



## **Membership Meeting**

# **Welcome!**

### **Remember to turn on your speakers**

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They will ask for the website, please tell them **afhto.webex.com**

## **We will begin shortly, thank you**

# Objectives

- To ensure that AFHTO's strategic plan captures and reflects the key priorities shared by FHTs across Ontario.
- To support member participation in setting AFHTO's strategic direction by:
  - o providing background/context for the draft presented in the discussion document
  - o giving updates on key issues
  - o answering member questions about AFHTO's strategic direction
  - o inviting feedback on the call.

# Presenters

**Val Rachlis**

AFHTO President and founding Chair, North York FHT

**Tanya Spencer Cameron**

AFHTO Membership Committee Chair and Nurse Practitioner, Timmins FHT

**Sean Blaine**

AFHTO Secretary and Physician Lead, STAR FHT

**Keri Selkirk**

AFHTO Vice President and Executive Director, Thames Valley FHT

**Angie Heydon**

AFHTO Executive Director

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# Agenda

How to respond through Webex

**AFHTO's journey to date**

**Current environment for FHTs in Ontario**

**AFHTO's strategic direction (Feedback and poll)**

**Investment priorities to support FHTs (Feedback and poll)**

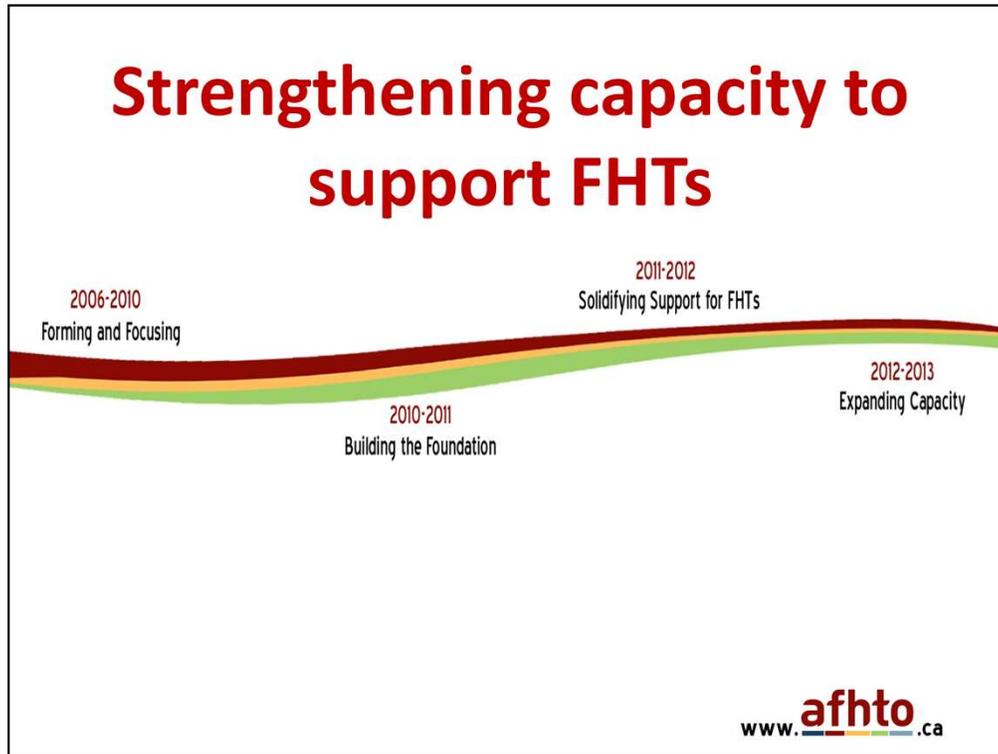
**Open for all questions**

**Friday: Re-send link to complete survey**

(Survey period ends Feb.5)

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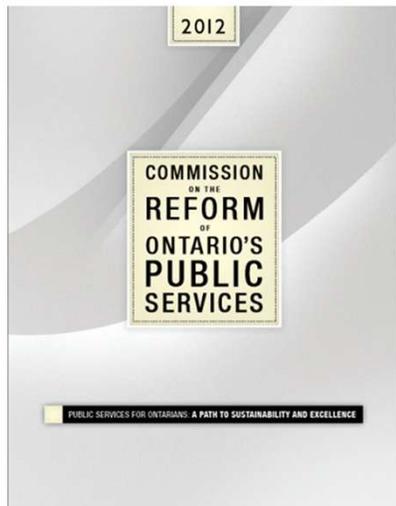
# Strengthening capacity to support FHTs



AFHTO is on a trajectory:

- In the early days a number of FHT volunteers came together to start this association.
- In 2010-11 we made huge strides to build the foundation for this association – hired ED, built a strategic plan, grew membership from 50-90% of FHTs.
- In the past year we've made great progress in solidifying and strengthening what AFHTO can do for FHTs.
- And there are so many things happening in the world of FHTs in the next year. We all aim to help one another through the opportunities and challenges, and we need to optimize our capacity to do so.

# Drummond Commission



- “Make primary health care a focal point in a new, integrated health model.” (#5-56)
- “Make FHTs the norm for primary care.” (#5-62)

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- One particularly satisfying point in the past year was being invited to present to the Drummond Commission and then to see the Commission report declare:
- “Make primary care a focal point in a new, integrated health model,” ... and then
- “Family Health Teams should become the norm for primary care.”



- AFHTO has been recognized by Government and others who are key to shaping the future of health care as THE voice for FHTs.
- At a very pragmatic level, AFHTO meets quarterly with the FHT Unit to work through operational issues.
- At a strategic level, AFHTO has been pro-active in advocacy at higher levels of government, and with key agencies and other stakeholders.



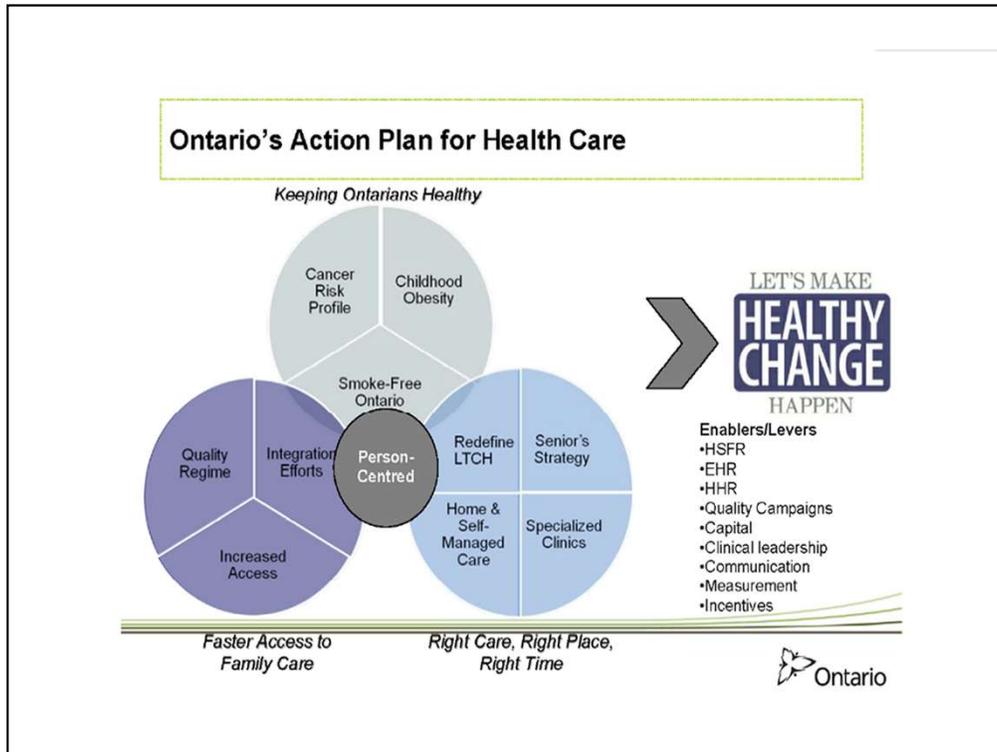
- On your screen you see three papers AFHTO has produced for this purpose. These are all posted on AFHTO’s members-only website.
- I spoke earlier about the middle one – for the Drummond Commission. This is a comprehensive paper that has guided AFHTO’s position on the central role of primary care – and FHTs in particular – to improve the quality and sustainability of our health system.
- Our Recruitment and Retention paper has been the starting point for a longer term strategy to build awareness, at the political level, of the significant compensation disparity that exists between professionals in primary care and those in other health sectors.
  - For this we partnered with 2 key allies that share the same challenge – the associations that represent all the other interprofessional primary care models.
- One of the strong themes in our advocacy is captured in the third paper you see here – Advancing a Performance-Oriented Model for Primary Care.
  - To improve quality, it’s essential to have the capacity to capture data reliably and use it to inform clinical decision-making, planning and management.
  - Ministry funding for the new **Quality Improvement Decision Support Specialist** positions is one step forward. But this is just one step.
  - The whole question of what’s measured, how is data captured in EMRs or other sources, to whom is the data reported, how is the data used – these are critical questions.
  - To this end AFHTO has been active on a number of panels with

Health Quality Ontario, CIHI and others, to keep this agenda moving forward, and in a way that works for FHTs

· Through all this work, the Ministry has recognized the importance of this association to the success of FHTs. One clear sign of this fact is that, in this time of austerity, they gave each of our FHTs an extra \$2000, specifically earmarked for membership.

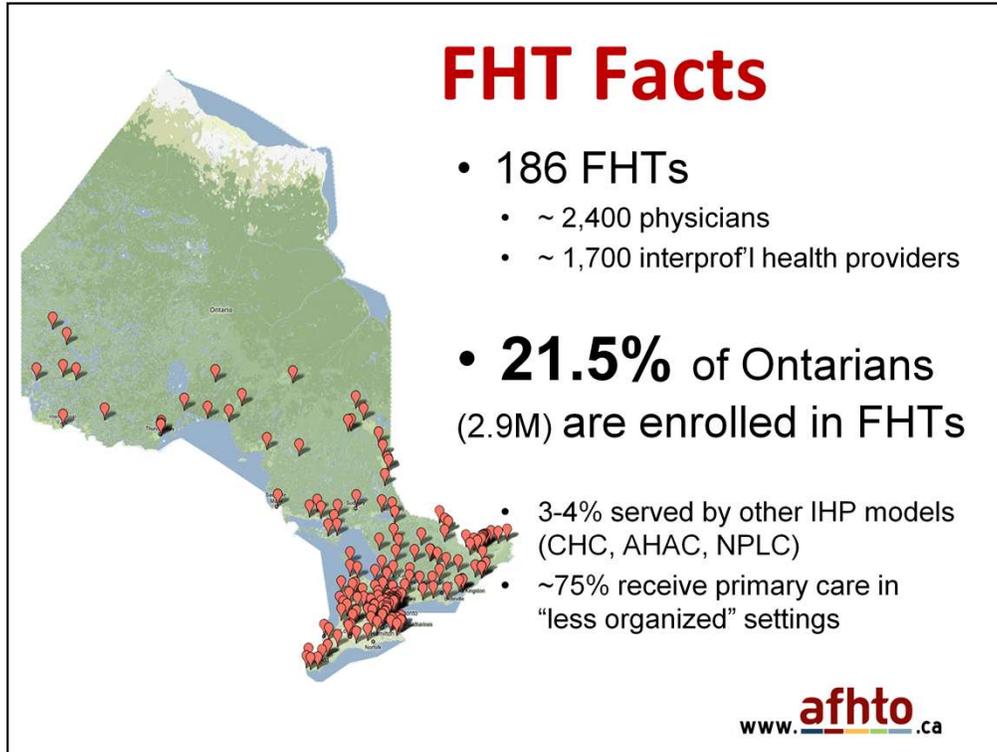


- AFHTO couldn't accomplish any of this without you
- Look at our Annual Report to see the numbers of members involved in committees, working groups and consultation groups.
- In the past year we have surveyed members on topics such as staff recruitment and retention, satisfaction with EMRs, priorities for performance measurement
- Our annual conference has grown from 350 participants three years ago, to 500 two years ago, to 800 last year.



- So let's look forward.
- For FHTs, the greatest opportunity, and the most pressing challenges, arise from Ontario's Action Plan.
- The Action Plan has three main thrusts – keeping Ontarians healthy, faster access to primary care, and right care, right place, right time.
- This plan is attempting to shift how we think and work in health care. It puts the **patient at the centre, and wraps primary care around them**. It recognizes the longer-term, comprehensive nature of primary care – in line with what the College of Family Medicine has been promoting as the “patient medical home”. This is the really exciting part.
- And you see in the primary care circle– the Plan specifically calls for implementing the quality agenda, integration efforts through Health Links, and faster, more convenient access, including more house calls for the frail elderly.

For all who are fans of the late Barbara Starfield's research on the value of a strong primary care system, this is our best opportunity yet to demonstrate what primary care, and FHTs in particular, can do to improve the health of our patients and the health system, ... when we are supported to perform this central role.



- Let me pause for a moment to show you just how important FHTs are to the province.
- 186 FHTs spread out around the province
- Over one-fifth of Ontarians are enrolled in FHTs for their primary care.
- Add to this the fact that FHTs have in place -- to some degree -- a number of the critical enablers for quality improvement and integration:
  - Interprofessional team
  - Organizational infrastructure
  - Physician/clinician engagement & leadership
  - EMR infrastructure
- There are other primary care models that have varying degrees of these enablers -- CHCs, AHACs and NPLCs. They serve another 3-4% of Ontarians.
- So you put together this level of coverage across Ontario, and government's expectations for a return on what it has invested in FHTs, and you can bet that FHTs are a highly prominent element in government plans for our health system.

# What are FHTs facing?

- Operational plans
- QIDSS proposals
- QIPs + data reporting
  - Same day/next day appointment
  - Primary care visit post hospital discharge
  - Patient experience
- Health Links
- House calls/Seniors strategy
- Better patient care through better value from our health care dollars

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So we have a huge opportunity for FHT leadership, -- and a daunting challenge to live up to the expectations.

What are FHTs facing? In the immediate future:

- Operating plans – they're due in four weeks
- Quality Improvement Decision Support Specialist (QIDSS) positions –
  - great start, but will be limited to 20-40 FTEs across the province
  - Ministry is stressing preference for partnerships across FHTs to share these positions
  - FHTs have to find their partners and get their proposals in with their operating plans
- First Quality Improvement Plans (QIPs) to be submitted to Health Quality Ontario by Apr.1
  - Last week, you received your formal notice about this from the ADM.
  - The QIP package and templates are expected to go out from Ministry next week.
  - You haven't seen the QIP package, so you haven't yet seen that there are ...
  - 3 mandatory indicators for all FHTs for year one:

- § Same day/next day appts
- § PC visit within 7 days post-hosp'l discharge
- § 3 questions to survey your patients about their experience
- You can add more indicators if you wish, and more will be made mandatory in year 2.
- The QIPs and the data are to be submitted to Health Quality Ontario.
- Just so everyone is clear, QIPs are about quality improvement. The only accountability is that you submit the QIP and the data.
- Health Links:
  - A number of FHTs are involved as coordinators or participants in 19 “early adopter” Health Links
  - All FHTs will eventually be involved, and are being counted on to play key roles. Government expects to have them rolling out across all the province in the next 12-18 months.
- Increased number of House Calls and other aspects of the Seniors’ Strategy
- in summary, as the subtitle of the *Action Plan* says, the theme is -- *Better patient care through better value from our health care dollars*
- AFHTO supports this theme -- *Better patient care through better value from our health care dollars*.
- As the voice for family health teams, we zero in on the support FHTs need to be able to do this.

Now let me go back through this list to fill you in on what AFHTO has been doing to help FHTs through all these demands.

- Operating plans: A group of FHT EDs had the opportunity to review and comment on the templates. They didn’t like the deadline either, but did manage to get a few more days added on. In the end, we have to accept that if we want timely approvals of our budgets, we have to live with deadlines.
- QIDSS: We’ve just completed a consultation process with FHTs and have (*CHECK – hope to get this out before Tues broadcast*) just released a draft set of recommendations to help FHTs and the Ministry get the best “bang for the buck” from these 20-40 positions.
  - With evidence of what this role can add to FHT development, we expect to continue to work with the Ministry to expand support so that ALL FHTs are well-positioned for quality.
  - As I mentioned earlier, AFHTO remains active on the broader questions of performance measurement – with a focus right now on HQO’s development of a Primary Care Performance Measurement framework.
- QIPs: You just received your formal notice about these last week; hopefully this didn’t come as a total shock since AFHTO sent a heads up about this in mid-November.
  - A panel of AFHTO members from wide variety of FHTs participated in consultation meeting and our ED had the opportunity to comment on the draft QIP package

- Looking forward, we could eventually see a push to include some indicators in accountability agreements, but that's not on the table at all at the moment.
- Related to the QIP roll-out, AFHTO collaborated with the Association of Ontario Health Centres, the Ministry and the Canadian Patient Safety Institute to customize customize and roll-out a Ministry-sponsored "Governing for Quality" training program
- You'll hear more about this in the next few days.
- Health Links: The leadership role FHTs are playing in the roll-out of Health Links is completely consistent with the messages AFHTO presented to the Drummond Commission and elsewhere.
  - AFHTO has played its role as "network" and "glue" for FHTs by convening bi-weekly teleconferences for the 8 FHTs that are coordinating early-adopter Health Links, so they have a Forum to exchange ideas and solutions.
- Supporting all of the above, on Friday we will be re-launching Discussion Forums on the AFHTO website. We'll also be announcing the addition of another staff member –on a 3-month contract, happens to be a former FHT ED – to bolster the help AFHTO can offer to FHTs through this "crunch time".

# AFHTO Vision

(current)

Family health teams are recognized by patients, FHT boards and staff, other health organizations, the public at large and their government as an innovative and efficient model for delivering accessible, comprehensive, high-quality, patient-centred primary health care.

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- So having looked at how far we've come as family health teams and what we're facing ahead, the AFHTO board recognized the opportunity for the FHT sector to take greater leadership in our health system.
- We are proposing to broaden our vision as a sector.
- Understandably, as a new model of care, our initial vision (*fly in Vision text*) was focused on getting recognition for this model.
- The AFHTO board proposes to broaden this ...

# AFHTO Vision

(proposed)

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, grow, live, 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

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- To a vision that is focused on outcomes for the people of Ontario, that – by the way – FHTs are ideally-suited to deliver ... (Read vision)
- Yes, this is a long vision statement. The key is, we all want the outcome -- All Ontarians have timely access to high-quality and comprehensive primary care.
- And it's equally important to state our principles for achieving that. That care must be:
  - informed by the social determinants of health – the conditions in which people are born, grow, live, 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

# AFHTO Mission

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.

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- We propose AFHTO's mission remain basically the same:

AFHTO works with and on behalf of its members to be their advocate, champion, network and resource to support them in improving and delivering optimal interprofessional care.

- With our broadened Vision, we propose an addition correspond to the leadership role to which we, as FHT leaders, aspire.

- So we add in "Provide leadership to expand access to high-quality, comprehensive, well-integrated interprofessional primary care"

# AFHTO Strategic Priorities

(Proposed – slide 1 of 2)

AFHTO must work with the Ministry of Health, other partners and AFHTO members to ensure family health teams are supported to succeed in:

1. Governing and leading high-quality, comprehensive, well-integrated interprofessional primary care organizations.
2. Improving the quality of care they deliver.
3. Achieving more seamless integration of health care and other supports required by their patient populations.
4. Recruiting and retaining the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care.

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· With this Vision and Mission in mind, and given the current environment Val described earlier, the AFHTO board identified 6 priorities.

· The first four --

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- Achieving more seamless integration of health care and other supports required by their patient populations.
- Recruiting and retaining the staff needed to deliver high-quality, comprehensive, well-integrated interprofessional primary care.

# AFHTO Strategic Priorities

(Proposed – slide 2 of 2)

5. AFHTO must 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.
6. AFHTO must engage with its 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.

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And the remaining two –

AFHTO must 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.

AFHTO must engage with its 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.

# AFHTO Strategic Priorities

Supporting FHTs to succeed with:

1. Governance
2. Quality
3. Integration
4. Recruitment & Retention
5. Promoting value of FHT model
6. Engaging with members

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- So in summary, the priorities for AFHTO to work on are:
  - Governance
  - Quality
  - Integration
  - Recruitment + Retention
  - Promoting value of FHT model
  - Engaging with members
- I just want to point out the scope for “Quality” includes:
  - Quality Improvement Plans
  - Performance Measurement – framework/indicator selection
  - Capacity to collect and use data
  - Addressing barriers to quality

# Membership Funding

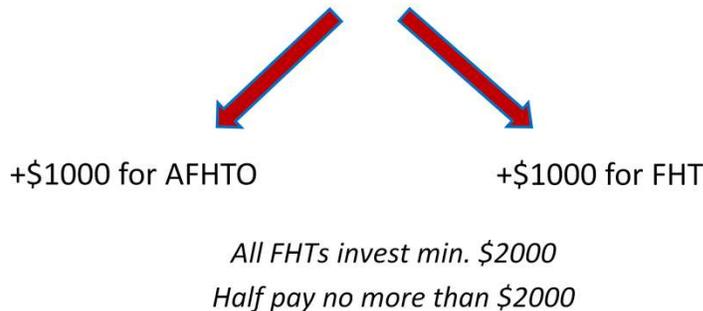
- \$2000 funding increment for FHTs
- Can be used solely for membership in AFHTO (and/or AOHC for 28 CFHTs)
  - Use it or lose it

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- As FHTs, we have a new opportunity offered by the additional \$2K the Ministry gave us last August, designated for FHT memberships
- Ministry has said it can only be used for membership in FHTs' representative association - AFHTO (and/or AOHC for the 28 CFHTS)
- Ministry has also confirmed – use it or lose it.

# Membership Funding

Extra \$2000 for membership



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- As a result, members approved a new fee structure at the Annual General Meeting in October. (*“extra \$2k” is showing on slide*) So we split this new money down the middle and..
- \$1,000 goes to AFHTO and
- \$1,000 stays with the FHT
- This means that all FHTs are making the full investment of their \$2,000
- And for just over half of FHTs, that is all they pay.
- This proposal would generate an estimated increase of close to \$200,000 in revenue, to be used to build even greater value for FHTs by strengthening AFHTO’s capacity to advocate with and on behalf of members, develop resources and learning opportunities for members, and support networking among members.

We are very interested in learning what our members see as the priorities for expanding and deepening AFHTO’s capacity to support FHTs, in light of what you all see as the strategic priorities for AFHTO to undertake on your behalf.

# Priorities for Investment

- A. Knowledge transfer capacity
- B. Performance measurement and information management expertise
- C. Research and analysis capacity
- D. Enhanced communications capacity,
- E. Government relations capacity
- F. Group purchasing capacity
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_

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This is a bit of a “menu”. As you know, AFHTO at the moment is comprised of two full-time staff – our ED and our membership coordinator – with some limited funding for services and outside help on projects. As Val mentioned, on Friday we’ll be announcing the addition of another staff member – on a 3-month contract – to add to the help AFHTO can offer to FHTs through this “crunch time”.

So we’re looking at the next 1 – 3 years. The question is, where do you see the greatest need for AFHTO to expand and deepen its capacity to support FHTs.

Let me explain each of these points, and then we’ll open the chat line for additions to the list.

- 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.)
- 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.

- 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.)

- 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.)

- Government relations capacity: to enhance AFHTO's ability to influence the direction of primary care renewal at the political level .

Purchasing capacity: to identify and engage in group buying opportunities (insurance, benefits, EMRs, supplies) to take advantage of economies of scale.



# Questions & Answers

# Bringing it all together



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- We hope it's been helpful to you to get a better understanding of what AFHTO could work to achieve in the next few years.
- This session has been very helpful in giving us a sense of direction from you.

# Next Steps

**Friday Jan. 25:**

**E-mail reminder to complete Feedback Survey**

(Survey closes February 5)

**By mid-March**

**AFHTO Strategic Plan and survey results  
shared with all members**

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- You may have further ideas or specific feedback you want to give us. I encourage you to complete the feedback survey. On Friday, we'll re-send the link, and you'll have about 10 more days to do this.
- Thanks for your ideas. The board will take this back and look at how our combined contributions to AFHTO can be put to work to address these needs.
- We'll work on finalizing our strategic plan, and the operating plan to go with it, and communicate the plan along with the survey results around mid-March.

# Thank you!

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Thank you – look for our e-mail on Friday and we look forward to receiving your further comments.