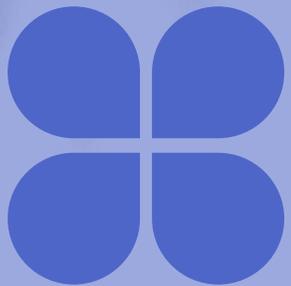


# Primary Care Leaders Meeting 3



February 13, 2020  
7:00-9:30 pm

# Today's Agenda

Time	Agenda
7:00 – 7:10 (10 min)	Welcome and Introductions
7:10 – 7:50 (40 min)	<b>Discussion + Decision:</b> How will we make decisions? Review additional information + make decision on governance
7:50 – 8:30 (40 min)	<b>Discussion + Decision:</b> Who will be involved? Review Community Meeting feedback + make decision on membership
8:30 – 9:00 (30 min)	<b>Discussion + Decision:</b> Nomination and election process
9:00 – 9:25 (25 min)	<b>Activity:</b> Review strategic priorities + draft one-pager for receiving community feedback
9:25 – 9:30 (5 min)	Wrap-Up and Next Steps

# We've got an action-packed agenda

**Welcome and  
introductions**

**Activity:  
How will we  
make  
decisions?**

**Discussion:  
Who will be  
involved?**

**Activity:  
Nomination  
and Election  
Process**

**Discussion:  
What are our  
strategic  
priorities?**

**Wrap-up and  
Next Steps**

# There are a few ground rules



**Be action-oriented  
– roll up your  
sleeves**



**Be courageous –  
try something new**



**Be curious – ask  
questions of self, others**



**Be open – learning  
mindset**



**Be respectful –  
differences are ok**



**Have fun!**

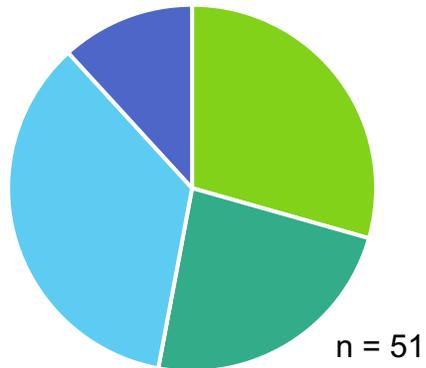
# Engagement is building!

51 Total = Nov 26 Co-Design Session (29) + Completed Online Engagement Form (14) + Jan 28 Community Meeting (8)

51

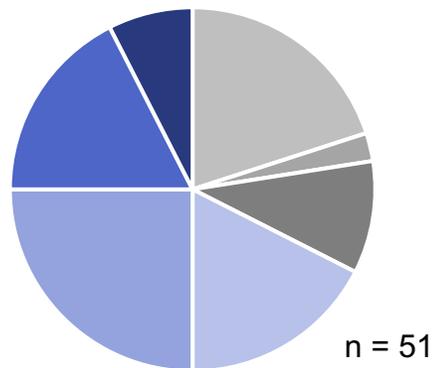
# Primary care providers that have sign-up to be involved in the MH PCN so far...

Engagement Levels



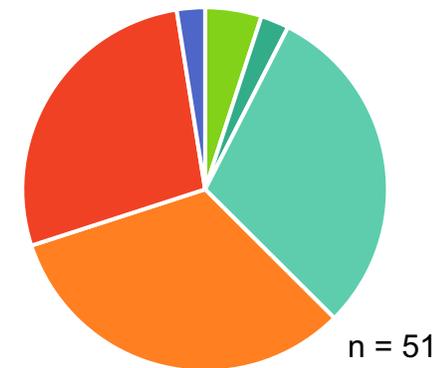
LEADING (15)    ADVISING (12)  
ENGAGED (18)    INFORMED (6)

Sub-Regions



OAK (11)    HH (1)    MIL (6)  
SWM (7)    EM (13)    NWM (9)    SE (4)

PEMs



FFS (3)    CCM (1)    FHG (17)  
FHO (18)    FHO-FHT (11)    CHC (1)



**Together we can  
achieve more than any  
one of us alone!**

**Discussion + Decision:  
How will we make decisions?**

# How will we define our leadership structure?

Our leadership structure is our governance model. It informs how we relate to one another and how we make decisions.



Developing our leadership structure helps us formalize the working relationships among the team members (leaders and membership overall), including:

- How we share in decision-making
- How we resolve conflicts
- How we hold people accountable for their roles and responsibilities
- How we manage, share, and store information
- How we allocate resources
- How we add / change team members

Reminder

!

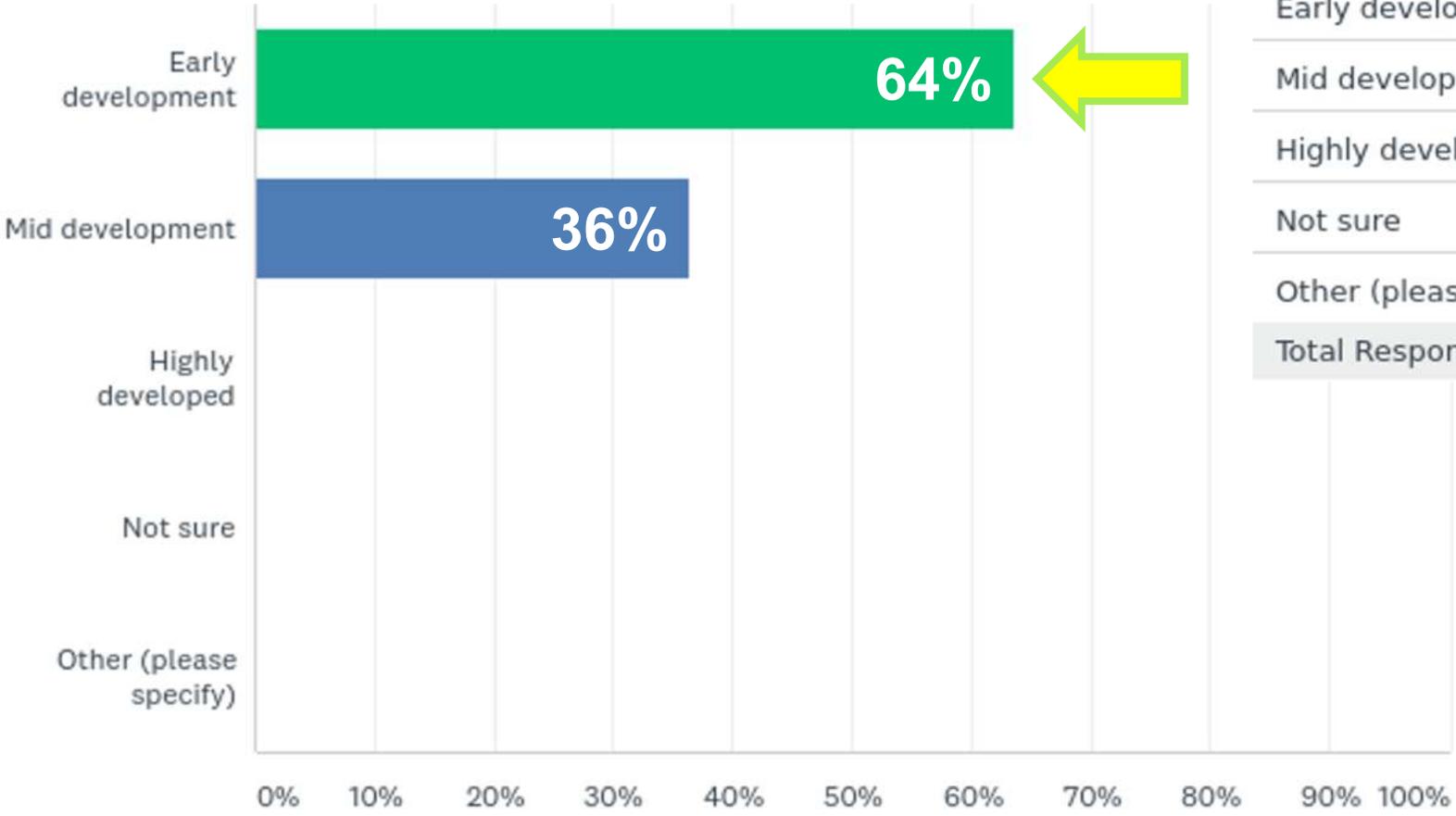
# MH PCN Governance Principles

## What we heard from you:

- **Inclusive**: We want the network to be inclusive, not exclusive; we want providers to feel like it belongs to them
- **Representative**: We want providers to feel there is a way for their individual voice to be heard, either directly or indirectly through leadership representatives; we need to ensure that all providers, regardless of payment model, have the opportunity to contribute and shape the organization (want fairness, transparency, equity)
- **Accountable**: We want the organization to be more formalized than before; we want clear roles, responsibilities, policies, procedures, expectations, and accountabilities
- **Autonomous**: We want an organization that can influence OHTs, but can operate independently (“OHT agnostic”); we have seen a lot of government changes and want a group with longevity (“can live beyond OHTs”)
- **Flexible / Nimble**: We are early in our development and need an organization that can adapt and evolve as the health care landscape adapts and evolves (e.g., maturity of OHTs – “who takes on what”)
- Reasons why we decided to go forward with a regional Mississauga and Halton Primary Care Network, rather than a Primary Group aligned with an OHT are:
  - 1) We feel there is strength in numbers and want a strong voice in health system reform
  - 2) We still aren’t clear what OHTs are or will become
  - 3) We feel OHTs have not yet engaged broadly nor involved all types of primary care providers; we want equal representation
  - 4) We may practice across OHT boundaries and want regional representation / information
  - 5) We may have issues that need attention that do not fall within the priorities of the OHTs, especially in the first few years of OHT development

# Q1: At what stage would you consider the renewed MH Primary Care Network?

Answered: 11 Skipped: 0

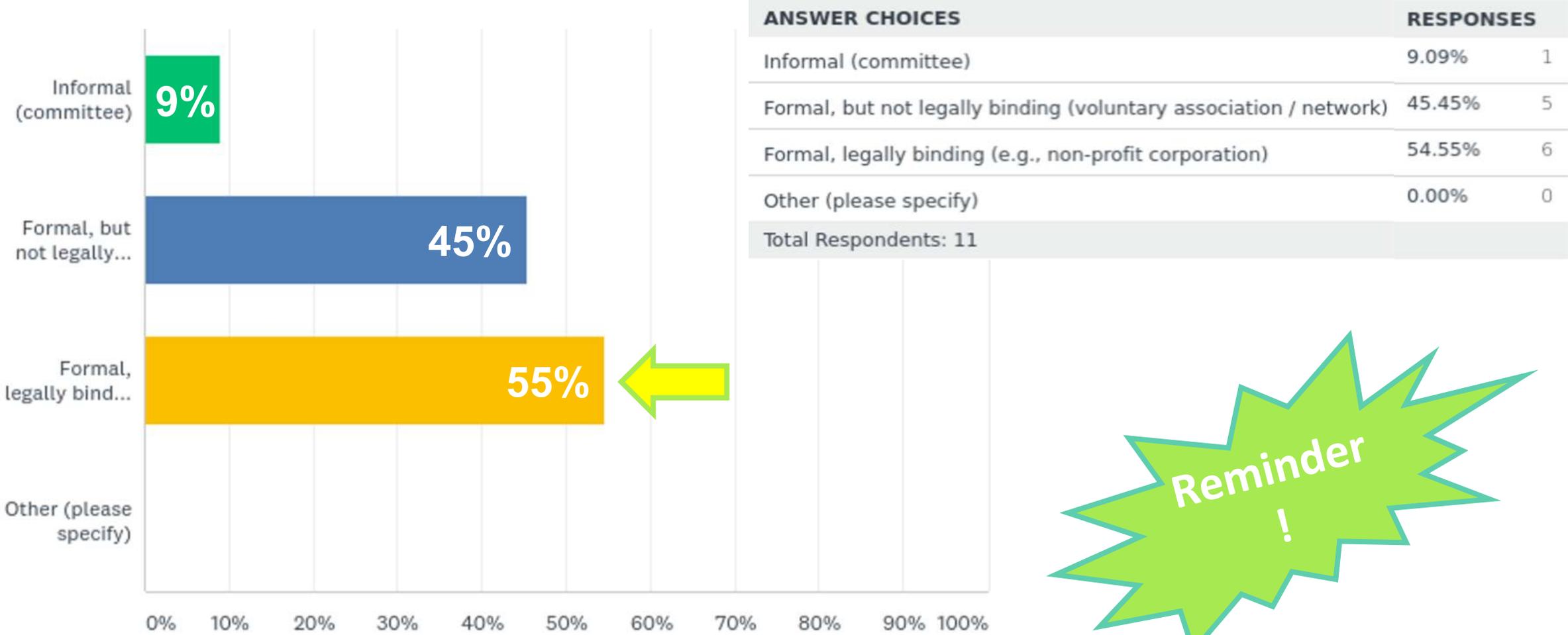


ANSWER CHOICES	RESPONSES
Early development	63.64% 7
Mid development	36.36% 4
Highly developed	0.00% 0
Not sure	0.00% 0
Other (please specify)	0.00% 0
Total Respondents: 11	



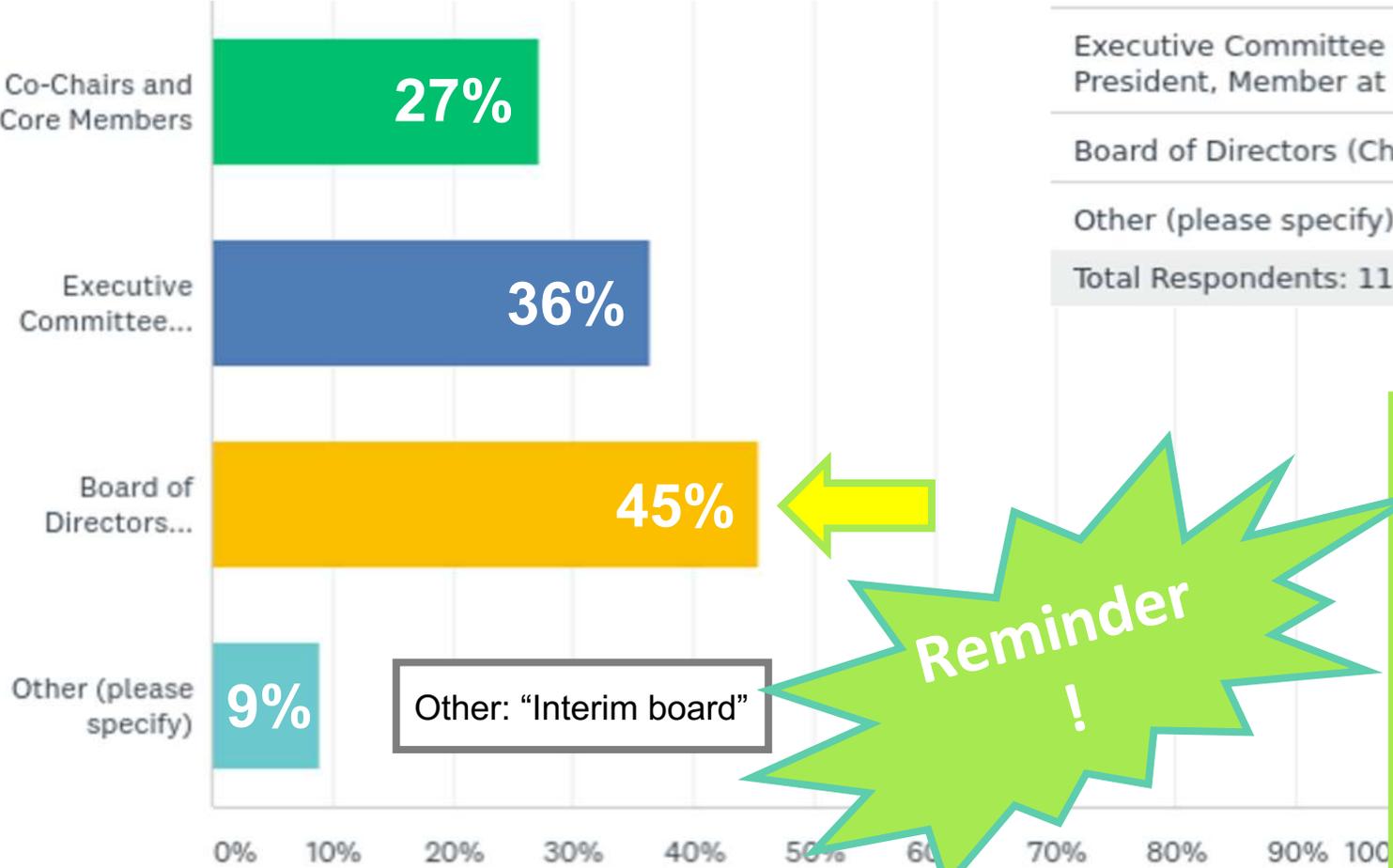
# Q2: At this point in time, how would you recommend the group remains accountable to one another?

Answered: 11 Skipped: 0



# Q3: What positions would you suggest to be in the leadership group?

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Co-Chairs and Core Members	27.27% 3
Executive Committee (President, VP, Treasurer, Secretary, Past President, Member at Large)	36.36% 4
Board of Directors (Chair and Board Members)	45.45% 5
Other (please specify)	9.09% 1

Total Respondents: 11

**Q: Which overall structure do we want to choose? Board of Directors?**

**Q: Will the format impact how we can create equitable representation?**

**Q: Do we need to formally establish an Interim Board (or any interim leader group)?**

# Does MH PCN incorporate at this point in time?

Exploring how to achieve a “formalized” organization

ORGANIZATIONAL FEATURE	UN-INCORPORATED	INCORPORATED
Development stage	Early development (forming / in flux)	Late development (mature / stable)
Type of organization	Committee, Association, Not-For-Profit Organization	Association, Not-For-Profit Corporation
Leadership structure	Board of Directors, Executive Committee	Board of Directors, Executive Committee
Has a constitution / set of by-laws	Yes	Yes
Membership can be used as a vehicle to hold people accountable	Yes	Yes
Changing by-laws (i.e., flexibility)	Easier  <u>Better for organizations in development.</u> Bylaws can be amended by a Board of Directors, and changes approved by the general membership (however this is defined).	Harder  <u>Better for well-established organizations.</u> An incorporated organization <i>must</i> have by-laws that comply with the requirements of incorporation legislation. To change by-laws, need to submit “articles of amendment” to government, which can be time-consuming, and costly (e.g., if need legal consultation)

# Does MH PCN incorporate at this point in time?

Exploring how to achieve a “formalized” organization

ORGANIZATIONAL FEATURE	UN-INCORPORATED	INCORPORATED
<p><b>Who in the organization is liable</b> (e.g., for assets, funds, debts)</p>	<p><b>Board members are liable</b> Board members are considered ‘owners’ of the organization and therefore liable for the assets, funds, and debts.</p>	<p><b>Organization is liable (formal legal entity)</b> Incorporation is the process of creating a legal entity that has an independent existence, separate and distinct from that of its members, that takes on liability for the assets, funds and debts.</p>
<p><b>What the organization can be liable for</b></p>	<p>Few assets, funds (\$), debts, regulations requiring reporting + auditing</p>	<p>Typically more significant assets, funds (\$\$\$), debts, regulations, taxation, etc.</p>
<p><b>How is the organization be funded</b></p>	<p>Small amounts (\$) from members, sponsorship, fundraising (e.g., conferences), etc. <u>OR</u> Larger amounts (\$-\$\$\$) from agencies (e.g., government) but “Fund Holder” identified to manage funds, liability, reporting, etc. that is a separate incorporated organization. Fund holder is not involved in decision-making process and does not limit access to funds. Funds must be used for activities of the organization, not to profit shareholders / members.</p>	<p>Large amounts (\$\$\$) or funding from certain sources (can be a “Fund Holder”) Must be incorporated to be eligible to receive government funding and possibly funding from foundations. Most foundations also require organizations receiving donations to be registered charities; charity status is required to issue donors tax receipts.</p>
<p><b>Cost of establishing the organization</b></p>	<p><b>Little to no cost</b> Process to organize an unincorporated group simply requires time / expertise and engagement to develop governance documents.</p>	<p><b>Some cost (\$)</b> Incorporation process has an application fee; need lawyer consultation; requires annual reporting and collection of information; requires legal consultation and legal filing of application for by-law amendments.</p>

# Question for decision-making



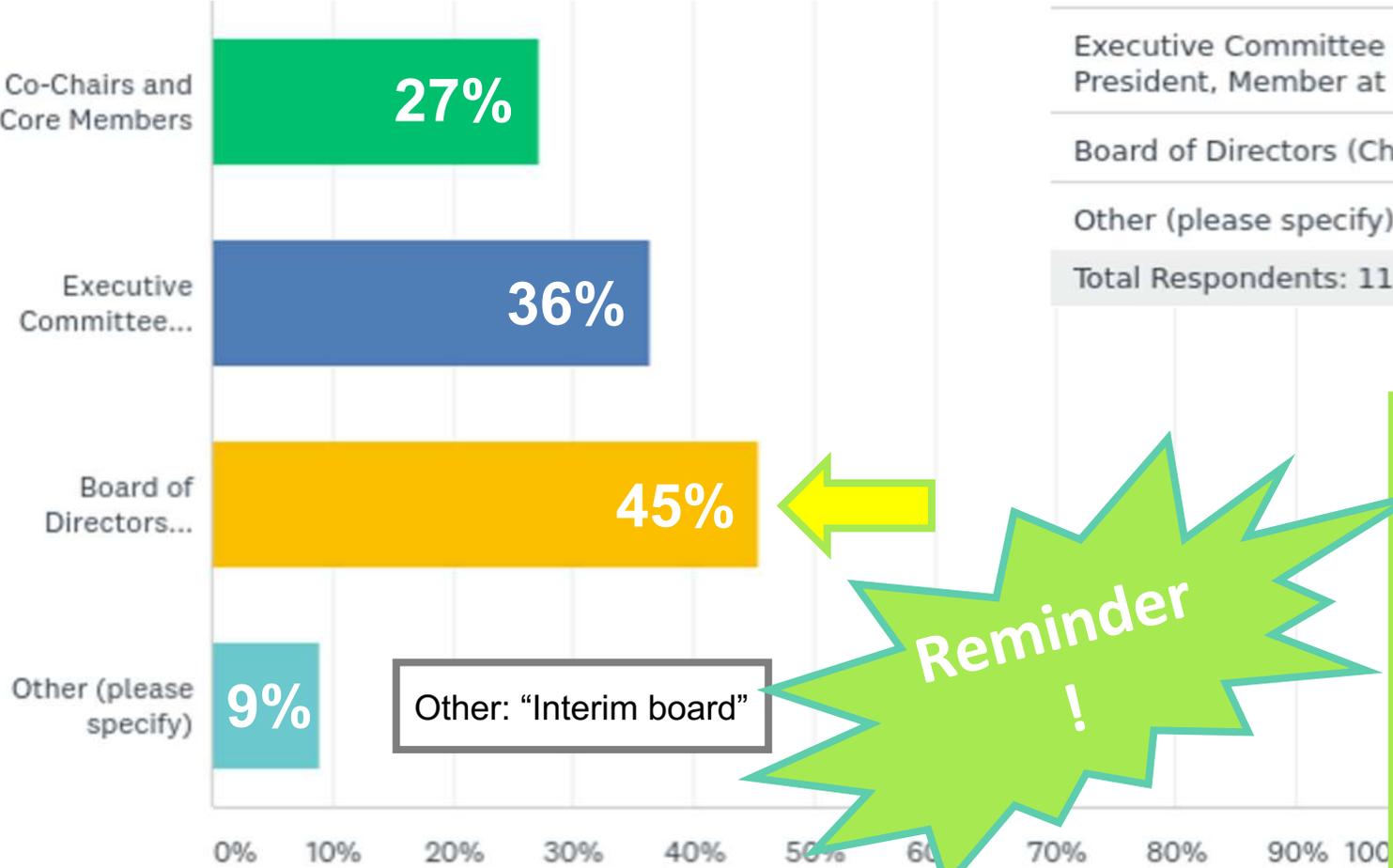
**Does MH PCN incorporate at this point in time?**

- 1) Yes**
- 2) No**



# Q3: What positions would you suggest to be in the leadership group?

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Co-Chairs and Core Members	27.27% 3
Executive Committee (President, VP, Treasurer, Secretary, Past President, Member at Large)	36.36% 4
Board of Directors (Chair and Board Members)	45.45% 5
Other (please specify)	9.09% 1

Total Respondents: 11

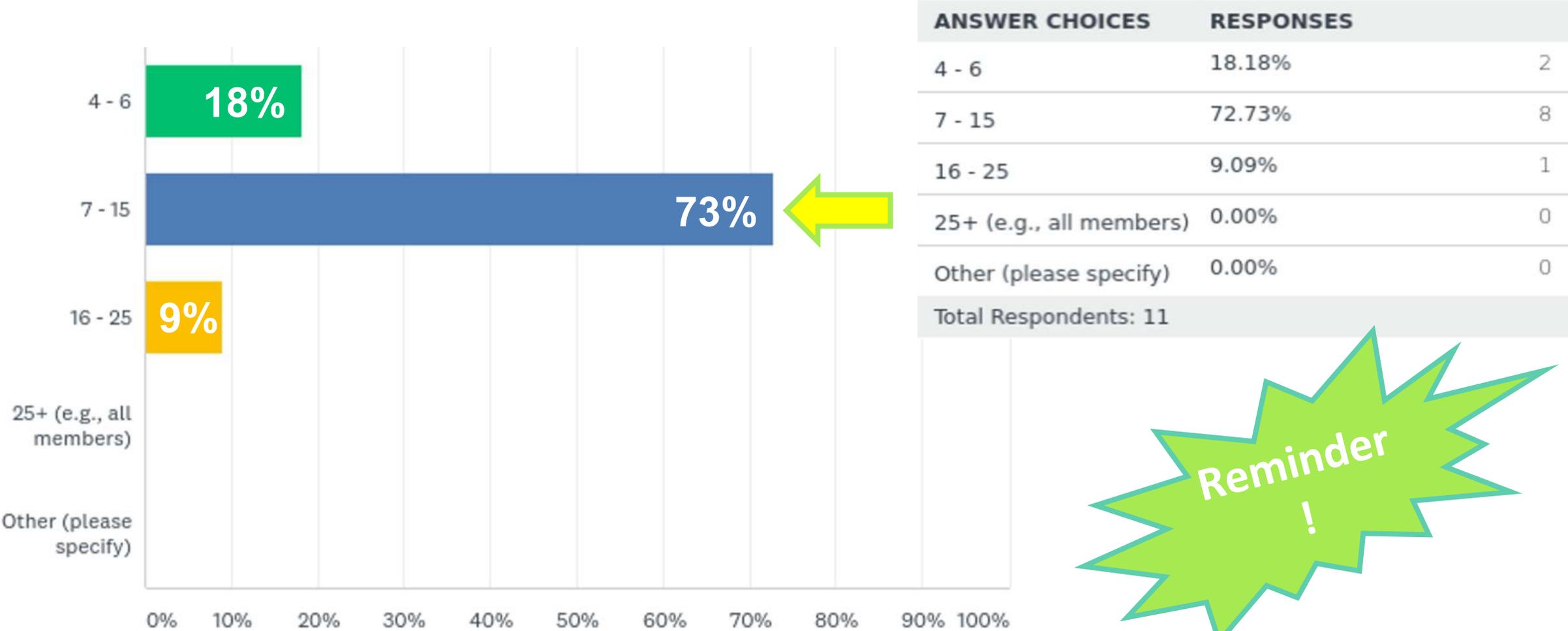
**Q: Which overall structure do we want to choose? Board of Directors?**

**Q: Will the format impact how we can create equitable representation?**

**Q: Do we need to formally establish an Interim Board (or any interim leader group)?**

# Q10: What would be the recommended size of the leadership group?

Answered: 11 Skipped: 0



# Leadership structures

## Board of Directors

- Board Chair + Board Members
- Size 7-15 people
- Typically more strategic than operational, while committees / working groups are focused on operations
- Role and responsibility of chair clearly defined; Board members can have a specific responsibility based on skill, etc.
- Elected by broader membership
- Decision-making on strategy, annual planning, budget, finance, fundraising, events, communications, etc.

## Executive Committee

- President, Past President, VP, Treasurer, Secretary, Member at Large
- Size 4-6 people (smaller)
- Can be both strategic and operational
- Role and responsibility of each leadership position is clearly defined
- May be more challenging to ensure desired representation (e.g., PEM, skills / expertise, population size, etc.)
- Elected by broader membership (move up through positions or elected each year?)
- Same decision-making authority

# Question for decision-making



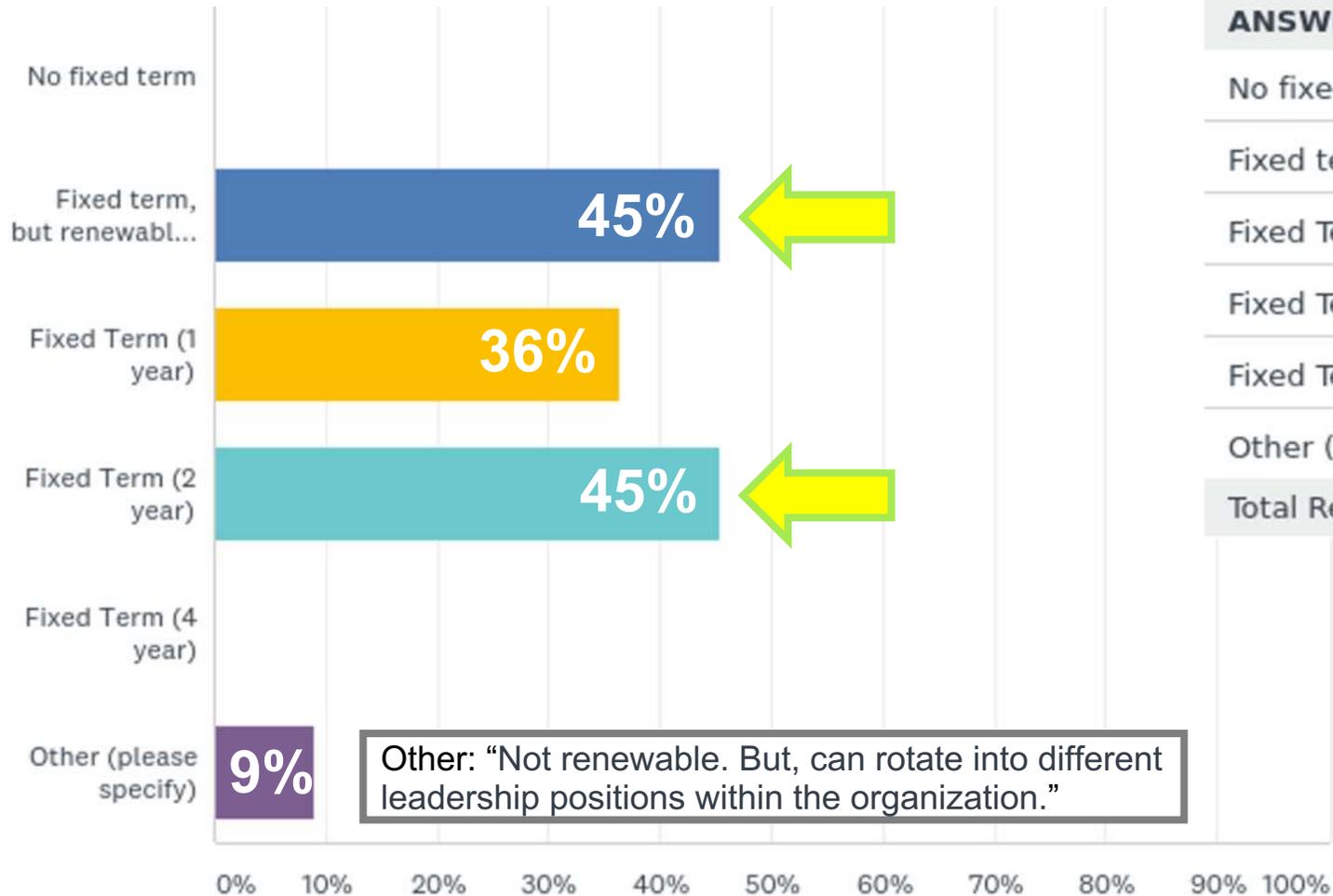
**Which leadership structure do we choose?**

- 1) Board of Directors**
- 2) Executive Committee**

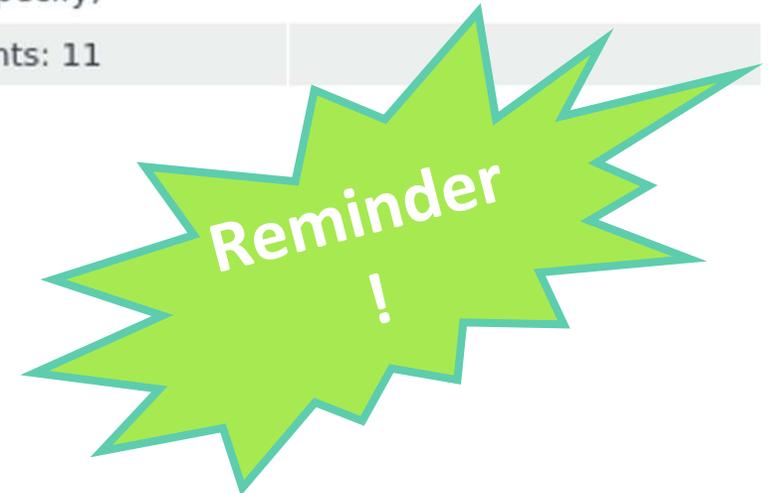


# Q5: What is your preferred term for the chair / head of the leadership group?

Answered: 11 Skipped: 0

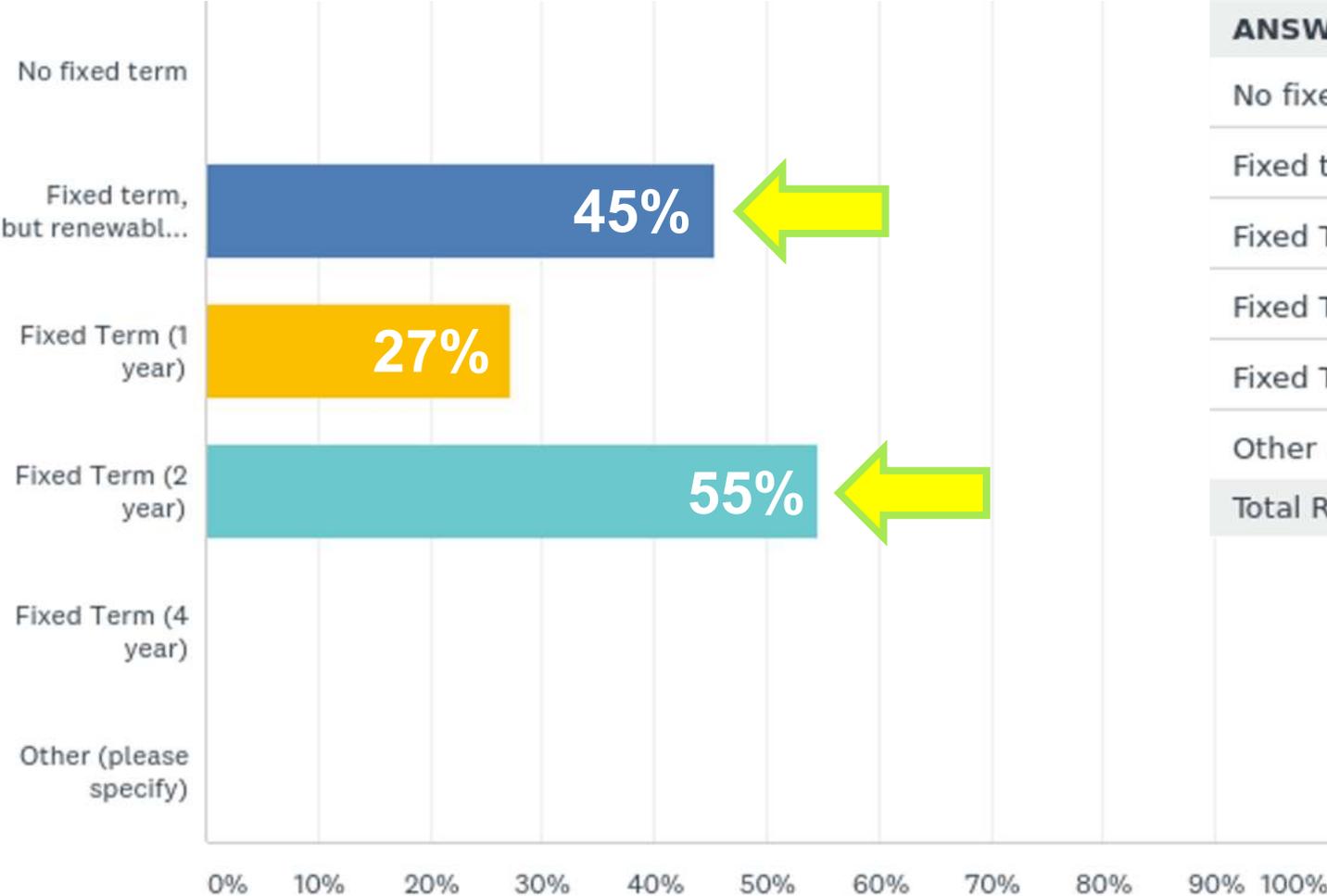


ANSWER CHOICES	RESPONSES
No fixed term	0.00% 0
Fixed term, but renewable once	45.45% 5
Fixed Term (1 year)	36.36% 4
Fixed Term (2 year)	45.45% 5
Fixed Term (4 year)	0.00% 0
Other (please specify)	9.09% 1
Total Respondents: 11	



# Q6: What is your preferred term for the other members of the leadership group?

Answered: 11 Skipped: 0



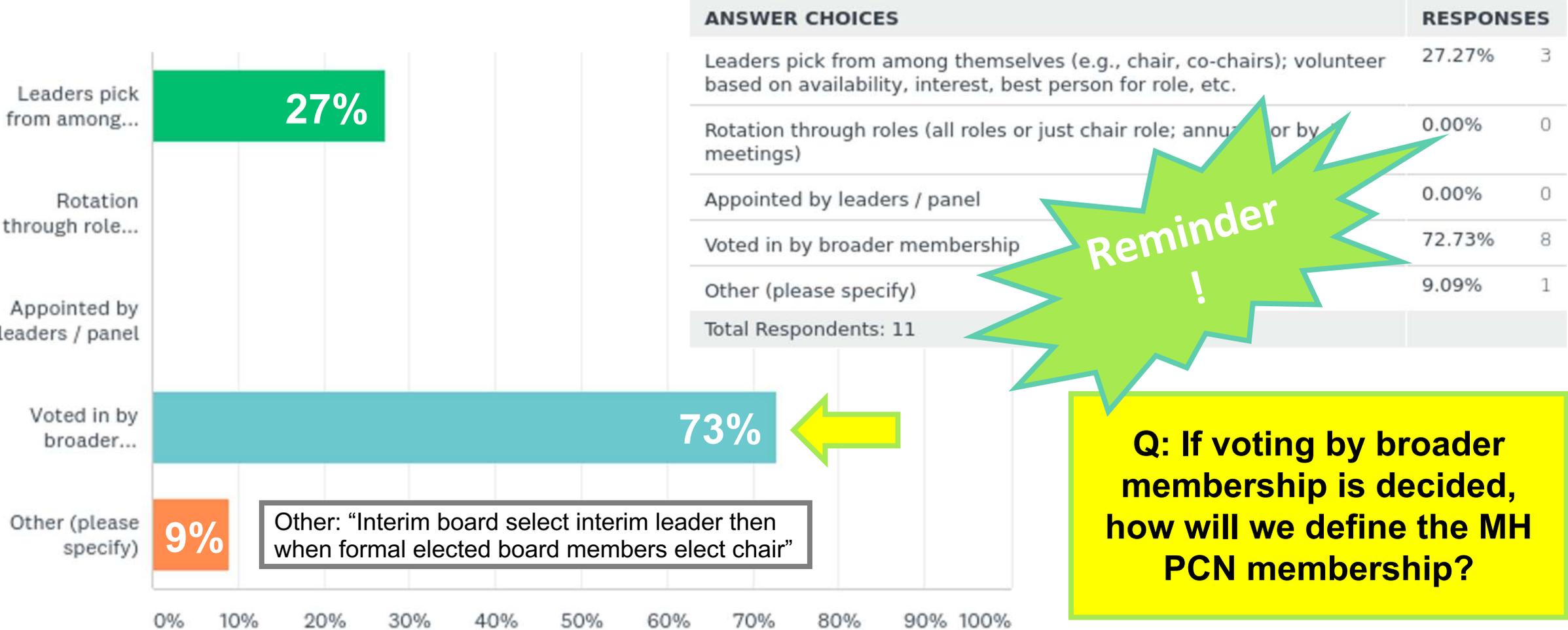
ANSWER CHOICES	RESPONSES
No fixed term	0.00% 0
Fixed term, but renewabl...	45.45% 5
Fixed Term (1 year)	27.27% 3
Fixed Term (2 year)	54.55% 6
Fixed Term (4 year)	0.00% 0
Other (please specify)	0.00% 0
Total Respondents: 11	



**Discussion + Decision:  
Who will be involved?**

# Q4: How would you recommend the group selects the chair / head of the leadership group?

Answered: 11 Skipped: 0



# How do we define our membership?



MH PCN stakeholders

## Leadership group

### Voting Members

- What is the benefit of being a voting member?
- What is the commitment and accountability of being a voting member?
- How do people sign up?
- Letter of support?
- How often should voting membership be renewed/reopened?

### Members

- Any PCP who practices in current MH LHIN boundaries
- How do we involve our entire community?
- Do we keep member engagement levels?
- Able to vote in the first leadership group Mar 31

# Activity: Let's define our membership



At your tables  
Small groups

At your tables, use the template to answer these questions:

## 1. Member benefits: What is the benefit of being a member?

(e.g., Voting on position statements to OHT, government? Paid leadership roles?)

## 2. Member commitment: What could you commit to as a

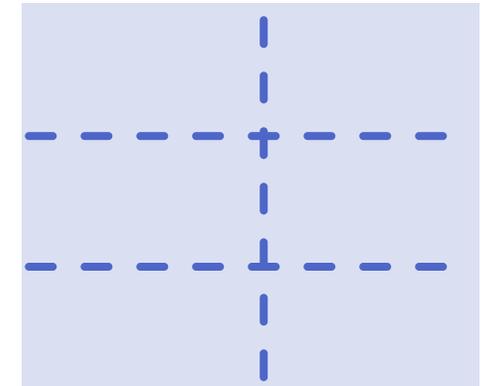
**member of this group?** (e.g., Time, expertise, \$ in dues). Is it valuable to have 4 different engagement levels? (Leading, Advising, Engaged, Informed)

## 3. Member roles and responsibilities: What is the role and

**responsibility of each type of member?** (If engagement levels are kept, describe the role and responsibility of each level)

## 4. Member recruitment: How do people sign up to be

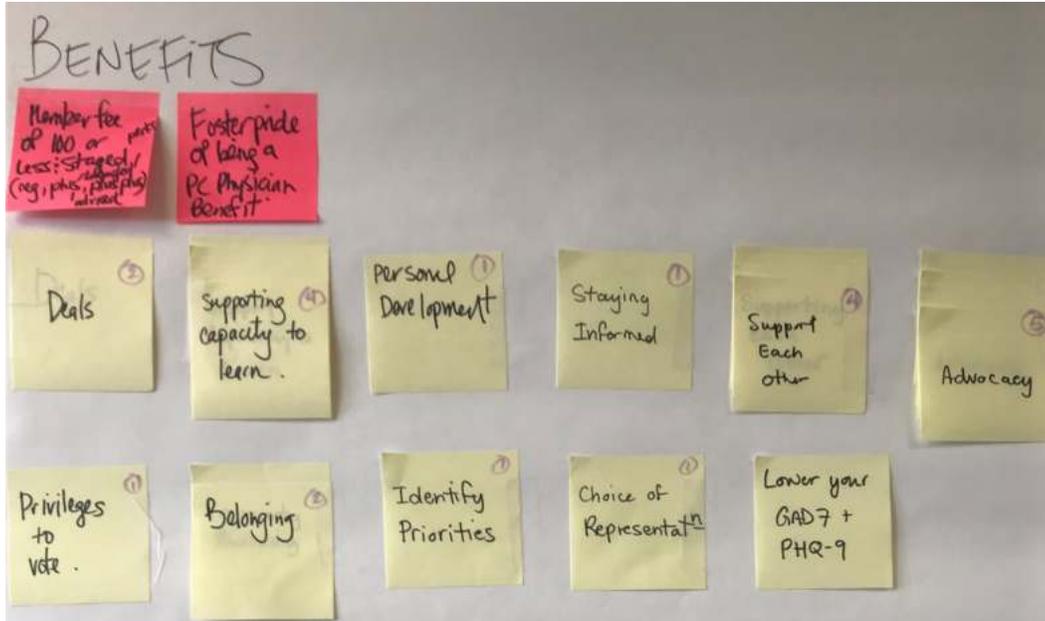
**members?** (e.g., Signing a letter of support or formal contract? Sharing of e-mail address? Payment of dues?). How do we reach out to people not here today?



**30 min activity +  
30 min readout**

# Feedback on member benefits

This is what our community said about the benefits of being members of the MH PCN



**Advocacy (5):** A network that is able to advocate for the needs of patients and communities that you, as a member, can contribute to.

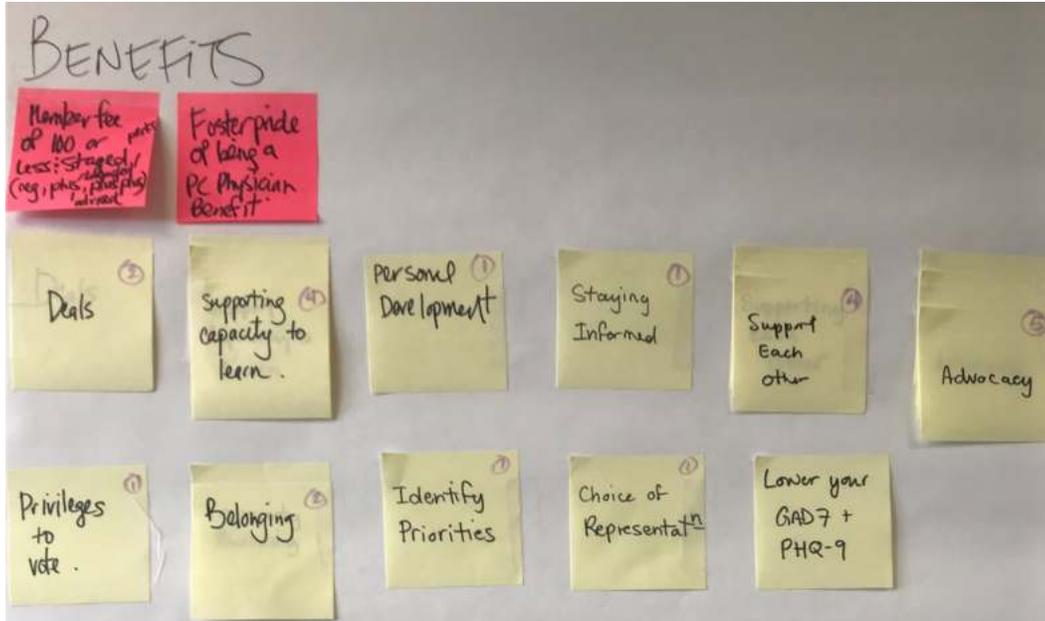
**Influencing decision-making (1):** Privileges to vote, identify priorities, and choosing representation. Opportunities to influence the direction of the network.

**Supporting each other (4):** Creating a forum / platform where feedback, best practices, guidance and advice can be shared.

**Supporting the Capacity to Learn (4):** Tailoring learning opportunities at a regional level to meet the educational needs of our communities (e.g., hosting OCFP workshops, communicating opportunities, and possibly providing coverage for peers to attend).

# Feedback on member benefits

This is what our community said about the benefits of being members of the MH PCN



**Staying informed (1):** Keeping a pulse on what matters to you and your practice.

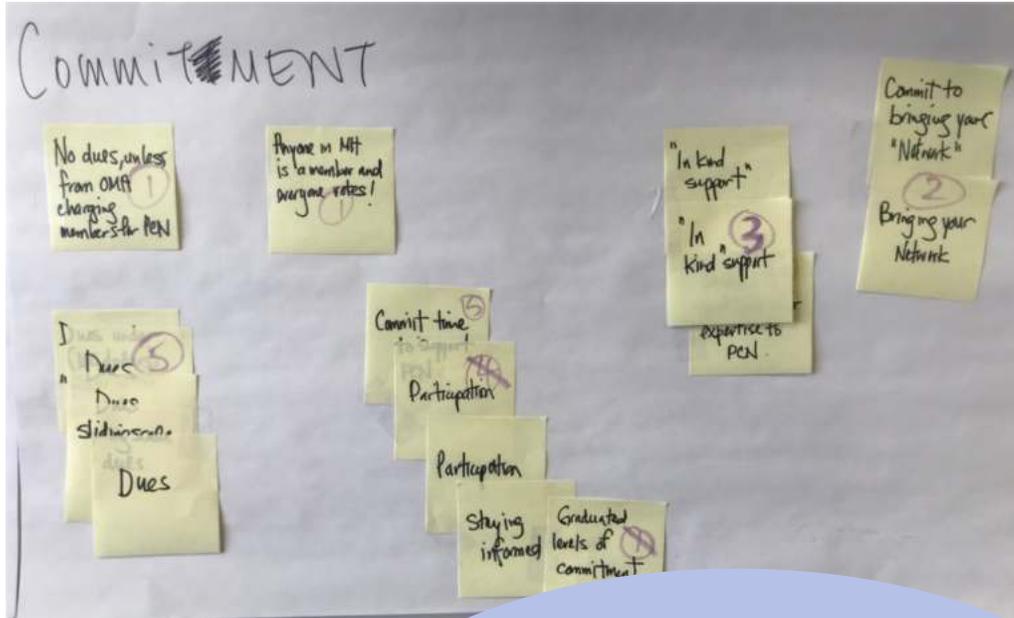
**Personal Development(1):** Building capacity for personal development within practices

**Belonging (1):** Membership to a body that is keeping you informed and up-to-date so that you are not missing out.

**Cost saving (3):** Collaborating with entities relevant to primary care to broker discounts on things like conferences and CMEs, office supplies and other perks that could be tiered to level of membership.

# Feedback on member commitment

This is what our community said they would commit to as members of the MH PCN



## MH PCN members = broader community

### Interim Leadership Group

- Any primary care physician who practices in current MH LHIN boundaries
- Inclusive of all sub-regions and practice types
- Able to vote in first MH PCN Leadership election

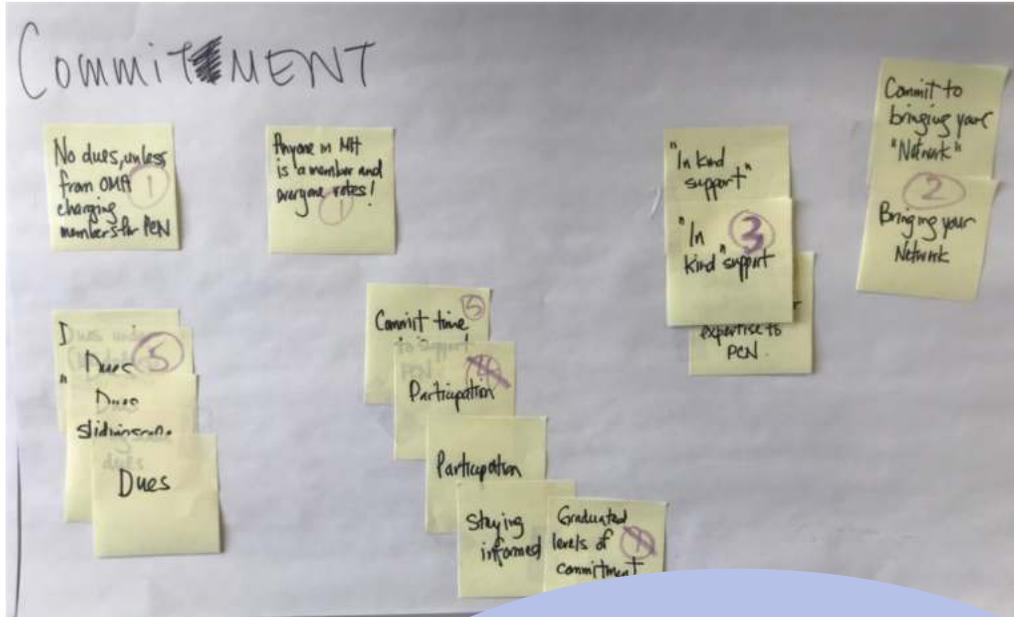
**Everyone is a member (1):** As the network gets established and engagement is started with the broader primary care community, all primary care physicians in Mississauga Halton should be considered members.

**Participation / Staying Informed (5):** As a member, there is an expectation that you commit to staying current on network happenings and participating in meetings and initiatives. This level of commitment can also be graduated, based on level of membership. If a member is not fulfilling their commitment, it is acceptable that the Leadership team can change that member's engagement level.

**Bring your network (2):** Members commit to spreading the word and encouraging colleagues in work environments and beyond to participate in the MH PCN.

# Feedback on member commitment

This is what our community said they would commit to as members of the MH PCN



## MH PCN members = broader community

### Interim Leadership Group

- Any primary care physician who practices in current MH LHIN boundaries
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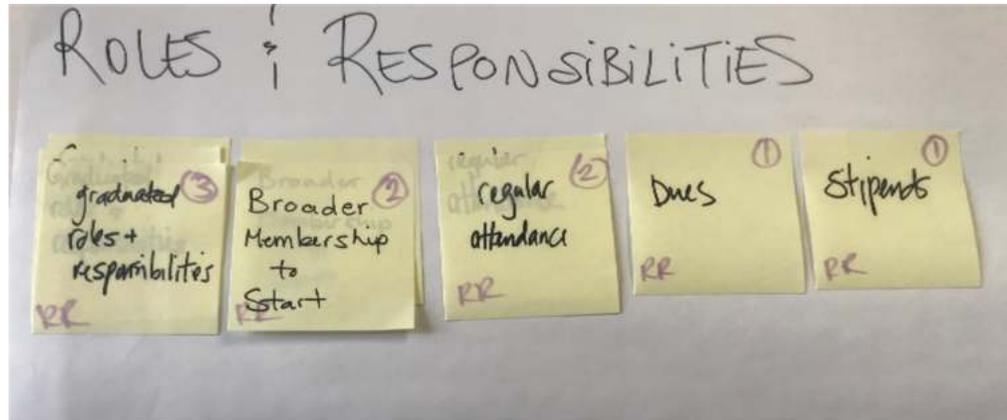
**“In-kind support” (3):** Members commit to identifying and offering any specific expertise in support of MH PCN initiatives (e.g. business acumen, financial accounting, digital development).

**No Dues (1):** MH PCN was considered too early in its development to charge dues; it was thought that demonstration of value was needed before members would be interested in paying for membership; dues could be implemented once the network is more fully established

**Dues (5):** Others thought charging dues might foster commitment of MH PCN members. It was recommended that dues be \$100 or less; could explore charging dues through OMA and could be on a sliding scale, based on type of membership.

# Feedback on member roles and responsibilities

This is what our community said about member roles and responsibilities



**Graduated Roles and Responsibilities by Engagement Level**

Primary care provider's choice

Levels	Informed (1)	Engaged (2)	Advising (3)	Leading (4)
<b>Description</b>	<ul style="list-style-type: none"> <li>Receiving Newsletter and e-Blasts</li> <li>On distribution list to receive regular news and updates</li> </ul>	<ul style="list-style-type: none"> <li>Attending broader engagement events</li> <li>Participating in surveys and providing feedback</li> </ul>	<ul style="list-style-type: none"> <li>Member of advisory committee(s) with regular attendance</li> <li>Providing advice and guidance on organization to lead</li> </ul>	<ul style="list-style-type: none"> <li>Participating in and providing leadership on specific initiatives, including OHT</li> </ul>
<b>Commitment</b>	N/A	Commitment to attendance	Commitment to provide feedback as requested	Commitment to participation and collaborative design
<b>Time Commitment</b>	Little to none	Intermittent, as needed	Regular monthly meetings	Regular meetings with work in between

**Graduated roles and responsibilities (3):** Member expectations could be based on their level of membership with the network.

**Broader membership to start (2):** At this early stage of MH PCN development, all primary care physicians within the broader community should be considered members (e.g., with voting privileges); this may change over time.

**Regular attendance (2):** Attendance at Community Meetings is open to all members; however, selected membership levels come with certain expectations around meeting attendance and involvement; to be as inclusive as possible, virtual attendance should be offered.

**Stipends (1):** Due to additional time and work commitment by the leadership team, it was felt that stipends should be available for this group.

# Feedback on member recruitment

This is what our community said about engaging a broader Primary Care community



## Communications Plan / Recruitment Strategy (9):

Build a strategy and communications plan (e.g. one-pagers, swag) to target and recruit different subgroups of primary care physicians (e.g. residents, new PCPs to MH) using different communication channels (e.g. social media, local events, PCAs). Create a sense of urgency, so primary care physicians feel that by joining they are not being left behind. Leverage CPSO to search for new doctors.

**Virtual Options:** Explore options for virtual membership sign-up, communications, voting, and meeting attendance to be as inclusive as possible across Primary Care.

# Feedback on member recruitment

This is what our community said about engaging a broader Primary Care community



**Recruit based on skills (1):** Formally collect information on skills and expertise of members that can be shared with the broader community to spur collaboration and networking amongst members

**Interests(1):** When members are signing up provide the opportunity for them to share interests so that the PCN direction/tactics/educational offerings can align with their member interest.

**Membership:** What is the scope of MH PCN membership? Recommend that at this early stage of development, membership is limited to primary care physicians (e.g., no specialists, NPs, etc.)

# Question for decision-making



**Will we include providers beyond primary care physicians in the MH PCN at this point in time?**

- 1) Yes**
- 2) No**



# Question for decision-making



**Do we agree that everyone in the broader community is a member?**

**1) Yes**

**2) No**



# Question for decision-making



**Do we agree to keep membership levels? If so, once a member chooses a membership level, they can be held accountable to that level of involvement?**

- 1) Yes**
- 2) No**



# Question for decision-making

?

**Do we agree on charging membership dues?**

**1) Yes**

**2) No**



# Question for decision-making



**Do we agree on all other MH PCN membership recommendations?**

**1) Yes**

**2) No**



# **Discussion + Decision: Nomination and election process**

# Leadership election process (To be confirmed at this meeting)

1. **Identify who can vote as “broader membership”** (all members only?)
2. **Decide on voting rules** (simple majority, supermajority? Virtual voting?)
3. **Develop descriptions** (roles, responsibilities) of each type of leadership position
4. **Broadcast open application** for leadership positions to broader membership
5. **Collect** leadership applications
6. **Share / post** applications for review by broader membership (in advance, at least 2 weeks)
7. **Bring together** members for voting meeting (Annual General Meeting)
8. **Analyze** voting results and **announce** elected leaders

# Leadership application

1. Leadership application will be formatted as a fillable online form and will require upload of a photo / headshot (SurveyMonkey, Google Form, etc.)
2. The Primary Care community will have 2 weeks to submit leadership applications; applications will be posted on a rolling basis onto the MH PCN website
3. Voting will take place via Survey Monkey over 2.5 weeks, during which time the leadership positions and applications will be available on the MH PCN website
4. Bonnie and PCAs will raise awareness of the election through available Primary Care communication channels; Interim Leaders are also requested to engage their colleagues and networks
5. Bonnie and PCAs will review votes and contact applicants after leadership election has closed



## MH PCN Leadership Application

[Will be formatted as a Survey Monkey or Planet Registration form, to be completed online]

Thank you for your interest in being part of the Mississauga Halton Primary Care Network's (MH PCN) Leadership Team. We are excited to have you apply! Please note, your answers to the questions below will be posted on the MH PCN website on the elections page so that the broader Primary Care community can review your answers to inform their nominee selection in the MH PCN Leadership Elections taking place mid to late March. Descriptions of all Leadership positions can be found [here](#) [link].

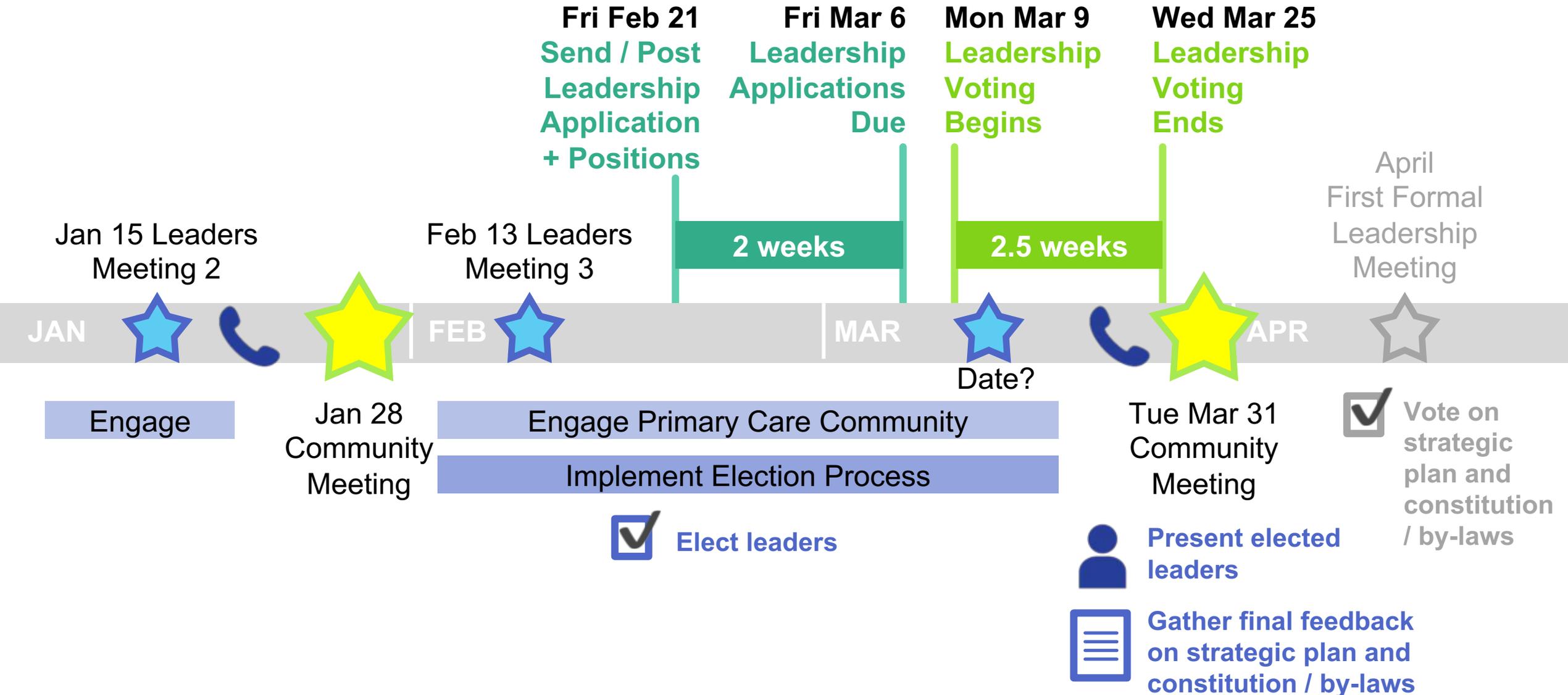
1. First Name: [Text Field]
2. Last Name: [Text Field]
3. Please indicate the position you are applying for: [Select one or more – depends on whether Executive Committee or Board governance structures]
4. Why are you excited to be part of the MH PCN leadership team? [Paragraph Text – limit 250 words]
5. If you were part of the MH PCN leadership team, what would be one issue that you would want to champion? Why?
6. The MH PCN values balanced representation in its Leadership to reflect the diversity of perspectives across Primary Care. To help us towards this goal, please indicate your Patient Enrolment Model (PEM): [Drop-down – FFS, CCM, FHG, FHO, FHO-FHT, CHC]
7. The MH PCN values diversity of expertise in its Leadership to enable a high-functioning and skills-based team. Do you have deep expertise in an area that you think would be valuable for the MH PCN leadership team? (e.g., leadership, finance, legal, communications, clinical?) Please explain.
8. Do you have any potential conflicts of interest by being involved with the MH PCN leadership team?

**Q: Who can provide a detailed review of both the leadership position descriptions and application documents?**

00px, .jpg or

responsibility and  
things,  
at all leadership  
be further

# Engagements January - March



# Question for decision-making



**Do we agree on the MH PCN leadership application process?**

**1) Yes**

**2) No**



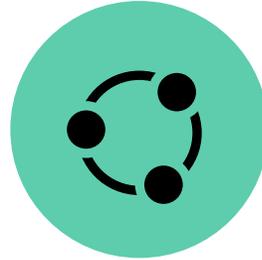
**Activity:**  
**What are our strategic priorities?**

# Our 3-year strategic priorities



## 1. Unite Our Voice

Establish the Primary Care Network as the “go-to” collective voice for primary care providers in the region that reflects our demographic and has the authority to truly represent and advocate on behalf of its membership for advancement of primary care.



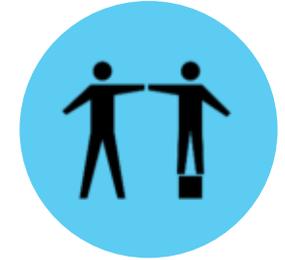
## 2. Connect To Teams

Improve access to inter-professional care (such as social work, care navigation) for all primary care providers to enable patients and families to benefit from more timely, appropriate, and seamless care, while supporting the wellness of primary care providers.



## 3. Improve Our Practice

Drive improvements in primary care through creating and supporting opportunities for providers to learn, explore, and innovate to benefit both their day-to-day clinical care, as well as across the primary care and health care system.



## 4. Focus On Equity

Create equal and fair opportunities for all primary care providers to engage with and benefit from services of the MH Primary Care Network, including attending meetings, planning activities, and being represented, that accounts for physician payment model.

# Our 3-year strategic priorities



## 1. Unite Our Voice

### Example activities:

- Establish clear governance structure and decision-making processes
- Raise awareness of MH PCN's purpose and our plan on how to get there
- Rapidly expand membership and have regular touchpoints for engagement and feedback
- Have elected MH PCN member(s) at OHT tables
- Have visible presence online and strong and timely communications



## 2. Connect To Teams

### Example activities:

- Raise awareness of resources in the community (provider databases, etc.) and how to access them
- Provide support in finding locums / practice partners
- Provide informal social networking events for relationship-building
- Enhance partnerships with PC community



## 3. Improve Our Practice

### Example activities:

- Take strong role in communicating best practices / policies
- Develop accredited educational resources / events based on local needs
- Provide coaching / training / practice facilitation on topics such as digital health, leadership, QI, etc.
- Host annual learning event



## 4. Focus On Equity

### Example activities:

- Establish clear feedback mechanisms for membership to bring forward areas of improvement
- Leverage data to identify opportunities and drive decision-making
- Develop clear process for advocacy and communicating MH PCN position on topics of equity

**What will set us apart from the activities done by the OMA, OCFP, OHT Primary Care groups?**

# Receiving community feedback on our strategic priorities

## MH PCN One-Pager – Option 1

**Primary Care Network**  
IN MISSISSAUGA

**This is the Mississauga Health Network**

We are a community of primary care physicians coming together to build a network to better support our collective needs. We are inclusive of providers from all backgrounds and experience. We welcome you to join us in building a better health care system.

**Our why**  
As primary care providers, we are asked to address any and all issues for our patients; we are the "forever stop"; by being all things, we have forgotten our identity and our powerful ability to create focused change in the health care system.

**Our how**  
Bring together our group of primary care providers in the region to have a strong and collective voice, and rediscover our identity to create positive and focused change in the health care system.

**Our Vision**  
Healthier and happier communities throughout life.

**Our Mission**  
To create a strong and united primary care community, shaping the health care system to best serve patients, their families, and providers.

**Our Strategic Priorities**

- Unite Our Voice**  
Improve access to inter-professional care (such as social work, care navigation) for all primary care providers to enable patients and families to benefit from more timely, appropriate, and seamless care, while supporting the wellness of primary care providers.
- Connect To Teams**  
Establish the Primary Care Network as the "go-to" collective voice for primary care providers in the region that reflects our demographic and has the authority to truly represent and advocate on behalf of its membership for advancement of primary care.
- Improve Our Practice**  
Drive improvements in primary care through creating and supporting opportunities for providers to learn, explore, and innovate to benefit both their day-to-day clinical care, as well as across the primary care and health care system.
- Focus On Equity**  
Create equal and fair opportunities for all primary care providers to engage with and benefit from services of the MH Primary Care Network, including attending meetings, planning activities, and being represented, that accounts for physician payment model.

A group of physicians stepped up as interim leaders to help bring our collective voice to life. Using feedback from the community of providers in our region, they have created a draft mission statement, vision statement, strategic priorities and values. Please let us know how we did at representing your voice. You can provide feedback here [Insert survey link]

**Our Values**

- AIM HIGH
- Be curious
- Be open, build trust
- Do teamwork
- Be accountable
- Create equity

#MHPCN primarycarenetwork-mh.ca

## MH PCN One-Pager – Option 2

**Primary Care Network**  
IN MISSISSAUGA

**This is the Mississauga Health Network**

We are a community of primary care physicians coming together to build a network to better support our collective needs. We are inclusive of providers from all backgrounds and experience. We welcome you to join us in building a better health care system.

**Our why**  
As primary care providers, we are asked to address any and all issues for our patients; we are the "forever stop"; by being all things, we have forgotten our identity and our powerful ability to create focused change in the health care system.

**Our how**  
Bring together our group of primary care providers in the region to have a strong and collective voice, and rediscover our identity to create positive and focused change in the health care system.

**Our starting vision**  
Healthier and happier communities throughout life.

**Our starting mission**  
To create a strong and united primary care community, shaping the health care system to best serve patients, their families, and providers.

**Our starting strategic priorities**

- Unite Our Voice**  
Improve access to inter-professional care (such as social work, care navigation) for all primary care providers to enable patients and families to benefit from more timely, appropriate, and seamless care, while supporting the wellness of primary care providers.
- Connect To Teams**  
Establish the Primary Care Network as the "go-to" collective voice for primary care providers in the region that reflects our demographic and has the authority to truly represent and advocate on behalf of its membership for advancement of primary care.
- Improve Our Practice**  
Drive improvements in primary care through creating and supporting opportunities for providers to learn, explore, and innovate to benefit both their day-to-day clinical care, as well as across the primary care and health care system.
- Focus On Equity**  
Create equal and fair opportunities for all primary care providers to engage with and benefit from services of the MH Primary Care Network, including attending meetings, planning activities, and being represented, that accounts for physician payment model.

A group of physicians have come together as interim leaders to help bring our collective voice to life. Using feedback from the community of providers in our region, they have created a draft mission statement, vision statement, strategic priorities and values. Please let us know how we did at representing your voice. You can provide feedback here [Insert survey link]

**Our guiding values**

- AIM HIGH
- Be curious
- Be open, build trust
- Create equity
- Do teamwork
- Be accountable

#MHPCN primarycarenetwork-mh.ca



# Discussion

# Wrap-up and next steps

**Our next steps are to elect our leadership and finalize our draft strategy and constitution...**



**Save the date!**  
**Tuesday March 31**  
**Community Meeting**  
**6:30 – 9:00 PM**

# Next steps

- Summarize decisions from today's discussion to inform draft constitution / by-law document for review by Interim Leaders in March
- Implement leadership election process
  - Receive feedback on descriptions and application for leadership positions
  - Send applications to Primary Care Community (no later than Fri Feb 21)
  - Receive and post applications to MH PCN website (throughout the 2 weeks)
  - Send reminders to community to get involved in election process (throughout)
- Share MH PCN one-pager with community and collect feedback on MH PCN strategic plan elements; review second draft at March Interim Leaders Meeting

# MH PCN featured in this morning's PC Virtual Community



**The Change Foundation**  
@TheChangeFdn

Dr. Mira Backo-Shannon, VP Clinical,  
Ontario Health (Central Region) &  
Mississauga Halton LHIN shared the  
journey to organize Primary Care in  
Mississauga Halton.

#ONPrimaryCareLeads

8:48 AM · Feb 13, 2020



**#ONPrimaryCareLeads**

**We are on a journey to organize Primary Care in Mississauga Halton**

**WHY WE ARE ORGANIZING: DRIVING FACTORS**

- We want the current healthcare reform to lead to a stronger, not more fractured, primary care system.
- We, as family medicine providers, have forgotten our collective identity and our powerful ability to create focused change in the health care system.
- We often are weighed down by challenging responsibilities, while lacking a network of supports to help us.
- We know what our patients need and want it to be easier for them.
- We worry about staying up-to-date and how we can share our expertise.
- We want to leverage digital solutions, but don't know which systems can be trusted to keep sensitive information safe.
- We see our patient communities change over time. Our services and network of providers need to reflect this.

**HOW WE ARE ORGANIZING: OUR STRUCTURE**

Create an organization of primary care providers, that has a clear vision, purpose, structure, and process to enable Primary Care to drive focused change in the health care system.

Possible Levels of Primary Care Organization

- Province of Ontario
- Central Region
- Mississauga Halton Cluster
- OHTs

Mississauga Halton Primary Care Network

Since September 2019, we held 4 Primary Care Community Meetings and 2 Interim MH PCN Leadership Meetings

**#ONPrimaryCareLeads**

**We are on a journey to organize Primary Care in Mississauga Halton**

**WHAT ARE WE PLANNING TO ACHIEVE: OUR PRIORITIES**

In our meetings November to January, we co-designed an organizational vision, mission, values, and set of strategic priorities.

These organizational statements are final drafts to be voted in by the formal leadership after March leadership elections.

**OUR VISION FOR PRIMARY CARE 10 YEARS FROM NOW IS...**

Healthier and happier communities throughout life.

**OUR MISSION FOR THE MH PCN TODAY IN ACHIEVING OUR VISION IS...**

To create a strong and united primary care community, shaping the health care system to best serve patients, their families, and providers.

**3-YEAR STRATEGIC PRIORITIES (DRAFT)**

- 1. Unite Our Voice**  
Establish the Primary Care Network as the "go-to" collective voice for primary care providers in the region that reflects our demographic and has the authority to truly represent and advocate on behalf of its membership for advancement of primary care.
- 2. Connect To Teams**  
Improve access to inter-professional care (such as social work, care navigation) for all primary care providers to enable patients and families to benefit from more timely, appropriate, and seamless care, while supporting the wellness of primary care providers.
- 3. Improve Our Practice**  
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<https://www.changefoundation.ca/primary-care-virtual-community/>



**Thank you!**