

# Board of Directors Report to the Membership

October 25, 2011



## Letter from the AFHTO President

Greetings to all our members! This is an exciting and growing community with AFHTO having surpassed a 90% membership rate from all 5 waves! Congratulations to all of you for being a part of the increasing voice of AFHTO.

AFHTO is the only organization which is all about FHTs.

It is a place to belong.  
It is a place to share .  
It is a place for advocacy.  
It is a place to grow.

As FHTs, we address the challenge of developing excellence in governance, hiring teams, aligning contracts, payment models, accountability agreements whilst allowing for teaching and learner participation, and the birthing of innovations. We do this while, at the same time, dealing with the many conflicting demands on our time and resources.

Yet here we are! Irrespective of model, wave, or geography, FHTs are spurred on by the synergies and successes that are shared among our colleagues. Many of these are presented at our conference this year.

As a voluntary organization, we are very grateful that so many of you are willing to help by volunteering time and resources to AFHTO. We are also pleased to report to you on the progress AFHTO has made, as is detailed in the following pages of this report.

In the AFHTO strategic plan (see page 5) the needs and concerns of the membership, our primary funders, our communities of individuals whom we serve and support - are front and center.

A key goal is to engage and be engaged. We work hard to communicate and to this end our web site at [www.afhto.ca](http://www.afhto.ca) and our email contact list is essential. Please help by keeping us up to date.



When we began working in FHTs excitement of the new model was in the air. The momentum of leading change in primary health care / primary care joined with the inspiration of opportunity. We need to be at this forefront of change being adept at managing the issues that may have stopped such progress in the past.

Reaching out to the other models of care, other agencies of care and to all the stakeholder organizations will allow FHTs to assume the appropriate leadership in the system goals of increased horizontal and vertical integration.

Ambitious – YES. Possible – YES!

With your continuing energy and resources, the commitment of the AFHTO board, and our excellent dedicated Executive Director, Angie Heydon, progress will continue and the intensity of leadership will be spurred on by our accomplishments.

Thanks to all of you!

A handwritten signature in black ink, which appears to read "John W. McDonald". There is a small mark to the right of the signature.

John W McDonald MD

## Family Health Teams are firmly in place in Ontario

In the past year we've seen the launch of the 5th wave of FHTs, bringing our numbers to 186 FHTs operating on 633 sites. We have enrolled over 2.6 million patients – that's one in five Ontarians. We have over 2,000 physicians and the full-time equivalent of over 1,500 other health professionals. All three provincial parties have pledged continuing support for our FHTs.

We are Ontario's innovation in team-based primary care:

- We improve access to health care.
- We promote health and reduce the impact of chronic disease.
- We have the potential to reduce the total cost of care.
- We, in this FHT model, have a key leadership role as our primary care system continues to evolve within Ontario's health system.

## The Association of Family Health Teams is also firmly in place

With over 90 percent of all Ontario's FHTs as members, AFHTO is clearly *the* voice for FHTs. It's *your* voice. AFHTO works with and on behalf of its members as the advocate, champion, network, and resource center for family health teams, to support them in improving and delivering optimal inter-professional care.

The past year has seen AFHTO leap ahead in its visibility, influence and capacity to take on member issues. This has been a year of *building* AFHTO's capacity, *setting the course* for action, and optimizing the *value* AFHTO delivers to members. None of this would be possible without you – AFHTO's membership – supported by a sound infrastructure, and unified toward a common direction.

## Building our strength

The past year began with the appointment of AFHTO's first Executive Director, Angie Heydon, the launch of AFHTO's new website and logo, and a highly successful annual conference that attracted over 300 participants.

Our membership base has grown from half of all FHTs one year ago to over 90 percent (170 out of 186) that now belong to AFHTO.





Volunteer involvement, paired with solid infrastructure, is the power behind AFHTO. To take the fullest advantage of this potential, the AFHTO board put in place the structure and mandates for board committees to govern the overall association, and working groups to engage the ideas, talents and experiences of members. The board committees address governance, membership, finance and management resources. To date, working groups have focused on recruitment and retention, Ministry budget process, the Ministry's NP-SERT/NPAR initiative, pre-election campaign, pursuing favourable purchasing arrangements for goods and services for members, and each of the three programs within the AFHTO 2011 Conference.

While building the AFHTO organization, we have also nurtured and strengthened critical relationships with the Ministry of Health and Long-Term Care and key agencies such as Health Quality Ontario and the Canadian Institute for Health Information. We have developed credibility and respect through strong collaborations with other key stakeholders, such as the Association of Ontario Health Centres, the Nurse Practitioners Association of Ontario, the Ontario College of Family Physicians, the Ontario Hospital Association, and the Ontario Medical Association. This has greatly expanded AFHTO's capacity to progress in its strategic plan.

## Setting our course

AFHTO's Strategic Plan 2011-13<sup>1</sup> was finalized in March 2011. Building on the consensus achieved among 150 FHT leaders in November 2009, the AFHTO board further developed these ideas into a draft for discussion. The draft was sent out to all FHT leaders for consultation at the end of January. On February 9, 2011, about 70 FHT leaders joined a web meeting to learn more about the plan and give initial feedback. This was followed up with a survey sent to all FHT leaders to invite further feedback, and 127 responded.

Survey respondents were unanimous in their agreement with the vision, mission, principles and values proposed in the draft strategic plan. The six strategic directions and 10 initiatives, listed in the table on the next few pages, reflect the priorities indicated by the survey respondents and chart the course for AFHTO over the next 2 years.

---

<sup>1</sup> AFHTO's Strategic Plan can be found at <http://www.afhto.ca/wp-content/uploads/AFHTO-Strategic-Plan-2011-2013.pdf>

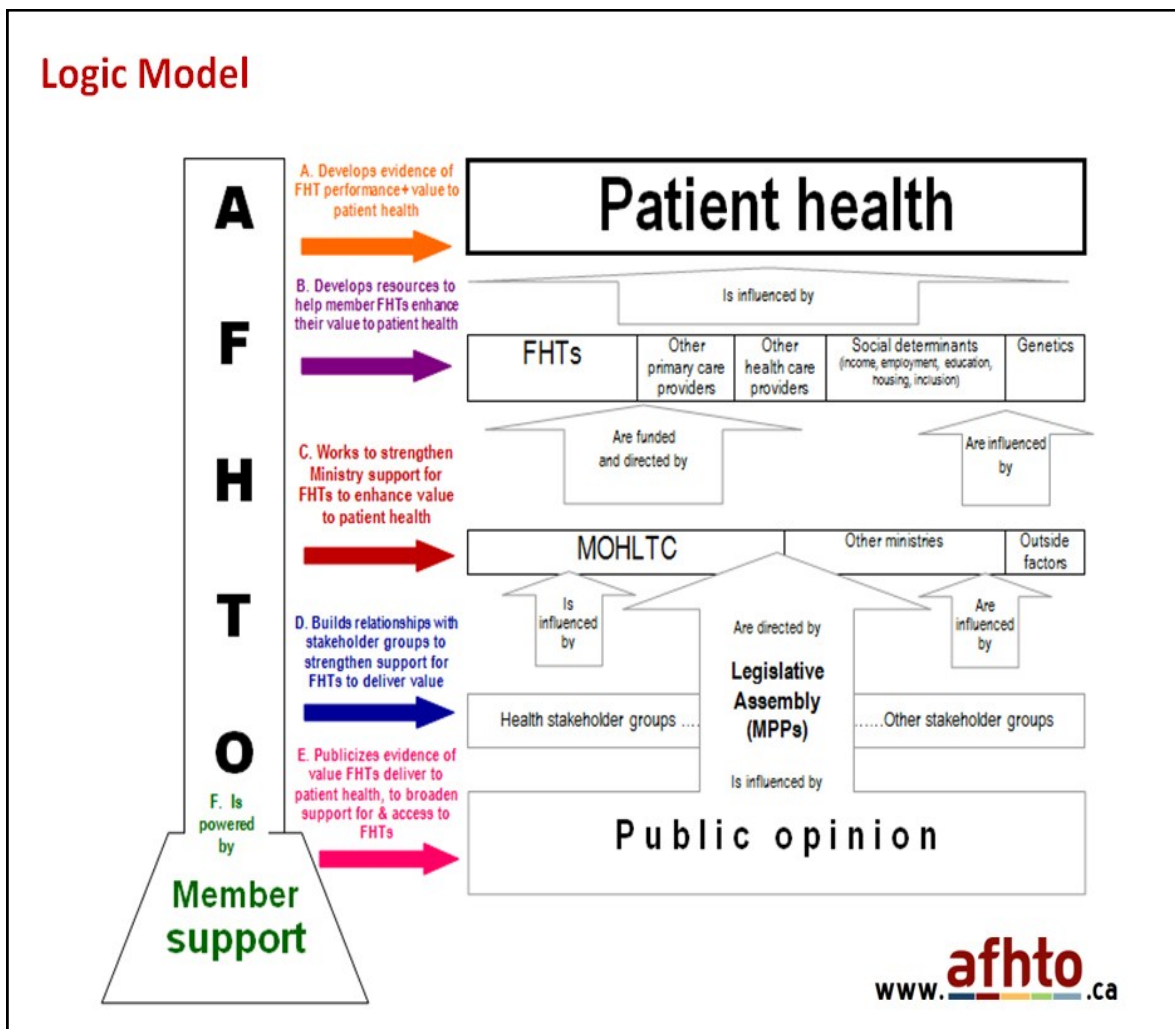
## Delivering value for our members

The six strategic directions and 10 initiatives in the strategic plan have provided a clear focus and direction for all AFHTO activity. Our progress in each area is reported in the table that follows.

As you look through these pages you'll see ample evidence of AFHTO's success in raising the profile of FHTs and reinforcing confidence in this model among political and healthcare leaders. As an association, we've developed credibility and respect as constructive, knowledgeable contributors to improving how our health system works. We

are now sought out by the Ministry of Health and Long-Term Care, Ministry of Health Promotion and Sport, and other stakeholder associations to participate in consultations and presentation.

The clearest evidence that AFHTO is delivering value for our members is all of you – over 90% of FHTs that have chosen to become members. All of AFHTO's work could not be accomplished without your time, talents, and ideas, and your financial support for AFHTO's infrastructure.



## Progress achieved in AFHTO's Strategic Plan 2011-2013

### Strategic directions and priorities

### Progress in past year

#### A. Strengthen Ministry support for FHTs to enhance their value to patient health

A.1. Continue to implement process for issues identification and collaborative problem-solving with MOHLTC, starting with budget and funding process

- AFHTO was successful in persuading the Ministry to make key revisions to the new five-year funding agreements for all FHTs. With the support of the Ontario Medical Association, the Ministry agreed to include an exemption to the requirement that “all positions funded pursuant to this Agreement shall be employees of the Recipient” to give greater flexibility on FHT staffing arrangements provided that certain risk management criteria were also met.
- The template agreements for all Physician-Sponsored and Mixed Governance FHTs were also revised to address concerns regarding governance, liability and communications.
- AFHTO also set up working groups of FHT EDs to advise the Ministry and work to resolve issues related to the budget process, implementation of the NP-SERT/NPAR data tracking program and the smoking cessation/NRT program.

#### B. Build relationships with stakeholder groups to strengthen support for FHTs to deliver value

B.1. Partnership role in MOHLTC “Strengthening Primary Care” initiative and preparation to implement Excellent Care for All Act in primary care

- AFHTO was a significant contributor to 3 of the 5 multi-stakeholder working groups. This was an excellent opportunity to promote the value of FHTs, and to demonstrate AFHTO’s capacity to contribute constructively and intelligently to policy and program development that affects primary care.
- The draft set of integrated recommendations show that key stakeholders share a broad level of confidence in and support for the FHT approach, i.e. interprofessional teams supported by leadership, information technology, data, and access to quality improvement support that can engage in population-based planning and program development in delivering high-quality accessible primary care.
- The draft recommendations also call for priority to be given to implementing the *Excellent Care for All Act* in primary care. In preparation for this, AFHTO has identified governance development (E.1) and performance measurement (C1) as priorities (below).

## Strategic directions and priorities

### B.2. Advocacy in support of recruitment & retention (pension & benefits)

### C. “Stand up and be counted” – Develop evidence of FHT performance and value to patient health

#### C.1. Strategy for advancing performance measurement in FHTs

## Progress in past year

- AFHTO has partnered with the associations representing other primary care models – the Association of Ontario Health Centres (AHACs and CHCs) and the Nurse Practitioners Association of Ontario (NPLCs) – to complete a survey of all 294 of these primary care organizations. The data is being analyzed and will support an advocacy campaign in support of a recruitment and retention strategy for all of primary care.
- AFHTO has strengthened relationships with other associations in many important ways, e.g. collaboration with the OMA for legal advice and advocacy support on the FHT funding agreement and in conducting a survey of physician experience within FHTs.
- Performance measurement continues to be a political imperative. It’s a key component of the *Excellent Care for All Act* and has been referenced in the election platforms of Ontario’s three main political parties.
- AFHTO has met with the key players in performance measurement for primary care in Ontario – Health Quality Ontario (HQP), the Canadian Institute for Health Information (CIHI), the Institute for Clinical Evaluative Sciences (ICES) and the LHIN Collaborative.
- AFHTO is participating in CIHI’s consultation to refresh its primary care indicators. AFHTO is also collaborating with CIHI to promote adoption of its Primary Health Care Voluntary Reporting System (PHC-VRS) among FHTs.
- AFHTO has been asked to participate in a HQO working group to further develop its primary care reporting.
- AFHTO is also represented through its President in Ontario MD’s process for revising standards for EMRs.

## Strategic directions and priorities

D. “Toot our own horns” – Publicize evidence of value FHTs deliver to patient health, to broaden support for & access to FHTs

D.1. Report on evidence of FHT success / pre-election education campaign

E. Develop resources to help member FHTs to enhance their value to patient health

E.1. Governance development

## Progress in past year

- AFHTO board representatives met with opposition health critics and the Minister’s office to promote awareness and support for the FHT model prior to the provincial election campaign.
- All member FHTs received a brochure template and other tools to support them in building awareness of their FHT and the value of the FHT model in their provincial ridings during the pre-election period.
- AFHTO board members and executive director have made a number of presentations about FHTs at conferences hosted by the Ontario Hospital Association and others.
- Early in 2011 AFHTO submitted a proposal to the Ministry to strengthen governance of FHTs. It described the need to develop:
  - The core set of knowledge and skills for governance and risk management, common to all health service delivery organizations and customized for FHTs.
  - A “governance framework”, aligned with the Excellent Care for All Act and developed in collaboration with government and other stakeholders, to develop common understanding of accountabilities and mechanisms for appropriate oversight.
  - Skills, tools and support for boards to succeed in implementing the “governance framework” and *Excellent Care for All Act*.
- The Ministry has acknowledged the need to support knowledge and skill development in the governance of FHTs. AFHTO anticipates they will issue a request for proposals to address this need.



## Strategic directions and priorities

### E.2. Group purchase arrangements

- AFHTO's Commercial Advisory Committee identifies favourable purchasing arrangements for goods and services for members. They are close to finalizing contractual arrangements with the first two vendors, in the areas of insurance and employee benefits.

### E.3. Annual conference

- With the tremendous response to AFHTO's 2010 conference, the 2011 edition was expanded to 1 ½ days. In addition to having one day for FHTs to share their best practices and innovations with their peers, the conference has added a half-day program to develop FHT leadership, and a dinner to celebrate the progress FHTs have made in innovating and improving patient-centred interprofessional primary care.
- Conference popularity has also grown. Attendance has increased over 65 %, from just over 300 registrants in 2010 to more than 500 members registered for the 2011 conference.

## F. Power the AFHTO organization through strengthened membership and supporting infrastructure

### F.1. Build member engagement in pursuing AFHTO's vision and mission

- Over 90% of FHTs are now members (170 out of 186), up from 50% in September 2010.
- All FHTs, members and non-members, were invited to participate in developing AFHTO's strategic plan. Over two-thirds took the opportunity to participate in the webinar and/or survey.

### F.2. Continue to develop necessary infrastructure for the AFHTO organization

- The AFHTO board has formalized a committee structure to carry its duties in governance, membership, finance and management resources. It has also put in place a formal evaluation process for both the board and its executive director.
- Working groups made up of AFHTO members have been established to support priority initiatives, engage members, broaden the base of knowledge and experience working on these issues, and expand AFHTO's capacity to act.
- As of August, growing membership resources have enabled the board to expand the executive director's capacity from half-time to full-time. AFHTO's infrastructure is expected to expand further by the end of 2011; options are being explored for shared office space and part-time assistance.
- Capacity limitations remain a challenge. Work to further develop funding continues.

## Looking forward

Drawing from the direction set in AFHTO's Strategic Plan 2011-13, there is much more building to be done, and no shortage of areas in which to use our resources to deliver value to members.

Developing sustainable resourcing to support core infrastructure remains a priority. AFHTO continues to aim toward a modest annual office budget of approximately \$350k-400k to include a full-time Executive Director, one or two additional staff, physical space, and related services.

Equally important is the further development of networks of members, and AFHTO's capacity to engage these networks in identifying common issues, analyzing and prioritizing them for action, and participating in problem-solving forums.

Working with members, AFHTO activity will be focused in four key areas:

- Resources for optimal delivery of care and greater transparency around allocation methods: The primary care recruitment and retention survey points to uncompetitive compensation packages as the most significant barrier to recruitment and retention; this issue will continue to be a focal point for AFHTO activity.
- Governance development in FHTs: Anticipating that Ministry funding will flow for this project, AFHTO will strive to continue its leadership through the development, launch and delivery of the program. AFHTO's advocacy will continue with government and related stakeholders to create an appropriate "governance framework" that supports the ability of

FHTs to enhance their value to patient health, prepares them for implementation of the Excellent Care for All Act and avoids undue burden

- Performance measurement: AFHTO will continue to work with Health Quality Ontario and the Canadian Institute for Health Information to ensure indicators and benchmarks selected for purposes such as MOHLTC-FHT contracts and implementation of the Excellent Care for All Act make sense for FHTs and their patients. AFHTO will also continue to advocate for and leverage opportunities to support FHTs in their collection and use of data for performance improvement.
- Publicizing the value of FHTs: AFHTO will continue to seek opportunities and develop vehicles to attract attention to the value of FHTs.

AFHTO is a membership organization. Our strength to tackle these issues comes from you. We value your on-going input, support and commitment to the FHTs of Ontario.

This truly is an energizing and exciting time to be working in a FHT, and active in our collective association!



## **AFHTO Board of Directors**

The AFHTO Board is made up of volunteers who work in a Family Health Team or have an interest in primary care transformation in Ontario.

### *Executive Committee:*

- President and Chair: Dr. John McDonald (Lead Physician, PrimaCare Community FHT — Paris)
- Vice President: Dr. Ruth Wilson (Queen’s FHT — Kingston)
- Secretary: Mr. Brian Gray (Executive Director, Harrow FHT)
- Treasurer: Ms. Keri Selkirk (Executive Director, Thames Valley FHT — London)
- Member at Large: Ms. Kavita Mehta (Executive Director, South East Toronto FHT)

### *Directors:*

- Mr. Randy Belair (Executive Director, Sunset Country FHT – Kenora)
- Dr. Sean Blaine (Lead Physician, STAR FHT – Stratford)
- Ms. Gwen Devereaux (RN, Physician Recruitment Lead, Huron Perth Healthcare Alliance and Alexandra Marine & General Hospital — Seaforth)
- Dr. Val Rachlis (Chair of the Board, North York FHT — Toronto)
- Dr. George Southey (Lead Physician, Dorval Medical Associates FHT – Oakville)
- Mr. John Stanczyk (Pharmacist, Delhi FHT)
- Ms. Durhane Wong-Rieger (President & CEO, Institute for Optimizing Health Outcomes)

## **AFHTO Staff**

- Ms. Angie Heydon, Executive Director

**The Association of Family Health Teams of Ontario works with and on behalf of family health teams as the advocate, champion, network, and resource center for Family Health Teams, to support them in improving and delivering optimal interprofessional care. Over 90% of FHTs belong to AFHTO.**



[www.afhto.ca](http://www.afhto.ca)