

# AFHTO All Leader's Retreat Debrief Report

November 4<sup>th</sup>, 2009



COLLECTIVE INTELLIGENCE. POWERFUL RELATIONSHIPS. YOUR UNIQUE ADVANTAGE.

# AFHTO All Leader's Retreat - Context

- ▶ On November 4th 2009, AFHTO held their first All Leader's Retreat with approximately 150 Leaders from over 50 FHTs in Ontario
- ▶ AFHTO wanted to engage and involve a cross section of FHT leaders in Ontario in order to inform the Association's agenda for the near to mid-term horizon, and obtain the consensus and buy-in required to mobilize their members
- ▶ Objectives
  - Provide a forum where FHTs can surface and scope their most important concerns, challenges, and needs
  - Use this to inform / create an agenda that will further focus and mobilize AFHTO for the near-to-mid-term horizon
  - Develop a collective consciousness amongst the leadership of FHTs in Ontario and develop the notion that we are responsible for sustaining and maturing the FHT model
  - As a byproduct, deliver a productive, value-add interaction for FHT leaders, and help to build relationships and grow the FHT network
- ▶ AFHTO engaged The Syntegrity Group to develop and facilitate a 1-day, interactive, working session in order to achieve their objectives

# Participating FHTs

- ▶ Algonquin FHT
- ▶ Association of Ontario Health Centres
- ▶ Athens District FHT
- ▶ Barrie & Community FHT
- ▶ Bridgepoint FHT
- ▶ Brighton/Quinte West FHT
- ▶ Brockville FHT
- ▶ Bruyere Academic FHT
- ▶ Canes FHT
- ▶ Carefirst FHT
- ▶ Caroline FHT of Burlington
- ▶ Centre for Family Medicine FHT
- ▶ City of Lakes FHT
- ▶ Cottage Country FHT
- ▶ Couchiching FHT
- ▶ Dorval Medical FHT
- ▶ Dufferin Area FHT
- ▶ East Wellington FHT
- ▶ Etobicoke Medical Centre FHT
- ▶ Georgian Bay FHT
- ▶ Haliburton Highlands FHT
- ▶ Halton Hills FHT
- ▶ Hamilton FHT
- ▶ Harrow Health Centre
- ▶ Kingston FHT
- ▶ Kirkland District FHT
- ▶ Leamington and Area FHT
- ▶ Markham FHT
- ▶ McMaster FHT
- ▶ Mel Lloyd FHT
- ▶ Mount Sinai Academic FHT
- ▶ New Vision FHT

# Participating FHTs

- ▶ North Perth FHT
- ▶ North York FHT
- ▶ Ontario Pharmacists Association
- ▶ Owen Sound FHT
- ▶ Parry Sound FHT
- ▶ Peninsula FHT
- ▶ Prescott FHT
- ▶ Prima Care FHT
- ▶ Prince Edward FHT
- ▶ QIIP
- ▶ Queen's FHT
- ▶ Rideau FHT
- ▶ Sauble FHT
- ▶ Seaton House FHT
- ▶ Six Nations FHT
- ▶ South Algonquin FHT
- ▶ South East Toronto FHT
- ▶ Star FHT
- ▶ Stratford FHT
- ▶ Summerville FHT
- ▶ Sunset Country FHT
- ▶ Taddle Creek FHT
- ▶ Thames Valley FHT
- ▶ The East Elgin FHT
- ▶ The Ottawa Hospital Academic Health Team
- ▶ Tilbury District FHT
- ▶ Timmins FHT
- ▶ Two Rivers FHT
- ▶ University of Ottawa Health Services FHT
- ▶ Upper Grand FHT
- ▶ Urban FHT, St Joe's
- ▶ West Carleton FHT
- ▶ West End Family Care Clinic
- ▶ Windsor FHT

# Retreat Sponsors

- Astra Zeneca
- Merck Frosst
- Pfizer Canada
- Sanofi-aventis
- Stevenson & Hunt Insurance

## Opening Question

“When thinking about how your FHT can best serve your patient populations, what keeps you up at night?”

# A 12-Topic Agenda Determined by Participants

Topic Colour	Topic Name
<b>Red</b>	<b>Sustainable Funding for Quality Care</b>
<b>White</b>	<b>Collaborative Team Development</b>
<b>Black</b>	<b>IM/IT/EMR</b>
<b>Light Blue</b>	<b>Teaching</b>
<b>Orange</b>	<b>Physician Engagement</b>
<b>Brown</b>	<b>Inclusive Strategic Planning and Governance</b>
<b>Green</b>	<b>Collaborative Advocacy &amp; Communication</b>
<b>Yellow</b>	<b>Recruitment and Retention</b>
<b>Gold</b>	<b>Improved Budget Process</b>
<b>Dark Blue</b>	<b>FHT Leadership and Engagement</b>
<b>Silver</b>	<b>Collaboration, Communication and Outreach</b>
<b>Purple</b>	<b>Quality Of Care</b>

# Participant Evaluation Summary

Evaluation Component	Rating (out of 6)
The clarity of the event agenda and objectives	5.0
The opportunity to influence the agenda	5.1
The agenda setting exercise	5.1
The facilitation of the agenda setting exercise	5.2
The facilitation of the topic meetings	4.9
The content and discussion in the afternoon topic meetings	4.8
The opportunities to discuss and interact with other participants	5.3

**Participant response rate (44%)**

# Output

I updated this slide to further explain the contents of each piece of output and include #3. The Important Recommendations and Success Stories have been saved as a separate document, so that they can be publicly shared if need be (perhaps as supplemental information for the Debrief Report)

1. The CDs – an electronic copy of all output (including the original content and the Debrief Report)
2. The Debrief Report – this Report tells the story by providing a synthesized overview of key content and messages that emerged during the All Leader's Retreat
3. Important Recommendations and Success Stories – a separate document which includes this information in its original form (as documented by participants during the Retreat)
4. Consolidated Output – the original content from the All Leaders' Retreat (including output from the 3 rounds of meetings, and the Important Recommendations and Success Stories)

# AFHTO All Leader's Retreat

## Content Synthesis



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COLLECTIVE INTELLIGENCE. POWERFUL RELATIONSHIPS. YOUR UNIQUE ADVANTAGE.

# The Top Level Goals of Family Health Teams

1. The value of FHTs is broadly recognized by MOH, patients, and the public
2. FHT programs and staff are evaluated using standard measures, based on quality and patient outcomes
3. Strategic planning is a core activity that is conducted regularly within FHTs
4. FHTs are supported by clear governance structures and processes and clearly defined mandates and roles
5. The number and size of FHTs is increased due to enhanced recruitment and retention programs
6. FHTs operate more efficiently by optimizing their use of available resources
7. A greater degree of collaboration occurs within FHTS and externally - between FHTs, and with other organizations
8. A greater number of FHTs provide teaching/training on inter-professional care
9. EMR administration is more efficient and effective due to improved vendor management processes and standards
10. The norms and behaviours associated with inter-professional care are embedded within the culture of FHTs

# **Detailed Summary of the Recommendations to Achieve the Goals of FHTs**

# FHT Goals and Associated Recommendations

## 1. The value of FHTs is broadly recognized by MOH, patients, and the public

- ▶ Engage in initiatives to promote the value of FHTs across Ontario A/C
  - ▶ Demonstrate to MOH that the FHT model can increase access to care for patients
    - ▶ Leverage existing data from EMR and QIIP to start demonstrating outcomes
  - ▶ Increase public awareness regarding the work, outcomes and successes of FHTs (e.g., newspaper articles, patient orientation sessions etc.)
  - ▶ Educate patients about the benefits of a FHT membership
  - ▶ Develop annual reports for every FHT (including “patient stories”)

## 2. FHT programs and staff are evaluated using standard measures, based on quality and patient outcomes

- ▶ Develop indicators to measure comprehensive and quality inter-professional care, and patient outcomes RC ES
  - ▶ Solicit and incorporate patient feedback (e.g., patient surveys)
- ▶ Develop individual and team-based performance measures and evaluation mechanisms (e.g., peer reviews, 360 feedback etc.) for FHT staff

Proposed Role  
of AFHTO:

A/C

Advocate/Champion

N/C

Network /Convener

RC

Resource Centre

ES

Establish Standards

# Goals and Recommendations Cont'd...

## 3. Strategic planning is a core activity that is conducted regularly within FHTs

- ▶ Work with MOH to establish FHT priorities and targets (e.g., appropriate roster size based on the type Model or practice) **A/C** **RC**
- ▶ Develop processes to support goal setting at local levels (e.g., processes to obtain staff and community input)
- ▶ Develop mechanisms to obtain patient and community input for strategic planning (e.g., goal setting)

## 4. FHTs are supported by clear governance structures and processes, and clearly defined mandates and roles

- ▶ Define and clarify governance models for all types of FHTs (e.g., community led, physician led etc.) **RC**
  - ▶ Accountabilities and expectations of the Board
  - ▶ Reporting relationships
  - ▶ Decision making processes
- ▶ Define and clarify roles and responsibilities of FHT staff
  - ▶ Scopes of practice and expectations
  - ▶ Accountabilities regarding patient care
  - ▶ Accountabilities to the team (e.g., the role of providers in achieving FHT goals)

Proposed Role  
of AFHTO:

**A/C**

Advocate/Champion

**N/C**

Network /Convener

**RC**

Resource Centre

**ES**

Establish Standards

# Goals and Recommendations Cont'd...

## 5. The number and size of FHTs is increased due to enhanced recruitment and retention programs

- ▶ Develop a common set of standards to support recruitment and retention programs
  - ▶ Standard role descriptions
  - ▶ Province-wide salary benchmarks
  - ▶ Benchmarks that indicate the “the right fit” between providers and different FHT models
- ▶ Raise awareness regarding different career opportunities across the FHT Models (e.g., target grad students)
- ▶ Expand recruitment into the US

RC

ES

## 6. FHTs operate more efficiently by optimizing their use of available resources

### Human Resources

- ▶ Re-allocate existing resources or pool resources to drive system efficiency
  - ▶ For example, centralize administrative functions

### Technology - EMR

- ▶ Deploy one standard EMR for all staff working within a FHT
- ▶ Leverage the functionality of the EMR system to enhance patient care
  - ▶ Email notices, appointment reminders, scheduling access, information portals etc.

N/C

RC

Proposed Role  
of AFHTO:

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N/C

Network /Convener

RC

Resource Centre

ES

Establish Standards

# Goals and Recommendations Cont'd...

## 7. A greater degree of collaboration occurs within FHTS and externally - between FHTs, and with other organizations

### ▶ Internal collaboration

N/C

RC

- ▶ Establish processes to support inter-professional collaboration
  - ▶ Referral and triage processes
  - ▶ Patient care meetings
  - ▶ Joint planning meetings between EDs, office managers and clinical staff
  - ▶ Joint meetings between FHT providers and administrative staff for logistical planning
  - ▶ Develop communications as a core competency (e.g., leverage the EMR to do this)
- ▶ Engage in team building activities to foster collaboration

### ▶ Collaboration between FHTs

- ▶ Develop processes and mechanisms to link FHTs to one another (e.g., regional networks)
- ▶ Establish opportunities to pool resources and share information (best practices etc.)

### ▶ Collaboration within communities

- ▶ Partner or collaborate with other community agencies to build community support, and enhance FHT services
  - ▶ For example, establish Community Advisory Committees

Proposed Role  
of AFHTO:

A/C

Advocate/Champion

N/C

Network /Convener

RC

Resource Centre

ES

Establish Standards

# Goals and Recommendations Cont'd...

## 8. A greater number of FHTs provide teaching/training on inter-professional care

- ▶ Establish an FHT Working Group to create a framework for teaching/training within the primary environment
  - ▶ Curriculum that supports training across all disciplines (e.g., through clinical rounds)
  - ▶ Infrastructure such as facilities, technologies (for remote education), and clerical/logistical support etc.
- ▶ Collaborate with academic institutions to align their goals and curriculum with the inter-professional care approach

A/C RC ES

## 9. EMR administration is more efficient and effective due to improved vendor management processes and standards

- ▶ Develop a set of standards to help FHTs evaluate the quality of EMR systems and vendor services
  - ▶ As a standard, all EMR systems should include functionality that enables connectivity between systems
- ▶ Develop vendor management processes and procedures to drive vendor accountability and performance

RC ES

Proposed Role of AFHTO:

**A/C** Advocate/Champion

**N/C** Network /Convener

**RC** Resource Centre

**ES** Establish Standards

# Goals and Recommendations Cont'd...

## 10. The norms and behaviours associated with inter-professional care are embedded within the culture of FHTs

- ▶ **Create a leadership culture within FHTs** N/C RC
  - ▶ Clarify leadership accountabilities
  - ▶ Empower leaders (i.e., EDs) by providing training in team management (e.g., interpersonal dynamics etc.)
  - ▶ Conduct succession planning to build future generations of leaders
- ▶ **Engage physicians and increase their level of buy-in to the FHT Model**
  - ▶ Implement organizational structures and roles that keep Physicians out of administrative duties
  - ▶ Educate physicians regarding the benefits of the FHT Model and “what’s in it for them”
    - ▶ Establish “Physician Change Agents” to educate and engage other physicians
      - ▶ Train these Agents appropriately (presentation skills, how to articulate the vision etc.)
  - ▶ Leverage physicians as consultants to help establish and improve FHTs
- ▶ **Build further trust between Physicians and Allied Health Providers**
  - ▶ Clarify roles and scopes of practice
  - ▶ Establish processes to promote further collaboration between these roles
- ▶ **Educate and prepare FHT staff for operating effectively as inter-dependent teams**
  - ▶ Ensure clear understanding of processes to support collaboration
  - ▶ Ensure clear understanding of behavioural and performance expectations
  - ▶ Provide required training and development opportunities (e.g., the PMI course)

Proposed Role  
of AFHTO:

A/C

Advocate/Champion

N/C

Network /Convener

RC

Resource Centre

ES

Establish Standards

# Key Enablers to Support FHT Effectiveness

I added the flags to indicate the proposed role of AFHTO, and modified the order

## Key Enablers to Support FHT Effectiveness

### 1. Clear alignment between MOH, FHTs and AFHTO regarding the vision and goals for FHTs

A/C

- ▶ Clear and broad understanding regarding MOH's Provincial vision for FHTs
- ▶ A vision and set of goals for FHTs that reflects diversity and uniqueness across communities

### 2. Increased funding

A/C

- A) Appropriate funding from MOH that is aligned to the goals, operating requirements, and outcomes of inter-professional care
- ▶ Standard, uniformly applied criteria for funding/budgeting decisions
  - ▶ Criteria that is based on quality and patient outcomes vs. quantity/roster size
  - ▶ Funding that reflects the diverse needs and circumstances of FHTs in communities across Ontario
  - ▶ On-going financial support for IT (EMR), education, strategic planning, and memberships (e.g., AFHTO)
- B) Private sector funding for FHTs

### 3. An improved MOH budget approval process to enable FHTs to operate efficiently and effectively

A/C

- ▶ Standard and consistently applied rules and procedures for FHT data submission and reporting
- ▶ Consistent and reliable timeframes for budgetary approvals
- ▶ Further transparency regarding the budgeting approval criteria
- ▶ Increased flexibility of FHTs regarding the scope of budget line items
- ▶ Provision of data analysts by MOH to support FHTs with the submission process

Proposed Role  
of AFHTO:

A/C

Advocate/Champion

N/C

Network /Convener

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Establish Standards

# Key Enablers Cont'd...

## Key Enablers Cont'd...

### 4. Greater efficiency and effectiveness in MOH coordination of FHTs A/C

- ▶ Consistency in the quality of service (including knowledge and responsiveness) provided by FHT Coordinators within MOH
- ▶ Further communication and knowledge transfer between FHT Coordinators (to minimize the impact of high turnover for this role within MOH)

### 5. Greater awareness and understanding regarding the provincial bylaws and agreements for FHT governance RC

- ▶ Clarification and communication of accountabilities and liabilities with respect to patient care (e.g., liabilities of Physicians vs. Inter-Professional Health Providers)

### 6. Standards to support the provision and evaluation of quality, team based care and on-site training RC ES

- ▶ Standards that define what quality team-based care looks like
- ▶ Standards that define what a “a good learning environment” looks like

### 7. Support from MOC&U and academic institutions to educate students about inter-professional care N/C

- ▶ Curriculum that is aligned to the inter-professional care model

### 8. Support from MOH for the integration and coordination of health care services, via EMR A/C

- ▶ Enable integration and collaboration between health care providers (e.g., FHTs, hospitals, Pharmacies, CHCs etc.) by providing mechanisms to link EMR systems

Proposed Role of AFHTO:

**A/C**

Advocate/Champion

**N/C**

Network /Convener

**RC**

Resource Centre

**ES**

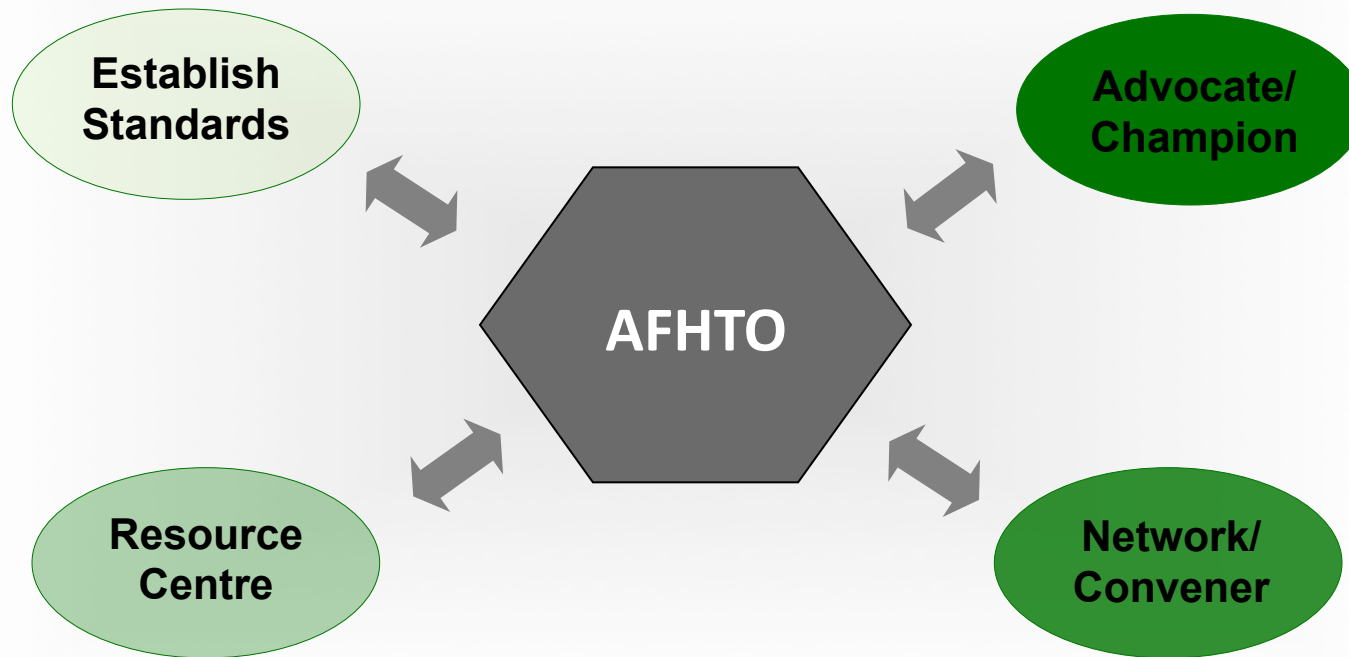
Establish Standards

# Overview of the Proposed Role of AFHTO

# Overview of the Proposed Role of AFHTO

In collaboration with MOH and other professional organizations, AFHTO establishes standards to support FHTs in operating effectively and delivering quality, inter-professional care

As an Advocate and Champion, AFHTO provides an interface for on-going dialogue between FHTs and MOH, advocates to attain appropriate Government support for FHTs, and promotes the value of FHTs across Ontario



As a Resource Centre, AFHTO provides information, tools and educational support related to inter-professional care to FHTs, patients, and the public

As a Network and Convener, AFHTO facilitates on-going collaboration and knowledge exchange between FHTs and establishes relationships with other professional organizations on behalf of FHTs

# **Detailed Summary of the Proposed Role and Recommended Initiatives/Activities for AFHTO**

**As an Advocate and Champion, AFHTO provides an interface for on-going dialogue between FHTs and MOH, advocates to attain appropriate Government support for FHTs, and promotes the value of FHTs across Ontario**

## **1. Establish a broad and common understanding regarding MOH's vision for FHTs in Ontario**

- ▶ Convene MOH and FHT leaders in a “strategic re-visioning” session to re-articulate the Provincial vision for FHTs, and establish alignment between MOH, AFHTO and FHTs
  - ▶ Articulate clear direction and goals for FHTs
  - ▶ Articulate clear direction regarding the role of LHINs

## **2. Advocate for increased funding for FHTs from MOH and modification to MOH's Funding Policy**

- ▶ Refers to increased funding for primary care overall
  - ▶ Inclusion of primary care in the budget allocation process for hospitals, LHINs, CHCs etc.
- ▶ Refers to additional and on-going funding for FHT requirements including strategy planning, IT support (EMR), education (including the provision of teaching within FHTs), and membership fees (e.g., AFHTO)
- ▶ Work with MOH to re-align their funding policy to the goals, operating requirements and outcomes of inter-professional care
  - ▶ Linked to the nature and quality of the care provided (rather than quantity or roster size)
  - ▶ Reflects the diverse needs and circumstances of communities across Ontario

### 3. Advocate for greater efficiency and effectiveness in MOH coordination of FHTs

- ▶ A standard, consistent and timely annual budgeting process that enables FHTs to operate effectively and efficiently
  - ▶ Standard rules and procedures for FHT data submission and reporting
  - ▶ Consistent and timely budgetary approvals
  - ▶ Further transparency regarding the budgeting approval criteria
  - ▶ Increased flexibility over the scope of budget line items
  - ▶ Provision of support for data analytics
- ▶ Consistent, high quality support provided by FHT Coordinators
  - ▶ Timeliness of response (to FHT queries etc.)
  - ▶ Appropriate degree of knowledge transfer from Coordinators to FHTs
  - ▶ Appropriate degree of knowledge transfer between FHT Coordinators (to minimize the impacts of high turnover for this role)

### 4. Advocate for further support from MOH for EMR system integration

- ▶ Implementation of mechanisms to link EMR systems and enable information exchange
- ▶ Planning for the deployment of one standard, Provincial EMR system

### 5. Represent the voice of FHTs to MOH, health care associations, providers and the public

- ▶ Demonstrate the overall value of FHTs to MOH, patients and the public (e.g., the reduction in ER visits due to FHTs)
- ▶ Raise public awareness regarding the benefits of FHTs to patients (e.g., the benefits of on-site, integrated care through collaboration between IHPs and Physicians) and how to access care from FHTs
- ▶ Engage in community activities (e.g., sponsored events) to build awareness, relationships and support

**As a Network and Convener, AFHTO facilitates on-going collaboration and knowledge exchange between FHTs and establishes relationships with other professional organizations on behalf of FHTs**

**1. Develop mechanisms connect FHTs and enable information and resource sharing between them (e.g., grassroots initiatives, best practices, tools etc.)**

- ▶ Build both provincial and local FHT networks for sharing information (e.g., best practices) and resources, where appropriate
  - ▶ Establish communities of practice based on specific areas of expertise (e.g., FHTs involved in teaching)
  - ▶ Establish a group of “Physician Champions” who can support other providers in setting up new FHT practices
  - ▶ Conduct regular, inter-professional meetings
  - ▶ Facilitate a biannual ED retreat, with MOH in attendance
  - ▶ Conduct an annual forum similar to the “2009 First All Leader’s Retreat” to share information and successes
    - ▶ Continue including workshops and educational components
    - ▶ Create a theme for the event rather than trying to tackle all issues
  - ▶ Leverage technology to support inter-FHT connections (AFHTO website, video conferences etc.)

**2. Develop connections between FHTs and other health care organizations/associations**

- ▶ Establish relationships with other organizations or associations in Ontario (College of Physicians, Association of Dieticians etc.)
- ▶ Secure space for AFHTO on the agenda of other healthcare conferences
- ▶ Network with MOC&U and post-secondary institutions to influence their curriculum, and raise awareness regarding career opportunities within FHTs

**As a Resource Centre, AFHTO provides information, tools and educational support related to inter-professional care to FHTs, patients, and the public**

## **1. Provide information and resources to FHTs, Patients and the public**

- ▶ Guidelines and toolkits to support the effective implementation of FHT Governance and Organizational Models (including role descriptions, scopes of practice and liabilities etc.)
- ▶ Guidelines and processes to support strategic planning and team management
- ▶ Key indicators for providing and evaluating the quality of inter-professional care (partner with QIIP and the OHQC), and establishing quality learning environments within FHTs
- ▶ Guidelines and processes for establishing teaching environments and training programs
- ▶ Labour market statistics and facts related to recruitment (job opportunities or student placements etc.)
- ▶ Information related to bylaws and agreements for governing FHTs (e.g., liabilities of Physicians vs. Inter-Professional Health Providers)
- ▶ Processes and tools for integrating the role and voice of patients into practice (patient surveys etc.)
- ▶ Processes and procedures to support effective IT vendor management (EMR)
- ▶ Information to support Physicians in establishing FHTs
- ▶ Promising practices and success stories related to all aspects of inter-professional care (including teaching)

## **2. Provide Educational Support to FHTs and Patients**

- ▶ Workshops to educate FHT staff about inter-professional care models and team environments
- ▶ Leadership training for FHT Leaders (addressing roles and accountabilities, team building / team management etc.)
- ▶ Training to develop “EMR Power Users” across the Province
- ▶ Support for the Working Group focussed on providing teaching within FHTs (e.g., administrative support)
- ▶ Patient education regarding the inter-professional care approach (what to expect etc.)

**In collaboration with MOH and other professional organizations, AFHTO establishes standards to support FHTs in operating effectively and delivering quality, inter-professional care**

### **1. Establish quality standards to support:**

#### **A) The provision of inter-professional care**

- ▶ Partner with QIIP, the OHQC and MOH in establishing standards for quality, team-based care provision that is focussed on patient outcomes

#### **B) The provision of teaching/training within FHTs**

- ▶ Liaise with MOH, MOC&U, and academic institutions to establish standards for “a good learning environment” including appropriate curriculum, access to resources, competent trainers etc.
- ▶ Considering applying the standards as accreditation criteria for FHTs who wish to provide teaching

#### **C) The provision of EMR related services from IT vendors**

- ▶ Liaise with MOH to develop quality standards for EMR vendors
- ▶ Develop a rating scale and conduct a survey to evaluate the quality of services provided by existing EMR vendors, and share this information with MOH and FHTs

### **2. Establish Province-wide benchmarks for FHT provider compensation**

- ▶ Ensure that the benchmarks are industry competitive and reflect differences between geographies, and FHT Operating Models (eliminate the “revolving door” so that FHTs become more than a training ground)

## **Key Requirements for AFHTO**

# Key Requirements for AFHTO

## Key Requirements for AFHTO

- ✓ A formalized entity with infrastructure, including professional human resources (e.g., IT and administrative support)
- ✓ A formal, participatory, and transparent relationship with MOH
- ✓ Broad awareness amongst FHTs regarding AFHTO's vision, mission and strategy (including core member services)
- ✓ An operating budget and funding mechanisms
  - Leverage best practices and lessons learned from other established associations (e.g., OMA and AOHC)
- ✓ Formalized relationships with other organizations, including partnerships where appropriate (OMA, QIIP, Ontario College of Family Physicians etc.)
- ✓ Physician champions/leads within FHTs

# Syntegrity Group Recommendations for AFHTO

# Syntegrity Group Recommendations for AFHTO

1. Engage AFHTO Board Members in a Visioning and Strategic Planning Session to ensure that everyone is aligned regarding AFHTO's mandate (including its vision, mission and goals) and to conduct strategic planning
  - Re-articulate AFHTO's vision, mission and goals
  - Establish 2-3 key priorities for AFHTO in 2010
  - Determine how AFHTO will measure its progress three years from now (e.g., consider the information we will review during the 2013 Board Meeting)
  - Develop AFHTO's key message – a message that Board Members and FHT Leaders can leverage to describe AFHTO in a consistent manner, and promote a common understanding amongst the government and the public regarding AFHTO's role
2. Assemble one or more Steering Committees (comprised of Board Members and FHT leaders) to:
  - Develop initiatives and actions to achieve AFHTO's 2010 priorities
  - Determine the organizational and resource requirements for AFHTO and establish opportunities to address gaps (functions, roles, staff, tools and technologies etc.)
  - Determine an appropriate operating budget, and develop an aligned funding strategy for AFHTO
3. Develop a strategy for building a formal relationship with MOH
  - Include a priority initiative to collaborate with MOH in re-articulating their Provincial vision for FHTs
4. Develop a 2010 Communication Strategy for AFHTO (key messages, channels, audiences etc.)
5. Establish a Change Agent Network for AFHTO that is comprised of Physicians and staff from across FHTs in Ontario
6. Engage in another "eye opening" activity (following the All Leader's Retreat)
  - Share the AFHTO Message and AFHTO's 2010 priorities during a live session with FHT leaders (in person or webinar)
  - Partner with MOH in presenting (and demonstrating) to FHTs how AFHTO will collaborate with Government

# Where Syntegrity Group can Provide Support

1. Facilitate Syntegrity Sessions to support Strategic Planning, and the development of Action Plans based on key priorities
  - Facilitated, live sessions and/or,
  - On-line Crystal Sessions
2. Facilitate the development of a Message Map to tell the “AFHTO Story” by describing the challenges that AFHTO is facing, and its role and key priorities
3. Provide advice, tools/templates and support to develop and deploy a Change Agent Network and Communication Strategy

# AFHTO All Leader's Retreat

## Appendix A: Summary of Current FHT Challenges & Opportunities



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# Summary of Current FHT Challenges and Opportunities

## The Vision for FHTs

- ▶ Further alignment between MOH, AFHTO and FHTs is required with regards to the vision and direction for FHTs
- ▶ FHTs require further clarity regarding MOH's Provincial vision, and an understanding of how to align this vision and the goals with the diverse needs of different communities

## Strategy Planning / Goal Setting

- ▶ All FHTs need to prioritize and engage in strategy planning as an on-going, key activity
- ▶ In order to ensure that FHT goals are aligned with local requirements, and reflect the diversity across different communities, FHTs require further ownership and flexibility over the goal setting process - currently, goals are established by MOH
  - ▶ FHTs can collaborate with MOH on goal setting

## Governance, Organizational and Operational Models

- ▶ There are opportunities to further define the rules, standards and processes associated with each of the various Governance Models – currently, some Models are more well defined than others
- ▶ FHTs (in particular Boards of Directors) require education, processes, and tools to support them in implementing effective Governance, Organizational and Operational Models
  - ▶ Clarity regarding the differences between the various Governance Models, and the specific accountabilities associated with each Model
  - ▶ Well defined roles and reporting relationships
  - ▶ Processes for managing projects, coordinating work efforts, and collaborating to drive patient outcomes (e.g., planning meetings, patient care meetings etc.)
- ▶ Physicians require support to help them effectively manage operations including addressing the “competing interests” associated with working in the FHT environment - the needs of patients, and the management and operational needs of the FHT (e.g., making decisions, conducting strategy planning, preparing for meetings, etc.)

# Challenges and Opportunities Cont'd...

## Raising Awareness

- ▶ There are opportunities to raise further awareness amongst health care providers, patients and the public regarding the contributions of FHTs
  - ▶ Through additional public relations, FHTs can gain further buy-in – “get the public behind us”
- ▶ There are opportunities to further educate providers about the benefits of working in an FHT Model, and the misconceptions (e.g., fear of losing authority or access to interesting work)
  - ▶ In particular, there is a need to address Physician concerns in order to increase their commitment to the FHT Model
- ▶ Physicians can be leveraged as consultants to help establish and support FHTs
- ▶ AFHTO can play a significant role in sharing FHT promising practices and successes across the Province

## FHT Relationships and Linkages

- ▶ There are opportunities for FHTs to establish more formal relationships with other organizations and associations
  - ▶ In particular, FHTs require a formal interface with MOH, and a formal link to key organizations such as OMA
- ▶ Further inter-FHT collaboration and communication is required to minimize duplication of work, and leverage promising practices
  - ▶ There are opportunities to create efficiencies across FHTs by redeploying or pooling resources (e.g., optimizing administrative support through centralization)
  - ▶ Regional networks and meetings can help to increase collaboration amongst FHTs

## Improving, Measuring, and Demonstrating Quality

- ▶ FHTs require mechanisms (e.g., tools, data, forums) to demonstrate quality outcomes to MOH, and to share outcomes and best practices with other FHTs
- ▶ There are opportunities for AFHTO to play a role in defining FHT’s objectives with respect to quality care, and developing standardized mechanisms to evaluate goal achievement and FHT program effectiveness
- ▶ There are opportunities for FHTs to collaborate with one another, and with key stakeholders (QIIP, Partnerships for Health, OHQC) to develop programs, tools, and processes for measuring quality improvements in primary care

# Challenges and Opportunities Cont'd...

## MOH Funding Model

- ▶ The MOH funding model could be better aligned to the approach and goals of inter-professional care
- ▶ Currently, MOH funding is based primarily on quantity (e.g., roster and patient visits), rather than the nature and quality of care
- ▶ A focus on patient outcomes and quality over roster size would serve to incent more appropriate decision-making and behaviours that are aligned to positive patient outcomes
- ▶ The funding model requires more flexibility in order to reflect differences in the size and geographic locations of FHTs

## MOH Coordination of FHTs

- ▶ There are opportunities to build further trust between MOH and FHTs
- ▶ There are opportunities for MOH to improve their coordination of FHTs by ensuring consistency in the service (including knowledge and responsiveness) provided by FHT Coordinators within MOH
- ▶ Today, there is a lot of turnover in the role of FHT Coordinators at MOH. As a result, FHTs find themselves “constantly re-educating” the new Coordinators assigned to them
- ▶ MOH can provide training to standardize the knowledge and level of responsiveness of their FHT Coordinators
- ▶ There are opportunities to improve the efficiency, effectiveness and transparency of the MOH annual budgeting process
- ▶ FHTs require more timely annual budget approvals from MOH , in order for them to conduct planning and make appropriate operating decisions
- ▶ FHTs require further understanding of the criteria upon which budgeting decisions are based
- ▶ There are opportunities to enhance consistency in the reporting and approvals process, by implementing standard rules, procedures and timeframes

# Challenges and Opportunities Cont'd...

## **Team Management/ Communication**

- ▶ FHTs require education, processes, and tools to support them in building and managing high functioning teams
  - ▶ Manage team dynamics, interpersonal communication and conflicts, foster healthy relationships
- ▶ There is a need for further trust between Physicians and Inter-Professional Health Providers
- ▶ FHT leaders require training and support to equip them with the skill set required to lead and manage effective teams
- ▶ Staff working within FHTs require further clarity regarding what is meant by collaboration
  - ▶ Collaboration is more than delegating work as it involves a mutual benefit
  - ▶ Need to address overlaps in scopes of practice
- ▶ Communication must be recognized and valued as a core competency within FHTs
  - ▶ FHT staff require training in order to enhance their communication skills, in support of collaborative care

## **Change Management**

- ▶ FHTs require change management support to address the cultural changes associated with the inter-professional care model
  - ▶ Supporting staff to transition and adapt to new ways of practice (abandon old habits etc.)
  - ▶ Managing the discomfort and resistance to change
  - ▶ Address fears of losing authority, influence or responsibility for “enjoyable and desired activities”

## **FHT Recruitment and Retention**

- ▶ FHTs require strategies and processes to enhance recruitment outcomes (e.g., how to expand into the US, recruit NPs etc.)
- ▶ Recruitment and retention outcomes can be improved by enhancing role clarity and developing salary and benefit programs that are more aligned to those provided within other health care organizations (e.g., hospitals, CHCs)
- ▶ FHTs require a strategy to address turnover, and further recruit and retain Executive Directors
- ▶ FHTs require updates regarding the recruitment opportunities around the Province (e.g., location of potential labour pool etc.)
- ▶ In order to increase their growth and sustainability, FHTs can focus their awareness campaigns and recruitment efforts on younger generations (e.g., graduates)

# Challenges and Opportunities Cont'd...

## Teaching/Training within FHTs

- ▶ In order to provide teaching within primary care settings, further buy-in is required from the Government and academic institutions – it needs to be seen as a priority
- ▶ FHTs require funding to establish the infrastructure to provide teaching/training (e.g., clerical support, facilities, technologies etc.)
- ▶ FHTs require support to develop appropriate curriculum for on-site teaching (e.g., clinical rounds)
- ▶ Academic institutions need to structure curriculum to support the inter-professional care approach
- ▶ Experienced Executive Directors can serve as mentors to new Executive Directors

## EMR Systems and Data

- ▶ FHTs require on-going funding for EMR systems including new installations, upgrades, maintenance and system administration
- ▶ EMR systems can be more broadly leveraged to support collaboration and communication (e.g., referrals) between a variety of health care providers (e.g., CCAC, hospitals, emergency rooms etc.) as well as patient care (e.g., e-mail reminders, access to scheduling, portals for information etc.)
  - ▶ More linkages are required between EMR systems to enable collaboration/communication between healthcare providers
    - ▶ Require further funding to support the development and implementation of linkages
    - ▶ Require vendor standards that drive the development of improved functionality for FHTs (e.g., ability to connect EMR systems) and quality service
- ▶ The existence of multiple EMR vendors serves to further constrain integration and collaboration between healthcare providers – “the list of vendors can be reduced to a set of 1-3 vendors”
- ▶ There is a need for a greater number of back-up systems to ensure continuity of service from EMRs (e.g., no downtime)
- ▶ There is a need for vendor provided education/training and on-going support provision for EMR users
- ▶ EMR is currently underutilized as a research tool - further standardization and quality of data input is required to obtain reliable, valid and meaningful data output
  - ▶ FHTs require data in order to determine the actual cost of the FHT Model, and demonstrate the value (e.g., patient outcomes) that FHTs provide

# AFHTO All Leader's Retreat

## Appendix B: Word Map



COLLECTIVE INTELLIGENCE. POWERFUL RELATIONSHIPS. YOUR UNIQUE ADVANTAGE.

