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view Strategic Directions

Our Vision

High quality, sustainable, team-based primary health care.

Our Mission

AFHTO collaborates with its members and partners to lead and improve the delivery of team-based primary health care in Ontario.

Our Commitment

Improving primary health care TOGETHER.

WHO WE ARE

The Association of Family Health Teams of Ontario (AFHTO) is led by, representative of, and accountable to our member primary care teams including over 180 Family Health Teams (FHT) and 5 Nurse Practitioner-Led Clinics (NPLC). Together we work to bring high quality team-based primary health care to the people of Ontario.

Our Commitment – Improving Primary Health Care Together

AFHTO is committed to leading and supporting primary health care system change for the benefit of all.

Ontario's new *Patients First* legislation provides a foundation on which policy makers, providers and patients can work together to transform the health care system into a system that improves people's health care experience and health outcomes. AFHTO is a key partner in the effort to improve the provision of primary health care by increasing access to quality team-based care and focusing on preventative health care.

We looked at environmental trends to guide our thinking about what the future may bring and how these trends may affect the provision of primary health care. We also spoke to our members, the staff and a broad range of partners to learn what we do best and what we can do better. Based on what we learned, we renewed our vision and mission and developed three Strategic Directions to support it. In less than a decade, AFHTO has grown and matured as an association and established prominence in the primary care sector. We believe that the time is right for AFHTO to assume a leadership role in the ongoing health care transformation agenda in Ontario.

NOTABLE TRENDS

Political

The health system transformation agenda in Ontario is ambitious and immediate. The government has made a commitment to improving access to team-based care using a population-based approach to the delivery of care. Some key considerations include:

- Local Health Integration Networks (LHIN) will assume more responsibility for delivery of primary health care.
- Introduction of LHIN sub-regions brings planning to a more local level.
- More and different accountability and reporting of primary care delivery and outcomes; more focus on performance targets, increased reporting requirements.
- Greater focus on opportunities for integration and collaboration that will create a more coordinated, seamless health care system.
 - FHTs and NPLCs may have more funding opportunities if primary health care is better linked to other parts of the system.
- More attention to system capacity; knowledge and analysis across all parts of the system will drive effectiveness and resource allocation.
- The development and nurturing of new and existing relationships that will build effective team-based approaches to care. These relationships include those between different health professionals, across different parts of the system. The current challenging relationship between the province and physicians is also a factor in achieving successful transformation.
- Recruitment, retention and compensation are significant issues for most FHTs and NPLCs.
 - Human resources management and labour relations are assuming an important role in the day-to-day life of primary care providers.

- Increased federal leadership & involvement in a number of areas will encourage discussion and present opportunities for action in such areas as a national seniors' strategy, the cost of pharmaceuticals, a national palliative care strategy and physician-assisted death.

Economic

The province of Ontario continues to operate within fiscal constraints that affect all areas, including health care. National and provincial economic trends will impact both the health of individuals and system response to these trends.

- Ontario and Canada are experiencing continued slow economic growth. A policy of fiscal constraint continues to have an impact health care.
- Individuals and families are feeling the effects of economic challenges. There has been a rise in part-time and contract employment. Food bank usage remains higher than in the past (19% increase between 2008 and 2014 in Ontario). There is a widening income gap, in which ODSP and OW levels are not keeping pace with rising costs. There is an increase in wait lists for municipally assisted housing. The social determinants of health, those fundamental factors such as income, housing and food security that influence basic health, remain a stubborn barrier to positive health outcomes for many Ontarians.

Social

Much has been written about how changes in population size, age, race and ethnicity affect the provision of health care including:

- Aging population. In Ontario, seniors will represent 23.6% of the population by 2036, up from 13%.
- Racial and cultural diversity. By 2031, one in three Canadians will be a visible minority, settling mostly in cities and about 5% of the population will be aboriginal. Aboriginal youth are Canada's fastest growing population with unique cultural, social and educational needs. Aboriginal seniors experience greater prevalence and earlier onset of chronic disease.
- Rates of mental illness. Directly, or indirectly, mental illness and addictions affects one in five Ontarians. For adults between the ages of 70 and 89, including but not limited to dementia, rates are projected to be higher than for any other age group by 2041.

Technological

Technology continues to have a growing influence on the way in which primary care providers work, communicate, and plan.

- The push for immediacy is compelling the use of social media, mobile devices and other technology to improve access to information, sharing of information.
- In the face of new platforms, privacy implications are an important consideration.
- In spite of all efforts, there are continuing struggles in the health system with compatibility of e-health systems. A more basic issue in primary care is that a proportion of family physicians have not yet adopted electronic medical records at all.

Sector-level

In addition to the broad-based factors above, there are specific health care sector trends that are important considerations in shaping AFHTO's priorities for action. Some of these additional factors include:

- The growing use of telemedicine to improve access to care and to increase system efficiency.
- The growing focus on patient-centred care and patient-centred leadership in the design and delivery of care.
- The inclusion of the patient as a partner in care; incorporating the patient voice in planning and delivery.
- The increasing focus on quality of care; understanding quality care, measuring it, reporting it and using analysis to continually improve.
- The growing use of performance and outcome measures, along with the expectation that primary care providers collect data, submit reports and monitor outcome measures
- Across the province, in all sectors including health care, there are ongoing efforts to integrate services, supports, and agencies to achieve a more rational, effective and efficient system.
- Acknowledgement of value of upstream investment and the social determinants of health.
- Management of chronic conditions has become a significant focus in primary care; the health care system is transitioning from acute care models to chronic care models
- There is a looming retirement crisis for primary health care providers.
- The acknowledgement of the important role caregivers play – as providers, supporters, navigators; where do they fit in the system, what supports do they need?
- The role of care coordination has become recognized as central to effective primary care.

What We Have Done

AFHTO is a young association that has already made a significant contribution to the changing health care sector in Ontario. AFHTO's members and partners all cite AFHTO's effective advocacy efforts as one of its greatest strengths, along with promoting the value of inter-professional teams and providing leadership, resources and supports to its members. From providing governance resources to developing and promoting meaningful measurement tools, AFHTO has made significant contributions to the development of FHTs and NPLCs, and has positioned inter-professional, collaborative team care at the forefront of primary care transformation.

OUR STRATEGIC PRIORITIES

AFHTO now has an opportunity to assume a leadership role alongside other key provincial decision-makers and providers. With its new focus on leadership, AFHTO will promote and encourage system change while continuing to support its member primary care teams across the province. This focus represents a fundamental shift for AFHTO to influence and lead change that will benefit people and patients across Ontario.

1 Be a Leader in Primary Health Care Transformation

- Pursue leadership opportunities with existing and new partners to enhance quality of care and effective system transformation.
- Develop effective leaders who will participate in planning and implementation at all levels of delivery – locally, regionally and provincially.
- Engage and support members to strengthen team-based leadership.
- Engage and support members to strengthen governance.
- Pursue strategies that will contribute to the expansion of effective team-based primary health care across the province.
- Strengthen and invest in system partnerships.

2 Demonstrate the Value of Team-based Primary Health Care

- Define, develop, pursue, measure and promote effective team-based care.
- Communicate the value of team-based primary health care.
- Lead meaningful performance measurement that supports quality improvement across primary health care.

3 Advocate for the Tools, Resources, and Conditions to Support an Effective Primary Health Care System

- Advocate for policies and funding to support improved access and more equitable primary health care.
- Advocate for policies and funding to improve recruitment and retention in primary care for a sustainable work force that enhances quality of care.