

Involving Physicians in OHTs

**A toolkit to support meaningful and
effective involvement of physicians in your
Ontario Health Team**

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About this toolkit

This toolkit is designed to provide Ontario Health Teams (OHTs), particularly OHT leaders, with effective ways to foster meaningful participation from family doctors and other specialists in community and hospital settings, as early in the OHT development process as possible. It highlights the current realities and challenges faced by Ontario’s physicians, and provides planning tools, practical tips, and effective approaches to increase physician participation in OHTs.

Throughout the toolkit, physician profiles and quotes will highlight the pain points that physicians experience and ways that OHTs can help.

The content of this toolkit was informed by consultations with over 100 physicians, including family doctors, specialists, and OHT leaders from across Ontario. The consultations were conducted by the Ontario Medical Association (OMA) in collaboration with the Ministry of Health (MOH) and Ontario Health (OH).

This toolkit is intended to be used together with the *OMA: Involving physicians in OHTs supplementary worksheet*.

Before you get started

Understand the importance of involving physicians in OHTs

Physician involvement is critical to the success of initiatives that integrate healthcare at the system level, like OHTs. Evidence shows that physician leadership can lead to better collaboration between physicians,¹ enable organizations to implement change more effectively,^{2,3,4} and improve the patient experience.⁵

Family doctors and specialists bring a wealth of knowledge about their patients and the healthcare system, including existing challenges and pain points. Physicians are the foundation of the health care system and the expertise and leadership that they provide will be central to the success of OHTs.

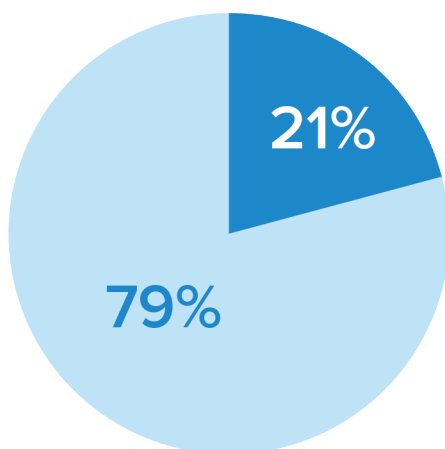
“To have a truly integrated local health system that results in best possible patient outcomes, collaboration among all physicians is necessary, but first you need to engage them in a meaningful way.”

-Dr. Amy Catania, Family Doctor, Hills of Headwaters OHT (quote from [OMR Spotlight December 23, 2020](#))

Figure 1. Survey results of 680 physicians from across Ontario indicating their involvement in OHTs (May 2021).

Physician Participation in OHTs

■ Not involved ■ Involved



Many physicians are not participating in OHTs. A recent OMA survey of 680 physicians (279 general practitioners, 313 specialists, and 88 not specified) found that about 79% were not currently involved in OHTs (Figure 1). More needs to be done to engage physicians in OHTs.

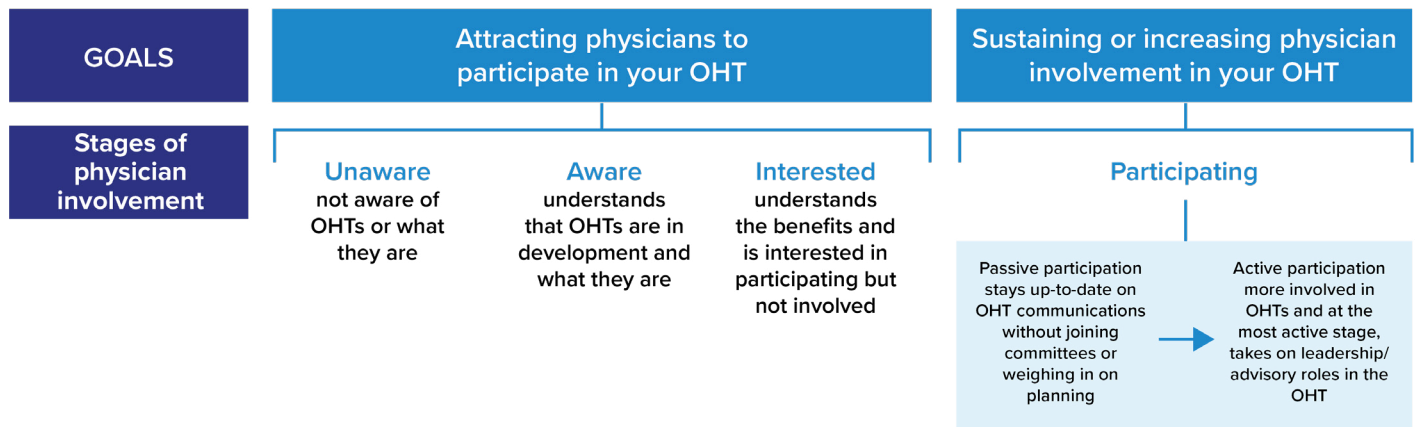
With over 15,000 general practitioners and 17,000 specialists practicing in Ontario, OHTs must work to foster meaningful participation from practicing physicians to ensure success.

Understand the stages of physician involvement in OHTs

Physician involvement in OHTs can be thought of as a continuum, where each stage builds on the previous one (Figure 2).

Figure 2. Continuum of physician involvement in OHTs and related goals.

Note that this toolkit uses the terms “participant” and “participating” to refer to all levels of participation: from being involved passively to actively leading efforts within an OHT.



OHT stages and goals

Your goals will be dependent on the physicians you are trying to reach and their stage of involvement in OHTs (shown in [Figure 2](#)).

Stage of physician involvement	Goals	Resources/considerations
Unaware	Attract them to participate by raising awareness and educating physicians about OHTs	For information about OHTs that you can share with physicians, refer to OMA: Physician participation in OHTs and OMA: OHT 101 .
Aware	Attract them to participate by communicating the benefits of OHTs and how it can improve their work, regardless of their practice model	Highlight how OHTs can help physicians: <ul style="list-style-type: none"> • improve their work experience • deliver enhanced patient care • develop relationships with other healthcare providers • have a say in how care is delivered • access more learning opportunities To learn more about the benefits of OHTs for physicians, refer to OMA: OHT physician benefits . Emphasizing how OHTs can address pain points or challenges that physicians face on a daily basis is also key (refer to the profiles on pages 7-9).
Interested	Attract them to participate by making it clear and easy to do	Encourage physicians to move from the <i>interested</i> stage to the <i>participating</i> stage by providing information on how to participate or who to contact.
Participation	Sustain or increase their participation by your ongoing efforts	To keep physicians engaged or build participation over time, provide regular OHT activity updates and highlight successes that physicians contributed to.

As you work through this toolkit, you will create a plan for involving physicians meaningfully and effectively in your OHT ([Step 1](#)) and learn more about the practical tips ([Step 2](#)) and approaches ([Step 3](#)) that can help. The continuum of physician involvement ([Figure 2](#)) will also be revisited throughout this toolkit to help guide when to implement your approaches.

Step 1: Consider which groups of physicians you want to engage, why and how

To understand how to engage physicians in your OHT, you need to develop a plan. Your plan should include the following elements:

- **Understand the current state of your OHT and physician involvement**, including how many and which types of physicians are attributed to your OHT, whether they are aware of or interested in participating in your OHT, and who is already participating in your OHT. Also consider who may be suited for a physician champion role.
- **Understand the physician group(s) you want to engage**, whether it is physicians who are not yet involved or participants who you wish were more active. Make sure your OHT has broad representation of physicians from diverse practice types, locations, communities, and backgrounds.

For each physician group that you want to engage, consider their barriers to participation and the challenges that they experience in their work. Refer to the profiles on pages 7-9 to get a better sense of the pain points faced by family doctors and specialists that can be addressed by OHTs.

- **Identify your goal(s) based on your target physician audience(s)**, including whether you will focus on attracting new physicians and/or sustaining or increasing participation of physicians already involved in your OHT.
- **Plan your key message(s) and approaches**, including what you plan to communicate to each audience based on your goal(s). Then select and plan out which practical tips ([Step 2](#)) and approaches ([Step 3](#)) will be best to use to reach your goal(s).

Refer to *OMA: Involving physicians in OHTs supplementary worksheet* that will guide you through each of these elements to help you create your own detailed plan.

Physician Profile

Community-based family doctor – Family Health Team





Dr. Young is a family doctor in a Family Health Team in Toronto. Her typical day includes having back-to-back patient appointments, documenting in her electronic medical records (EMR), and working with her staff to secure referrals for her patients. She also takes Continuing Medical Education courses regularly to keep up with her credits.

Dr. Young often spends a lot of time finding the right referrals for her patients. For example, Dr. Young needed to make a referral to a plastic surgeon. Her staff spent a week looking for the right plastic surgeon to refer to, but the **referral was rejected** because he didn't offer the procedure that her patient needed. Dr. Young and her staff then had to start the process again, referring to a new specialist.

In other instances, her referrals are rejected because they don't include all the information the specialist needs or the specialist isn't taking on new patients. Dr. Young knows she needs **a more streamlined process to make effective referrals, and ideally a way to seamlessly share patient records with other providers.**

Another key challenge in Dr. Young's practice is her connection with home care. A growing number of her patients receive home care. To effectively manage her patients' care, Dr. Young needs to be kept up to date on changes to their clinical status. However, **communication with her patient's home care coordinator and service provider is often fragmented or inadequate.**

Dr. Young believes many of these communication issues could be resolved if the Family Health Team had dedicated home care coordinators to reach out to, or their EMR was connected to that of the care coordinators. However, **she doesn't know how or where to share these suggestions in a meaningful way** to improve her own practice and the health system.

Key pain points		How OHTs can help
No streamlined referral process, information on what to include, or insight on waitlists		A built-in network of physicians and services, centralized physician lists, streamlined processes, and access to provincially-funded electronic consults and referrals will enable smoother transitions in care
No streamlined way to share patient records with other providers		Access to provincially funded digital clinical viewers will ensure all physicians and other providers in a patient's circle of care can view and share data
Need for dedicated care coordinator and streamlined links with home care		Better integration and communication among physicians and other providers within a region will lead to increased access to services, including home care
No way to voice suggestions or contribute to system-wide changes		Physicians can join a physician association or network within their OHT to have their voices heard by the collaborative decision-making structure (leadership table)

Physician Profile






Community-based family doctor – solo, fee-for-service practice

Dr. Jai is a family doctor who runs her own solo practice. She has one administrative assistant who helps her with charting, appointment booking, referrals, and answering general patient questions.

With just one administrative assistant, Dr. Jai **finds herself spending a lot of time doing paperwork**, which takes away time from her patient care. She has a keen interest in participating in system-level health system initiatives, but as a fee-for-service physician, **anything outside of patient care leads to a direct loss of income**, which she can't afford.

Dr. Jai **often feels disconnected as a solo physician** and knows Family Health Teams and other primary care models have more services, receive more resources, and are better connected within their communities. She wishes there was **more equitable access to supports and resources**.

Dr. Jai's practice includes a lot of frail and elderly patients. Sometimes her **patients who end up in the hospital are then discharged without her knowledge**. This is really frustrating for Dr. Jai as she knows the time after discharge is often a critical one where the patient may need extra support and connection to additional services, including home care.

Key pain points	How OHTs can help
Too much time spent on paperwork	 Shared IT solutions will reduce administrative workload
Loss of income when performing activities outside of patient care	 Limited positions with compensation for physicians who are in an OHT leadership/advisory role Continuing Medical Education credits for family doctors participating in OHT work
Feeling disconnected from local physicians and other healthcare providers	 Physician association/network will help to build stronger relationships among physicians
Lack of equity in access to resources and services, such as interprofessionals and patient supports, compared to other primary care models	 Integration will ensure equitable access to services and other supports
Difficulty with transitions in care for patients	 Care co-ordination between health sectors, physicians and other providers will lead to better communication and a more integrated care experience

Physician Profile





Specialist

Dr. Chan is a urologist in Eastern Ontario. His typical day involves seeing patients in his clinic and ensuring his office staff coordinate incoming referrals and schedule appointments.

Sometimes Dr. Chan **receives referrals with insufficient information** to do a consult. This leads to either longer appointments with the patient or time spent following up with the referring physician ahead of time to ensure he has the information he needs.

Dr. Chan **doesn't have a relationship with many other physicians and healthcare providers in his community** to help him find specialized services for his patients. He believes that more connections with physicians and other providers can help him troubleshoot challenges and share best practices. He feels he could also benefit from **access to interprofessionals, such as nursing supports, and community-based resources** to help with his patient care and workload.

Dr. Chan sometimes feels like he is **competing for patients with other specialists**, but at times he doesn't even know the family doctors referring patients to him. He hears that his peers' waitlists are really long, when his own is fairly short, and he worries how this disparity could impact patient outcomes. Dr. Chan believes that an up-to-date list of family doctors, specialists and supports available in each region would make the referral process easier and faster for his patients.

Key pain points	How OHTs can help
Lack of guidance for family doctors on what information specialists need for referrals	 Streamlined processes for referrals will give family doctors guidance on the right information to include
Lack of connections with other physicians and healthcare providers in the community	 Directories, an integrated communication system, and physician associations/networks will improve connectivity between physicians and other healthcare providers
Lack of access to supports from interprofessional and community-based resources	 Better integration will lead to increased awareness and more equitable access to interprofessionals and reduce specialist workloads
Inconsistent wait times for specialists	 Centralized physician lists will increase awareness of available specialists and services, ensuring equity and reducing wait times

Step 2: Keep these practical tips in mind when reaching out and/or involving physicians in your OHT

Apply the following practical tips identified by physicians and OHT leaders from across Ontario when involving physicians in your OHT.

When talking to physicians about participating in an OHT:

What Works Well

- Be transparent in all communications, including those around OHT funding and the time commitment for physicians, and if you don't know the answer to something, be honest
- Physicians want to understand how OHTs will benefit them and their patients in the shorter term so focus on the practical benefits of OHTs and less on the long-term vision
- Talk about *co-design and partnership* with physicians because it's important that physicians understand that participating early on means a greater chance to provide input on planning and design of the OHT, and leveraging their own experiences
- Clarify that voluntary participation means it is the physician's choice, not that they are volunteering their time
- Have a designated point of contact for physicians to reach out to with questions within the OHT, for example, a physician champion or peer, or shared OHT inbox
- Tell physicians about the OHT budget available for physician leadership, engagement and participation that can enable them to make OHT work a priority
- Tell physicians that they can contribute to the function and planning of the OHT even if they can't attend every meeting and offer alternative ways for them to provide their input where possible

What Does Not Work

- Avoid language about joining OHTs
- Don't use the phrase *physician engagement*

When seeking participation specifically from family doctors:

What Works Well

- Recognize that a family doctor's pain points are different from those experienced by a specialist (refer to family doctor profiles on pages 7-8)
- Tell family doctors about [Continuing Medical Education credits available through OCFP](#) for OHT work



- Tell family doctors about the stronger relationships and peer supports that can result from participating in a physician association/network
- Create targeted messages about what OHTs can do for family doctors and what family doctors can do for OHTs, noting that all family doctors in Ontario will benefit, regardless of their practice model. Refer to [OMA: OHT physician benefits](#)
- Recognize that solo, fee-for-service family doctors will have a direct loss of income from participating in OHT meetings, so be sure to schedule meetings outside of office hours and/or provide compensation or CME credits where applicable

When seeking participation specifically from specialists:

What Works Well

- Recognize that a specialist’s pain points are different than a family doctor’s (*refer to specialist profile on page 9*)
- Create targeted messages about what OHTs can do for specialists and what specialists can do for OHTs. Refer to [OMA: OHT physician benefits](#)

“Due to the long wait times for specialized care in my Neurology Clinic, some of my patients with complex illnesses only seek care when they are in crisis.”

Key pain points	How OHTs can help
Inappropriate, incomplete referrals lead to longer wait times 	An organized multidisciplinary approach will ensure specialists receive appropriate referrals and information they need to help reduce specialist wait times
Lack of connectivity between physicians and other healthcare providers that can create issues with transitions in care 	Physicians and other healthcare providers who previously worked in silos will come together, leading to better communication and awareness of services and resources in each region Access to provincially-funded digital health solutions— for example, electronic consults and referrals, provincial clinical viewers—and other supports will enable efficient sharing of patient data and smoother transitions in care

Refer to [OMA: OHT physician benefits](#) to learn more about the benefits of OHTs.

When starting the conversation:



What Works Well

- Show that you know your physician audience by demonstrating that you understand their day-to-day activities and pain points, and let them know how OHTs can help
- Clearly communicate how OHTs will benefit their patients, including priority populations like, frail older adults in the community, and will free up their time for patient care
- Be open and transparent about your ask of them as early on as possible
- Personally reach out to physicians through in-person meetings, one-on-one phone/video calls, email or online platforms early in the process. It's even more effective if the outreach is done by a physician already participating in the OHT or a physician champion (refer to [OMR: Spotlight on North York Toronto Health Partners OHT](#) for a successful example of personal outreach)

What Does Not Work

- Don't start by asking them to do something for you
- Don't send impersonal mass emails
- Don't rely solely on webinars to communicate information

“As a community-based physician, I often feel disconnected from the other physicians in my region and don't have a way to discuss my pain points or share my experiences.”

Key pain points	How OHTs can help
Feeling disconnected from other physicians in the region	 Physician associations/networks will connect local family doctors, specialists, and other providers across the full continuum of care, all with a shared goal of providing team-based care
Few opportunities to share experiences and feedback	 The OMA strongly supports the creation of a physician association or network in each OHT. Physician associations/networks will enable physicians to provide input at leadership tables to influence decision making

Refer to [OMA: OHT physician benefits](#) to learn more about the benefits of OHTs.

When booking meetings:

What Works Well

- Ask to be invited to their existing meetings
- Schedule during times physicians can attend, specifically outside of clinic hours (if you don't know when a good time is, just ask)
- Give advanced notice of meetings (ideally one month's notice) and provide reminders
- Send meeting invitations that can be added to calendars with automatic reminders and embed the necessary links in the invitation
- Host shorter, more frequent meetings
- Send out information in advance, such as meeting agendas and goals. Consider soliciting feedback in advance so that meeting time can be used for decision-making
- Follow-up with minutes and action items after the meeting
- If meeting in person, provide refreshments for physicians who often don't have breaks
- Schedule in-person meetings in convenient locations for physicians, such as in a hospital
- Where possible, remove barriers to participation by providing virtual options, holding multiple sessions, reimbursing for parking, providing childcare options, and more
- Use meetings to engage in two-way discussions with physicians

What Does Not Work

- Don't schedule meetings during the day or during their clinic hours
- Don't plan long meetings
- Don't overload the agenda at meetings
- Don't use meetings as a one-way means to convey information

When seeking physician input:

What Works Well

- Involve physicians early and on an ongoing basis to get their input
- Ensure you have a strategy and are requesting specific input before involving physicians
- Be clear about how their input will be used
- Let them know their participation could impact policy and give them a voice at the decision-making table
- Follow-up and provide updates on how you are implementing their feedback

- Provide regular personal outreach to physicians, for example on a quarterly basis, to maintain or increase participation over time
- Monitor and evaluate engagement effectiveness using tangible outcomes

What Does Not Work

- Don't go in without a strategy and ask for broad feedback
- Don't involve physicians or ask for their input when the product/initiative is already in its final stages

When acknowledging physician contributions:

What Works Well

- Reimburse physicians for their participation, for example by offering a stipend or honorarium, since they aren't paid outside of clinical care. Note:
 - The OHT Implementation Funding provided by Ministry of Health to approved OHTs includes physician leadership, engagement, and participation as eligible expenses
 - The Ontario Primary Care Council recommends a standard payment of \$165 per hour for physician leaders, in addition to reimbursement for meals and travel (contact the Ontario Primary Care Council Community of Practice for more information)
- Provide Continuing Professional Development credits for events and training where possible. Continuing Medical Education credits are available to family doctors from the [OCFP for OHT work](#)
- Regularly express gratitude and appreciation for their time as you would for non-physician participants

What Does Not Work

- Don't ask physicians to volunteer their time, especially if it is during clinic hours
- Don't let the efforts of physicians go unnoticed

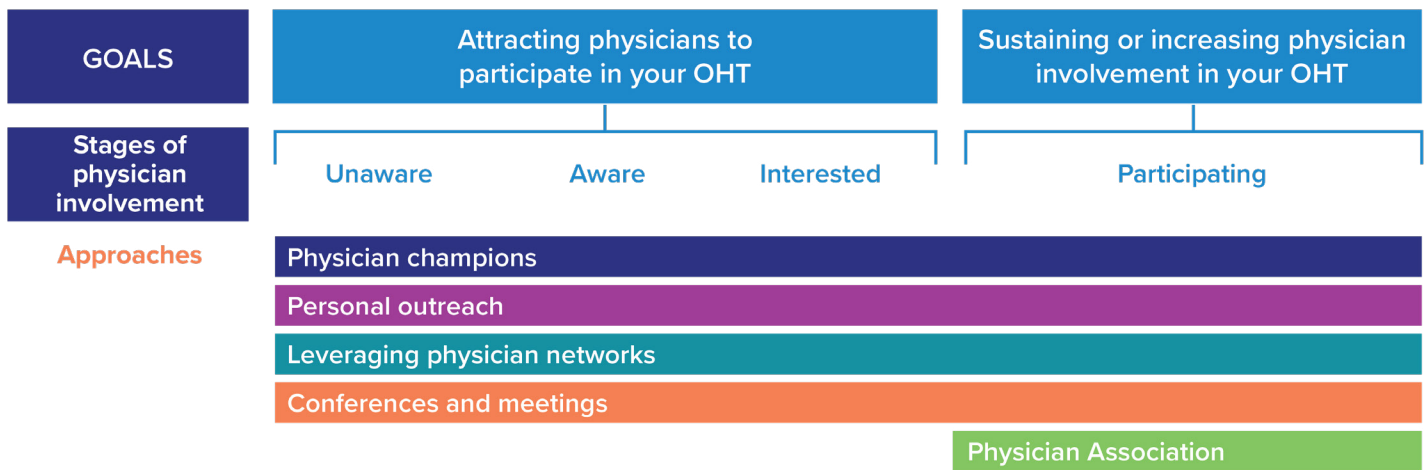
Step 3: Apply effective approaches to reach physicians and keep them invested

Five approaches to increase physician participation in OHTs

Below are five approaches identified by physicians and OHT leaders from across Ontario that can be used to effectively increase physician participation in OHTs.

Based on the continuum of physician involvement in OHTs, these approaches may be helpful at different points depending on your goal(s) and how involved the physicians are with your OHT. Refer to Figure 3 below to help inform when these approaches may be most helpful.

Figure 3. Approaches and when they can be used based on the physician's stage of involvement and your goal(s).



1 Identify and work with physician champions

Physician champions can effectively attract local physicians to participate in your OHT and sustain or increase their participation over time. Evidence shows that physician champions can help educate and engage fellow physicians.^{3,6}

Physician champions can leverage their existing relationships and/or build new relationships to get physicians involved in OHTs.

Effective physician champions should ideally be:

- Well-known and well-respected in their regions or within their practice area/specialty
- Well-connected or able to build connections with fellow physicians in their regions
- Passionate and knowledgeable about OHTs



Other terms for physician champion include *opinion leader* or *physician leader*.

- Strong communicators with great interpersonal skills
- Understanding of physician’s pain points and views
- A credible, trusted source for physicians about OHTs
- Influential to fellow physicians

Physician champions can advocate or share knowledge about OHTs through personal outreach, presentations, group discussions, videos or by participating in committees with local physicians.

It is important to identify and engage physician champions as early as possible in setting up your OHT. Some physicians may self-select to serve as a champion or you can start by asking the physicians who were first to participate in your OHT to serve as champions. You can also consider approaching participating physicians who have experience serving as champions in specialty societies or other networks.

If needed, you can provide your champions with training and supports to be effective, for example to build peer mentoring skills, public speaking/presentation skills, confidence, and leadership skills.

Resources to help you identify and support your physician champions:

- [Accelerating Change Transformation Team \(ACTT\) tools and resources for physician leaders](#) provides literature summaries, tools and resources aimed at supporting Alberta’s primary care physicians in leading system changes, including:
 - [ACTT: Physician champion literature summary one-pager](#) that defines the roles of physician champions, the skills required, and their impact on healthcare
 - [ACTT: Physician champions: as a strategic resource in Alberta’s patient’s medical home transformation journey report](#) that provides a comprehensive review of the roles and impacts of effective physician champions
- [COMPASS: Physician champion summary](#) discusses the traits, skills, and roles of successful physician champions, and what supports they need



Ensure processes to recruit physician champions are inclusive and seek physicians in your region from different practice models and specialties, settings, regions, communities, and backgrounds.

2 Engage in personal outreach to local physicians

Personal outreach is often an effective way to engage with physicians.

A key component of this is building a trusting relationship. You can reach out to physicians directly or ask your OHT physician champion(s) to reach out on your behalf. Having local physician(s) in the same practice area or specialty do the outreach is ideal to help build trust, as they are familiar with the experiences and pain points of fellow physicians in your region.

Outreach can be done by phone, teleconference, video conference, in-person visit, email or through an online platform. It may also be helpful to leverage existing events where local physicians may be present and approach them at these events. This can help to either initially attract them to participate in your OHT or to maintain or build your connection with physicians who are already participating.

Personal outreach can be one of several approaches you have in place to connect with physicians, for example, in addition to OHT educational sessions, reaching out to local organizations and networks.

Resources to help with your personal outreach to physicians:

Although specific to primary care, the first two resources can also help inform outreach to specialists.

- [OCFP: Involving family physicians in health reform, tips for Ontario Health Teams](#) provides tips for reaching out and involving physicians in your OHT, including personal outreach
- [Rapid-Improvement Support and Exchange \(RISE\) brief 4: Primary-care leadership and engagement](#) discusses ways OHT leaders can reach out and encourage active participation of primary care physicians in their OHTs
- [Association of Family Health Teams of Ontario \(AFHTO\): Primary care physicians: Working together for change](#) provides strategies for building and maintaining a successful primary care physician network within your OHT, including developing an outreach approach

3 Leverage existing networks to reach physicians

Existing networks can be a great place to connect and share information with local physicians. These networks can be used to attract physicians to your OHT and sustain or increase their participation. They can be used to share information about your OHT and how to participate, but also as a channel for physicians to provide ongoing input or feedback on the design and function of your OHT, such as deciding on priority populations and indicators.

Physician networks

Using existing networks where physicians connect and/or go to find practical information can be an important approach to connecting with physicians.

Because physician networks differ in each region, a good place to start is to connect with your local [OMA regional manager](#) who can provide expert guidance on the existing physician networks in your

region(s) (refer to [Appendix A](#)). You can also reach out to local physicians to see which networks they are part of, including specialty societies and OMA sections that are active in your region.

Start by reaching out to these networks and learning about their work. You can also consider partnering with them to help reach physicians and encourage them to participate in your OHT or to stay engaged.

Social media networks

Social media can also help you connect with physicians in your region. Social media sites where physicians are active include Twitter and Facebook. They often use these sites to share content through their accounts, join educational groups with students, and/or connect with other physicians and organizations.

You can get started on social media by creating an account or group for your OHT and following/friending local physicians and the organizations where they work. This will help you connect with them and their networks, learn how they are engaging on social media, and share your OHT resources with them.



Since not all physicians are active on social media, consider using these networks as an add-on to other approaches for connecting with physicians.

Resource to support your search and building relationships with existing networks:

- [Canadian Medical Protective Association \(CMPA\) - Social media: The opportunities, the realities](#) provides a brief article on how physicians may be using social media, as well as the benefits, obligations and implications of being online

4 Offer conferences or meetings with opportunities to network

Hosting conferences or meetings with opportunities to network before, during and afterwards allows physicians to share their experiences, pain points, and successes within their OHTs and build relationships with other OHT participants.

They can also provide an opportunity for local physicians who are not participating in the OHT to learn more, either by networking with those involved or through sessions and presentations about OHTs.

You can encourage networking at your events by including small group activities, for example quizzes, polls, breakout sessions, private messaging options between attendees, planned networking breaks, and discussion groups ahead of the meeting. Presenting information about what OHTs are and their benefits can also be an important approach for attracting physicians who are not participating in your OHT.



Consider offering learning credits for conferences or meetings to increase physician participation in the event.

Resources to support planning and promoting your physician events:

The following resources are from third-party sites.

- [Evenium: 10 ways to create captivating physician conferences](#) provides some practical tips to hosting an engaging conference for physicians
- [EMedEvents: 5 ways to promote your healthcare event](#) provides general steps on promoting a healthcare conference to physicians
- [Billettero: 14 actionable steps to organizing a conference](#) provides a general step-by-step guide for setting up any conference

5 Support the development of a local physician association

Supporting the creation of a physician association (PA) or network in your OHT can help establish an effective channel to reach physicians and ensure representation of the physician voice in the development of your OHT.

A PA is a network created by and for the physicians in your OHT, including both family doctors and specialists. PAs should come together regularly to discuss topics like OHT planning, decision-making, implementation, physician outreach, or clinical matters such as care pathways and outreach to priority populations.

“By being organized as a primary care sector and organized as physicians, we can really speak with one unified voice and make incredible change. The OHT gives us an avenue that we never had before, where we have all of these partners working together to really have system-wide change.”

-Dr. Vineet Nair, Family Doctor, Western OHT (quote from [OMA: OHT physician benefits video](#))

One of the goals of a PA is to create a mechanism that builds the representative physician voice into the design of the OHT. The PA can appoint or elect leaders that would sit on the OHT collaborative decision-making structure (leadership table) and act as the representative to bring attention to physician concerns and feedback.

The PA will also help to unify the physician voice and create an organized body of physicians in each region. PAs should also be used to regularly communicate with all physicians about OHT news and updates, and to obtain their input on OHT initiatives. **The OMA strongly supports the creation of a PA to bring together all physicians within your OHT.**

Physicians can hold their PA meetings via interactive in-person meetings, webinars, or teleconferences, and/or online forum(s) like chat rooms and discussion boards. PA meetings can help to sustain or increase physician participation in OHTs by providing regular opportunities for

them to share their knowledge about the inner workings of the OHT and collectively troubleshoot pain points. In some cases, it may be helpful to create separate subgroups for family doctors and specialists as their pain points and daily work differ (refer to physician profiles on pages 7-9).

You can support a PA in your OHT by advocating for its creation and ensuring PA leaders are part of the OHT leadership table. You can invest in the PA by using the OHT Implementation Funding from the Ministry of Health provided to approved OHTs for clinical engagement and leadership. You can also help secure staffing, physical space, and/or resources for their regular meetings.

For more information on PAs, contact your local [OMA regional manager](#).

Resources to help you support the development of a physician association:

- [OMA: Draft Terms of Reference](#) provides a template to help your OHT form a fair, representational PA and to put in place self-identified leaders before a formal appointment/election process is established
- [OMA: OHT Governance Model](#) provides a one-pager on the OHT collaborative decision-making structure, including representatives from the physician association
- [AFHTO: Primary care physicians: Working together for change](#) provides strategies for building and maintaining a successful primary care physician network within your OHT
- Ontario Primary Care Council OHT documents provide guidance about establishing a physician association (available to family doctors once you join the Ontario Primary Care Council Community of Practice)
- [OMA: Physician Association One-Pager](#) explains what a physician association is
- [OMA: Physician Association Agreement One-Pager](#) outlines the reasons for and responsibilities of signing a physician association agreement
- [OMA: Draft Physician Association Agreement](#) provides a template to help formalize the creation of a physician association
- [OMA: Annotated Physician Association Agreement](#) explains each section of the physician association agreement in lay terms

Approaches that do not work well for increasing physician involvement in OHTs



Approaches that do not work well in gaining physicians' trust and increasing OHT involvement include:

1. **Sending mass emails** that are not personalized
2. **Relying on webinars** without having specific objectives or outcomes planned for each webinar
3. **Sending lengthy, technical communications** that are far too detailed and not succinct
4. **Hosting meetings or webinars that don't work with physicians' schedules**, including sessions during the day or during clinic hours
5. Involving physicians initially and then **not following up**
6. **Involving physicians late in the process, where input becomes just a check mark and is not meaningful**
7. **Approaching the same few physicians for input** and not providing equal opportunities for all physicians to participate

Putting it into action

Physician participation is vital to the success of an OHT. Family doctors and specialists have a breadth of knowledge about healthcare delivery and patient care that can be built into the design of OHTs.

Use the *OMA: Involving physicians in OHTs supplementary worksheet* to guide your thinking when planning which physicians to engage, why, and how.

References

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Appendix A: Additional Resources

OMA Regional Managers

Contact your local OMA Regional Manager for information on OHTs and physician networks in your region.

South West: Districts 1, 2

Frank Rubini, Regional Manager, South West
1-800-268-7215, Ext. 3044
frank.rubini@oma.org

Hamilton, Niagara, Waterloo: Districts 3, 4

Scott Witmer, Regional Manager, Hamilton, Niagara and Waterloo
1-800-268-7215, Ext. 3072
scott.witmer@oma.org

Central West: District 5

Nicole Biordi, Regional Manager, Central West
1-800-268-7215, Ext. 3033
nicole.biordi@oma.org

Central East: District 6

Chelsea Houde, Regional Manager, Central East
1-800-268-7215, Ext. 3034
chelsea.houde@oma.org

East: Districts 7, 8

Marc Tanguay, Regional Manager, East
1-800-268-7215, Ext. 3046
marc.tanguay@oma.org

North: Districts 9, 10

Richard Rodrigue, Senior Regional Manager, North
1-800-268-7215, Ext. 3053
richard.rodrigue@oma.org

Toronto: District 11

Manny Khattak, Regional Manager, Toronto
1-800-268-7215, Ext. 3045
manny.khattak@oma.org

Resources about OHTs that you can share with physicians

About OHTs

- [OMA: Physician participation in OHTs](#)
- [OMA: OHT 101](#)
- [OMA: Ontario Health Teams](#)
- [MOH: Become an Ontario Health Team](#)

The value of OHTs for physicians

- [OMA: OHT physician benefits](#)

Resources about attracting and sustaining/increasing physician participation in OHTs and other system-level healthcare initiatives

Involving all physicians

- [Doctors of BC: Policy paper: Partnering with physicians](#)
- [Appropriateness of Care framework: Physician involvement strategy \(Appendix B\)](#)

Involving primary care physicians

- [OCFP: Involving family physicians in health reform: Tips for OHTs](#)
- [RISE brief 4: Primary-care leadership and engagement](#)
- [LHIN Collaborative: Engaging primary care physicians in LHIN processes: Primary care physician engagement resource guide & toolkit](#)