

AFHTO 2021 ANNUAL REPORT

POST-PANDEMIC PRIMARY CARE:

Respond, Recover, Rebuild

afhto association of family
health teams of ontario





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PRESIDENT'S MESSAGE



DR. ALLAN GRILL,
PRESIDENT

IF I HAD TO CHOOSE ONE WORD to describe this past year as AFHTO president, 'uncertainty' comes to mind. I started during the second wave of the COVID-19 pandemic, which to this day continues to be a fast-paced, moving target. Not only were we unsure how safe schools were going to be last fall, but questions remained around balancing in-person vs. virtual care, when vaccines would be made available, and if the Toronto Maple Leafs would be able to win a first-round playoff series (the latter is still a mystery yet to be solved). AFHTO was also operating on a string budget, having lost a significant portion of their base funding.

Yet I constantly reminded myself that primary care as a specialty is inundated with uncertainty. We can't predict what problems will present to our offices on any given day. This approach kept me grounded and focused during a time where panic could have easily been the default position.

My role was made easy by our incredibly dedicated and hardworking CEO and her staff. Kavita made sure AFHTO was at the right tables to advocate for primary care's role and to influence healthcare policy related to COVID-19. Her team constantly gathered information from our members and brought many innovative success stories to share with the ministry, the Ontario Vaccine Task Force, and our partner organizations.

Our newsletters became a lifeline of relevant information, and AFHTO's social media posts never stopped emphasizing the importance of comprehensive team-based primary care and the advantages it brings during a public health crisis.

So here we go again, now in the fourth wave of a once-in-a-lifetime event. Yet, as I complete my tenure, hope springs eternal. COVID-19 vaccines are in plentiful supply and 81% of eligible Ontarians are fully vaccinated. Mandatory vaccination policies and certificates to attend non-essential, high-risk venues are in place. And fingers crossed, kids under 12 will hopefully be a part of the #ThisIsOurShot campaign by year's end. Finally, AFHTO was able to secure its base funding again, showing the value this organization brings.

To end on a personal note, I want to acknowledge our board of directors, whose leadership efforts locally serve as a constant source of motivation and pride. I cannot stress enough how much their counsel is appreciated. It has truly been a pleasure to serve in this role.

Stay safe,

A handwritten signature in black ink that reads "Allan Grill". The signature is written in a cursive, flowing style.

CEO'S MESSAGE



KAVITA MEHTA,
CEO

THE LAST YEAR AND A HALF has been tough. Burnout of healthcare providers is at an all-time high and wave after wave of the pandemic is resulting in unimaginable deaths and deterioration of mental health. We have all needed to adapt to new realities, be flexible in our response, and be inspired not to give up.

We have watched in awe as healthcare providers supported their patients and their communities. Without much fanfare and acknowledgement, we know the backbone of the pandemic response has been primary care.

We saw teams organizing and leading assessment centres, testing centres, vaccination centres – mobilizing quickly to help their communities. Teams extended their ‘virtual walls’ to provide care to those who needed it. Teams continued to provide in-person care, even when there was not a steady supply of PPE. All this while pushing ahead with vaccination and getting as many #ShotsInArms as they could, which included counselling and education for patients with whom they have trusting relationships. Along the way, continuity and comprehensive primary care was not lost.

Before the pandemic, there was a tremendous amount of work happening to build partnerships and position us for a sustainable healthcare system grounded in patient-centred integrated care. As we look towards recovery,

these relationships and the development of Ontario Health Teams will be integral in rebuilding our healthcare system. This rebuilding must be grounded in primary care.

The pandemic has shown structural and systemic inequities and barriers to health and social services that existed before COVID-19. The grief and sorrow from the discovery of mass graves on former residential school grounds highlighted how much work we must do. We must ensure we are listening to and understanding the realities of vulnerable populations who struggled and continue to struggle. Together with our allies, we will continue to listen, learn, grow, and do better.

On behalf of AFHTO staff, thank you to everyone for your continued support, your dedication to your patients, and your ongoing partnership. This is going to be a critical year for AFHTO and our members as we lead up to the 2022 election and speak to why the best primary care takes a team.

A special thank you to the AFHTO board and our president, Dr. Allan Grill, who provided leadership and guidance through these very challenging times. As always, please stay safe.

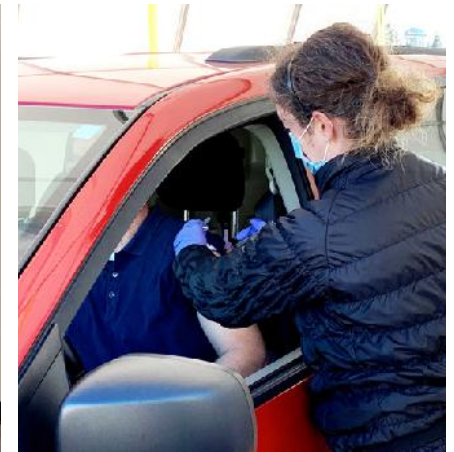
Yours in good health,

A handwritten signature in dark ink, appearing to read 'K Mehta', written over a light blue and yellow geometric background.

SECTION 1

INTRODUCTION





WHO WE ARE

AFHTO is the advocate, network, and resource for team-based primary care in Ontario. Our members are family health teams (FHT), nurse practitioner-led clinics (NPLC), and other interprofessional teams that are committed to advancing team-based primary care and improving patient outcomes across the province.

Top left: Kapuskasing and Area FHT did a campaign with their partners to show what essential workers were doing for the community and how important it was to “Be Patient, Be Kind” to help everyone get through the pandemic together.

Top right: COVID-19 vaccine is administered at Georgian Bay FHT’s drive-thru clinic.

PRIMARY CARE IN A PANDEMIC

The last 18 months have been hard. It has been challenging, frustrating, exhausting, scary, and sad. It has also shown what we can achieve when we work together.

Primary care teams have been leaders. Together, teams adjusted to new circumstances and continued to provide comprehensive care while extending reach to support their communities. They were leaders in organizing assessment centres, conducting tests, and administering vaccines. They collaborated with their partners to help keep communities safe, while keeping their doors open to provide care to their patients and others who needed it most.

We have seen primary care teams **respond** to the challenges the pandemic presented.

They are working to **recover**, having faced extraordinary circumstances.

And they are part of an important and foundational **rebuild** of our health and social systems.

This pandemic laid bare the inequities and the fragmentation in our healthcare system. As we continue with health system restructuring, there is an opportunity to build back even better than before the pandemic with the principles of equity and support for the most vulnerable at the forefront.

This report will speak to the response, the recovery, and the rebuild of teams during this pandemic and how AFHTO has been supporting this work.

SECTION 2

RESPOND



Primary care teams have been critical in the pandemic response.

They have been running assessment centres, doing tests, and administering vaccines, all while continuing to provide patient-centred comprehensive primary care.

THE VIRTUAL SHIFT

Primary care pivoted to virtual care within 48 hours of the pandemic being declared. Patients never lost the care they needed the most from their team-based primary care providers.

Teams also shifted to virtual programs. Seeing the mental health crisis get worse, Peterborough FHT and partners came together in November 2020 and started *Talk Now*, a virtual mental health clinic that responds quickly, so people of any age don't have to wait to talk. Partners work together to deliver the program, and the FHT provides two days of clinical time per week. As of July 31, 2021, the program has served 723 patients through 2,612 clinic visits.

To respond to referrals for emotional eating and disordered eating that doubled during the pandemic, Hamilton FHT converted their popular nutrition and mental health program *Mindful Eating: Emotional Eating and Food Craving Management Group* into an online program. The FHT has shared the materials with over 100 FHT, CHC, and NPLC registered dietitians who are now offering it to patients struggling with emotional eating.

Burlington FHT developed a virtual pulmonary rehabilitation program for anyone with a pulmonary concern and whose family doctor is in the Burlington area. The program includes education, in-home physiotherapy, and respiratory therapy assessments. The educational piece is facilitated by a team: respiratory therapy, physiotherapy, occupational therapy, pharmacy, psychotherapy, and dietetics. The eventual plan is to provide an in-person option, and it will also be there to support people with long-term effects of COVID-19.

While in-person care steadily ramps back up, virtual care is here to stay – not just for group sessions, but for individual appointments with primary care providers. The balance between in-person and virtual continues to be explored by both patients and providers.

The best virtual care combines convenience with the continuity offered by primary care. As we look at the future of virtual care as a mode of care delivery, we must ensure continuity in patient care that has trust and relationships at the foundation.

“We’ve bought equipment for home monitoring for people with asthma. This virtual care is helping keep the wait list down, while also providing more wholesome information than would be possible in a one-hour in-person visit.”

**RESPIRATORY THERAPIST,
ELLIOT LAKE FHT**

GETTING CREATIVE WITH FLU SHOTS

Teams got even more creative this year in delivering flu shots. Drive-thru sites were common throughout the province. For indoor vaccinations, new ideas were explored, such as using pagers to allow people to wait outdoors and be called in when ready.

The West Toronto Ontario Health Team (OHT), with the leadership of Village FHT, established a task force to plan how to safely store, transport, and administer flu shots outdoors. They immunized more than 2,000 people over two Saturday clinics in City of Toronto parks and community parking lots where people could safely space out while they waited.

In Athens, Athens District FHT set up a drive-thru clinic and administered 500 flu shots in six hours. Patients and non-rostered community members got vaccinated in their cars.

Teams did not let anything get in the way of ensuring people got their flu shot. They pivoted, they innovated, and they got #ShotsInArms.

Top right: Amherstburg FHT and Essex County NPLC ran a drive-thru flu shot clinic. There were three administration lanes and a mascot to entertain the kids.

Middle right: Child receives flu shot at Bridgepoint FHT's outdoor clinic in Toronto.

Bottom right: Red Lake FHT is ready to start administering flu shots at their outdoor clinic.





Top: A resident is swabbed at Atikokan FHT, who led the COVID-19 assessment centre for the community and surrounding area.

Bottom: Prince Edward FHT was a leader in ensuring the community had access to testing, assessment, and vaccination services.

ASSESSMENT CENTRES: A HOT ZONE OF THE PANDEMIC

Teams have been organizing and redeploying staff to COVID-19 assessment centres since the start of the pandemic.

Primary care teams, such as Guelph FHT and Atikokan FHT, have led assessment centres in some regions and redeployed staff to provide administrative support or to administer vaccines. Nurses, physicians, nurse practitioners, pharmacists, and other providers have been there since the beginning.

Thames Valley FHT ran one of London's assessment centres for 16 months. Staff were redeployed to work hand-in-hand with community partners. The centre tested 350 to 400 people a day at the peak of the COVID-19 crisis, did testing in people's home, and helped any vulnerable or sick person who walked in simply because they didn't know where else to go.

AFHTO, along with our partners, strongly advocated for pandemic pay funding for redeployed staff, which was delivered on early in the pandemic, and provided template agreements to support redeployment efforts.

"Assessment centres were hot zones. People were scared and people were sick, and we could only help them by working together. Our health care system is siloed, and this crisis made everyone say: break down the walls."

**THAMES VALLEY FHT REGIONAL
OPERATION LEAD (REDEPLOYED
TO LEAD AN ASSESSMENT
CENTRE IN LONDON)**

GETTING SHOTS IN ARMS

PHASE 1 2 3 4

Primary care has been foundational in all phases of the COVID-19 vaccine roll-out. The work of our teams has shone through.

PHASE 1 Vaccinating the most vulnerable - together

The crisis that hit vulnerable residents in congregate care settings, like long-term care homes and retirement homes, was devastating. Getting residents vaccinated quickly to reduce illness and fatalities was mainly led by primary care, heavily supported by their hospital partners.

In Toronto, teams worked with the hospitals to get into high-risk residences. Leveraging existing relationships and communication channels helped all partners play to their strengths, whether from primary care, hospitals, public health, or the long-term care sector. Providers and administrative staff were redeployed to help ensure a quick and effective vaccine roll-out.

At Toronto Western FHT, mobile vaccine clinics were run to reach

the most vulnerable in long-term care homes, retirement homes, low-income neighbourhoods, and areas of highest need. This involved collaboration with partners as efforts needed to align to support the highest priority populations.

Homebound people were also reached, like by Dufferin Area FHT where physician assistants, nurse practitioners, and nurses worked with community paramedics to vaccinate high-risk patients who live on their own and rely on primary care to get vaccinated.

Local leadership and collaboration, which has been strengthening through building Ontario Health Teams, has been key in effective vaccine roll-out.



Top: Markham FHT visited long-term care and retirement homes to vaccinate residents.

Left: Georgina NPLC helped at a mass vaccination clinic for seniors 80+ in York region.

GETTING SHOTS IN ARMS

PHASE 1 2 3 4

PHASE 1 Vaccinating the most vulnerable - together (continued)

ADVOCACY IN ACTION

- ✓ Successfully advocated for congregate care settings and high-risk communities to be prioritized for vaccines
- ✓ Successfully advocated on vaccine dose intervals for Indigenous populations and equity in Ontario's vaccination campaign
- ✓ Issued a joint letter on vaccination roll-out to ensure vulnerable and homebound people were prioritized



Above: Owen Sound FHT and Grey County Paramedic Services worked together to vaccinate homebound patients.

"Being able to witness and be a part of health care providers and community members coming together to provide vaccination in long-term care was incredibly inspiring. The energy of hope and gratefulness was so palpable. It is something I will never forget."

**SOCIAL WORKER, WOMEN'S COLLEGE
ACADEMIC FHT (REDEPLOYED TO
SUPPORT VACCINE ADMINISTRATION)**

"Primary care is an important partner to the acute care sector and public health sector in getting everyone vaccinated as fast as possible. We just have to get rid of all our sector definitions and get the job done, together, all-hands-on-deck."

**FAMILY PHYSICIAN,
SOUTH EAST TORONTO FHT**

GETTING SHOTS IN ARMS

PHASE 1 **2** 3 4

PHASE 2 Primary care delivering vaccines where needed

It has been no small feat to vaccinate millions of people, and teams have been leaders despite some initial challenges in communication from government and public health units.

There have been large-scale clinics in urban areas like Hamilton, where McMaster FHT has been on the local vaccine task force and were leaders in operations and logistics as thousands of vaccines were administered daily in the city.

Eastern York Region and North Durham OHT ran a mass vaccination clinic in Markham that was open seven days a week from March to September. Markham FHT was responsible for two of the 16 tables, and all 37 providers who were able to vaccinate worked shifts. The clinic vaccinated over 200,000 people.

Teams have been leaders wherever needed. Arnprior & District FHT has been the administrative lead for the

Renfrew County Virtual Triage and Assessment Centre and the co-lead for all local vaccine clinics. Healthcare providers at the mass drive-thru clinic, which is run by approximately 12 staff and 20 volunteers per shift, have vaccinated over 19,600 people.

There has also been region-wide collaboration, like in northwestern rural Ontario, where Marathon FHT developed and led a local vaccine roll-out plan. Their strategies and resources were shared with other FHTs in the region through regular clinical collaborative meetings. As of late September, 81% of the eligible population has received at least one dose, and 75% is fully vaccinated.

Vaccines got administered quickly across this province in part because primary care went wherever they were needed.



Top left: Upper Grand FHT and physicians ran a drive-thru COVID-19 vaccination clinic, targeting patients who had not been vaccinated at mass vaccination sites. People even came on their bikes! Top right: City of Lakes FHT hosted 10 vaccine clinics, where almost 2,300 people were vaccinated. Every physician, nurse practitioner, and nurse worked multiple shifts. Bottom: Peninsula FHT organized and ran 54 vaccine clinic days – 92% of the community is now vaccinated with their first dose and 89% with their second!

GETTING SHOTS IN ARMS

PHASE 1 2 **3** 4

PHASE 3 Vaccinating in clinic as primary care always has

In-clinic vaccination pilots happened in early 2021. One was in Peel region where 10 primary care organizations came together, including Credit Valley FHT, Summerville FHT, and CarePoint Health. Clinics were set up in collaboration with the Mississauga OHT Primary Care Working Group and Peel Public Health Community of Practice Group. Participants administered over 10,000 vaccines, supported the onboarding of additional clinics, and worked with public health to shape the Peel primary care vaccination strategy.

Primary care has continued to work closely with public health and to administer COVID-19 vaccines in clinic.

Don Mills FHT is at the centre of a high-risk and lower-income community in Toronto. Their clinic has been open to anyone in the community who needs a vaccine. They are reaching the community through social media, schools, tenancy associations,

grocery stores, banks, and more than 200 physician offices. They have vaccinated over 1,800 people.

Leamington & Area FHT ran a weekly “Park and Poke” service onsite, where people stayed in their car and team members went to them. It was first used for flu shots and COVID-19 screenings. The team then used this approach to administer COVID-19 vaccines until late summer when demand lowered. They are now vaccinating in clinic as needed.

Top: Credit Valley FHT was one of several primary care organizations that were part of an in-clinic vaccination pilot.

Bottom: Patient is vaccinated at Prime Care FHT in Milton.



GETTING SHOTS IN ARMS

PHASE 1 2 **3** 4

PHASE 3 Vaccinating in clinic as primary care always has (continued)

AFHTO has advocated since the start for vaccines to be administered in clinics as immunization is a pillar of primary care. Through successful provincial and local advocacy and relationship building, we saw this happen.

Primary care continues – and will always continue – to administer vaccines in clinic. Like they always have.

Getting COVID-19 vaccines to primary care

- ✓ Ongoing collaboration with Ministry of Health officials, government, Ontario Health, and stakeholders
- ✓ AFHTO presented to General Hillier and COVID-19 Task Force members on the important role of primary care in vaccine roll-out
- ✓ Joined regular Team Ontario meetings with health sector partners to ensure consistent communication about vaccine roll-out
- ✓ Part of the Primary Care Vaccination Collaborative (PC-VAC), which brought primary care partners together to create a unified voice for primary care in vaccine roll-out
- ✓ PC-VAC issued joint communiques to keep the sector apprised
- ✓ Biweekly meetings with the Chief Medical Officer of Health and Dr. Isaac Bogoch from the COVID-19 Task Force
- ✓ Issued press releases and communications from the Primary Care Collaborative



Above: Dr. Vera Etches, Medical Officer of Health for Ottawa Public Health, after receiving her vaccine at Bruyère Academic FHT.

“We approached our vaccine clinics as a celebration. Staff told me it was the first time in a year our entire team was working as one for the same purpose.”

**EXECUTIVE DIRECTOR,
CENTRAL LAMBTON FHT**

GETTING SHOTS IN ARMS

PHASE 1 2 3 4

PHASE 4 Reaching the hesitant, reaching herd immunity

Primary care is critical in reaching Ontarians who have yet to be vaccinated, due to issues such as vaccine hesitancy, language barriers, lack of transportation, or fear of side effects.

Teams continue to work to reach homebound, vulnerable, and vaccine hesitant individuals. No one can do this better than primary care providers who have trusted relationships with their patients, like at Akausivik Inuit FHT. They have been working to overcome vaccine hesitancy by providing culturally safe and patient safe primary care, COVID-19 testing, and vaccinations.

“For people who are hesitant, we must listen to their concerns and be understanding. We must have patience and compassion. Talking it through with someone they trust is the most important thing.”

FAMILY PHYSICIAN, STAR FHT

Top right: South Algonquin FHT wraps up another COVID-19 vaccination clinic, where they have been concentrating on their vulnerable population and those with mobility challenges. They've administered 330 doses.

Bottom right: COVID-19 vaccine is administered at Akausivik Inuit FHT.

They take the time to talk and have the relationships with their community to address historical and cultural safety concerns. They have administered over 8,000 doses.

Vaccine efforts will continue across teams, not only for patients who are hesitant, but for children under 12 once they are eligible. Flu shots and vaccine catch-ups are also on the horizon, as well as possible booster shots. Primary care will be there as they always have been and always will be – to get #ShotsInArms.



KEEPING COVID+ PATIENTS OUT OF HOSPITAL

Teams have worked with community partners to relieve the strain on hospitals by supporting care close to home.

The COVID@Home program was developed by Dr. Dee Mangin at McMaster FHT and was prioritized by the Ministry of Health and Ontario Health. Primary care providers telemonitored mild to moderate cases at home to help reduce the burden on hospitals. Many teams stepped up and were active participants in the Ontario Health Community of Practice, showing how much of an impact they were making in supporting their communities.

Before COVID@Home, some teams already had home monitoring programs in place, such as Centre for Family Medicine FHT and New Vision FHT. They worked with the Community Paramedic Program, eHealth Centre of Excellence, and provincial and municipal partners to organize and run one of the region's Remote Patient Monitoring Programs for COVID+ patients with mild to moderate symptoms.

This work has helped patients recover and relieved the burden on the hospitals, particularly in the most overwhelmed regions of the province.

“The Remote Patient Monitoring Program for COVID+ patients has been a highly successful one due to cross-sectoral involvement.”

**FAMILY PHYSICIAN, CENTRE
FOR FAMILY MEDICINE FHT**

SUPPORTING TEAM LEADERSHIP

- ✓ Regular vaccine roll-out communiques with the Primary Care Collaborative (PCC) to provide coordinated updates on vaccine roll-out and to share communication from the Ministry of Health and Ontario Health
- ✓ Regional check-in calls with executive directors and administrative leads to provide updates, to receive direction on needed supports, and to facilitate regional communication
- ✓ Webcasts to help with some of the biggest questions and challenges, including human resources, privacy, risk management, and EMR obligations
- ✓ Regular posting of tools and resources to support management/HR, infection prevention and control, virtual care, patients and caregivers, mental health and wellness, and vaccine roll-out and administration
- ✓ Work in partnership with the Centre for Effective Practice to provide a portal for primary care resources and guidance documents
- ✓ Part of the Primary Care Vaccination Collaborative (PC-VAC), which worked with Ontario Health to set up and run the Primary Care Vaccination QI Support Community of Practice

SECTION 3

RECOVER



ORGANIZING PRIMARY CARE

The pandemic catalyzed challenges that were present before it began. There will be a long road towards health system recovery when the pandemic subsides, **and primary care will be critical in that recovery.**

A unified voice for primary care

AFHTO has advocated for teams' critical role in the pandemic response and recovery. Much of this work has been done with partners to bring one voice to government. In 2020, this began as the Primary Care Vaccination Collaborative (PC-VAC). In March 2021, the six organizations that support comprehensive primary care also came together to form the Primary Care Collaborative (PCC).

As the inaugural chair of the PCC, AFHTO works with partners to advocate for health system recovery, including access to team-based primary care and ensuring that equity is at the core of the government's health system policies.

Both the Ministry of Health and Ontario Health meet frequently with PCC to get advice and input and to answer questions. As health system restructuring continues, PCC will continue to speak about team-based primary care as the foundation of integrated health care.

THE PRIMARY CARE COLLABORATIVE: A UNIFIED VOICE FOR PRIMARY CARE

Association of Family
Health Teams of Ontario

Alliance for Healthier
Communities

Nurse Practitioner-Led
Clinic Association

Indigenous Primary
Health Care Council

OMA Section of General
and Family Practice

Ontario College of
Family Physicians



Top: Thames Valley FHT was part of the PPE hub operation, which set up a centralized response to PPE shortage in Ontario Health West and was made possible through the London Middlesex Primary Care Alliance's collaboration and leadership.

Bottom: Sunnybrook Academic FHT and SPRINT Senior Care worked with community partners to connect nine North Toronto seniors' buildings to primary care. With leadership from Baycrest Hospital, on-site clinics were established and influenza and COVID-19 vaccines were administered. This model has built new relationships between organizations and sectors to provide efficient and accessible team-based primary care.

“Developing and supporting our primary care network was a key enabler to our OHT’s successful COVID-19 response. It provided a sense of community where each member took on a task for the greater good, from working in assessment centres, to vaccination clinics, redeployment into long-term care homes, developing satellite clinics for eating disorders, and caring for newborns...the list goes on. Primary care organisation was the foundation for our success and now we look forward to establishing future health system transformation.”

**FAMILY PHYSICIAN,
SOUTHLAKE ACADEMIC FHT**



Supporting the development of primary care networks

AFHTO is leading primary care organization by bringing together partners at a regional level to identify areas for improvement, opportunities to work better together, and practical solutions to improve local delivery of care.

Along with provincial partners, we are supporting local primary care connectivity and the development of primary care networks. The unified voice of a network will have a meaningful impact on the redesign of care delivery.

Consistent organization across the province and a unified and coordinated primary care voice will help Ontario Health and Ontario Health Teams work effectively with the primary care sector.

The pandemic has exemplified the importance of strong relationships, networks, and collaboration. It will be key in recovery and will be critical as we rebuild the healthcare system. AFHTO will continue to support this work, to share knowledge, and to help expand these networks.

Left: South East Toronto FHT has run over 75 clinics, administered over 18,000 vaccines, and mentored more than a dozen other clinics and providers in establishing their own vaccine clinic plan.

HELPING BUILD PRIMARY CARE NETWORKS

- ✓ Advocate in a unified voice with the Ontario Medical Association, the OMA Section of General and Family Practice, and the Ontario College of Family Physicians for primary care networks, starting with supporting the organization of family physicians
- ✓ Support the formalization and impact of primary care networks
- ✓ Advocate for consistent and reliable funding for clinical leadership in OHT development and management
- ✓ Work with the Ontario Primary Care Council Community of Practice to support physician leaders
- ✓ Joined partners to advise Ontario Health in their development of an interorganizational program of supports for OHTs’ effective primary care engagement
- ✓ Provide advice and tools for governance and shared decision-making in primary care provider networks
- ✓ About 22 primary care provider networks are established, and seven are in development

A vision for primary care governance: Beyond 20/20

The past 18 months have posed unique challenges to primary care teams' boards, but they have also provided the opportunity to find new and better ways for teams to serve their communities and enable organizational resilience.

Organizations need strong and resilient board leadership to help respond, recover, and thrive. AFHTO provided the Primary Care Governance Question Series to support and frame questions for boards on this work: [A Vision for Primary Care Governance: Beyond 20/20](#)

As we recover, AFHTO will be working on other board governance tools to address where new governance structures and practices are needed. There will be a toolkit to help boards monitor organizational performance and excel in collaborative governance and community stewardship, as well as a standardized template for teams to use as they update bylaws.

AFHTO will also be working with members and primary care partners at re-imagining what the modernization of the FHT contract could look like to ensure it reflects equity, accountability, and a renewed focus on population health.

"The governance workshop hosted by AFHTO for our team was a great summary of the importance and role of governance in primary care. It was a good review of board members' key roles and responsibilities, and it helped our new team set a few goals for the coming months. We look forward to future support."

**BOARD CHAIR, CHAPLEAU
AND DISTRICT FHT**



Above: Couchiching FHT works with partners to ensure one door for all frail seniors to access comprehensive geriatric assessment and treatment.



Above: The Cognitive Assessment Team (CAT) at Dufferin Area FHT deconstructed the traditional memory clinic into something accessible and timely during the pandemic. A hybrid model of care, including in person and virtual, was developed to assess, treat, and manage cognitive impairment. The model addresses previous challenges such as wait times, which have dropped from 120 days to 23 days.

ENSURING PATIENT VACCINATION WHILE REDUCING DUPLICATION OF EFFORTS

Aggregate reports on patient vaccinations were made available in July 2021 to physicians in patient enrolment models. Work continues with OntarioMD and the eHealth Centre of Excellence (eCE) Community Portal for up-to-date queries to identify patient lists for vaccinations. This includes the use of bot technology to clean up health report manager (HRM) vaccine reports.

Teams are also improving efficiency by using the COVID-19 Vaccination Bot from the eCE, which behaves like a user and does automatic EMR updates with vaccination HRM reports.

AFHTO continues to advocate for an effective notification system to ensure family physicians and nurse practitioners are kept informed of patients' vaccination status.

- To help work around challenges with COVAX, AFHTO produced COVID-19 Vaccination Clinic Workflow: Data and EMR Tips and Tricks, which includes learnings from Windsor FHT, Hamilton FHT, Upper Grand FHT, and London FHT.
- COVID-19 Vaccination Mass Client Upload Workflow was written with the Quality Improvement in Primary Care Council with tips and tricks for data extraction, manipulation, and upload.

Top right: The vaccine team prepares doses for South East Toronto FHT's vaccine clinic.

Bottom right: Registered Practical Nurses are ready to start COVID-19 testing at Queen Square FHT's COVID, Cold and Flu clinic in Brampton, which was set up in November 2020 and continues to be a valuable resource to an underserved community.



RESEARCH DEMONSTRATES THE VALUE OF TEAMS

AFHTO continues research work with many of our important research partners and colleagues. Projects have been published since the pandemic started, and the value and critical role of teams continues to be demonstrated:

- *Interprofessional primary care during COVID-19: A survey of the provider perspective*
- *Primary care teams' experiences of delivering mental health care during the COVID-19 pandemic: A qualitative study*

Research has been completed and a paper is underway with partners on several other projects. Topics include the pivot of teams during the first wave for continuity of patient care; a second paper to capture the IHP perspective of interprofessional primary care during the pandemic; collaboration in interprofessional teams during the pandemic; the impact of the pandemic on teams; and patient-based recommendations for virtual care in primary care practices.

The next research project will be the second part of the 2020 executive director study, where over 90 EDs shared their teams' experiences in managing the pandemic. The follow-up study will focus on teams' experience with vaccines and how they feel we can move forward.

These projects all present information that will contribute towards the recovery and rebuild of the healthcare system, and that demonstrate the effective and critical role of team-based primary care in it.

DID YOU KNOW?

AFHTO has worked with the Primary Care Mental Health and Addiction Table on the *Primary Care Mental Health and Addiction OHT Guidebook* on how providers can be supported. This analysis of what exists and where there are gaps will help support communities with their local planning. Publication is expected this fall.

ONGOING KNOWLEDGE TRANSLATION AND EXCHANGE (KTE) WEBINARS

AFHTO continues to organize KTE webinars to support teams' learning and to showcase their work and accomplishments.

- ✓ Advancing quality improvement in primary care
- ✓ Primary care virtual groups
- ✓ Cancer screening during the pandemic and beyond
- ✓ Caregiver engagement
- ✓ Cybersecurity
- ✓ Primary care mental health pathways
- ✓ And more!



(L to R): Minister Christine Elliott, Dr. Tom Richard (past president), Dr. Allan Grill (president), Kavita Mehta (CEO)



(L to R): Dr. Allan Grill (president), Kavita Mehta (CEO), Clarys Tirel (vice president), Dr. Tom Richard (past president), MPP Catherine Fife (NDP finance critic), MPP France Gélinas (NDP health critic)



(L to R): Assistant to MPP Fraser, Kavita Mehta (CEO), Dr. Allan Grill (president), Dr. Tom Richard (past president), Clarys Tirel (vice president), MPP John Fraser (Liberal health critic)

THE 2022 ELECTION IS FAST APPROACHING

The provincial election will be on or before June 2, 2022, so campaigning is underway for all political parties. Pandemic recovery in health, education, and the economy will be a focus, and party platforms will lay out how they think we can build back better.

Both provincial and local advocacy are key in ensuring that team-based primary care's critical role in the rebuild of the healthcare system is understood. Every member's voice will be important in making sure parties and their candidates understand this and commit to investing in it.

Member consultation is underway, and teams will be equipped with more advocacy tools and resources this fall.

LET'S STAY CONNECTED!

The QI in Action eBulletin is a resource to share innovations, tools, stories, and dates of KTE webinars. Each eBulletin focuses on a specific topic and gives guidance on how to improve in concrete ways. Want to sign up? Email improve@afhto.ca.

Members can also sign up for AFHTO's weekly newsletter for regular updates and event invitations! Email info@afhto.ca to be added to the mailing list.

ADVOCACY IN ACTION

- ✓ Met with the Minister of Health, the NDP health and finance critics, and the Liberal health critic to discuss AFHTO's 2021 pre-budget submission
- ✓ Submitted feedback on the Connecting People to Home and Community Care Act, 2020, and its proposed regulations
- ✓ Continued collaboration on ensuring that investments and supports be provided in prevention and management of chronic diseases with the Ontario Chronic Disease Prevention Alliance
- ✓ Endorsed 19 to Zero and shared communication with teams on increasing vaccine confidence
- ✓ Researched and published We're All in This Together: Power of Partnership is the Key Ingredient to Vaccine Rollout Success in collaboration with the Ontario Hospital Association and the Ontario College of Family Physicians
- ✓ Worked with multiple primary care organizations to advocate for primary care partnership in COVID-19 vaccine planning

SECTION 4 **REBUILD**





Above: St Michael's Hospital Academic FHT, Sherbourne Health Centre FHT, and Inner City FHT recognized unique vulnerabilities in downtown Toronto. They used mobile methods to help ensure access to vaccines for people in encampments, shelters, and other congregate settings.

“COVID-19 provided pointed lessons in applying an equity lens to health care. Brampton was disproportionately impacted by demands for the essential industries in our region. Understanding the diversity of our community meant providing care in non-traditional places. Through building new relationships, we increased access for health assessments, testing, and vaccinations. Our COVID Response Centre is open to everyone, including new immigrants and residents without a regular primary care provider. With the spread of the virus so prominent, we had to ensure all individuals got the care they needed to ensure a healthier and safer community.”

**EXECUTIVE DIRECTOR,
QUEEN SQUARE FHT**

Challenges in the health and social systems of care have been laid bare during the pandemic. Health system restructuring was underway before the pandemic, so the opportunity to rebuild even better is here. A lens towards ensuring that the most vulnerable are protected and that equity, diversity, inclusivity, and anti-racism are addressed in the rebuild is critical.

EQUITY AS THE FOUNDATION IN DELIVERY OF CARE

Social determinants of health, such as socioeconomic position, race, occupation, Indigeneity, and homelessness, were quickly seen as factors that increased risk and severity of COVID-19. Incorporating this into risk considerations and assessments became crucial for an effective and equitable COVID-19 response.

AFHTO and many others advocated for this, and we saw vaccines redirected to hotspots where people were more vulnerable to infection. There was a drop in cases once those most at risk were prioritized.

We also saw communities supporting communities, recognizing that local leaders are critical in supporting hot spots where trust in the health and social systems is challenged and needs a rethink.

Communities connected with a team responded better to the pandemic as a ‘joined-up’ system of care, with patients and caregivers at the centre. Dilico FHT worked with the 12 communities in the Robinson Superior Treaty Area by establishing teams with Chief and Council, health directors, and the community health representatives. Every community provided regular feedback on pandemic management and care delivery.

For all of us to be well, health care needs to be delivered with an equity lens. The pandemic demonstrated how much this is needed in Ontario. The rebuild must be grounded in equity and must address social determinants of health.



“One of the things that I hope will happen after this pandemic is over is to look at how hospitals, primary care, Ontario Health Teams, and public health came together and the power we have in partnership. Let’s leverage what’s happening now to continue these relationships going forward. That’s what’s really going to strengthen the health system in Ontario.”

**FAMILY PHYSICIAN,
MARKHAM FHT**

Equitable access to team-based primary care for those who need it is key in moving community health and wellbeing forward.

AFHTO will continue to support teams’ leadership in building and being the foundation of a larger integrated health system, and to advocate that anyone who needs care from a primary care team, receives that care.

AFHTO issued a statement on racism and hate after the discovery of mass graves at a former residential school and the London terrorist attack. Staff are on our own journey of seeing the systemic racism in our systems of care and, like many, reflecting on how we can ensure our work is grounded in equity, diversity, and inclusivity.

Top left: Essex County NPLC worked with community partners on the Plant-based Cooking Project to bring a vulnerable urban community and two rural communities together to build knowledge about healthier options and inspire incorporating plant-based foods into daily living.

PRIMARY CARE AS THE FOUNDATION IN HEALTH SYSTEM TRANSFORMATION

The build back from this pandemic will take years, but we have seen the importance of coming together, collaborating, and delivering a population health approach. Regions with strong connectivity with their communities, their patients, and their system partners were strong in responding to COVID-19.

Ontario Health Teams present an opportunity for integrated systems of care and will only succeed if a true population health approach is taken. This must have primary care at the foundation. It is also critical to integrate public health as their work is in equity-driven population health.

It takes a team to deliver Ontarians the best, most comprehensive care. Multi-sector collaboration will deliver better care and make us more resilient to future health risks. And, if done well, can deliver what team-based primary care always has: effective, integrated care that is centred around patients, caregivers, and their families, and built upon the trusting relationships that patients have with their primary care providers.

SECTION 5

CONCLUSION





PRIMARY CARE POST-PANDEMIC: BUILDING BACK BETTER

COVID-19 has shone a light on the inequities in the healthcare system.

As we continue with health system restructuring, there is an opportunity to build back better and to see an even better “normal.” Integrated primary care that delivers equitable care for all who need it must be the foundation.

AFHTO will continue to support teams’ ongoing work with their partners to remove the silos in the healthcare system and to ensure an equity lens in front of integrated patient care.

Most importantly, we will continue to advocate for access to team-based primary care for all who need it.

We look forward to building back better and continuing with health system restructuring, which has potential to be stronger than anticipated if lessons learned in the pandemic are not forgotten.



Top left: Health for All FHT celebrates their entire team, including the Community Care Team whose work included running mobile clinics.



Middle left: Nurses geared up at Southlake Academic FHT, where they scheduled and administered all vaccinations that had been missed by patients in grades 7 and 8.

Bottom left: A patient is vaccinated at Leeds & Grenville Community FHT, where over 800 others have also received their shots.

THANK YOU

AFHTO would like to thank the many members who were critical in supporting our work this year. Thank you to all who have taken the time to send in comments, respond to consultations, partake in advocacy efforts, participate in communities of practice and working groups, and contribute to the ongoing efforts of ensuring comprehensive team-based primary care is at the forefront of health system reform. A special thank you to everyone who shared stories and pictures for this report, and to all members and fellow stakeholders who have been active in advisory groups over the past year.

AFHTO Leadership Council

Co-chairs: John McKinley, South East Toronto FHT; Tom Richard, Peterborough FHT **Members:** Elise Harding-Davis, Harrow Health Centre Inc: A Family Health Team; Sheila Latour, Powassan & Area FHT; Rabia Khan, East Wellington FHT; Hari Priya Akula, Dufferin Area FHT; Camille Lemieux, Toronto Western FHT; Erin Pepper, Northumberland FHT; Ruthanne Williams, Fort William FHT; Shirley Borges, Minto-Mapleton FHT; Andrew Atkins, Amherstburg FHT; Colleen Neil, Sunset Country FHT; Stephen Gray, North Durham FHT; Janine van den Heuvel, Algonquin FHT; Diana Noel, Village FHT; Tracy Redden, Central Brampton FHT; Peggy Kelly, Kingston FHT; André Veilleux, ESF académique Montfort; Robin Mackie, Norfolk FHT; Rakib Mohammed, Credit Valley FHT; Connie Siedule, Akausivik Inuit FHT; Jill Berridge, McMaster FHT; Jon Brunetti, Espanola & Area FHT; Kimberly Van Wyk, Clinton FHT; Stephanie Nevins, Ingersoll NPLC **Thanks and farewell:** Nora Constas, Markham FHT; Ron Esterbauer, Markham FHT; Colin Wilson, Kingston FHT; Elliot Halparin, Halton Hills FHT; Erin Glass, STAR FHT; Gary Gurbin, Kincardine FHT; Jim Armstrong, Kawartha North FHT; Kandace Macara, PrimaCare Community FHT; Louise Gamelin, Espanola & Area FHT; Merrill Baker,

Harrow Health Centre Inc: A Family Health Team; Jay Johnston, Arnprior & District FHT; Bridget Davidson, Atikokan FHT; Joseph Lee, Centre for Family Medicine FHT; Stephen Elliot, Leeds & Grenville Community FHT; Andrew Everett, Upper Canada FHT; James Pencharz, Credit Valley FHT; Mira Backo-Shannon, OakMed FHT; Shane Teper, Queen Square FHT; Thuy-Nga Pham, South East Toronto FHT; Tamra Steinmann, Maitland Valley FHT; Hanni Darwish, North Simcoe FHT; Sheila Horan, Leamington & Area FHT; Marg Alfieri, Centre for Family Medicine FHT; J.C. Kirk, Southlake Academic FHT (Co-chair); Lynn Laidler, Rapids FHT; Jenny Lane, Leeds & Grenville Community FHT; Sandy Scapillati, Etobicoke Medical Centre FHT

IHP Advisory Council

Crystal Holly, ESF académique Montfort; Kaela Hilderley, Elliot Lake FHT; Chantal Simms, Women's College Academic FHT; Amber Brown, Peterborough FHT; Brigita Prskalo-Mantz, Ingersoll NPLC; Nosheen Chaudry, Dufferin Area FHT; Zachary Hollingham, Burlington FHT; Julie Cordasco, Prime Care FHT; Sheetal Desai, Markham FHT; Katherine Koroluk, Thames Valley FHT **Thanks and farewell:** Kelsey White, Village FHT; Marg Alfieri, Centre for Family Medicine FHT (Chair)

ED Mentors

Alejandra Priego, St Joseph's Urban FHT; Anna Gibson-Olajos, Powassan & Area FHT; Jenny Lane, Leeds & Grenville Community FHT; Judy Miller, Northeastern Manitoulin FHT; Kimberly Van Wyk, Clinton FHT; Marie LaRose, Georgian Bay FHT; Mary Atkinson, North Perth FHT; Mary-Jane Rodgers, Aurora Newmarket FHT; Sandy Scapillati, Etobicoke Medical Centre FHT; Suzanne Trivers, Mount Forest FHT; Wendy Parker, Lakeview FHT; Pamela Loughlean, Peninsula FHT; Marina Hodson, Kawartha North FHT; Andrew Shantz, North Simcoe FHT; Jill Berridge, McMaster FHT; Judy Hill, Petawawa Centennial Family Health Centre; Andrea Stevens, Summerville FHT; Mike McMahon, Thames Valley FHT **Thanks and farewell:** Kelly Griffiths, Tilbury District FHT; Susan Griffiths, North York FHT; Ken Callaghan, Women's College Academic FHT

Quality Steering Committee

Chair: Kevin Samson, East Wellington FHT **Members:** Reza Talebi, OntarioMD; Jill Strong, Thames Valley FHT; Andrew Shantz, North Simcoe FHT; Anna Gibson-Olajos, Powassan & Area FHT; Gail Dobell, Ontario Health Quality; Tricia Wilkerson, eHealth Centre of Excellence; Mitch Chartier, Elliot Lake FHT; Fernando Tavares, Ministry of Health;

Chandi Chandrasena, OntarioMD; Liisa Jaakkimainen, IC/ES; Catherine Donnelly, Queen's University; Nancy Lum-Wilson, Ontario College of Pharmacists; Rebecca Paul, Cottage Country FHT & Algonquin FHT; Sara Dalo, Windsor FHT **Thanks and farewell:** Darlene Wong, Ministry of Health; Marg Alfieri, Centre for Family Medicine FHT; Sarah Burrows, Patient Representative

Algorithm Project

Thanks and farewell: Brice Wong, Windsor FHT; Charles Bruntz, West Carleton FHT

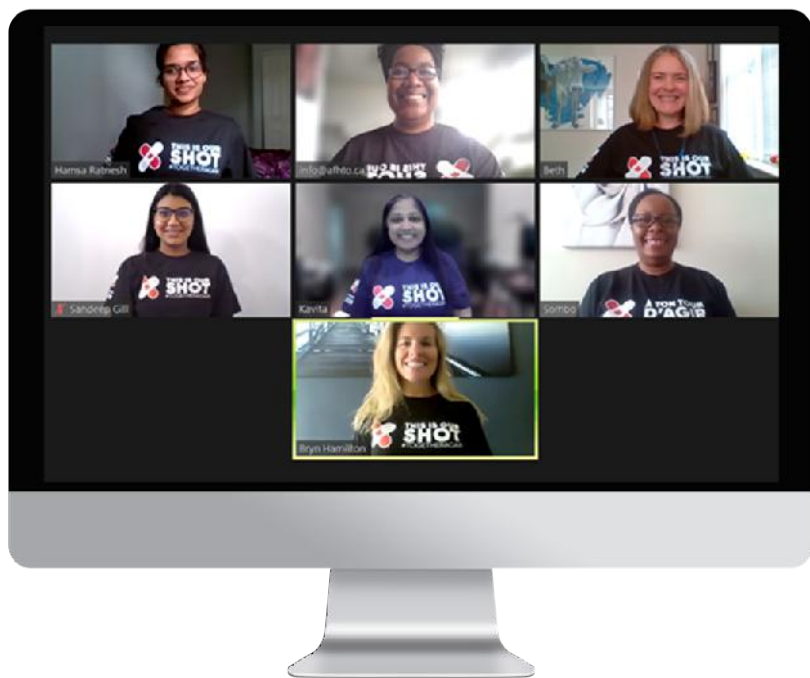
Quality Improvement in Primary Care Council

Brice Wong, Windsor FHT; Cameron Berry, Kawartha North FHT; Mitch Chartier, Elliot Lake FHT; David Raan, Southlake Academic FHT; Samantha Gupta, Central Brampton FHT

Researchers

Leads: Catherine Donnelly, Rachelle Ashcroft **Research Coordinator:** Simon Lam **Volunteer Research Assistant:** Anantha Soogoor

AFHTO TEAM



AFHTO Staff (from top left):

Hamsa Ratnesh, Program and Operations Coordinator
 Paula Myers, Manager, Membership and Communications
 Beth MacKinnon, Senior Associate, Policy and Advocacy
 Sandeep Gill, Manager, Quality and Knowledge Translation
 Kavita Mehta, Chief Executive Officer
 Sombo Saviye, Manager, Finance and Corporate Affairs
 Bryn Hamilton, Director, Governance and Integration



Board of Directors (from top left):

Thomas Richard, Past President (Physician, Peterborough FHT); J.C. Kirk (Executive Director, Southlake Academic FHT); Allan Grill, President (Lead Physician, Markham FHT); Marg Alfieri (Clinical Dietitian, Centre for Family Medicine FHT); Clarys Tirel, Vice President (Executive Director, Mount Sinai Academic FHT); Kaela Hilderley (Registered Respiratory Therapist, Elliot Lake FHT); Pam Delgaty (Clinical Director and Lead Nurse Practitioner, Lakehead NPLC); Adam Steacie (Lead Physician, Upper Canada FHT); Crystal Holly (Psychologist, ESF académique Montfort); Rob Annis (Physician, North Perth FHT); John McKinley (Board Chair, South East Toronto FHT); Kevin Samson, Secretary (Physician, East Wellington FHT); Sara Dalo, Treasurer (Manager of Quality, Experience, and Patient Safety, Windsor FHT)

Absent: Karen Lusignan (Executive Director, Atikokan FHT)



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Cover photos:

Row 1: Patient is vaccinated at Don Mills FHT, where over 2,500 people have received their shots.

Row 2 (left): West Carleton FHT runs a COVID-19 vaccine drive-thru clinic, where they have administered over 3,500 shots.

Row 2 (right): Nurses at Algonquins of Pikwakanagan FHT prepare to administer COVID-19 vaccines in their clinic, where almost 500 patients have been vaccinated.

Row 3: Georgian Bay FHT celebrates a successful COVID-19 vaccine drive-thru clinic.

Row 4 (left): Patients arrived by many different ways at Upper Grand FHT's COVID-19 vaccine drive-thru clinic.

Row 4 (right): Centre for Family Medicine FHT led the set up and operation of the Kitchener-Waterloo-Wellesley-Wilmot-Woolwich (KW4) COVID Assessment Centres for the region.

The Association of Family Health Teams of Ontario (AFHTO) is a not-for-profit association representing Ontario's primary care teams, which includes family health teams, nurse practitioner-led clinics, and others who provide interprofessional comprehensive primary care. AFHTO works to support the implementation and growth of primary care teams by promoting best practices, sharing lessons learned, and advocating on behalf of all primary care teams. Evidence and experience show that team-based comprehensive primary care is delivering better health and better value to patients.

afhto association of family
health teams of ontario