



MPP Lobby Kit 2017

“Retention and Recruitment Campaign”

- Do not leave this material with your MPP. This is internal briefing material to help you prepare for your meeting with your MPP.

The Five Steps to meeting with your MPP:

Step #1: Set up a meeting with your MPP and tell the staff person the issue

Step# 2: Choose 2-3 people who will attend meeting

Step #3: Have a pre-meeting with your team to decide who will say what at meeting.

Step #4: At the meeting don't be argumentative - be persuasive. Record MPP comments. Leave time for questions, discussion.

Step #5 – Follow up. Send a thank you note to MPP and assistant. Send a copy of meeting notes to info@afhto.ca so we can track meetings and responses.

Key Messages for MPP Meetings

1. Introduction:

- Introduce members of your team, titles, role. Briefly describe your FHT or NPLC. Note that your interprofessional team provides primary health care services and programs, and describe the clients you serve.
- Note you belong to the Association of Family Health Teams of Ontario. AFHTO, along with the Nurse Practitioner Association of Ontario and the Association of Ontario Health Centres, are working together to speak to government and Opposition MPPs on this shared problem: the need for government investment in interprofessional primary care teams to address compensation issues so we can effectively retain and recruit staff.

2. Describe the Problem:

(i) *Interprofessional primary care organizations are struggling to retain and recruit the qualified health professionals we need to provide quality comprehensive primary care*

- A third party company (Hay Group, now Korn Ferry) conducted a robust review in 2012 and formulated salary recommendations toward a provincial



- compensation structure for primary care organizations. Five years later, in 2017, FHTs, NPLCs, AHACs and CHCs are still struggling to implement 2012 rates.
- As a result, primary care teams are having problems recruiting and retaining key health professionals, such as Nurse Practitioners, dietitians, Registered Nurses, and Health Promoters.
- According to Minister Hoskins, primary care is the front door of the health care system. But with wage freezes and compensation well below other parts of the health care system, the front door has become a revolving door as staff leave for higher paying jobs. This is an equity and fairness issue.
- Provide an example of how this situation affects your team

(ii) Some progress made in 2016 Ontario budget

- The government made some progress in last budget with a commitment to invest \$31.7 million by 2017. While appreciated, this investment is only a 20% down payment toward what is needed to bring all staff up to 2012 pay rates.

3. The Ask:

- We know that the government wants to balance Ontario’s budget by 2017/18. We also know that health care is one of the most important provincial services that Ontarians rely on, and that the government has committed to increase patients’ access to primary care.
- We want the government to follow through on its commitment to primary care and to putting patients first by investing in interprofessional primary health care teams in the 2017 Ontario budget.
- In the 2017 Ontario budget, we are seeking an investment in interprofessional primary health care teams with an additional commitment of \$130 million annualized, with an implementation plan over 2 years, to ensure interprofessional primary health care teams can effectively retain and recruit staff.
- This would bring over 7,500 health care professionals working in over 400 interprofessional primary health care teams up to 2012 rate of pay and help narrow the wage gap with hospitals, Community Care Access Centres, and public health.

4. Conclusion:

Engage the MPP in discussion. Record on paper his/her answers to your questions.

Possible Questions from MPPs, and suggested answers:

Question: Why are you back for more money? The Ministry has recently invested \$85M in interprofessional primary care teams.



Answer: \$85M is not the actual investment, as it is a cumulative number over 3 years. The actual amount is \$31.7M annualized. This represents a 20% down payment on what is needed to get to full 2012 recommended rates for 7,500 people working in over 400 primary care organizations.

Question: Some professions or sectors have not seen an increase in years, let alone the investment announced in early 2016 by MOHLTC, which seems pretty substantive. Why are you asking for more?

Answer: Interprofessional teams in primary care are being paid between 2006-2009 recommended rates. In 2017, we are only asking to get paid at 2012 recommended rates. With the exception of the 2016 announcement of a down payment \$31M, the majority of staff have not seen an increase in almost ten years. It is unreasonable to think that organizations can still recruit and retain staff below 2012 wage rates.

Question: So how much more would you need to bring the interprofessional primary health care sector to 2012 rates?

Answer: \$130M annualized, in addition to the \$31.7 M announced in April 2016.

Question: Does your ask include compensation for physicians?

Answer: No.
