

Renewing AFHTO's Strategic Vision and Priorities: SurveyMonkey Membership Survey

1. 1. AFHTO Vision (draft) To what extent does the following Vision statement make sense for AFHTO today? All Ontarians have timely access to high-quality and comprehensive primary care; care informed by the social determinants of health – the conditions in which people are born, grow, work and age delivered by the right mix of health professionals, in partnership with patients, caregivers and the community anchored in an integrated health system, promoting good health and seamless care for patients sustainable – efficiently delivered and appropriately resourced to achieve expected outcomes

	I disagree completely with the Vision	I somewhat disagree with the Vision	Neither agree nor disagree with the Vision	I somewhat agree with the Vision	I agree completely with the Vision	No opinion	Rating Average
	3.4% (2)	0.0% (0)	3.4% (2)	24.1% (14)	69.0% (40)	0.0% (0)	1.55

Comments:

	answered question
	skipped question

2. 2. AFHTO Mission To what extent does the following Mission statement make sense for AFH today? AFHTO works with and on behalf of its members to: Provide leadership to expand access to high-quality, comprehensive, well-integrated interprofessional primary care, and Be their advocate, champion, network and resource to support them in improving and delivering optimal interprofessional care.

	I disagree completely with the Mission	I somewhat disagree with the Mission	Neither agree nor disagree with the Mission	I somewhat agree with the Mission	I agree completely with the Mission	No opinion	Rating Average
	5.2% (3)	0.0% (0)	5.2% (3)	15.5% (9)	74.1% (43)	0.0% (0)	1.53

Comments:

answered question
skipped question

3. 3. Strategic Priorities The AFHTO board has identified the following strategic priorities for AFHTO to undertake on behalf of our members. Please indicate the priority you would give to each item.

	No priority	Low priority	Medium priority	High priority	No opinion	Rating Average	Rating Count
1. Work with the Ministry of Health, other partners and AFHTO members to ensure family health teams are supported to succeed in:1.1. Governing and leading high-quality, comprehensive, well-integrated interprofessional primary care organizations.	3.4% (2)	6.9% (4)	13.8% (8)	75.9% (44)	0.0% (0)	2.62	58
1.2. Improving the quality of care they deliver.	1.7% (1)	8.6% (5)	31.0% (18)	58.6% (34)	0.0% (0)	2.47	58
1.3. Achieving more seamless integration of health care and other supports required by their patient populations.	1.7% (1)	1.7% (1)	36.2% (21)	60.3% (35)	0.0% (0)	2.55	58
1.4. Recruiting and retaining the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care.	1.7% (1)	15.5% (9)	24.1% (14)	58.6% (34)	0.0% (0)	2.40	58
2. Promote value delivered by family health teams and the role this model could play in expanding patient access to high-quality, comprehensive, well-integrated interprofessional primary care.	0.0% (0)	5.2% (3)	27.6% (16)	67.2% (39)	0.0% (0)	2.62	58
3. Engage with AFHTO members to ensure AFHTO continues to reflect their aspirations, respond to their priority needs, and leverages their collective knowledge and capacity for the benefit of all members.	5.3% (3)	5.3% (3)	31.6% (18)	57.9% (33)	0.0% (0)	2.42	57

Are there additional strategic priorities you feel AFHTO should pursue on behalf of members?

10

answered question

58

skipped question

0

4. 4. Priorities for investment AFHTO works with and on behalf of its members to deliver the optimal value for their membership investment. Right now, AFHTO is powered by two staff and the work of many FHT volunteers to deliver a program of advocacy, communications and networking to raise the profile and support the work of FHTs, and to stage an annual two-day conference. The Ministry has given FHTs an additional \$2000 per year in order to pay for an annual membership in their representative association . As a result, members approved a new fee structure at the Annual General Meeting on October 16, 2012. This fee structure is expected to increase AFHTO’s annual operating budget by roughly \$200,000. In light of what you see as the strategic priorities for AFHTO to undertake on behalf of members, please rate what you see as the investment priorities for building AFHTO’s capacity to deliver greater value for members.

	No priority	Low priority	Medium priority	High priority	No opinion	Rating Average	Rating Count
Knowledge transfer capacity: to identify/develop and deliver toolkits, guides, templates, webcasts, etc. to help FHTs and their staff to leverage knowledge, work more effectively, and avoid “reinventing wheels. (Topic areas to be chosen to align with strategic priorities.)	3.6% (2)	3.6% (2)	19.6% (11)	73.2% (41)	0.0% (0)	2.63	56
Performance measurement and information management expertise and capacity, to: Better represent FHT perspectives in processes to select indicators to be reported for Quality Improvement Plans, Health Links, funding agreements. Coordinate/assist FHTs in developing and implementing proposals for the new “Quality Improvement Information Management Specialist” positions to be funded for groups of FHTs by the Ministry. Work with FHTs to advocate for necessary data standards, interfaces, reporting tools, etc. Leverage/develop knowledge and tools to spread capacity among FHTs.	1.7% (1)	5.2% (3)	19.0% (11)	74.1% (43)	0.0% (0)	2.66	58
Research and analysis capacity: to							

develop position papers, prepare impact/cost analysis, conduct literature reviews, etc., in order to strengthen AFHTO's advocacy efforts. (Topic areas to be chosen to align with strategic priorities.)	5.4% (3)	17.9% (10)	46.4% (26)	30.4% (17)	0.0% (0)	2.02	56
Enhanced communications capacity: to build a stronger profile for FHTs with government, stakeholders and the public, to improve AFHTO engagement with members and better support information/communications networks among members. (Communications focus to align with strategic priorities.)	1.7% (1)	12.1% (7)	39.7% (23)	46.6% (27)	0.0% (0)	2.31	58
Government relations capacity: to enhance AFHTO's ability to influence the direction of primary care renewal at the political level.	1.7% (1)	5.2% (3)	17.2% (10)	75.9% (44)	0.0% (0)	2.67	58
Purchasing capacity: to identify and engage in group buying opportunities (insurance, benefits, EMRs, supplies) to take advantage of economies of scale.	5.2% (3)	32.8% (19)	36.2% (21)	24.1% (14)	1.7% (1)	1.81	58

Other (please specify): 7

answered question 58

skipped question 0

5. 6. Additional Comments

**Response
Count**

6

answered question 6

skipped question 52

6. 5. What is your role in your FHT?

		Response Percent	Response Count
Executive Director		69.0%	40
Lead Physician		20.7%	12
Board Chair		6.9%	4
Other		3.4%	2
answered question			58
skipped question			0

7. OPTIONAL: If you wish, you are welcome to provide your name and/or your FHT's name.

	Response Count
	19
answered question	19
skipped question	39

Q1. 1. AFHTO Vision (draft)

To what extent does the following Vision statement make sense for AFHTO today?

**All Ontarians have timely access to high-quality and comprehensive primary care; care that is:
informed by the social determinants of health – the conditions in which people are born,...**

1	How can you be against "motherhood and apple pie"? These statements are self evident, but do enunciate a clear vision of the principals that must be adhered to.	Jan 31, 2013 11:11 AM
2	I want it to be responsive to people's needs.	Jan 25, 2013 12:39 PM
3	We would like to see AFHTO's vision reflect a strong commitment to equity and inclusive access to health care for marginalized populations. Many of the people described as the 1% or the 5% are accessing expensive health care in an inefficient manner because health care is often not structured to be accessible to marginalized groups in a respectful and inclusive manner. We would like to see AFHTO's vision reflect a commitment to our working as a group to change this. Thus, we would like AFHTO to help champion a health care system that is structured and organized to be welcoming to and meet the needs of marginalized populations, including the homeless, those marginalized by mental health, addictions, sexuality, gender or race-based discrimination, and migrants (especially those with precarious immigration status).	Jan 23, 2013 6:45 AM
4	1)While I recognize the importance of the social determinants of health, it is not clear what direct role FHTs have in terms of impacting the conditions in which people find themselves, apart from access to primary care services. 2) Part of our vision should encompass the clinical health providers themselves, including physicians and IHPs. It should speak to the importance of creating truly collaborative teams and fostering a clinical environment which attracts and retains the best healthcare professionals in the world.	Jan 22, 2013 11:52 AM
5	There are still broken linkages between primary care providers. If the Ministry's rule of thumb is to keep people out of the Emergency Department, then funding needs to be reallocated to make that happen.	Jan 10, 2013 10:12 AM
6	Loooooong	Jan 8, 2013 11:27 AM

Q2. 2. AFHTO Mission

To what extent does the following Mission statement make sense for AFHTO today?

AFHTO works with and on behalf of its members to:

**Provide leadership to expand access to high-quality, comprehensive, well-integrated interprofessional primary care, and
Be their advoca...**

1	I agree more with the second point than the first. The first point needs to be clarified that "AFHTO provides leadership to "ASSIST" FHT's in expanding access to high-quality, comprehensive, well-integrated inter-professional primary care "as negotiated with the MOH".	Feb 4, 2013 11:55 AM
2	Can we clarify who are considered "members" of AFHTO - who has a vote?	Jan 29, 2013 7:31 AM
3	Access is the modifier in the first part and I do not see expanding access as AFTHO's mission. I wholly support the latter point as the mission.	Jan 25, 2013 12:39 PM
4	Again, I would say that the mission could provide a focus to champion access in a more targeted manner: there are specific populations that struggle to access quality health care, not because of who they are but because much of the health care system is structured in a way that excludes thos populations. One way that AFHTO could help in this area is by providing leadership in moving the health care system and primary care to being more client-centered: if the focus is on working with the client where the client is today, then many of the access issues in the health care system would improve significantly.	Jan 23, 2013 6:45 AM
5	the association does not provide best practice advice either medically or organizationally to members and nor should it. it's sole mandate should be to represent the financial and political interests of the FHT's to the ministry	Jan 22, 2013 8:23 PM
6	AFHTO is doing exceptional work fulfilling its mission on behalf of its members. Two thumbs up to our staff, board members and volunteers.	Jan 22, 2013 11:52 AM
7	I would add something about gouvernment liaison and representation.	Jan 21, 2013 6:49 AM
8	There should be mention of AFHTO works on behalf of its members to provide assistance with governance and still hugh problem with FHO issues internally in FHTs and without an advocate at the Ministry level these FHTs will ultimately have a revolving door of ED's, lawsuits and rouge staff and physicians who know little of running a business	Jan 18, 2013 7:32 AM

Q3. 3. Strategic Priorities

The AFHTO board has identified the following strategic priorities for AFHTO to undertake on behalf of our members. Please indicate the priority you would give to each item.

1	1.2 - I agree if we mean measuring and improving quality. The statement on its own implies that we need to improve our quality of care. We don't know how well we are doing because we aren't currently measuring - maybe we don't need to improve the quality - maybe we are achieving outcomes well with our existing level of quality and we need to expand access. We just don't know. So the strategic direction needs to be to build and maintain a sustainable quality management system for primary care. And I would argue, it needs to focus on outcomes for health across populations. 1.4 - the only reason I see this as a lower priority is that if we achieve the other priorities, this will follow. We will be the place that people want to be since we will have the effective, patient-centred, outcome focused jobs in the health care system. Knowing that your hours at work are actually achieving results goes a lot farther than a few extra dollars in your pocket. 2. starting with actually defining what we mean by all of these terms (high-quality, comprehensive, well-integrated, interprofessional primary care) 3. this is not a strategic direction. This needs to be a basic operating principle for AFHTO to remain viable and valued.	Feb 4, 2013 10:46 AM
2	Wage parity for health care professionals on the FHT team.	Jan 26, 2013 2:54 PM
3	#3 is part of the core mission and so is not a priority. It is like saying delivery is a priority.	Jan 25, 2013 12:39 PM
4	Provide support in program development.	Jan 24, 2013 10:18 AM
5	1.3 relates to my comments above re marginalized populations, so I would hope that our work in 1.3 would focus on this area. 1.4: In relation to recruiting and retaining staff, the main issue I see is that the current benefits funding for FHTs is lower than other sectors of the health care system. This makes it very difficult to provide a competitive benefit package, especially in the area of pension. A small increase in benefits funding (perhaps an additional 2-3% of wages) would make the difference. 1.1: Given the multiple complex models of governance in FHTs, I think that work on developing 'good practice' models on governance, both in terms of board governance and in terms of developing 'good practice' models of organization of governance/implementation around questions like common care practice models and physician accountability.	Jan 23, 2013 6:45 AM
6	1) Marshall key stakeholders in the IT health sector to expedite the completion of a highly integrated, viable and robust electronic medical network across Ontario. Stakeholders should include the MOHLTC, eHealth Ontario, OntarioMD, OTN, LHINs and EMR vendors at the highest level. 2) Work with the MOHLTC to develop strategies, incentives and mechanisms for FHTs to become more financially sustainable and independent.	Jan 22, 2013 11:52 AM
7	Take a leadership role in coordinating the development of policies, procedures and tools that are relevant to all FHTs. For example, Bill 168, accessibility and privacy policies- there is no reason each FHT should have to develop their own. AFHTO could produce a legally reviewed template that could be tailored by the individual FHT. There are many other examples eg client satisfaction, common indicators, utilization benchmarks, etc.	Jan 18, 2013 9:16 AM

Q3. 3. Strategic Priorities

The AFHTO board has identified the following strategic priorities for AFHTO to undertake on behalf of our members. Please indicate the priority you would give to each item.

8	As FHTs, we need to have a network where we can share ideas, victories, questions, and so forth in a quicker fashion than what is available to us today. Communication between FHTs is too fragmented, and split amongst too many outlets (LinkedIn and other portals for example.)	Jan 10, 2013 10:12 AM
9	Equality of health care resources to all Ontarians but making sure all FHTs and equally funded and staffed and that all Ontarians have access to FHTs. I'm not saying quality of care is a low priority, just a lower priority in terms of where AFHTOs focus should be. The care is good already!	Jan 7, 2013 5:06 PM
10	Don't forget about the FHTs that are aboriginal/first nations.	Jan 7, 2013 12:35 PM

Q4. 4. Priorities for investment

AFHTO works with and on behalf of its members to deliver the optimal value for their membership investment. Right now, AFHTO is powered by two staff and the work of many FHT volunteers to deliver a program of advocacy, communications and networking to raise the pr...

1	Negotiating capacity: to increase negotiating power with the MOH on behalf of FHT's regarding pay scale and pension plans. High Priority	Feb 4, 2013 11:55 AM
2	I believe that as we move forward with the changes across the province and move into closer integration, AFHTO needs to focus on those items that make primary care specific in the broader health system - so the government relations, enhanced communications and quality measurement and improvement aspects need to be carried forward. As primary care becomes more integrated and potentially looks to take more active roles in managing and providing services that have traditionally been managed by other sectors, we will need AFHTO to assist with knowledge transfer and capacity building in new areas such as home visiting, etc. There may also be areas of legal agreements and other partnership development support that will be necessary. If FHTs take on our active role in meeting the needs of our communities and populations, we may become less alike but our core principles and goals may become more alike. AFHTO needs to be able to articulate those well and advocate for the principles that make primary care what it is and needs to be in the system.	Feb 4, 2013 10:46 AM
3	The biggest constraint on health services is funding. So financial management and operational management are two of the most important enablers to maximize the use of funding. If AFHTO can help with capacity building in these areas that would be great.	Jan 25, 2013 12:39 PM
4	AFHTO should take a lead at engaging other relevant health care agencies at a provincial level such as LHINs, public health, CCAC's and hospital associations. The purpose of which would be to strategically position FHTs as the hub of primary care in Ontario and re-define our relationship with key players in the provincial healthcare system.	Jan 22, 2013 11:52 AM
5	My concern is that we will be obliged to achieve data targets that unproven to change morbidity and mortality. For example, ensuring all our diabetic patients have HgbA1c or <.070, when the evidence does not show improved outcomes.	Jan 12, 2013 2:26 PM
6	AFHTO should stay at the political level. There are other groups better suited to do the communications work, purchasing, etc. AFHTO should strive to influence the Minister on FHT directions.	Jan 8, 2013 6:50 AM
7	AFHTO should encourage sharing of toolkits etc, not develop them. Work as a facilitator not an inventor.	Jan 7, 2013 5:06 PM

Q5. 6. Additional Comments

1	While AFHTO has opened very good lines of communication with the MOH on behalf of FHT's, I wish to be reassured that AFHTO is ALWAYS clearly acting in our best interest.	Feb 4, 2013 11:55 AM
2	Thank you for all of the hard work that the executive has been doing. I am very pleased with the wording so far. Just a few tweaks to ensure that AFHTO stays less operational and more strategic. It seems that there are leaders stepping up to take on some of the priorities currently on the list. AFHTO needs to continue to steer the armada while letting the lead boats pull ahead on some priorities as opportunities arise.	Feb 4, 2013 10:46 AM
3	More and more it feels like FHTs are being asked to be agents of the MOHLTC and engage our physicians in a provincial FHT agenda. We are not positioned to direct physicians in terms of accessibility, roster targets, home visits, etc. Our ability to effectively engage physicians is built on trust and building a truly collaborative relationship. That relationship becomes threatened by the perception that we are driving a provincial agenda- an agenda that should be negotiated directly between the MOHLTC and the OMA.	Jan 22, 2013 11:52 AM
4	I feel AFHTO has come a long way and I know both the staff (albeit small but mighty :)) and Board members are working hard at representing FHTs and I thank you for your efforts and dedication!	Jan 18, 2013 7:32 AM
5	We think you guys are doing a great job!	Jan 17, 2013 12:36 PM
6	Please note that the work done by AFHTO on behalf of FHTs is greatly appreciated. Thank you.	Jan 15, 2013 1:07 PM