



association of family
health teams of ontario

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January 31, 2018

Nadia Surani
Manager, Interprofessional Programs Unit
Primary Health Care Branch
9th Floor, 1075 Bay Street
Toronto ON M5S 2B1

Dear Nadia,

RE: Family Health Team Agreement

Thank you for sharing the draft Family Health Team (FHT) agreement with AFHTO and discussing with us all the proposed changes. As you know, AFHTO members have been working [Towards the Next FHT Contract](#) for a number of years so we are pleased to see many of our recommendations have made its way into the agreement.

Of particular note, we are very pleased to see the goals of the Family Health Team program clearly articulated at the beginning of the agreement. Setting the context around what the FHTs are expected to deliver on will help our organizations and their governors in the development of locally created programs and services that will ensure a patient-centred, population-based approach to care.

Moving FHT Boards into more skills-based Boards has been a real priority of AFHTO through the Ministry funded Governance and Leadership Program. Having FHTs take a look at their governance structure and identify where there may be gaps is critical in ensuring that Boards meet the requirements needed to fulfill their fiduciary responsibility. We strongly support the addition of the Board skills-based matrix in the Appendix of the agreement.

FHTs have been working for years at developing programs and services for their patients that are reflective of their patient population and demographics. As we move into the new LHIN sub regional planning approach to care, developing programs that are aligned with Ministry priorities based on a community needs assessment will be important to ensure more Ontarians receive access to interprofessional team-based care and will allow FHTs to provide the necessary leadership that is needed in the system to direct local level health care service delivery.

Creating organizations that are built on quality with a focus on patient safety has been a real focus of AFHTO for the last few years through our Quality Improvement and Decision Support Program and the funding of the Quality Improvement Decision Support Specialists (QIDSS) in the field. Primary care providers are engaged and willing to lead in improving primary care outcomes by acting upon meaningful and measurable data within their practice and in their community. Most FHTs have already actively participated in submission of Quality Improvement Plans and have engaged their affiliated physicians in that process. We continue to work with the OMA to develop a data sharing agreement so that FHTs and their affiliated physician groups can continue to share EMR data to contribute to ongoing measurement leading to better patient outcomes.

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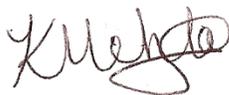
We also support the idea of having stable and fixed hours of operation for patient access and predictability which will allow patients to have a better idea of when they can access their family health team providers. Knowing the hours of operation will hopefully reduce the number of walk-in clinic or hospital visits, ensuring that patients with urgent health conditions receive timely access to care.

However, I would be remiss if I did not express my concerns related to the new Assignment clause. While understanding that in a transfer payment agreement the Ministry often has language in the agreement that allows them to transfer a contract from their purview to manage to another entity (like the LHINs), this new clause will create significant anxiety in the field. Assuming this is the pathway in the future for FHT contracts to be transferred to the LHINs, FHTs are telling us how very little LHINs know about this interprofessional model, especially as it relates to governance and the important relationship with their physician colleagues. In the current environment where a physician services agreement still has not been negotiated, it is extremely important that there be ongoing conversations happening with the Ministry and the FHTs about the intent of this clause so that the FHT Boards are well equipped to manage future expectations.

As you are also aware AFHTO is now sitting on the LHIN MSAA Advisory Council with the hope and desire to ensure that the FHT agreement and the MSA agreement are aligned, reducing duplication and unnecessary reporting burden to the FHTs in the field. It is our hope as well that the LHINs truly make an effort to better understand the uniqueness of the FHT model, especially as it relates to the governance structure, and hear about our ongoing concerns about having two agreements with different reporting requirements. We will also continue to persevere in educating the LHINs about the FHTs as well and encourage the Ministry to do the same.

Thank you once again for your team's hard work in developing the new FHT agreement and we are really looking forward to working with the Ministry to roll out the new template to our FHTs. If you have any questions about these comments please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K Mehta', written in a cursive style.

Kavita Mehta
Chief Executive Officer