluate policy impacts.
- **Pilot Programs:** Coordinating pilot initiatives to assess care delivery models, ensuring larger implementations are evidence-based.
- **Advocacy for Resources and Flexibility:** Advocating for policy flexibility and infrastructure that aligns with the Primary Care Action Team's goals.