North York Toronto Health Partners (NYTHP)
Primary Care Network (PCN)

Terms of Reference
Last Reviewed: October 22, 2024

Our Vision *Advancing excellence in healthcare for everyone in North York. Co-creating a system of care that is team-based, integrated, accessible, and equitable.*
Our Mission *Transforming our health system by bringing primary care together to shape the design and delivery of programs and services. Through our shared leadership, collective voices, and community partnerships, we strive to promote better health outcomes and positive experiences for all.*

DEFINITION

Primary Care (*definition from World Health Organization*)
Primary care is a model of care that supports first-contact, accessible, continuous, comprehensive, and coordinated person-focused care. It aims to optimize population health and reduce disparities across the population by ensuring that subgroups have equal access to services. There are five core functions of primary care:

1. **First contact accessibility** creates a strategic entry point for and improves access to health services.
2. **Continuity** promotes the development of long-term personal relationships between a person and a health professional or a team of providers.
3. **Comprehensiveness** ensures that a diverse range of promotive, protective, preventive, curative, rehabilitative, and palliative services are provided.
4. **Coordination** organizes services and care across levels of the health system and over time.
5. **People-centred** care ensures that people have the education and support needed to make decisions and participate in their own care.

ESTABLISHMENT OF THE PRIMARY CARE NETWORK (PCN)

1. Purpose of the PCN

The PCN is established to connect, integrate, and support primary care providers (PCPs) within North York Toronto Health Partners (NYTHP) to improve the delivery and coordination of care for patients.

As a secondary purpose, the PCN shall elect representatives for the Primary Care Advisory Council (PCAC).

2. Functions

The PCN

- Connects primary care within NYTHP including PCPs, specialist clinicians, and community services providers
- Serves as a vehicle for information gathering, providing input, and providing the local primary care sector's voice in NYTHP decision-making
- Identifies gaps and opportunities in the delivery of local primary care in the NYTHP community and attempts to respond to these
- Supports clinical change management and population health management approaches
- Facilitates access to clinical and digital supports and improvements for primary care
- Supports local primary care health human resource planning within NYTHP

3. Term

The PCN shall continue until dissolved by a unanimous resolution and shall include any person who meets the membership criteria and has completed the membership form, but does not include those persons who may, from time to time, cease to be members of the PCN. The admission or withdrawal of a PCP from the PCN shall not cause the dissolution of the PCN.

4. PCN Membership

PCPs who provide care to the attributed population of NYTHP, as well as individuals working in primary care in administrative roles, are eligible to be PCN members. Each member will belong to one of three role-based chapters within the PCN, 1) primary care physicians and primary care Nurse Practitioners (NPs), 2) allied health professionals (AHPs), 3) administrators. Members of the primary care physician/NP and AHP chapters are eligible to vote in Primary Care Advisory Council (PCAC) elections (refer to section 7.2.3).

5. Group Activities

The PCPs agree that the business of the PCN will be carried out based on the attributes of collegiality, cooperation, democracy, participation, and transparency.

6. PCN Meetings

The PCN shall meet at least once per calendar year. Meetings may take place virtually or in person and notice of meetings shall be given by the PCAC Chair/Co-Chairs at least 15 days in advance of the meeting and will include an agenda.

7. Primary Care Advisory Council (PCAC)

7.1 Purpose

The NYTHP PCAC is the leadership body for the NYTHP PCN and is responsible for developing recommendations for the integration of primary care into NYTHP, recommendations for improving access to care, integration of care, and improved resources for patients and providers. The PCAC will report recommendations to the NYTHP Stewardship Council. The PCAC is additionally a working group for primary care initiatives, and its members lead portfolios of this work.

PCAC is a Party to the *NYTHP Collective Impact Agreement* and as such is committed to the shared purpose of the NYTHP, as established by the Parties at the community symposium held in February 2020:

> *We are a compassionate community of providers, patients, caregivers, and residents who are committed to promoting health, wellbeing, and positive experiences for all.*
>
> *Together we are building from our strengths both individually and collaboratively. Igniting the power within each of us to support meaningful change for our community, now and into the future.*

7.2 Council Membership

The membership of PCAC includes primary care providers elected by the NYTHP PCN, with the aim of achieving representation across various domains, including representatives from different payment models, geographic regions of NYTHP, high priority communities, and focused practices. Intentional recruitment strategies to support the achievement of the desired representation must be employed. At least two Patient and Caregiver Health Council members will also be included.

Representation considerations for PCAC composition:

- Physician practicing in enhanced FFS (FFG/CCM)
- Physician practicing within the FHT
- Physician practicing within a FHO, but not with the FHT
- PCP practicing in a CHC
- Physician from any model with expertise in identified priority areas
- Physician serving unattached patients (e.g., practicing in a walk-in clinic model)

- Geographic representation
- PCP serving identified high-priority communities
- NP working in comprehensive primary care
- Enhanced skills family physician
- Primary care paediatrician

Members will embrace and adhere to the following guiding principles:

- All members are committed to the OHT values, shared purpose, and strategic priorities.
- All members will work in a respectful, professional, collaborative, and empowering manner to model excellent diversity and equity practices.
- All members will recognize and respect the diversity of personal experiences, skills, expertise, communication styles, and leadership styles within the group.
- The PCAC will strive to ensure health equity is a key component of its work.
- PCAC members will represent the broad needs of the primary care community, in line with the statement on Conflict of Interest (section 7.7).

7.2.1 Composition of Council

Interested primary care providers may be elected to an open position on PCAC. All voting PCAC member positions are based on portfolio representation requirements, except for one AHP representative position. PCN members, when voting for PCAC positions, will be asked to consider representation from the groups outlined above (7.2), noting that individual PCAC members may represent multiple of these groups.

PCAC will have a maximum of 12 elected, voting members:

- Portfolio leads (up to 11)
- Allied Health Provider representative (1)

In addition to the voting members, PCAC will have the following non-voting members:

- Medical Director, North York Family Health Team
- Chief, Department of Family and Community Medicine, North York General Hospital
- Two members, NYTHP Patient and Caregiver Health Council (PCHC) (representatives may choose to divide meeting attendance)
- Director, OHT and Transformation, NYTHP
- NYTHP staff (secretariat)

7.2.2 PCAC Elections process

Each candidate, except for the AHP representative, will be specifically elected to lead or co-lead a particular portfolio of work, based on their expertise and interest aligning with the portfolio vacancy at the time. The AHP member will be elected to the position of

AHP representative and then, in discussion with the chair/co-chairs, will identify a portfolio to co-lead, based on expertise, interest, and need. The portfolio lead positions include the following:

- SCOPE (1-2)
- Cancer screening for providers and Performance and Evaluation Committee (cQIP) (1)
- Mental health and addictions (1)
- Digital, privacy, and data sharing (2-3, with expertise/knowledge of different community-based EMRs)
- Seniors, home care, ALC (2)
- Population Health Management and unattached patients (1)
- Physician engagement (0-2, as required)

Portfolio lead positions may be adjusted periodically to encompass new and evolving work, based on the needs identified by the PCN, through consensus of the council. If consensus cannot be reached, proposed changes to portfolio positions may be determined by a council vote. Existing members would adjust their portfolios based on interest and expertise to fill any newly identified portfolio roles and to vacate any de-prioritized portfolio roles.

7.2.3 Election of Primary Care Advisory Council (PCAC)

7.2.3.1 Recruitment, eligibility, and nominations

Upon vacancy of a PCAC position, a broad call for candidates shall occur to the PCN and to the broader North York primary care community. Members of the primary care physician/NP chapter of the PCN are eligible to seek portfolio lead positions on the council, and members of the AHP chapter are eligible to seek the AHP representative position. PCN members seeking a PCAC position shall submit bios and a declaration of interest at the time of the call for nominees. All bio information shall be distributed to the PCN membership at least two weeks prior to election. Such a process will occur when a new member is required to fill a PCAC position or during PCAC main election time in February of the calendar year.

7.2.3.3 Election

Each member of the primary care physician/NP and AHP chapters of the PCN will be eligible to elect PCAC members. Specifically, members of the primary care physician/NP chapter are eligible to vote for the portfolio lead positions and members of the AHP chapter are eligible to vote for the AHP representative position. Electronic voting shall occur to elect PCAC members. If only one eligible, qualified candidate seeks an open position, they can be appointed to the

position without a vote. Members of the administrative chapter of the PCN are not eligible to seek PCAC positions or to vote in PCAC elections.

7.2.4 Term of Members

PCAC members shall serve for a three-year term with the option to renew for one additional term, if desired, and with approval of the Chair/Co-Chairs, based on performance. Upon completion of the term or member withdrawal, an election will occur to fill the portfolio vacancy. Attempts will be made to allow for staggered entry and exit of members to ensure a degree of continuity of membership. No more than 50% of members should end their term at the same time, therefore some members may need to exceed the maximum of two terms and extend their membership by one year to achieve staggered turnover. After leaving their position, PCAC members must wait six months before seeking a new position, unless there is a suitable vacant position with no eligible, qualified candidate.

7.3 Guests

The Council should invite guests as deemed necessary to assist with its discussions and deliberations. This can include community members, individuals from other organizations, or speakers. Relevant subject matter experts (e.g., with particular expertise, or representatives from other sectors or professions), should be invited to attend to provide input, as appropriate. The PCAC Chair/Co-Chair must provide approval prior to guests joining a meeting.

7.4 PCAC Voting

Decisions about termination of a PCN/PCAC member or change of the governance model require 2/3 majority. Any other decision of the Council shall be decided by consensus by the members. Any items not achieving consensus will be brought to the Stewardship Council for resolution.

7.5 PCAC Meetings

7.5.1 Meeting Frequency

The Council will meet at least 10 times per year for 60 – 90 minutes with some work efforts taking place in between meetings. The Council shall meet at the call of the Chair/Co-chairs, or at the request of any two (2) council members.

7.5.2 Minutes

Action items and decisions of the Council will be recorded and shared with the Council after the meeting in a timely manner. NYTHP backbone will support this activity.

7.5.3 Quorum

A quorum for all meetings of the Council shall be a majority of the voting members of council (more than half).

7.5.4 Notice

Notice of all meetings of the Council shall be given to all council members in a timely manner.

7.5.5 Meeting Format

Meetings will take place in-person or virtually and will facilitate every council member in participating in the meeting to communicate with each other simultaneously and instantaneously.

7.6 Stipends and Honoraria

Eligible PCAC members and the Chair/Co-Chairs may receive stipends and/or honoraria in recognition of time spent on applicable and approved activities, per the *NYTHP Clinician Recognition Policy (in draft, pending approval)*.

7.7 Conflict of Interest

The role of PCAC members is to represent the interests of the broad PC community, and not their own interests. All PCAC members must be committed to the shared purpose of NYTHP (refer to section 7.1).

7.7.1 Declaration of Conflict of Interest

There may be times where a PCAC member or chair/co-chair finds themselves in a conflict of interest with the shared goals, outcomes, and funding opportunities available to NYTHP. All members are required to declare any potential or actual conflict of interest when a topic or discussion is first raised and a conflict or potential conflict exists.

7.7.2 Process for Resolving Conflicts of Interest

The group will discuss together whether a potential or actual conflict of interest exists. In some cases where a conflict or potential conflict exists, the member determined to be in a conflict-of-interest position may recuse themselves from all discussion and any decision-making on the topic. In other cases, the member determined to be in a conflict-of-interest position may have information and a role which are essential to the discussion but will refrain from being involved in the final decision on the topic. In some cases, the group may conclude, and the individual may decide, that it is in the collective interest for the individual to be part of the discussion and decision despite a declared conflict of interest. The individual may still decide to not participate in the discussion or decision.

7.8 Responsibilities and Scope

7.8.1 Council Responsibilities

Some of the responsibilities the Council shall undertake include:

- Provide advice and strategic direction on the planning, development, and implementation of specific primary health care initiatives to the NYTHP OHT Stewardship Council
- Provide advice and strategic direction on the alignment of primary care providers and organizations to improve system integration and enhance patient care
- Communicate and engage with local primary care colleagues to gather feedback through formal and informal mechanisms, such as rounds, electronic updates, practice visits, journal clubs etc. to advise the PCAC and to share key messages back to the primary care community
- Collaborate with the DFCM and NYTHP primary care partners, to promote a unified primary care voice in North York
- Serve as a resource to the local primary care community to answer questions about the PCAC and OHT activities and direction, and support OHT clinical change management activities
- Collaborate with other groups and committees both within the OHT and outside the OHT to better improve engagement
- Provide advice and leadership for the implementation of the NYTHP OHT strategic plan with specific focus on the priorities outlined by the PCN and OHT
- Provide advice and leadership related to the clinical priorities as defined by Ontario Health and the Ministry of Health
- Track training that has been completed by PCAC members on Equity, Diversity, and Inclusion, and on Indigenous Cultural Safety, and provide opportunities to receive training
- Identify opportunities to provide physician leadership training to PCAC members

7.8.2 Responsibilities of Individual PCAC Members

Responsibilities include:

- Lead or co-lead a portfolio of work (the AHP representative will co-lead a portfolio)
- Define portfolio deliverables, in collaboration with PCAC chair/co-chairs (annually)
- Provide updates on portfolio work and deliverables to chair/co-chairs (biannually) and PCAC (annually and as required)
- Provide updated information to secretariat about any Equity, Diversity, and Inclusion and Indigenous Cultural Safety training they have received
- Regularly attend PCAC meetings and actively participate
- Participate as the PCAC representative on NYTHP committees to ensure primary care representation on all relevant committees (as required)
- Act as ambassadors for PCN and support engagement strategies of the PCN

7.8.3 Scope of Work

"IN" Scope	"OUT" of Scope
The PCAC will: • Share knowledge, experience, and best practices pertaining to primary care • Provide recommendations to the NYTHP OHT with regards to standardization, coordination, access, and quality of care • Support the implementation of the NYTHP OHT strategic direction • Review strategy, management, and educational materials for the OHT	*The PCAC does not have jurisdiction over:* • Decision-making regarding remuneration of physicians • Any NYTHP partner organization's operation plan • Addressing patient-specific issues or concerns • Amending primary care enrolment models or patient rosters

7.9. Assessment

The Council will set annual priorities and deliverables for portfolio leads in alignment with the PCN and OHT strategy. A biannual review shall occur between PCAC co-chairs and portfolio leads to assess progress. An annual presentation to PCAC by portfolio leads of work competed shall occur each April or May and a summary of PCAC work will be presented at Stewardship council thereafter. The Council will conduct an annual review and assessment of its performance, including a review of its compliance with the Terms of Reference, in accordance with a process approved by the leadership team. The Terms of Reference will also be reviewed every three years (or as required), allowing for the necessary updates to be made.

7.10. Chair/Co-Chairs/Vice Chair of the Council

7.10.1 Responsibilities of Chair/Co-chairs

The Chair/Co-Chairs will be responsible for the following:

- Lead meetings to ensure advancement of the agenda within the timelines allocated for specific agenda items.
- Facilitate meetings to ensure input is solicited from members and each member has an equal voice.
- Organize the structure and function of the PCAC, ensuring responsiveness and effectiveness.
- Consolidate the recommendations and action items from the PCAC and report progress to NYTHP Operations and Stewardship Councils for endorsement and approval.

- Represent the primary care sector at NYTHP Stewardship Council. The Vice-Chair will serve as a backup role to the Chair in the event of the unavailability or absence of the Chair.
- Review and approve honoraria for PCPs, per the *NYTHP Clinician Recognition Policy (in draft, pending approval)*.

7.10.2 Selection of Chair/Co-chair

Voting members of the Council can nominate themselves or be nominated by their fellow council members to act as Chair or Co-Chairs. In the event of multiple nominees, candidates will present their vision on how to advance PCAC's vision, and members will then hold a secret vote to select the Chair or Co-Chairs. In the event of a tie, the DFCM Chief member will be invited to cast the deciding vote. If a single Chair is selected, a Vice Chair will be appointed by the chair.

7.10.3 Term of Chair/Co-Chair

Each Chair or Co-Chair will serve a three-year term, which can then be optionally renewed for a maximum one additional term if desired, and with approval of the voting members of PCAC, based on performance. The terms of the Co-Chairs must be staggered by at least one year. If both Co-Chairs would be ending their terms simultaneously, it should be planned for one Co-Chair to either extend or shorten their term. It is acceptable for a Co-Chair to exceed the maximum of two terms and extend their role by one year to achieve staggered turnover, if required. Upon completion of the maximum term, or Chair/Co-Chair withdrawal, an election will occur to fill the vacancy, pursuant to section 7.10.2 Selection of Chair/Co-Chair.