

## AFHTO 2012 Conference:

### “Demonstrating and Celebrating the Value of Family Health Teams”

The AFHTO 2012 Conference was developed around a set of themes that, individually and in combination, advance the value of Family Health Teams.

Twelve themes have been identified below. The [conference concurrent sessions](#) for each theme were developed by a [Program Chair and Working Group](#). The themes will also be used to identify “[Bright Lights](#)” – FHTs that have taken leadership to advance in one or more of the theme areas.

For a description of each theme, click on the theme title below or scroll down the page.

## Themes:

1. [Improving the patient’s experience of care](#)
2. [System integration: building the team beyond the FHT](#)
3. [Getting data and using it to improve care](#)
4. [Leveraging technology to improve quality and efficiency of care](#)
5. [The Triple Aim in FHTs – better care, better health, better value](#)
6. [Strengthening FHT leadership and governance](#)
7. [Improving care for people living with mental health challenges](#)
8. [Access and capacity](#)
9. [Best practices in health promotion and chronic care](#)
10. [Meeting needs of special populations](#)
11. [Strengthening the FHT team](#)
12. [Mélange](#)
13. [Pharmacy Working Group](#)

## Description of each Theme:

### 1. Improving the patient’s experience of care

How do FHTs organize and deliver care to better meet the preference and expectations of the people in their community? This includes innovation and improvement activity that has resulted in, for example, shorter waits, better coordination of care, sensitivity to and accommodation of specific needs and preferences, strengthened partnership role for patients in their own care and/or planning and evaluation of FHT programs, improved patient satisfaction.

**Program Chair:** Elenore Wormald, Niagara Medical Group FHT

**Working Group:**

- Lynne Davies, Couchiching FHT
- Anne Childs, McMaster FHT

## 2. System integration: building the team beyond the FHT

FHTs are developing external linkages to facilitate the coordination and flow of care and other supports their patients need to optimize health. In the words of *Ontario's Action Plan for Health Care*, as a “natural anchor for patients in our health care system” FHTs have a key role in advancing “The right care, at right time, in right place.”

### **Working Group:**

- Kimberly Wintemute, North York FHT
- Shirley Watchorn, Great Northern FHT
- Rick Zsoldos, London FHT

## 3. Getting data and using it to improve care

Quality improvement is built upon on-going performance measurement, i.e. identifying, monitoring and responding to key indicators. This requires the ability to capture accurate data, extract it and analyze it in a consistent, on-going fashion. What are FHTs doing to improve their data quality and capacity to monitor performance? What is happening in the province to support FHT capacity to monitor and improve?

### **Program Chair: Sanjeev Goel, Wise Elephant FHT**

### **Working Group:**

- Michelle Greiver, North York FHT
- Jennifer McLeod, Timmins FHT
- Suzanne Trivers, Mount Forest FHT

## 4. Leveraging technology to improve quality and efficiency of care

Patient portals, handheld devices, telemedicine network, diagnostic tools, shared EMRs, social media – these are some of the technologies FHTs are using to improve outcomes for patient and make better use health system resources.

### **Program Chair: Jaipaul Massey-Singh, Wise Elephant FHT**

## 5. The Triple Aim in FHTs – better care, better health, better value

The Institute for Health Care Improvement's “Triple Aim” seeks to *simultaneously* improve population health (better health), enhance patient experience (better care) and reduce, or at least control, per capita costs of care (better value). This philosophy underlies Ontario's priority to reduce avoidable hospitalizations and ER use. Strategies such as advanced access improves can address the “Triple Aim” by improving patients' experience of care, improving health through early intervention, and reducing downstream health care costs (e.g., ER visits, specialist referrals and hospital admissions) by preventing deterioration due to delayed treatment.

### **Program Chair: Kirk Miller, Guelph FHT**

### **Working Group:**

- Ellen Ibey, Temagami FHT
- Suzanne Trivers, Mount Forest FHT
- Joyce Phillips, Kingston FHT

## 6. Strengthening FHT leadership and governance

Leadership and governance bring all the pieces together to create and deliver “value”.

What are FHT boards doing to strengthen their role as governors, accountable to Ontarians for delivering value for their tax dollars? How are FHT leaders – the board chair, the lead physician and executive director – working together to provide direction to and support for their teams? What support do FHT leaders and governors need to fulfill their roles effectively?

### **Working Group:**

- Diana Noel, Humber River FHT
- Mary Vergeer, Central Lambton FHT
- Anne Childs, McMaster FHT

## 7. Improving care for people living with mental health challenges

Patients have ongoing contact and relationships with their family physician throughout their lifespan.

Family physicians are often the point of contact when patients experience mental health symptoms and challenges that affect their day to day functioning. The FHT is in a unique position to identify, treat and support patients and link them to other specialized services when needed. Mental health impacts other aspects of health and ability to manage chronic illness. How are our interdisciplinary teams improving care for people with mental health challenges? What innovative programs are being offered in FHT's? Are we enhancing our core competencies in primary mental health care?

### **Program Chair: Tracey Clark, New Vision and Two Rivers Family Health Teams**

#### **Working Group:**

- Carrie Fletcher, Village FHT
- Sarah Johnston, Guelph FHT
- Cathy Voisin, New Vision FHT and Centre for Family Medicine FHT
- Arnold Muller, Star FHT
- Kathy Kruger, Wise Elephant FHT
- Sarah Milner, Central Lambton FHT
- Susan Dietz, Brockton Area FHT

## 8. Access and capacity

Timely access to care remains a priority for government, and the capacity to respond remains a focus for FHTs. Topics could include progress in implementing advanced access, recent research on quality and roster size, efforts to optimize service capacity.

### **Program Chair: Michelle Karker, East Wellington FHT**

## 9. Best practices in health promotion and chronic care

Share best practices and results concerning programs aimed at healthy living, weight control, hypertension/cardiovascular disease, lung health/respiratory disease, diabetes, chronic pain.

### **Program Chair: Elenore Wormald, Niagara Medical Group FHT**

#### **Working Group:**

- Ellen Ibey, Temagami FHT
- Michelle Karker, East Wellington FHT

### **10. Meeting needs of special populations**

What are FHTs doing to better meet the unique needs of groups such as seniors, children, adolescents, the disabled, rural residents, new immigrants, the socially disadvantaged and marginalized?

**Program Chair:** Randy Belair, North York FHT

**Working Group:**

- Bethany Philpott, Health for All FHT

### **11. Strengthening the FHT team**

The goal of a team is to be stronger than the sum of its parts. How are FHTs innovating and integrating the different professions into the care team to achieve this goal?

**Working Group:**

- Lynne Davies, Couchiching FHT
- Jodi Heard, Health for All FHT