Central Brampton
Family Health Team

2023 – 2026 Strategic Plan

CENTRAL BRAMPTON FAMILY HEALTH TEAM 60 Gillingham Drive, Brampton, Ontario, L6X 0Z9

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Background

The Board Members and Leadership of Central Brampton Family Health Team (CBFHT), an interdisciplinary [8] primary health care organization that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals **who work together to provide comprehensive primary health care for their community**, **set in motion the development of a new strategic plan to guide the organization for the period 2023-2026**. The development of the strategic plan occurred through the collaboration and feedback of Patients, Board members, Leadership, Physicians from all associated Family Health Organizations (FHO) and Interdisciplinary Healthcare Providers.

The scope of the work began with the **administering of** an assessment of [11] **multi-stakeholder engagement surveys** that were distributed in October 2022. [4-6] **The information and feedback obtained via the survey was compiled and curated to create a pre-read package for the Board members.** [11] The pre-read package presented a curated version of the results from the stakeholder surveys. In addition, it included a summary of the previous strategic plan (2019-2023) and corresponding outcomes. **This was followed by a 2-hour strategic planning session facilitated by Meredith Low**. **The results from the session were compiled and assessed to curate the information obtained and align it with existing organizational strategies,** such as the Vision, Mission, and Values of CBFHT. The draft was presented to the board of directors in February 2023. **The board of directors and support team provided final revision, and the new plan was set to start on April 1, 2023.**

The outcome of the work **highlights a robust selection of sustainment and improvement initiatives, with an emphasis on attracting and maintaining highly skilled medical professionals,** sustaining patient access to the highest quality primary care, growing upon the foundation that has been built with the North Park clinic expansion and partnering with Brameast and other FHO expansion and the Ministry of Health.

Identified by the board of directors as an integral part of the plan, **tracking measures were put into place.** These measures are **designed to monitor and control progress** throughout the duration of the plan. They are also meant to **analyze performance and take corrective actions where necessary.** Quarterly, the Executive Director will update the board on the progress of the plan, with an annual report presented to the entire board.

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The Central Brampton Family Health Team services 30,000 patients affiliated with various Family Health Organizations across Brampton. Both clinic locations are part of vibrant, high- growth communities and 50% of the patients are working-age between 25-59 years old. Approximately 16% of the population is 60 or older.
According to the City of Brampton Ward Census Data (2016) residents in the wards serviced by the Central Brampton Family Health Team:

- 48% of completed some form of post-secondary education (college, university, or equivalent)
- 51% of residents are married.
- 49% are either single, divorced, widowed or common-law.
- There is an average household income of $106,623.
- Over 68% of households have 3 or more people living in them.
- Over 50% of residents are from an Asian ethnicity.

One plan, rooted in our Vision, Mission and Values

[3] The vision, mission, and values were used as a guide through the planning process.

Vision: Collaborating with our patients in providing exceptional timely health care

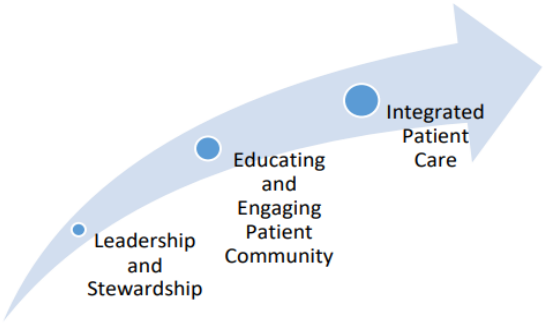
Mission: To create and deliver a team-based model of lifelong care that optimizes health for the individuals, families, and communities we serve, through a patient-centered collaborative and comprehensive approach to family health care.

Values:

1. Commitment to Quality
2. Patient-Centered
3. Respect
4. Inclusivity
5. Collaboration
6. Diversity
7. Compassion
8. Equitable Access

9. Accountability to Patients
10. Patient Education

Strategic Pillars



Strategic Goals

1. Maintain and build upon CBFHT's timeless strategic goal of being the **primary care provider of choice for all registered patients.** Continue to provide and **optimize timely access to quality primary care for patients to reduce the accessing of emergency and/or urgent care settings.**

2. **Attract highly skilled medical professionals** including physicians, nurses and nurse practitioners, dieticians, clinical pharmacists, respiratory therapists and mental health counsellors.

3. **Maintain awareness and involvement in health system development**. Dedication to collaboration with community partners and agencies, **for the purpose of timely involvement, understanding and collaboration with rapid system evolution.**

4. **Advance governance model of FHT** to include representation from expansion FHOs and community membership. **Expand Board skills matrix** by recruiting and **welcoming 2 community board members** to the board.

5. Continue to ensure, improve and build upon **ready access to electronic medical records** for data analysis and Quality Assurance purposes by FHT health professionals

to support comprehensive care, preventative care, chronic disease management, clinical and administrative, and operational efficiency.

6. Meet growing demand by **bolstering/re-enforcing mental health and addictions, geriatric and seniors' care** support for patients within the funding, resources and capabilities of the FHT.

Each strategic goal expanded with their corresponding tactics, measures and over-arching strategic pillar(s).

Strategic Goal 1: 1. Maintain and build upon CBFHT's timeless strategic goal of being the **primary care provider of choice for all registered patients**. Continue to provide and **optimize timely access to quality primary care for patients to reduce the accessing of emergency and/or urgent care settings**.

Strategic Pillar(s): Integrated Patient Care, Educating & Engaging Patient Community

Rationale:

This is our core competency. Above all else, this is what we do best. We want to continue to deliver and build on this strength, while looking for ways to **remain modern in the way we deliver care and provide expanded availability and access to timely primary care for patients, remove barriers to access to care for patients and avoid patients needing to access primary care in urgent and emergency care settings.** Though we do this very well, there are still barriers to accessing care like long hold times on the telephone. This strategical goal is important because it keeps us perpetually looking for ways to remove/reduce barriers to continue to deliver on our core competency while setting the foundation for **providing the right medical care for patients in a timely manner.**

Tactics:

a. Make available additional pathways to scheduling an appointment with a primary care practitioner**. Expand online appointment booking access** [1] to allow patients to book more appointments online, while educating the patients on how to access these services.

b. Educate and familiarize PCPs with eConsult, increase patients' access to specialists' and pertinent information, reducing or removing the need for severely long wait-times to see a specialist. **Remain aware and connected with development and availability of modern digital tools.**

c. Community resource networking:

- **Increase provider/patient knowledge of available external clinical supports and resources**, engagement and accessibility to primary care services and community resources.
- **Develop robust library of community support and resources that are available**. Provide descriptive attributes to each resource to give providers and their patients understanding.

d. **Optimize patient utilization of programs** to gain insight on patient participation in programs and services after they have been referred. Develop measures to maintain awareness of patients who have/are interacting with the various programs.

e. **Increase patient engagement and awareness of primary care options** and the comprehensive programs and services offered through an enhanced patient community engagement strategy. Patient education as a part of accessibility. Making patients aware is a part of accessibility.

Measures & Targets:

- # or % of appointments booked online each month
    a. Target- increase online booking to 20% of total appointment bookings
- # of providers offering online appointments to their patients
    a. Target- increase online booking to 80% of providers offering online booking.
- Increase patient utilization by program measure to 80% during the plan's life span.
- # of providers that have registered to utilize eConsult
    a. Target- 90% of providers
- Open rate for E-blast engagement to patients

a. Target- Average 65% open rate
- Modernize website by the end of 2024-25 fiscal year
- Establish patient advisory group or leverage existing OHT group

Assumptions & Timing: Listed in measures where timing is applicable.

Dependency: [1] Ministry of Health will continue to build upon interprofessional primary health teams.

Strategic Goal 2: **Attract highly skilled medical professionals** including physicians, nurses and nurse practitioners, dieticians, clinical pharmacists, respiratory therapists, and mental health counsellors.

Strategic Pillar(s): Leadership & Stewardship Excellence

Rationale:

As the demand for family doctors and nurses rises under the backdrop of an aging population, engaging with and developing strong relationships with the new [7] **Toronto Metropolitan Medical school is a great way to position ourselves to mitigate the staffing challenges that we are facing**. As an existing teaching clinic, we are well-positioned to partner with **TMU medical school to ensure that we optimize our access to new medical students, doctors, nurses, and allied health professionals who are establishing their practices in Brampton**. This strategy is important for the continuity of the FHT as doctors retire, in line with the aging-population trend that we see with our general population.

Tactics:

a. Maintain and build partnership with Toronto Metropolitan University.

b. Remain a teaching school for medical students and residents.

Measures & Targets:
- Indicator (I.e., qty, # of semesters covered, amount of calendar year with resident/students) that shows the number of medical residents and students that are welcomed into practice.

- Target- attract 3 (three) physicians:
- Target- FHT fully hired according to established hiring plan.
- Target- Continue to have medical residents and students to be introduced to Family Health Team, (nursing and allied)

Assumptions & Timing:

- Build and cultivate working relationship with Toronto Metropolitan University Medical School by their inaugural student class in 2025.
- **The Health Human Resources Crisis will continue for at least the next three years, especially with physicians and nursing.**
- The community we serve will continue to grow and remain one of Canada's key immigration hubs.

Dependencies:

- The medical school's inaugural year is 2025. Toronto Metropolitan University Medical School is being established in 2025.

- Through TMU, the physician ready assessment program is getting launched in 2023 aimed at helping internationally educated physicians, with previous medical practice experience abroad, undergo screening and assessment to determine if they are ready to enter practice in Ontario immediately without having to complete length re-education programs.

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Strategic Goal 3: Maintain awareness and involvement in health system development. Advocacy, dedication to collaboration with community partners and agencies, **for the purpose of maintaining an intimate understanding around anticipated rapid system evolution.**

Strategic Pillar(s): Leadership & Stewardship Excellence

Rationale:

At a time where paradigm system changes are being discussed and/or already occurring in some instances, this strategic objective is important because **it ensures that the organization is on the forefront** of pertinent developments, opportunities, and information.

Tactics:

a. FHT clinical and administrative personnel remain and build upon involvement in OHT working groups and initiatives.

b. Continued membership and involvement in Association of Family Health Teams, including AFHTO Leadership council for the Central West region.

c. Continued involvement in [9] AFHTO's Demonstration for Access to Care project to explore opportunities for neighbouring FHT's to partner/collaborate.

Measures & Targets:

- # Of working groups, councils and committee positions being held by CBFHT personnel.

- Target- 5 OHT working groups, committees and/or initiatives at any given time

- Did a joint- clinical program get delivered between neighbouring FHT's?
    - Targets- achieve joint clinical program with neighbouring FHTs.

Assumptions & Timing: [10] With the recent news that the **MOH intends to transfer the governance and oversight of Nurse- Led Practitioner Clinics to Ontario Health during the 2023-24 fiscal**, **it is anticipated the Ministry of Health will transition the oversight of Family Health Teams to Ontario Health within the plan's life span** (the specific estimate is by the 2024-25 fiscal year). Ontario Health is better positioned to develop the enhanced reporting measures. The measurement demands will increase as the governance duties of interdisciplinary health teams are transitioned to Ontario Health.

Dependencies:

- The province's existing 54 Ontario Health Teams will be expanded upon and invested into. The Ministry of Health will transition the oversight for Family Health Teams to Ontario Health.

- Sustaining and growing interdisciplinary primary care health teams will be emphasized and focused on by the Ministry of Health.

- **Currently the barrier for the MOH and OH transition appears to be skill set. The MOH is teaching OH personnel the methods, techniques and information they need in order to effectively provide oversight for Interdisciplinary Health Teams.**

- **The Ministry of Health does in fact continue to explore and move towards the transfer governance of Interdisciplinary Health Teams to Ontario Health during the life of the plan.**

- Neighbouring FHTs continue to reciprocate in participating in the exploration and administering more coordinated clinical and educational programming.

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Strategic Goal 4: **Advance governance model of FHT** to include representation from expansion FHOs and community membership. **Expand Board skills matrix** by recruiting and **welcoming 2 community board members** to the board.

Strategic Pillar(s): Leadership & *Stewardship* Excellence

Rationale:
With the aim of continuing to grow and build on organizational maturity and the governance structure of the FHT, **expanding the skill set on the board of directors to include legal and financial expertise** will round out and reinforce the board and strength of the organization.

Tactics:

a. **Implement recruitment and advertising campaign to attract community board members** to add legal, financial and general business and organizational expertise to the board.

b. Maintain and **cultivate relationships with new FHOs and physicians**, develop working chemistry, face-to-face familiarity, trust and confidence through clinical care and helping the patients and sustaining effective pathways for feedback and suggestions, to encourage awareness of and interest in FHT governance.

Measures & Targets:

- Has the composition of the board aligned with the skills matrix?
    a. Targets- achieve the three measures listed above

Assumptions & Timing: The recruitment initiative for two new community board members must be started right away and continue as an ongoing function until the objective is accomplished.

Dependency: No external dependencies.

Strategy Goal 5: Continue to ensure, improve and build upon **ready access to electronic medical records** for data analysis and Quality Assurance purposes by FHT health professionals **to support comprehensive care, preventative care, chronic disease management, clinical and administrative, and operational efficiency.**

Strategic Pillar(s): Integrated Patient Care

Rationale:

Digital health and quality improvement goes hand in hand with ensuring adequate patient care. [1] Across the province, 54 Ontario Health Teams are working to improve transitions between health providers and to make sure a patient's medical record follows them wherever they go for care. The ability to access patient health information and stay connected with systems that are linked to other health care settings are crucial to supporting patients across the entire continuum of care. Having the most up to date patient records, with information on patients beyond the primary care setting will help ensure patients are provided with the safe and appropriate care. The province has engaged in various digital opportunities to help bridge the information gap with primary care and acute care setting such as investing in information exchange platforms. Additionally, **embarking on quality improvement initiatives to monitor patients with complex chronic diseases can help ensure that patients are up to date with their care.** This can be done through optimizing the EMR within the clinic, so we can pull detailed reports on patients, to help ensure they are being issued preventative care within a timely manner.

Tactics

a. Explore digital health technologies that will help connect Central Brampton FHTs EMR with other provincial tools such as: Connecting Ontario, Prescribe IT, Ocean eReferral, & eConsult.
b. Optimize the EMR through utilizing already built in features that will help improve overall health record documentation, making it easier to locate important health information for patients.
c. Utilize data extraction features in the EMR to evaluate programs and engage in various quality improvement opportunities.

d. Conduct chart audits for patients with certain medical conditions such as hypertension, diabetes, and malignancies.

    - Chart audits will consist of a checklist of care items that are related to each condition and will help ensure that patients have had all the appropriate care delivered and documented in their chart.

e. Explore opportunities to connected CBFHT data with physician clinics that the FHT is supporting to ensure seamless transition of care and patient information.

Measures & Targets:

- % Of providers educated, aware and trained on a modern suite of digital solutions offered by the province (eConsult, eReferral, Connecting Ontario).
    a. Target- 60% onboarding for new digital tools as they become available.

- % Of patients up to data with preventative screenings (MAM, PAP, FOBT, Flu)
    a. Use Preventative care program metrics for this

- % Of patients that have an active flowsheet in their chart (# of patients with active flowsheet in use/total # of patients)
    a. Target- ~~add~~ 10%

Assumptions & Timing: Measuring and reporting expectations will be enhanced throughout the duration of the plan [1] to do a better job at **tracking a patient's ability to access primary care services,** mental health care and wait- times. Ontario, in alignment with the federal government and the other provinces will be investing into measuring performance in a more detailed way. **The federal government has called upon the provinces to contribute to cultivating a national health care data reporting system as part of its funding partnership with provinces and territories.**

Dependency: A communication channel/ support in place for the purpose of educating providers on new EMR optimization tools.

Strategic Goal 6: Meet growing demand by **bolstering/re-enforcing mental health and addictions, geriatric and seniors' care** supports for patients within the funding, resources and capabilities of the FHT.

Strategic Pillar(s): Educating & Engaging Patient Community, Integrated Patient Care

Rationale:

CBFHT's Mental Health supports have expanded over the duration of the previous strategic plan. However, there is a huge societal and community demand for mental health supports with an expanded scope. [1] Expanding access to mental health and addictions in communities is a priority for the provincial government. **Based on feedback from front line providers, this is an area where bolstering and reinforcement is needed, and it is anticipated that this trend will continue**. **Primary care does not have many options in terms of support for ongoing, more severe (vs. moderate), chronic, non-pharmacological options** for providing care to patients. Similarly, with an aging population it is important that we have supports in place for focused, episodic seniors care that can follow their progress, and provide dedicated patient and caregiver education, above and beyond their GP.

Tactics:

- Expand mental health and addictions programs to include treating patients outside of mild to moderate conditions.
- Expand program to include clinical psychologist to provide assessments that cannot afford to wait and to pay for a private option.
- Expand to include a clinical supervisor?
- Advocate for Mental Health funding for additional social workers.

Measures & Targets:

- # Of patients helped by external specialist/psychologist/social work for children for conditions other than mild- to- moderate mental health concerns.
    a. Target- increase by 10%.

- Develop geriatrician network
    a. Target- add 2 new geriatricians to referral network within life span of the plan.

- Did the mental health & addictions program resource- pool grow?
    a. Target- 10% growth in resources allocated to mental health & addictions programs and services.

- % Of patients or number of patients accessing after hours mental health appointments for support
    a. Target- increase by 10%

- # or % of patients referred by clinician for MHA support
    a. Target- increase by 10%

- % Of senior patients accessing geriatric services (# of patients in program/# of geriatric patients)
    a. Target- increase by 15%

- # Of referrals from physicians to geriatric program
    a. Target- increase by 15%

- # Of geriatric patients provided with a full comprehensive assessment
    a. Target- increase by 15%

Assumptions & Timing:

- Mental Health demands are increasing
- Aging population continues
- Assume government will increase investments into MH&A

- Post- Covid aggravates this issue
- New funding announcements towards IHP teams

Dependency:

- Additional resources are in fact invested by the Ministry of Health in interdisciplinary health teams to expand available and appropriate services to address the mental health and addictions support gap that exists today.
  Dependent on job market realities, available candidates with appropriate training, being able to hire and retain personnel.

Conclusion

Overall, there are significant challenges/ barriers in the following areas: aging population, healthcare human resources crisis, increase mental health & addictions demand, growing population and anticipated rapid health care system evolution/ changes. It is against the backdrop of heightened public awareness that [1] the status quo for primary health care is not working. Too many people are waiting too long to get an appointment or surgery, having to travel too far to get care, and spending too much time trying to navigate our health care system. There is a public expectation for changes and improvement that the FHT seeks to develop their new strategic plan to guide the organization forward. **The provincial government continues to invest in interprofessional primary care teams with [1] $30 million to creating 18 new teams for marginalized and unattached patients** to ensure they can connect to care where and when they need it provincial government is investing $30 million to expand the interprofessional primary care teams. Through building on what has been proven to work, partnering with community healthcare leaders, and advocating healthcare governance, the FHT will initiate the strategic plan for healthcare success.

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Appendix: Sources of Information

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[8] Primary Health Care Branch, Family Health Teams (2022). Ministry of Health | Ministry of Long- Term Care. Retrieved February 6, 2023, from https://www.health.gov.on.ca/en/pro/programs/fht/.

[9] Kathiravelu, K. (2022, November 28). Board Briefing Note- AFHTO Demonstration Project Update. Toronto; Association of Family Health Teams of Ontario.

[10] AFHTO. (2023, February 3). NPLCs and FHT Contracts. Toronto; Association of Family Health Teams of Ontario.

[11] Executive Committee, F. H. T., Strategic Plan Support Team, F. H. T., & Low, M. (2022, November 21). Prep Package: Strategic Planning. Brampton; Central Brampton Family Health Team.

Appendix: Definitions

Strategic Pillars:

The organization's themes the support the goal of the Strategic Plan. In addition to the organizational Vision, Mission and Values, the strategic pillars kept in mind throughout the entire planning process.

Strategic Goals:

The organization's objectives for the next three years. These are the outcomes that we would like to see as a result of our inputs and effort.

Rationale:

The reasons for the decision being made. In this plan, the rationale section(s) describes the basis for the organization is undertaking a specific strategic goal.

Tactics:

The broad methods, techniques and strategies which will be focused on to achieve the strategic goals.

Measures & Targets:

These sections define the methods that are being utilized to measure the degrees of success of each strategic goal. Targets are the self- defined levels of success that we are aiming to achieve.

Assumptions & Timing

Major assumptions, big milestones, risk, and mitigations. Anything that might affect plan implementation, that we are banking on happening, highlights the logic of the plan, or points to external or internal factors that would affect your ability to implement. Some sections below; others could be added. Further detail could be added as appendices if helpful.

- May have determinants need to occur to cause another thing (that the plan or part of the plan is relying upon) to happen.
- What needs to occur prior to this thing happening?
- Major externalities that affect sequencing

Dependency:

The external factor(s) we rely on to achieve the goal's success.