



afhto association of family
health teams of ontario

ANNUAL REPORT

Measuring & Strengthening the Value
of Team-Based Primary Care

OCTOBER 15, 2014

PRESIDENT'S MESSAGE



Keri Selkirk, President and Chair

Trish is a patient whose story was featured in one of the first Annual Reports produced by my family health team. Trish and her family physician had worked together for a number of years to manage her chronic pain and anxiety. It was an uphill battle that took a compelling and positive turn when her physician joined an interprofessional health care team. Through the team, she received counseling and tools to take control of her chronic pain – an experience that both she and her physician say has empowered her and changed her life for the better.

Stories such as this illuminate the very personal impact we are having in the lives of the people who come to us for care. They illustrate what team-based comprehensive primary care can do. Every interprofessional primary care team has stories like Trish's, and in this past election year, we have all worked very hard to tell them to political candidates, voters and health system leaders.

Further to the stories, we also need the data that ties them together. What is the overall impact are we having on the health, the experience of care, and health costs for our patients? What are we doing well and what could we improve?

In the past year we have also worked hard to advance the knowledge that comes from meaningful measurement. Through the Quality Improvement Decision Support (QIDS) program and Data to Decisions (D2D) 1.0, we have enabled primary care teams to access data that was never before available to them, data that sheds light on our activities and their outcomes. We are developing the capacity to capture and act on current, accurate information. That information is a vital resource that will help us tell our story, and understand how we can better serve our patients.

The past year has also seen AFHTO and our members bring political attention to recruitment and retention issues, which are key drivers to our future success. We continue to create and share resources to enhance governance. We have built strong partnerships with each other and with organizations in our communities, and our conference this year encourages us to keep integrating patients into a true partnership with our teams.

Teamwork is the foundation of what we do, not just in terms of clinical practice, but also in terms of this organization's effectiveness. I want to thank everyone who has stepped up this year to support AFHTO in its work. I also want to share the deep gratitude and respect that I hold for each and every AFHTO board and staff member. You have made my tenure as President such a privilege and a pleasure.

A closing note: Earlier this year I had the honour of representing AFHTO in the Ontario legislature as we celebrated 10 years of Family Health Teams in Ontario. We've certainly come a long way in the past decade. Here's to many more years of exceptional patient care in the future!

A handwritten signature in black ink, appearing to read 'K. Selkirk'.

Keri Selkirk
AFHTO President and Chair



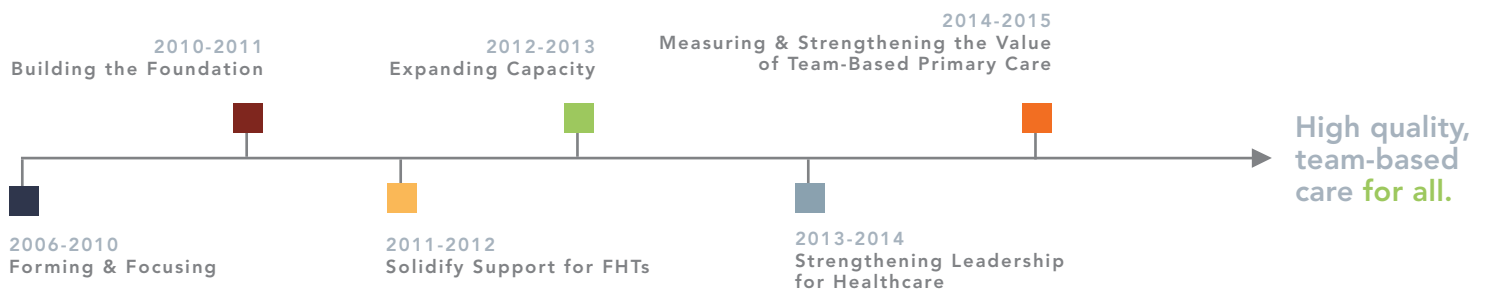
AFHTO is the voice for interprofessional comprehensive primary care. Our members – family health teams (FHTs), nurse practitioner-led clinics (NPLCs) and others who provide interprofessional comprehensive primary care – share the compelling vision that one day, all Ontarians will have timely access to high-quality and comprehensive primary care; care that is:

- Informed by the social determinants of health – the conditions in which people are born, grow, live, work and age
- Delivered by the right mix of health professionals, working in collaborative teams in partnership with patients, caregivers and the community
- Anchored in an integrated and equitable health system, promoting good health and seamless care for all patients
- Sustainable – efficiently delivered and appropriately resourced to achieve expected outcomes

How do we move forward? Through AFHTO, our strategic priorities are to:

- Promote the value delivered by interprofessional primary care teams and the role they could play in expanding patient access to high-quality, comprehensive, well-integrated interprofessional primary care.
- Work to ensure members are supported to deliver that value, in the priority areas members have identified, namely:
 - ◊ Governing and leading high-quality, comprehensive, well-integrated interprofessional primary care organizations.
 - ◊ Measuring and improving the quality of care they deliver.
 - ◊ Recruiting and retaining the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care.
 - ◊ Achieving more seamless integration of health care and other supports required by their patient populations.

AFHTO'S JOURNEY



In AFHTO's fourth year as a formal organization, funding from the Ministry of Health and Long-Term Care enabled the launch of two new membership-driven provincial programs, giving a tremendous boost in support for members. Through AFHTO's **Quality Improvement Decision Support (QIDS)** program, collective efforts over this past year have resulted in huge progress in our members' capacity to obtain and use data. This has culminated in the launch of [Data to Decisions 1.0: Advancing Primary Care \(D2D 1.0\)](#), enabling teams to compare their results for the first time ever. AFHTO's **Governance and Leadership** program has produced a number of key resources specific to the unique needs of FHTs and NPLCs.

Advocacy with and on behalf of members remains a core function. AFHTO continues to promote the value of a strong team-based primary care system, and achieved government's

stated commitment to "Improve the recruitment and retention of community-based primary care teams." Pressure continues to ensure the promise is kept. Through AFHTO, FHTs and NPLCs are working with the Ministry of Health and Long-Term Care to evolve and mature their relationship to bring greater flexibility and more appropriate accountability in support of optimal patient care and wise use of public resources.

Leadership, innovation, teamwork and collaboration enable our members to deliver added value for their patients, communities and the health system. These are the same qualities that give AFHTO its combined power to advance toward its vision.

The following pages detail our collective progress in each of the strategic priorities.

PROMOTING VALUE DELIVERED BY INTERPROFESSIONAL PRIMARY CARE TEAMS

Members made a strategic decision to embrace all interprofessional primary care teams

AFHTO members understand the value of team-based primary care, regardless of the funding or organizational model. In early 2013 they adopted an all-encompassing vision for interprofessional primary care, and in the fall, approved a bylaw change to embrace all interprofessional primary care teams for membership eligibility.

Emerging evidence is proving value of investment in teams

FHTs and NPLCs are innovators in organizing and delivering primary care, attracting much research interest. In January a comprehensive literature review – [Interprofessional Collaboration in Ontario's Family Health Teams](http://www.afhto.ca/news/key-issues/interprofessional-collaboration-in-ontarios-family-health-teams) – was published in the Journal of Research in Interprofessional Practice and Education. Evidence led to the conclusion – “Ontario FHTs have generated improvements in healthcare access and outcomes. Collaborative team functioning, while present, has not reached its full potential. Supportive public policy, education for patients and providers, and evaluation research is needed to advance FHT functioning.” (Article can be accessed through <http://www.afhto.ca/news/key-issues/interprofessional-collaboration-in-ontarios-family-health-teams-a-review-of-the-literature/>).

This was followed by a Conference Board of Canada report [Getting the Most out of Health Care Teams: Recommendations for Action](http://www.afhto.ca/news/key-issues/healthcare-team-model-best-for-patients-and-healthcare-system/) – published in March. Its conclusion was, “Making interprofessional primary care (IPC) teams the standard model for delivery of primary health care services across Canada could help improve patient outcomes while reining in costs. ... IPC team care could save the health care system almost \$3 billion in direct and indirect costs of diabetes and depression complications alone.” (Article can be accessed through <http://www.afhto.ca/news/key-issues/healthcare-team-model-best-for-patients-and-healthcare-system/>)

Members' message to political leaders: Better Care. Healthier Families. Better Value.

March 17th, the [10th Anniversary of the announcement of Family Health Teams](http://www.afhto.ca/news/key-issues/10th-anniversary-of-the-announcement-of-family-health-teams), provided the backdrop to launch AFHTO's advocacy campaign – “*Better Care. Healthier Families. Best Value*” – in Ontario's Legislature. The campaign delivered the call for renewed commitment to expand access to team-based care, enhance value through support for meaningful use of data, and enable recruiting through adequate funding to attract skilled professionals. The [campaign brochure](http://www.afhto.ca/news/key-issues/better-care-healthier-families-better-value) was mailed to all MPPs, members were organized to meet with their local MPPs, and AFHTO's President and ED met with provincial political leaders.

The campaign shifted gears when the provincial election was called in May. Members were armed with information to help them connect with their local candidates. AFHTO continued to interact at the party leadership level, obtaining answers to our members' key policy questions. Our impact was seen in the formal commitment by two of the three leading parties (Liberal and NDP) to address recruitment and retention issues in primary care.

Members shine in the spotlight

AFHTO's annual Bright Lights Awards continue to celebrate the leadership and significant progress made to improve the value delivered by AFHTO members to over 3 million patients across Ontario. Thank you to all who strive to innovate and improve care in this province, and congratulations to all of our Bright Lights.





Maturing the relationship between ministry and teams

As FHTs and NPLCs develop and mature, the relationship with the Ministry of Health and Long-Term Care must follow suit. AFHTO members have worked with the ministry to bring greater flexibility – and more appropriate accountability – to this relationship. All share the same goal – to enable responsive, innovative approaches to better meet patient and community needs, while ensuring appropriate accountability and controls for wise use of the public purse.

Following the recommendation of AFHTO's Executive Director Advisory Committee (EDAC), MOHLTC's Primary Health Care Branch introduced the Accountability Reform Initiative for the 2014-15 fiscal year, based on EDAC's criteria for assessing governance readiness. The ministry will grant greater budget flexibility to qualifying organizations (as of September 2014, announcements are pending) and AFHTO has created resources to help members meet these criteria (see below).

This is a small but important step forward. We continue to press for movement toward more meaningful accountability reporting, and expect that to emerge as the capacity for meaningful measurement in primary care further develops (see next page).

Towards the next ministry contract

Meanwhile, the clock is ticking toward the expiry of current MOHLTC-FHT contracts on March 31, 2016. Together with the move toward greater consistency across primary care models, the time is ripe for AFHTO members to shape their contractual relationship with their primary funder. AFHTO's annual leadership session, immediately preceding the AFHTO conference, will define a shared vision and priorities for this relationship. The content of the session will be guided by the results of a survey, developed with input from AFHTO's Governance and Leadership Advisory Committee and EDAC, and sent to all board chairs, MD/NP leads and EDs.

Supporting our members to strengthen governance

Thanks to funding from the ministry, AFHTO was able to develop a cadre of peer leaders from FHTs and NPLCs, and deliver the following resources designed specifically for FHT and NPLC boards:

- [The Fundamentals of Governance](#) (guidebook, tools and videos), designed to support success in meeting the Accountability Reform Initiative criteria.
- [The Statutory Compliance Toolkit](#), which guides boards through Ontario and Canadian laws that apply to FHTs and NPLCs.
- [Effective Governance for Quality in Primary Care](#) workshops.

These materials can be accessed through <http://www.afhto.ca/category/members-only/board-tools/governance/>

Powering primary care leadership

Through the collaborative work enabled by a provincial association, AFHTO and its members are being heard in this province. We are recognized as the leaders innovating and improving primary care. Collectively we have earned strong credibility on questions of measurement and improvement in primary care (see next section). We have developed solid partnerships with others to establish primary care as the foundation of the health care system, in order to achieve what Barbara Starfield's research has demonstrated – that an investment in primary care is associated with improved system quality, equity and efficiency.

MEASURING & IMPROVING THE QUALITY OF CARE

In one year - from the July 2013 funding approvals for Quality Improvement Decision Support (QIDS) Specialist positions to the October 2014 launch of Data to Decisions (D2D) 1.0 – AFHTO members have made astounding progress in using data to improve care, guided by principles underlying Barbara Starfield’s research findings, and helping to make the case for the value of team-based primary care.

Success to date owes much to the collaborative approach recommended by AFHTO members in their [February 2013 report to the ministry](#). The recommendations called for QIDS Specialists in the field, employed by primary care teams and working in partnership with other teams, plus a QIDS provincial program to facilitate collaboration, promote knowledge exchange and work on behalf of members with the ministry, Health Quality Ontario, eHealth Ontario, OntarioMD, EMR vendors and the broader research and measurement community.

Launching the QIDS program

Anticipating the funding approvals, members were involved in working groups to develop template job descriptions, job ads, interview/candidate selection guidance, and guidelines for the orientation and best utilization of the QIDS Specialists.

Creating the framework for action

The QIDS Program is driven by members. The [QIDS Steering Committee](#) (QSC) was set up in October 2013 to advise the AFHTO board and staff on project priorities and objectives to advance best practice and optimize performance measurement capacity. QSC established a number of working and advisory groups (listed later in this report) and the [strategy, work plan and evaluation framework](#) to move ahead.

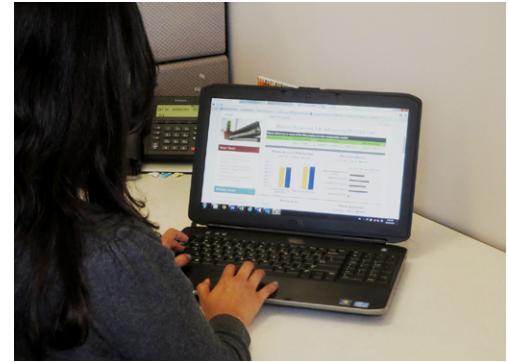
AFHTO’s approach is to advance manageable, meaningful measurement in primary care in a way that is consistent with Starfield principles. These include a focus on the relationship with patients and ability to deliver the comprehensive care patients value. The objective of AFHTO’s approach is to optimize quality, access and total health system cost of care for patients, using indicators from Health Quality Ontario’s [Primary Care Performance Measurement Framework](#). The principles and a case study on how it was applied in a FHT was published in August 2014 in the *Healthcare Management Forum*. (Article can be accessed at [http://www.healthcaremanagementforum.org/article/S0840-4704\(14\)00097-0/abstract?elsca1=etoc&elsca2=email&elsca3=0840-4704_201422_27_2&elsca4=health_policy](http://www.healthcaremanagementforum.org/article/S0840-4704(14)00097-0/abstract?elsca1=etoc&elsca2=email&elsca3=0840-4704_201422_27_2&elsca4=health_policy))

Supporting the partnerships for effective collaboration and data sharing

Partnership creation surfaced many critical questions about data sharing and protection of privacy – within a physician group, across an interdisciplinary team, and among separate organizations. AFHTO engaged a lawyer with expertise in privacy and protection of personal health information, guided by a member-based reference group, to produce the [QIDS Privacy Toolkit](#) and a template [Memorandum of Understanding \(MOU\) for Quality Improvement Decision Support Specialist Collaboration and Data-Sharing Agreement](#) that can be adapted to meet the needs of individual partnerships. These materials can be accessed through <http://www.afhto.ca/category/members-only/board-tools/risk-management/>.

Raising capacity

Communities of Practice (CoPs) hold regular web meetings to problem-solve and share knowledge. These are in place for QIDS Specialists (open to others with shared interest) and for users of six different EMRs. Through these CoPs, queries are being shared between users of similar and different EMRs, and capacity for accessing hospital data is increasing. QIDSS collaborations on D2D 1.0 extraction and algorithm project are increasing capacity for data mining to extract and report on comparable clinical process and outcome data.



Unleashing innovation

A one-time only QIDS Innovation Fund supported [projects](#) led by AFHTO members to accelerate progress in the use of data management tools and techniques, implementation of multi-practice performance measurement and other QI strategic priorities. A call for proposals was issued in December, awards made in January, and projects completed by end of March. Two knowledge sharing symposia took place in May – the first to engage external partners and the second to facilitate spread across the membership. Formal, detailed proceedings from these symposia are being prepared and distributed as resource materials to further support sustainable changes generated by these projects.

Leadership to align the multiple initiatives impacting AFHTO members

Priorities established through the QSC process are being accepted externally. For example, this has influenced Health Quality Ontario's implementation planning for the Primary Care Performance Measurement Framework. HQO is also incorporating AFHTO recommendations into its patient experience strategy. EMR vendors are aware of and supportive of the priorities, with encouragement from AFHTO's Communities of Practice. AFHTO's D2D work has been supported by OntarioMD, and this in turn is informing their emerging data quality initiative.

Data to Decisions (D2D) 1.0 - comparing measures across teams for the first time

Data to Decisions 1.0: Advancing Primary Care – is the tangible result of our collective “get started” effort in membership-wide performance measurement. Launched on October 1, it is a summary of performance on a small number of measures that were both possible to measure and meaningful to members. These measures were selected by members through a process that began with QSC's Indicator Working Group review of indicators defined by the HQO's [Primary Care Performance Measurement Framework](#) and aligned with the Starfield principles, and culminated with a vote by members on a short list based on data availability and feasibility. Fifty members contributed their data in this completely voluntary initiative.

D2D 1.0 is also the first time ever that total cost of care per patient (hospital, ER, diagnostic, community care as well as primary care) is being reported at the team level. The Institute for Clinical Evaluative Sciences (ICES) has put into place the capacity to report this measure to teams. This measure is key for the Starfield principles, to change thinking from the notion that “team-based care is more expensive than traditional family medicine” to quantifying the value this investment in comprehensive primary care delivers to the health system.

No wonder there's so much interest among members on what's coming next! D2D 1.0 can be accessed at <http://www.afhto.ca/members-only/d2d-1-0/>.



The value of primary care and the impact of underfunding

AFHTO members are keen to strengthen, measure and promote the value of team-based primary care; however, this sector has traditionally been undervalued in Ontario's health system. Nowhere is this more evident than in the continuing underfunding for staff working in primary care teams, which is only getting worse relative to other parts of Ontario's health system.

AFHTO members are feeling increasing pain from salary grids having been frozen for over 6 years, exacerbated by the inability to provide the pension and benefit plans available through most other health sector employers. The situation has become untenable – as an example, CCACs have been funded to hire NPs for primary palliative care, care that was already being provided by many AFHTO members, at salaries that are up to \$30,000 per year more than what FHTs and NPLCs are able to pay. It's no wonder we lose staff!

Winning a commitment ... and the quest to see it through

For the past 3 years, primary care recruitment and retention has been the focal point for AFHTO's advocacy work. AFHTO joined together with the Association of Ontario Health Centres (AOHC) and, on behalf of NPLCs, the Nurse Practitioners' Association of Ontario (NPAO), to compile the case, recommend solutions that are reasonable in the current political and economic environment, and advocate at political levels. (The report and recommendations can be accessed at <http://www.afhto.ca/wp-content/uploads/Toward-a-Primary-Care-Recruitment-and-Retention-Strategy-January-2014.pdf>.)

AFHTO members, together with members of AOHC and NPAO and supporting interest from other professional associations involved in primary care teams, have bolstered this effort. Thank you for:

- Making sure the ministry is aware of your recruitment and retention challenges

- Keeping AFHTO informed on how care has been impacted in your community
- Meeting with your political candidates and MPPs to inform them of the value of, and challenges for, team-based primary care.

The net result is that the now-governing Liberals declared a "[Primary Care Guarantee](#)" that "will ensure that every Ontarian has access to a primary care provider by 2018." It acknowledges that, to do this, government must "Improve the recruitment and retention of community-based primary care teams."

Promise made ... will the promise be kept? AFHTO and its partners are continuing to press, with follow-up meetings with staff in the Premier's Office and Minister's Office in July and further steps continuing. Government has many competing demands and tough choices to make, and we are doing all we can to keep this promise on the front burner.

ACHIEVING MORE SEAMLESS INTEGRATION OF HEALTH CARE & OTHER SUPPORTS REQUIRED BY PATIENT POPULATIONS



The people working within primary care are the key to seamless integration for patients – collaborating in teams and linking with others beyond the team.

In partnership with patients

The AFHTO 2014 Conference – *In Partnership with Patients: True Integration of Care* – is focused on this topic. Concurrent streams examine themes such as engaging patients in their care and in the governance process. Themes also look at collaboration within the team, as well as integrating more broadly across the community to better meet needs.

Primary care leadership for care coordination

AFHTO contributed to the Ontario Primary Care Council's adoption of a joint position statement – *Principles of Care Coordination Leading to Seamless Transitions for Patients and Families* – which asserts the role of primary care providers to lead care coordination and access to appropriate programs or services. AFHTO is a founding member of this two-year old Council, and this is the first joint statement to be approved by all seven members – AFHTO, AOHC, NPAO, OCFP, OMA, OPA, and RNAO. The statement has been sent to the new Minister and Deputy Minister of Health and Long-Term Care, along with an invitation to attend the next OPCC meeting.

Health Links are Ontario's signature effort to improve care coordination for high-needs patients. Through the Governance and Leadership program, AFHTO continues to facilitate a Community of Practice for members leading Health Links in their communities, and advocate for the support primary care organizations need to fulfill this role.

Measuring and delivering the care patients value

Once again we are guided by the principles underlying Barbara Starfield's research findings – working towards a measurement approach that is centered on patient expectations, the relationship between patients and their primary care providers, and ability to deliver the comprehensive care patients value. We expect this unwavering focus on patients and communities, coupled with measurement, feedback and capable leadership, will continue to advance primary care and result in care that wraps much more effectively around each patient.



LOOKING FORWARD

With our members, AFHTO maintains an unrelenting focus on what research evidence tells us about the value of team-based comprehensive primary care. Together, we are building capacity to measure, strengthening our capability to deliver measurable value, and making the case so that our work, and the people who do this work, are valued.



THANK YOU TO AFHTO MEMBERS

The achievements in this annual report illustrate the power of working together as a sector. Thank you to all who have taken the time to send in comments, respond to consultations, meet with MPPs, make presentations to peers, participate in communities of practice, and contribute in many other ways.

Thank you to members who have been active in advisory and working groups over the past year, including:

Executive Director Advisory Council

(EDAC): Randy Belair, Sunset Country FHT; Lois Bomberly, Six Nations FHT; Lucy Bonanno, Summerville FHT; Marlis Bruyere, Fort Frances FHT; Anne Childs, McMaster FHT; Richard Christie, Kingston FHT; Tammy Coulombe, Équipe de santé familiale Nord-Aski; Lynne Davies, Couchiching FHT; Pauline Gemmell, Essex County NPLC; Marina Hodson, Kawartha North FHT; Michelle Karker, East Wellington FHT; Jennifer Kennedy, North Renfrew FHT; Ross Kirkconnell, Guelph FHT; Jaipaul Massey Singh, Wise Elephant FHT; David Marriott, Markham FHT; Terry McCarthy, Hamilton FHT; Kavita Mehta, South East Toronto FHT; Claudia Mior-Eckel, East Elgin FHT; Dawn Morissette, Huron Shores FHT; Craig Nicks, Stratford FHT; Alejandra Priego, St Joseph Hospital FHT; Keri Selkirk, Thames Valley FHT; Connie Siedule, Tungasuvvingat Inuit FHT; Denise Waddick, Thamesview FHT

Governance and Leadership Advisory Committee (G+LAC):

Rob Annis, North Perth FHT; Merrill Baker, Harrow FHT; Richard Christie, Kingston FHT; Anna Gibson-Olajos, Powassan and Area FHT; Allan Grill, Markham FHT; Sudha Kutty, Sherbourne Health Centre FHT; Joseph Lee, Centre for Family Medicine FHT; Sharon Pillon, Amherstburg FHT; Catherine Schooley, Essex County NPLC, Keri Selkirk, Thames Valley FHT

Quality Improvement Decision Support (QIDS) Steering Committee:

Ross Kirkconnell, Guelph FHT; Katherine Campbell, Dryden Area FHT; Mel Casalino, eHealth Ontario; Gail Dobell, Health Quality Ontario; Gail Czucar, Humber River FHT; Dennis Ferenc, OntarioMD; Rick Glazier, St. Michael's FHT; Sanjeev Goel, Wise Elephant FHT; Michelle Greiver, North York FHT; Karen Hall-Barber, Queens FHT, Monique Hancock, STAR FHT; Sherry Lynn Harrington, Peterborough Networked FHT; Mary Keith, Garden City FHT; Elizabeth Keller, OntarioMD; Ben King, MOHLTC; Darren Larsen, Ontario Medical Association; Kevin Samson, East Wellington FHT

Indicators Working Group: Monique Hancock, STAR FHT; Sara Dalo, Harrow Health Centre FHT; Dennis Ferenc, OntarioMD; Rick Glazier, St Michael's FHT; Sanjeev Goel, Wise Elephant FHT; Wissam Haj-Ali, Health Quality Ontario; Sherry Lynn Harrington, Peterborough Networked FHT; Michael Oates, Thames Valley FHT; Jennifer Rayner, London Intercommunity Health Centre; Knut Rodne, OntarioMD

EMR Data Management

Subcommittee: Kevin Samson, East Wellington FHT; David Barber, Queens FHT; Lisa Barnett, Elliot Lake FHT; Sara Dalo, Harrow Health Centre FHT; Elizabeth Keller, OntarioMD; Dawn Olsen, Great Northern FHT; Betina Millar, OntarioMD; Kirk Miller, Guelph FHT; Chad Moore, North Simcoe FHT; Craig Nicks, Stratford FHT; Meghan Peters, City of Lakes FHT; Brice Wong, Harrow Health Centre FHT

EMR Communities of Practice:

Bell EMR - Lisa Barnett, Elliot Lake FHT; AccuroEMR - Sara Dalo and Brice Wong, Harrow Health Centre FHT; OSCAR - Urslin Fevrier-Thomas, Hamilton FHT; Clinical Information System (P&P) - Dawn Olsen, Great Northern FHT; PS Suite EMR - Kevin Samson, East Wellington FHT; Nightingale OnDemand - TBD

D2D Advisory Panel:

Rob Annis, North Perth FHT; Margaret Cousins, Marathon FHT; Gail Dobell, Health Quality Ontario; Cathy Faulds, London FHT; Allan Grill, Markham FHT; Monique Hancock, STAR FHT; Harry Jones, Clarence-Rockland FHT; Eli Orrantia, Marathon FHT; Tony Pollaria, Markham FHT; John Riva, McMaster University; Lisa Ruddy, Markham FHT; Kevin Samson, East Wellington FHT

Leads for the IHP Communities of Practice:

Marg Alfieri, Centre for Family Medicine FHT; Veronica Asgary-Eden, Family First FHT; Craig Bauman, Centre for Family Medicine FHT; Tracy Clark, New Vision FHT and Two Rivers FHT; Laurel Cooke, Hamilton FHT; Lisa Dolovich, McMaster FHT; Andrea Firmin, Markham FHT; Melissa Holm, Hamilton FHT; Tara Laskowski, Hamilton FHT; Claudia Mariano, West Durham FHT; Catherine McPherson-Doe, Hamilton FHT; Jacquie Reeds, Hamilton FHT; Michelle Smith, Guelph FHT; Sandy Turner, Minto-Mapleton FHT

Please see the AFHTO Conference program for the members who have contributed to the success of this important event.



AFHTO BOARD OF DIRECTORS, 2013-14 (LEFT TO RIGHT):

- Ms. Tanya Spencer Cameron, Director (Nurse Practitioner, Timmins FHT - Timmins)
- Dr. Val Rachlis, Past President (Physician, North York FHT - Toronto)
- Dr. Rick Glazier, Director (ICES Researcher and Physician, St. Michael's Hospital Academic FHT - Toronto)
- Dr. Sean Blaine, Treasurer (Lead Physician, STAR FHT – Stratford)
- Ms. Jennifer Kennedy, Director (Executive Director, North Renfrew FHT - Deep River)
- Dr. James Read, Director (Physician, Sherbourne Health Centre FHT - Toronto)
- Ms. Kavita Mehta, Director (Executive Director, South East Toronto FHT - Toronto)
- Dr. John McDonald, Director (Physician, PrimaCare Community FHT - Paris)
- Dr. Veronica Asgary-Eden, Director (Psychologist, Family First FHT - Ottawa)
- Mr. Randy Belair, Vice President (Executive Director, Sunset Country FHT - Kenora)
- Ms. Keri Selkirk, President (Executive Director, Thames Valley FHT - London Region)
- Ms. Marg Alfieri, Director (Registered Dietitian, Centre for Family Medicine FHT - Kitchener)
- Mr. Ross Kirkconnell, Director (Executive Director, Guelph FHT - Guelph)
- Dr. George Southey, Director (Lead Physician, Dorval Medical Associates FHT - Oakville)



AFHTO STAFF (LEFT TO RIGHT):

- | | |
|--|---|
| <ul style="list-style-type: none"> • Clarys Tirel, Governance and Leadership Program • Greg Mitchell, QIDS Program • Paula Myers, Membership and Conference • Sombo Saviye, Office Manager • Marg Leyland, QIDS Program | <ul style="list-style-type: none"> • Denise Pinto, QIDS + Governance and Leadership Programs • Saleemeh Abdolzahraei, Membership and Conference • Carol Mulder, QIDS Program • Angie Heydon, Executive Director |
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Primary care teams are the key to eliminating the professional silos that separate parts of the health care system. Eliminating these silos will improve care and reduce costs. Across Ontario, primary care teams are introducing new tools to improve quality and accountability, and to integrate more closely with other parts of the health care system.

To improve outcomes and deliver cost savings, Ontario must:

- **EXPAND ACCESS:** Expanding access to interprofessional comprehensive family care to all Ontarians must be done as soon as possible. (Three of every four Ontarians do not yet have access to the benefits of this type of care.)
- **ENHANCE VALUE:** Enhancing team capacity to track quality, access and total cost of care for their patients will improve program sustainability and value, enable quality improvement, and further demonstrate the benefit of family care teams to overall population health and the health system.
- **ENABLE RECRUITING:** Ensuring family care teams have the funding capacity to recruit and retain skilled professionals is essential to providing high-quality comprehensive family care.

afhto association of family health teams of ontario

The Association of Family Health Teams (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 shows that team-based comprehensive primary care is delivering better health and better value to patients.