

**Report of the President and Chief Executive Officer  
Presented at the 2019 Annual Meeting of Members on September 27, 2019  
By Dr. Jennifer Young and Ms. Leanne Clarke**

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As President and CEO of the Ontario College of Family Physicians (OCFP), we are privileged to be able to serve the province's family doctors. You are the backbone of our health system – entrusted with your patients' medical journeys and the central integrators of their care. The importance of your role and contributions to the health of Ontarians cannot be overstated.

Ensuring you can excel in your practice and best support your patients is what motivates us and guides the work that our Board, staff, committees, advisors, and faculty do on your behalf. This past year, as this report will summarize, that work has been anything but status quo.

From the expansion of our innovative mentorship program, to offering you more at-home and in-community learning options and launching a novel virtual community to connect primary care leaders during this time of system change, the OCFP found new ways to equip you with the knowledge and tools you need to thrive in your profession.

Building on previous work, we continued to join up with our colleagues in family medicine and primary care to amplify the voice of frontline family doctors, to help you be the medical home for your patients, and to ensure you have access to needed resources and supports to best care for your patients. At every table the OCFP is at, we advocate for you, and we unite with our colleagues on areas of shared interest to have a stronger and unified voice.

This past year saw a renewed government focus on evolving the health system. With this reform underway in Ontario, the OCFP championed your role and the need for a strong primary care foundation based on the vision of the Patient's Medical Home (PMH). Our focus is on all members, regardless of practice model or location, and we remain committed that health system changes must ensure no practice or patient is left behind.

In keeping with our organizational pillars of education, advocacy, leadership and research, we are pleased to outline the different ways the OCFP worked to deliver value to members this past year.

### **Advocating for Your Vital Role**

As a family physician, you see more patients every day – by far – than any other part of the healthcare system. Therefore, it is imperative that your role is appropriately recognized as the backbone of any effective healthcare system. Particularly as that system undergoes transformative change.

Which is why the OCFP is taking every meaningful opportunity to champion your work and be at the table discussing issues that affect your practice, patients and communities. Below is a snapshot of some of the key ways we have done so over the past year.

### *Collaborations and tables*

As Ontario moved forward with reform, we responded with intensified efforts to engage our partners in primary care on areas of shared priority; and importantly, to underscore the essential role played by family physicians and the value of family medicine in driving solutions.

- The OCFP took part in several multi-stakeholder tables to advance key opportunities in health care – from “mental health in primary care” to “palliative care services delivery” to “primary care quality”. While the tables and topics may differ, we are encouraged by the broad agreement that services and resources must be sufficiently available to you so that you can best support your patients, particularly those with complex medical conditions. We look forward to keeping you apprised of our outcomes.
- We also initiated a new virtual community after a well-attended webinar in November 2018 to support you in your practice and unleash the power of primary care in health system change. Roughly 600 people have now connected through our novel [Primary Care Virtual Community](#), developed by the OCFP and the Association of Family Health Teams of Ontario (AFHTO) and convened through The Change Foundation. The OCFP’s Leadership in Primary Care Mentoring Network is also a key contributor to this forum.

### *Partner dialogue*

Beyond provincial planning tables, we continued to partner with organizations across the health system to remove barriers in the way of you providing optimal care. We engaged the College of Physicians and Surgeons of Ontario (CPSO), for instance, on the need for a [national licensing standard](#) to ease the ability of family physicians to work across Canada. The CPSO supports physician mobility and is actively contributing to work underway with the Federation of Medical Regulatory Authorities of Canada.

We worked – and continue to work – with other partners in areas such as:

- Family medicine education and impact of policy changes in the province with the Chairs of Family Medicine at the ‘Council of Faculties of Medicine: Family Medicine’;
- Social work to discuss expanded family physician access to mental health and addictions counselling and system navigation support;
- Home care to share ideas for better and more direct links with family physicians, particularly in caring for complex chronic patients and the frail elderly;
- Indigenous health to explore how we can better support family physicians in providing culturally-safe and sensitive care;
- Patient advocacy to uncover new ways to strengthen partnerships with patients at a practice and a system level;
- Care coordination to explore approaches needed in future that will optimize value for family physicians and patients.

In all our collaborations, we are working to ensure family physician realities are considered before implementing new initiatives and programs.

### **Shaping the Change Needed in our Health System**

Championing your role is an imperative for the OCFP. Having team-based care to help free you up so you can spend more time with patients in a connected health system is one as well. Both are

essential to your professional wellbeing and to the health of Ontarians and, as such, are central pillars of our advocacy.

The evidence is clear: healthcare systems that are anchored by strong primary care, with family physician leadership in a Patient's Medical Home, achieve better patient outcomes, improved quality of care, opportunities to reduce costs and improved provider satisfaction. And, when health transformation efforts are led by family physicians, outcomes are better too.

With Ontario moving towards care delivery through Ontario Health Teams (OHTs), we have continued to draw on the above evidence and lessons learned to ensure the primary care sector is central to the change and family physicians play a leadership role in the new design. Whether solo or in collaboration with our key partners in primary care, such as the Association of Family Health Teams of Ontario (AFHTO), the Section on General and Family Practice (SGFP), the Ontario Medical Association (OMA), and others, below are the different ways we have worked to shape the change needed in our health system.

### *The Patient's Medical Home*

The PMH represents the very principles that are required for effective integration of care. A health hub or 'home' where family physicians – regardless of practice type – have the resources and capacity to care for patients across their lifetime. In turn, patients have access to a full range of services, within the context of a continuing relationship with their family physicians.

And so we have continued to advocate for the PMH as the framework to support primary care planning and delivery, engaging stakeholders, government influencers and decision-makers, and most recently OHT candidates. For instance:

- We met with Deputy Premier and Minister of Health, Christine Elliott, in November to share our ideas for reform, built on a strong primary care foundation and led by family physicians within a Patient's Medical Home. And reinforced those messages in our discussion with Deputy Minister Helen Angus and Associate Deputy Minister Melanie Fraser at a subsequent OCFP Board meeting.
- The OCFP participated in the Minister's roundtable meeting in January 2019 to discuss the government's plan for creating a comprehensive and connected mental health and addictions service system in Ontario. Ensuring family physicians are well equipped to manage patients with these complex conditions within primary care, and that continuity of care is maintained, were among the core OCFP messages delivered.
- Our [response](#) to Bill 74 (*The People's Health Care Act, 2019*), submitted to the legislature in April, reinforced the importance of embedding PMH principles in reform. This is input we also provided in our May submission to the "Premier's Council on Improving Healthcare and Hallway Medicine" and in our ongoing discussions with elected and non-elected government officials. The Association of Family Health Teams of Ontario and the OMA's Section on General and Family Practice referenced the PMH in their Bill 74 submissions as well.

We were pleased to see that in their June report<sup>1</sup>, the Premier's Council reinforced our key PMH and primary care messaging and specifically the need to ensure "effective primary care is the foundation of an integrated healthcare system", with that foundational care delivered through a "medical home" for patients.

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<sup>1</sup> 2<sup>nd</sup> Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine, June 2019

We conveyed the PMH benefits in other ways as well, including a new PMH implementation [toolkit](#) created in collaboration with our National College and our soon-to-be published article in *Healthcare Quarterly* entitled *Offering Patients a Medical Home – Not a Hallway – and a Stronger Health System*. The piece, developed in partnership with the Association of Family Health Teams of Ontario, uses three cases studies to demonstrate how well-supported primary care, based on the vision of the PMH, is a significant part of the solution to ending hallway medicine – a key policy focus of the Ontario government.

### *Team-based Care*

Our members continue to stress the need for improved access to a core team to help them do their work. Particularly in caring for patients with complex, chronic conditions such as mental illness and addictions.

In response, the OCFP has continued to [advocate](#) for expanded access to shared, team-based care for the 75% of family physicians not currently working in funded, interdisciplinary team models. We do this because you have told us it is what you need, and we know that this will make it easier for you to provide continuity and comprehensive primary care for your patients.

Whether through discussions with our Patient’s Medical Home Advisory Committee, our [submission](#) on Bill 74 and input to the Premier’s Council, or series of meetings with government officials and other healthcare providers, ensuring you have the services and resources you need to care for your patients has remained a pressing OCFP advocacy focus. When we have better joined up care *within* primary care, where most care happens, we fully maximize integration across the system and achieve the Quadruple Aim.

### *Family physician leadership*

We welcomed our invitations to numerous government tables and contributing to the discussions shaping our system this past year, including: the mental health and addictions roundtable led by the Deputy Premier and Minister of Health, Christine Elliott; government-led stakeholder discussions on the rollout of Ontario Health Teams; the Structured Psychotherapy Executive Leadership Table; and OCFP submissions to the Ontario legislature and Premier’s Council on the conditions that will lead to health reform success.

In all of our meetings, we reinforced the need for family physicians to be supported in leading and embedding change. This means ensuring that family physicians have the necessary tools to enable change in their practice and their time is supported to participate in local planning and implementation efforts. As Alberta’s health transformation efforts revealed, when undertaking reform, physicians need “appropriate training and experience to prepare them for teamwork and leadership roles, as well as culture, structures and processes that facilitate their engagement.”<sup>2</sup> The OCFP is well positioned to support family physicians, and other primary care clinicians, as health care evolves. Our CPD programs and Collaborative Mentoring Networks, as well as our Primary Care Virtual Community referenced earlier in this report, can all be leveraged as assets in transformation efforts. We will continue to work with government and our primary care partners to take advantage of and sustain these value-add programs.

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<sup>2</sup> <https://open.alberta.ca/dataset/0b310b5d-06e3-47a8-8243-24a28c7ab1af/resource/fc4382d5-0b26-44a4-8ee3-83194cf7db3b/download/high-performance-health-system-2013.pdf>

## Supporting Your Life-Long Learning

Key to our [Strategic Plan](#) is ensuring you have the practical [education, tools and resources](#) to lead and practice high-quality medicine in a healthy profession. We made notable strides on a number of fronts this past year.

### *Mentorship*

This OCFP's [Collaborative Mentoring Networks](#) (CMN) have been shown to enhance the confidence and ability of family physicians in managing their more complex patients. With funding from the Ontario government, and building on our existing networks for mental health, addictions and pain, we continued to expand the CMN to other areas of need for our members: palliative and end-of-life care (PEOLC), medical assistance in dying (MAID), rural medicine, primary care leadership and transitions into practice for early career family doctors.

If a robust primary care sector is a predictor of high-performing health systems – and evidence shows it is – then the strength and resiliency of family physicians who see significantly more patients every day than any other health system partner is key to what the Quadruple Aim seeks: improved health outcomes, better patient and provider experience, and system sustainability

Among the highlights this year:

- Participation in the CMN grew by 77% from the previous fiscal year. The networks are on track to support 1,500 family physicians and other primary care clinicians by March 2020 by connecting them to 140 experts across Ontario.
- Close to 200 mentors, mentees and speakers attended the second annual CMN Conference Nov. 30 – Dec. 1, 2018, and several regional conferences were held as well in areas such as palliative and end-of-life care and primary care leadership. These events generated very positive evaluations from attendees.
- We were pleased to see the CMN receive two national awards in recognition of the program's exceptional learning experience: the [Ted Freedman Award for Innovation in Education](#), bestowed by healthcare publisher Longwoods in cooperation with the Canadian Association of Health Services Policy Research; and the College of Family Physicians of Canada (CFPC) Continuing Professional Development (CPD) Program Award.

While recognition of the program is appreciated, we initiated an evaluation on two fronts for a more fulsome assessment:

- In partnership with the Centre for Effective Practice, we are conducting a broad evaluation of the CMN with an eye to the future and renewed funding post March 31, 2020. In addition to building clinical capacity in primary care, the CMN is well positioned to support leadership and change management as Ontario undergoes health reform.
- We are evaluating [The Care Course](#) (Comprehensive Approaches to Rural Emergencies) to determine the supports needed for more widespread implementation in Ontario. Delivered in partnership with the BC-based originators and funded as part of the CMN grant, this 2-day pilot program has been well-received by clinicians seeking to build their competence in rural emergency care.

### *Continuing Professional Development (CPD) Sessions*

We continue to recognize the importance of family physicians teaching family physicians. We do not subsidize our CPD development or delivery with Health Care/Pharmaceutical Industry funding. And while we recognize this makes our education programs, including our annual conference more expensive, we do so to be confident that our courses are as free from bias as possible.

Of note, since the 2018 introduction of the national standard for the development and delivery of accredited CPD for physicians, the OCFP has seen a decrease in the median number of monthly ethical reviews and associated revenue. Under the new standard, CPD provider organizations cannot be a commercial interest or a representative of a commercial interest. This is noteworthy because the OCFP applies its Mainpro+ revenue to new CPD program development. With the decrease in revenue, we are exploring new partnership opportunities and alternative delivery approaches to expand CPD reach.

Despite the pressures noted above, we are committed to offering high quality CPD for our members. Once again this year, we are pleased to note that the OCFP's suite of two- and three-credit per hour CPD [workshops](#) were highly rated for delivering clinically-relevant information that members can apply directly to practice.

Our CPD offerings range from sessions focused on approaches for working with adolescents and youth who use alcohol and drugs ([Adolescent Addiction Medicine](#)) to workshops on [Treating Poverty](#) that help to bridge gaps and supports for your vulnerable patients. Among the CPD developments this past year:

- We continued working with the CFPC to implement the popular *Practising Wisely* workshop nationwide. This made-in-Ontario program, now operating in seven provinces, aligns closely with the Choosing Wisely Canada campaign (in which the CFPC is a key partner) to implement good healthcare stewardship and avoid over-medicalization.
- Planning is underway for our OCFP workshops to be followed by a complimentary webinar for attendees to further support implementation of learnings.
- We are working with the CFPC to adapt their *Practice Improvement Essentials* workshop, as an added learning opportunity for members wishing to develop an improvement goal and related plan.

Recognizing that it can be challenging for members to travel to a CPD event outside your community, we expanded our webcast and 'By Request' learning opportunities, often in partnership with other organizations.

- In collaboration with the University of Toronto Joint Centre for Bioethics and the Ontario Palliative Care Network, for instance, the OCFP launched a three-part webinar series entitled *Dying at 'home': Caring for people with structural vulnerabilities at end of life*. The June session focused on caring for people with limited social support and/or financial resources at end of life.
- For our regional CMN conferences, which traditionally have been held in person, we offered simultaneous livestream options. Those participating online were able to join small group discussions virtually.
- Through the OCFP's [By Request](#) model, members can attend programs of their choice in their own practice location. As a new option this year, By Request hosts could deliver a

“mini conference” in their own community, offering several concurrent workshops based on local interest.

### *2019 Annual Scientific Assembly*

Planning is well underway for the OCFP’s 57<sup>th</sup> [Annual Scientific Assembly](#) (ASA), which takes place from Thursday, November 28 to Saturday, November 30, 2019 at a new venue – the Beanfield Centre at Exhibition Place in Toronto. The conference will offer an expanded Exhibit Hall and include more than 110 education sessions ranging from 60-minute talks, to 20-minute rapid-fire sessions, and condensed skills workshops. On the Saturday, delegates can participate in two and three credit-per-hour workshops or skill-enhancing sessions.

### *Practical Tools and Resources*

We do more than share a floor with the Centre for Effective Practice (CEP): we support their development of more than 20 clinical tools and resources for Ontario’s primary care providers. Receiving almost 117,000 downloads, the CEP’s tools are highly trusted, evidence-based resources for family physicians, and include tools such as: Managing Benzodiazepine Use in Older Adults Tool; the Opioid Use Disorder (OUD) Tool; and the Non-Medical Cannabis Resource. Many of the CEP’s tools have also been reimaged for EMRs, including the Preconception Health Care and the Management of Chronic Non-Cancer Pain tools, which family physicians have noted as “invaluable” in aiding their clinical care.

### **Reflecting Your Needs**

How can we be sure that our programs and information provided are adding value to your work and making your professional lives easier? Simply put, we ask you. This past year we undertook several initiatives to ensure we continue to deliver member value.

- We made a concerted effort to streamline and enhance our outreach to you, through a revamped website ([ontariofamilyphysicians.ca](http://ontariofamilyphysicians.ca)), more regular policy [updates](#), monthly OCFP President [messages](#), and a new [OCFP President twitter](#) handle. We will continue to refine the way we communicate so that our content is most relevant and impactful.
- In the summer, we initiated member research to deepen our understanding of your needs so that we can best support your life-long learning, champion your work and the profession, and advocate for your vital role, aligned to our Strategic Plan. The research is unfolding through a series of in-person and online focus groups, as well as an online survey. We look forward to sharing the results with you in the Fall.
- So that our Awards program reflects the evolving nature and diversity of practice within our profession, we initiated a thorough program review. Whether through awards or other forms of recognition, our goal is to ensure the OCFP is appropriately recognizing the great work of our members and the many different ways you contribute to patients, colleagues, communities and the practice of family medicine.

### **Looking Forward**

In this time of change in Ontario, , the OCFP, grounded by our Strategic Plan, will continue to amplify the voice of family physicians to government and other healthcare stakeholders and deliver the education and practice supports you need to best serve your patients:

- We will build on our partnership with AFHTO and the SGFP to advocate for a strong primary care foundation led by family physicians within a Patient's Medical Home. This is central to achieving a high-performing healthcare system and to the success of OHTs.
- Understanding that team-based care is essential to high-quality primary care, we will intensify our collaborative work with patients as partners in the care team, and with primary care clinicians including nurse practitioners, social workers and others.
- We will explore how we can leverage our mentoring program to shape family physician leadership, help peers embed change, and build clinical acumen for region-specific care issues, including with the emerging OHTs.
- We will look at ways of expanding our work with First Nations, Inuit and Metis communities to support more family physicians in providing culturally-safe and sensitive care.
- We will make sure our organization is efficiently offering you the highest impact support through our continuing professional development activity, including in those areas you find most challenging.

Across our activity, we will remain focused on hearing from you about the pressing issues you face in your practice so we can ensure you are best supported in your daily work and in your role as a family physician.

### **With Gratitude**

It is an honour to be a part of an organization whose [values](#) mirror the best of what family medicine can and should be. We appreciate every opportunity to engage with decision makers across our healthcare system in an effort to enhance comprehensive longitudinal care in your settings. We all are part of the bedrock of excellent health care in Ontario.

Our sincere gratitude to the many individuals and organizations that enable the OCFP's work:

- Our Board of Directors, whose guidance as well as passion for family medicine and members keep us laser focused on achieving our vision – *Leaders for a Healthy Ontario*.
- The OCFP's committees, faculty, mentors, and advisors for your leadership and commitment in helping us deliver the high-quality education that members expect from us.
- Our many partners in primary care for the ideas and generous collaborations that will serve to deliver results for family doctors, patients and families across Ontario.
- OCFP staff for living the OCFP values and always keeping our members at the center of everything we do.

And of course, and the motivation for every decision, action and effort undertaken by the OCFP – you, our members. We are proud to serve you and the work you do every day to keep Ontarians well. It is a privilege.

Respectfully submitted by,



**Dr. Jennifer Young, CCFP (EM)**  
President



**Leanne Clarke**  
Chief Executive Officer