

Members present: Beth Cowper-Fung, Kathy Hardill, Linda Chudiak, Krista Dalliday, Andrew Ward, Diana Danyluk, Shelley Raymond

Guests present:

Staff present: Bryn Hamilton, Angie Heydon, Catherine Macdonald

Agenda item	Background material	Key issues & discussion points	Next steps	By whom / by when	Done
1. Introductory Business		Meeting was called to order at 3:00 pm 1.1 Chair's welcome / overall meeting objectives : <ul style="list-style-type: none"> • Updates on : <ul style="list-style-type: none"> ○ What we've heard regarding primary care transformation ○ What AFHTO is doing to date to advocate for and support members • Identify/discuss key implications for NPLCs <ul style="list-style-type: none"> ○ Make recommendations to AFHTO board / staff 	n/a	n/a	3:00
1.1 Approval of Agenda		The agenda was approved.	Approve	n/a	
1.3 Notes from last meeting		The minutes of the September 10, 2015 meeting were approved.	Approve	n/a	
2. Context : Additional Ministry Remarks Re. Health System Change					3:05
2.1 Sean & Angie Meeting with Nancy Naylor – new ADM		<ul style="list-style-type: none"> • Re-org structure at ministry – speaks volumes of ministry intent going forward. PHC Branch now grouped with LHIN Liaison, Home & Community Care, and Hospitals (all under Nancy Naylor). • Reviewed focus of AFHTO and our work with Nancy – primarily recruitment and retention, D2D, Broadening Access to Teams. 			
2.2 Minister Hoskins remarks at Health Achieve		2 key points: <ul style="list-style-type: none"> • Reinforced LHIN alignment with PC • Re-looking at role of CCACs (this has caused some speculation that CCACs may be dismantled in the future). 			
3. Primary Care Transformation: what our members are telling us					3:10

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3.1 Leadership Report		<ul style="list-style-type: none"> • Leadership Report – the reflections of 200+ Health Leaders regarding the implications of shift toward population-based care and focus on equity. • The leadership report will help target advocacy work and inform the support AFHTO offers members over next year. • Very important is the closer relationship with LHINs. However the challenge for AFHTO will be to divide our time in most supportive way at both the provincial level and now at the regional, and sub LHIN level (so that FHTs/NPLCs have an effective voice as possible with each LHIN organization). 	Determine direction of advocacy & support for 2016, guided by leadership report and considering need for LHIN-level advocacy.		
3.2 Related comments		Beth attended recent eHealth day. Offline discussion with ministry HR rep re. if ministry is going to ask physicians to start measuring performance or to be more accountable, we may see physicians retire early or leaving the country to practice; as a result, may see FHTs with more NPs and less docs!			
4. Emerging Issues & Updates for NPLCs					3:20
4.1. Update on AFHTO, AOHC and NPAO touch base (Nov 17) (update) <ul style="list-style-type: none"> 4.1.1 Data Quality 4.1.2. Rostering to NPLCs 4.1.3. Decision Support 		Bimonthly meeting of AOHC, AFHTO, NPAO leads took place prior to this call re: common interests for NPLCs. Theresa Agnew unable to join so only AOHC & AFHTO. Three areas of discussion: <ul style="list-style-type: none"> • Data quality – AOHC taking lead to develop a webinar for NPLCs. Will connect with NPAO and AFHTO to get input on draft. Some indicators overlap with D2D, but not all. • Rostering to NPLCs– work group is working through implementation logistics. Roll out expected in April. (Beth forwarding powerpoint presentation – to be circulated with minutes) <ul style="list-style-type: none"> ○ Concern: Do patients know when they enrol w/ NPLC they are de-rostering from their current doc • Decision Support proposal – NPAO developing proposal for QIDS-like support for NPLCs. <ul style="list-style-type: none"> ○ As province is moving towards sub-LHIN type level of PC and ministry is reluctant to entertain any new models for decision support, AFHTO advice was to develop 1-year assistance to help NPLCs accelerate their measurement work; movement to sub-LHIN model may lead to QIDSS-like support coordination at PCG level ○ Challenge: NPLCs are spread out; remote type of decision support help may make most sense. 	Provide input into AOHC webinar as needed. Beth to send PowerPoint; AFHTO to circulate with minutes.		3:20

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4.2. Resourcing & Financial Pressures (update)		<ul style="list-style-type: none"> • Fernando Tavares (PHC) indicates possibility of re-allocation of funds from NPLCs that have a surplus to those who have need of additional one-time money. <ul style="list-style-type: none"> ○ Challenge: this would be restricted to short-term/one-time needs. Perhaps could be reframed to include stopgap funding in cases where structural shortages are to be addressed later. ○ Most feasible approach is for NPAO to coordinate provincially for all 25 NPLCs; AFHTO can help where needed. ○ Financial pressures with rent increases & covering mat leaves (new HOOPP guidelines require coverage paid for mat-leave replacement workers) – another potential use of “matchmaking” funds. • Advocacy work – growing the size of the pie, need government commitment to increase PHC budget <ul style="list-style-type: none"> ○ Potential opportunity with changes to CCACs (disbanding or restructuring), redirection of resources and responsibilities to PHC (Care Coordination) and LHIN (overhead). Might free up funds for home/community and primary care 	Develop policy position on CCACs and the need to redirect funding and role of care coordination to primary care.	AFHTO Board	3:25
4.3. Recruitment & Retention (update)		Angie had reported that AFHTO, NPAO, AOHC meeting with MOHLTC on 23 November, hoping for news on this front. The three associations subsequently heard from the Minister’s Office that they needed to delay this meeting by 2-3 weeks.			3:30
4.4 Additional key issues/steps (discussion)		<ul style="list-style-type: none"> • Apparent pending buyout of Nightingale? Could impact teams using this platform; may need support tools for this transition. • Need to continue to focus on language and avoid physician-driven language <ul style="list-style-type: none"> ○ Discussion, does “teams” resonate w/ NPLCs? Yes. 			3:35
5. Advancing Manageable & Meaningful Measurement		<ul style="list-style-type: none"> • D2D 3.0 coming soon. NPLCs participated last year, some with high results. Not all indicators are available to NPLCs, but lots are. • To get ready for D2D: <ul style="list-style-type: none"> ○ Sign up your intent to participate. ○ Sign up for e-bulletin if not receiving it. ○ Contact AFHTO for assistance as needed. You have access to QIDS program, even without a QIDSS 			3:40
6. Concluding Business		<ul style="list-style-type: none"> • Board meeting December 1st – What should Beth bring forward? <ul style="list-style-type: none"> ○ Autonomy of NPLCs, so that they don’t become satellites • Feedback from today’s meeting? 2 responses, very positive, grateful for advocacy & updates 	n/a	n/a	3:43

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7. Next meeting		<ul style="list-style-type: none"> • Mid/late February, before February board meeting, date TBD • Catherine will set up Doodle poll & distribute link with minutes 	n/a	n/a	3:45
8. Meeting conclusion		The meeting concluded at 3:45 pm	Approve		