

Strategic Scorecard: Monitoring Strategic Plan Progress

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Alliance for Healthier Communities
Alliance pour des communautés en santé



Put People at the Centre

Advancing Accessible and Sustainable
Primary Health Care in Ontario

Mettre la personne au centre

de l'avancement de l'accessibilité et de la
pérennité des soins de santé primaires en Ontario

Check-in

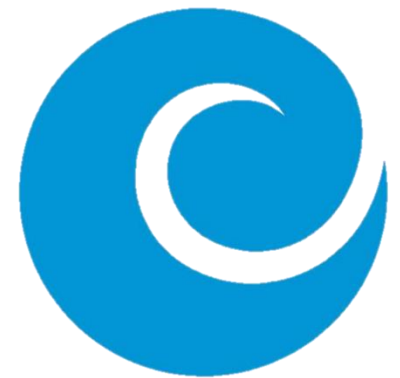
Does your organization have a monitoring system in place to measure strategic plan progress?





South East Grey Community Health Centre Balanced Scorecard

**Presentation to Alliance Conference June 5, 2025
Alex Hector, Executive Director**



What is the scorecard used for and why?

“What gets measured gets done!” - Drucker

- It a strategic management tool that helps measure performance beyond just financial metrics, ensuring a more comprehensive view of success.
- Developed by Robert Kaplan and David Norton in the early 1990s to address the limitations of traditional performance measures that focus primarily on financial outcomes.

Here are the key reasons organizations use a balanced scorecard:

- 1. Comprehensive View of Performance**
- 2. Aligns Strategy with Performance**
- 3. Improves Communication and Understanding**
- 4. Identifies Cause-and-Effect Relationships**
- 5. Focuses on Long-Term Success**
- 6. Promotes Continuous Improvement**
- 7. Helps in Decision-Making**



How was the scorecard developed?

- It begins with an **accountability framework** which ensures that each person or team is **responsible** for achieving specific goals and targets within those metrics.
- The **balanced scorecard** provides the **metrics** (financial, customer, internal processes, learning/growth) against which individuals or teams can be held accountable
- The balanced scorecard focuses on **key performance indicators (KPIs)** across different perspectives. In an accountability framework, these KPIs can be translated into **individual or team performance objectives**
- An accountability framework typically includes **performance reviews, goals setting, and feedback loops**. The balanced scorecard helps ensure that the **individual goals are aligned with the broader organizational strategy**



How was the scorecard developed?

- Collaborative effort between board members and the Executive Director
- It is established in sync with the strategic plan both in terms of content as well as timing
- Consistent format year to year
- Reviewed/revised as part of the 5 year strategic planning process
 - **Balanced Scorecard:** *Provides a holistic, multidimensional view of performance, with clear metrics and goals tied to strategy.*
 - **Accountability Framework:** *Defines specific responsibilities and expectations for individuals and teams to ensure that they meet those goals.*



What information is included in the scorecard?

- 1. Financial Perspective** - the financial health of the organization. The goal is to measure how well the organization is achieving its financial objectives.
- 2. Client Perspective** - This dimension measures how well the organization is meeting client expectations.
- 3. Internal Process Perspective** - This perspective focuses on the internal processes and operational efficiency that drive the organization's strategy and objectives. It's about identifying the key processes that are critical to delivering value to customers and stakeholders.
- 4. Learning and Growth (Employee or Organizational Capacity) Perspective** - This dimension looks at the intangible assets of the organization, particularly human capital, knowledge management, and the organization's ability to innovate and improve. It focuses on the internal capabilities required for long-term success.



What information is included in the scorecard?

Key Components of a Balanced Scorecard:

Beyond these four perspectives, a balanced scorecard often includes the following components:

Strategic Objectives

Each perspective will have specific **strategic objectives** that align with the overall organizational strategy. These objectives represent the goals or desired outcomes the organization wants to achieve.

Key Performance Indicators (KPIs)

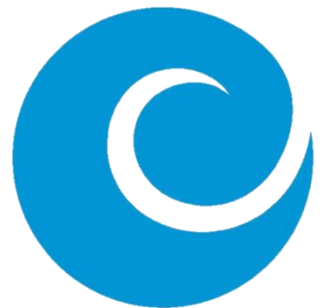
KPIs are the measurable values that indicate how well an organization is achieving its strategic objectives. These are specific, quantifiable metrics used to track performance.

Targets

For each KPI, a **target** is set. Targets define the desired level of performance, such as a specific percentage increase or a dollar value. These targets give employees clear goals to aim for.

Initiatives

These are the actions or projects the organization will undertake to meet its targets and strategic objectives. Initiatives describe the **strategic actions** that support the achievement of specific KPIs.



What information is included in the scorecard?

Integrated Balanced Scorecard - Q4 Fiscal 2025



How is the Scorecard used?

- It helps us to track, measure, and manage the organization's performance in a balanced and holistic way.
- The balanced scorecard is not a one-time tool but is used **continuously**. The Board reviews the results quarterly. We typically have a **strategic review** (annually at the board retreat) to assess whether the strategy is still relevant, whether objectives need updating, or whether KPIs and targets need to be adjusted.
- **Aligning the Organization** - One of the biggest advantages of a balanced scorecard is its ability to **align** the efforts of all levels of the organization. The scorecard provides a clear link between strategic goals and individual or team performance. Managers and employees can see how their work contributes to achieving the company's broader objectives.
- **Communication and Transparency** - The balanced scorecard promotes **transparency** in performance management. It communicates to employees, managers, and stakeholders how well the organization is performing and where adjustments may be needed. It forms part of the board's performance assessment of the Executive Director.

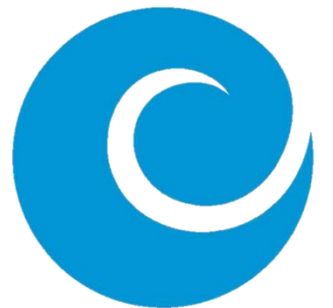


Our operating plan underpins the Scorecard

Strategic Priority #1- BUILDING ON OUR STRENGTHS (CLINICAL EXCELLENCE) - Primary Lead- Penny, Secondary- Tanya					
Objectives	Activities	Timing	Status	Indicator	Comments/Resources
Enhance and sustain Interprofessional Diabetes Care	Build capacity by providing external Certification training: Certified Diabetes Educator (CDE);	Q1 to Q3 2023	Completed	M-SAA Targets met or exceeded	1 NPs to receive training become qualified Certified Diabetes Educators
	Ensure all clinical staff use same Encodes for client's with diabetes to accurately capture measurement for MSAA diabetes interprofessional care		Completed		Track number of client's registered for education sessions. Measure client satisfaction with education sessions
	Develop/use custom form for all to use (foot screen/diabetic eye Ax).		Completed		Compass to generate quarterly reports to track Interprofessional diabetes care
	Working group to leverage HQO Quorum Primary Care Collaborative to enhance care delivery using Quality Standards		Completed		
	Collaborate with GBOHT on diabetes related initiatives		Ongoing		Track diabetic foot screenings completed.
Support Women and Children's Health by providing midwifery services	Culturally appropriate practices	Q3 2024 and ongoing	Ongoing	% breastfeeding at birth/6 months, # education sessions	# Pre/Post Natal Counselling Referrals
	Develop Midwife Role and associated care pathways based on funding allowance/targets		Completed		Track # of referrals to HBHC program.
	Midwife & RPNs will champion lactation support and BFI initiative with wrap-around support.		Ongoing		Evaluate education sessions offered at Early Years through client satisfaction survey.
	Build stronger partnership with Healthy Babies/GBHU		Completed		Evaluation of Midwife Service using pre-determined indicators (% breastfeeding at birth/6 months, # education sessions, etc)
	Community Needs Assessment to identify strengths/gaps in service (Midwives)		Completed		Successful funding for Midwifery Services
Increase Mental Health & Addictions Services	Re-establish Naloxone Distribution & Needle Exchange Programs in Markdale and Dundalk sites	April 2023 to March 2025	Ongoing	Per approved SUAP plan	Successful funding for MHA services proposal
	High dose Opioid Provider Workgroup		Ongoing		
	Provide "Where to get help in Grey Bruce" in EMR-ready to print for clients (similar to private pay chiropody clinics); CMHA services-consistent information for clients-best # to call. System Advocacy for Child & Adolescent Mental Health Services		Ongoing		
Utilize Clinical Standards and Best Practice Guidelines (BPGs)	Track # NEP kits/naloxone kits provided to clients. Promote resource to community partners and clients	Monthly	Ongoing	Annual Provider audit's to measure consistent documentation of clinical encounters	Standards of practice defined.
	Directives/Policies revised as required; Follow up training.		Ongoing		Medical directives completed.
	Review client roster for all providers through regular monthly meetings and provider one to one PMP meetings Use EMR more efficiently –to access forms in chart; Develop/Consistent custom form/pathways (see Sandra B)		Ongoing		Continue to track roster size per provider and overall clinic.

What happens if a scorecard item is off track?

- **Identify and analyze** the root cause of the issue.
- **Revisit and adjust** strategic objectives, KPIs, or targets if necessary.
- **Develop corrective actions** and new initiatives to address performance gaps.
- **Reallocate resources** to focus on underperforming areas.
- **Engage employees** and communicate changes to ensure alignment.
- **Increase accountability** for the target, setting clear ownership and deadlines.
- **Track progress** on leading indicators to ensure improvements are on the way.
- **Review and update** the scorecard during regular strategy assessments if the issue persists.





Thames Valley
Family Health Team

Performance-Driven Governance: Aligning Strategy, Metrics, and Accountability

Presenter: Jill Strong – Director, Operations

Organization: Thames Valley Family Health Team

The author/presenter declares no conflicts of interest related to this presentation.

Who We Are

- The Thames Valley Family Health (TVFHT) provides team based primary care service to over 162,000 patients.
- Serving 17 clinical locations across London-Middlesex, Elgin, and Oxford counties.
- Our team of 157 includes nurse practitioners, nurses, social workers, dietitians, pharmacists, occupational therapists, and administrative professionals.
- Supported by a Board of Directors comprised of eleven (11) Directors with a composition of 5 primary care providers and 6 community members.
- Board Committees — Executive, Governance & Planning, Finance & Audit, and Quality — meet at least 4 times per year and report to the Board, which meets a minimum of 9 times annually.



The Board of Directors

- Establishes and upholds the organization's mission, vision, and strategic directions
- Monitors alignment and progress toward strategic priorities
- Holds the Executive Director accountable for organizational performance and risk management
- Ensures fiduciary responsibility and compliance with legislative and regulatory requirements
- Champions a culture of equity, inclusion, and transparency



Board Committee Scope



The role of the **Finance & Audit Committee** is to oversee, review, develop recommendations and report to the Board on issues related to the Finance & Audit Committee in the following areas:

- Provides oversight of budgeting, financial reporting, and audit processes
- Monitors internal controls, risk management, and asset protection
- Advises the Board on financial strategy and stewardship



The role of the **Governance and Planning Committee** is to advise and assist the board to fulfill its responsibilities in the following areas:

- Establish and refine board governance structure and processes
- Leads Board recruitment, orientation, and education
- Oversight of the process of strategic direction and define key objectives for the Thames Valley Family Health Team (TVFHT)



The role of the **Quality Committee** is to advise and assist the board to fulfill its responsibilities in ensuring that the quality of patient care is consistent with the Thames Valley Family Health Team's (TVFHT) strategic plan, mission, vision, and values in the following areas:

- Advises on quality of care and alignment with TVFHT's mission and values
- Recommends quality improvement initiatives and monitors QIP outcomes
- Supports use of evidence-based practices and compliance with relevant legislation

The Strategic Plan

Strategic Plan 2021-2026

BREAKTHROUGH DIRECTION:
Achieving Optimal Health Outcomes



Thames Valley
Family Health Team

Vision

As leaders in the provision of primary health care, we will enhance the wellbeing of the people of Thames Valley.

Mission

We are a dynamic primary health care network providing exceptional care.

Values

Patient and Family Centred Care

Trust and Respect

Collaboration and Teamwork

Honesty and Open Communication

Accountability

ENABLING STRATEGIC DIRECTIONS:



Foster well-being for employees and partnering clinics

Within the context of virtual and in-person realities

Building the right infrastructure both virtually and in-person

Promoting healthy, well balanced lifestyle



Advance collaborative and integrated care

Involving the patient and caregivers in care planning

Embedding mental health and addiction care across our teams and encounters

Partnering with internal and external stakeholders

Optimizing capacity (e.g. service delivery levels, integrated primary care hubs, virtual, integrated EMR)



Prioritize Health Equity and Anti-Oppression

Enhancing our ability to serve from a health equity and anti-oppression lens recognizing under-served population in our communities

Expanding access to team-based care



Empower primary care leadership toward a robust healthcare system

Including engagement and connection with patients, caregivers, physicians, teams, and stakeholders

In collaboration with primary care providers and system partners

Strategic Workplan

- Roadmap of specific actions and timelines driving achievement of goals.
- Key reference document for board in monitoring performance.

Strategic Direction 1		
Foster well-being for employees and partnering clinics <ul style="list-style-type: none"> • Within the context of a virtual and in-person realities • Building the right infrastructure both virtual and in-person • Promoting healthy, well-balanced lifestyle 		
Proposed 5-Year Outcomes / Results <ul style="list-style-type: none"> • High level of satisfaction (on well-being, infrastructure (tools and resources), total compensation, communication) • Increase participation of clinical partners on PD offerings and joint teaching opportunities • Staff feel, annual well-being work plan delivered each of 3 years • Increased collaboration with clinical partners on FHT offerings (e.g., back office/support related - wellbeing initiatives, digital platforms, practice management) 		
Proposed Year 4 Objectives	Owner	Progress
1. Compensation: advocate for increased employee compensation funding (ongoing)	Jill	Participate in community agencies' advocacy efforts. Presented to Ontario government pre-budget consultations – Jan. 17, 2024.
2. Promote wellbeing for physicians and clinic staff	Lisa/Enic	Future participation in Self-Compassion for Health Care Communities program is bid. First run of this program is complete.
3. Staff feel wellbeing workshop	Jill	Through Wellness committee - Wellness Committee meetings scheduled once per quarter through 2024/25. Developing a workshop for 2024/25, develop KPIs.
4. Host at least 3 All-Staff in person events per fiscal year	Jill	Spring Conference June 2024. November 2024 full-day session: morning all staff for TVFHT projects/initiatives, afternoon education/team building for teams. Wellness Committee to plan 1-2 upcoming events.
5. Employee professional groups meet in person 2 times per fiscal year for Networking and Planning	Lisa	Schedule set for 2024/25.
6. Strategy to enable vacation coverage for all employees	Jill	NP & pharmacy vacation coverage schedule in place. Working toward other disciplines/teams.

Strategic Direction 3		
Health Equity and Cultural Safety <ul style="list-style-type: none"> • Enhancing our ability to serve from a health equity and cultural safety lens recognizing under-served population in our communities • Expanding access to team-based care 		
Proposed Year 4 Objectives	Owner	Progress
1. Health Equity and Cultural Safety Committee	Jill	Committee to develop a workshop and KPIs. Simplified Health Equity Impact Assessment (HEIA) is being piloted.
2. Continue partnership with Naajino Health to build out our services to indigenous communities	Lisa/Jill	MOU signed. Embed culturally safe language in groups, 1:1 care. Refined info and key messaging shared with employees and physician partners. Promote visibility and with patients in 2024/25 utilizing toolkit for identification from the Indigenous Primary Care Health Council.
3. Co-design an Integrated Team Care Network with hubs in Woodstock, Stratford, London, St. Thomas (each shared EMR)	Jill/Lisa	London - underway. Woodstock - continued conversations about optimizing our location.
4. Offer training on population health to organizational leadership	Jill	Prioritize: determine when and how best to offer this training.
5. Offer training on population health to the staff team	Jill	Prioritize: determine when and how best to offer this training.
6. Working with community partners to learn how to serve vulnerable populations	Jill, Lisa	Elgin Community Health Hub opened Sept. 23, 2024. Health & Homelessness - primary care centre.
7. Use the GHT year 1 sub-population and the stepped care MRSA to learn and develop our learning for system level stratification for population health management	Lisa	Leadership team and clinical leadership understanding on population health management and introduction to measurement-based care. Determined assessments and measures for collaborative care model.

Strategic Direction 4		
Empower primary care leadership toward a robust healthcare system <ul style="list-style-type: none"> • In collaboration with primary care providers and system partners • Including engagement and connection with patients, caregivers, physicians, teams, and stakeholders 		
Proposed 5-Year Outcomes / Results <ul style="list-style-type: none"> • 3 functioning primary care alliances/ associations (Elgin, London Middlesex, Oxford) (demonstrates governance, ability to speak with one voice, set priorities) are in place • Primary care providers are leading primary care alliances (and are properly compensated) • Single entity EMR will be offered to providers 		
Letter of Engagement (service level agreement) is signed with all physicians		
Enabling TVFHT primary care providers to take on leadership roles in the health care system		
TVFHT participation in Primary Care Networks (PCNs) within local OHTs		
Proposed Year 4 Objectives	Owner	Progress
1. Physician and clinic staff wellbeing	Jill/Enic	Providing/promoting self-compassion training for health care providers. Share mandatory training modules with primary care clinics upon request.
2. TVFHT involvement in PCN development	Jill/Enic	Participating in PCN council and working group. Currently developing implementation workshop.
3. Explore and define the role of NP as a leader within TVFHT	Lisa	NP as MRP - new employment agreement, become authorities for medical directives - completed pending beginning of pilot project.
4. Develop and implement a physician advisory and consultative model to effectively guide the implementation of TVFHT strategic directions	Enic	Considered in the direct engagement dialogue-to-design for Integrated Team Based Primary Care Service Network. Conversations underway in various venues.

- Involving the patient and caregivers in care planning
- Embedding mental health and addiction care across our teams and encounters
- Partnering with internal and external stakeholders
- Optimizing capacity (e.g. service delivery levels, integrated primary care hubs, virtual, integrated EMR)

Proposed 5-Year Outcomes / Results

- Implement measured care focused on patient and outcomes (informed by QI and patient goals, OHT priority areas)
- Patient, Client & Caregiver Engagement - engage patients, clients, caregivers in experience-based design/strategy
 - Bring forward policy to embed Experience Based Design (Co-Design) in program and service design
 - Increase # of times patients are involved in decisions
- Patients are collaborating with professionals to improve their own care
- Increase number of people who provide feedback on our services
- Shared decision-making is embedded in our practice
- Mental health & addiction assessment and integration pathways are embedded in our practice
- Increase number of co-facilitation/ hosting of programs with and by external partners and peers
- Increase number of external partners in our collaborative care planning
- Increase number of written partnerships that improve care pathways
- Resources optimized through regional hubs, virtual care, moving toward single EMR and stratification of resources as part the strategic plan
- Increase collaboration with patients and primary care partners

Year 4 Proposed Objectives	Owner	Progress
1. Integrated Team Care Network: implement Core Services and Care Pathway work in collaboration with physicians – using the 2022 CGI report as a foundation.	Lisa/Jill	Implementation of conceptual model within NP as MRP pilot at 460 Springbank is underway

About our Performance Structure

- At inception qualitative performance + mandatory reporting only
- Inception-2018 many strategies attempted to establish more robust structure for performance.
- 2018-2020 planning for quantitative performance management implementation
- 2020 implementation and go live of shadow coding (billing) and performance management system.

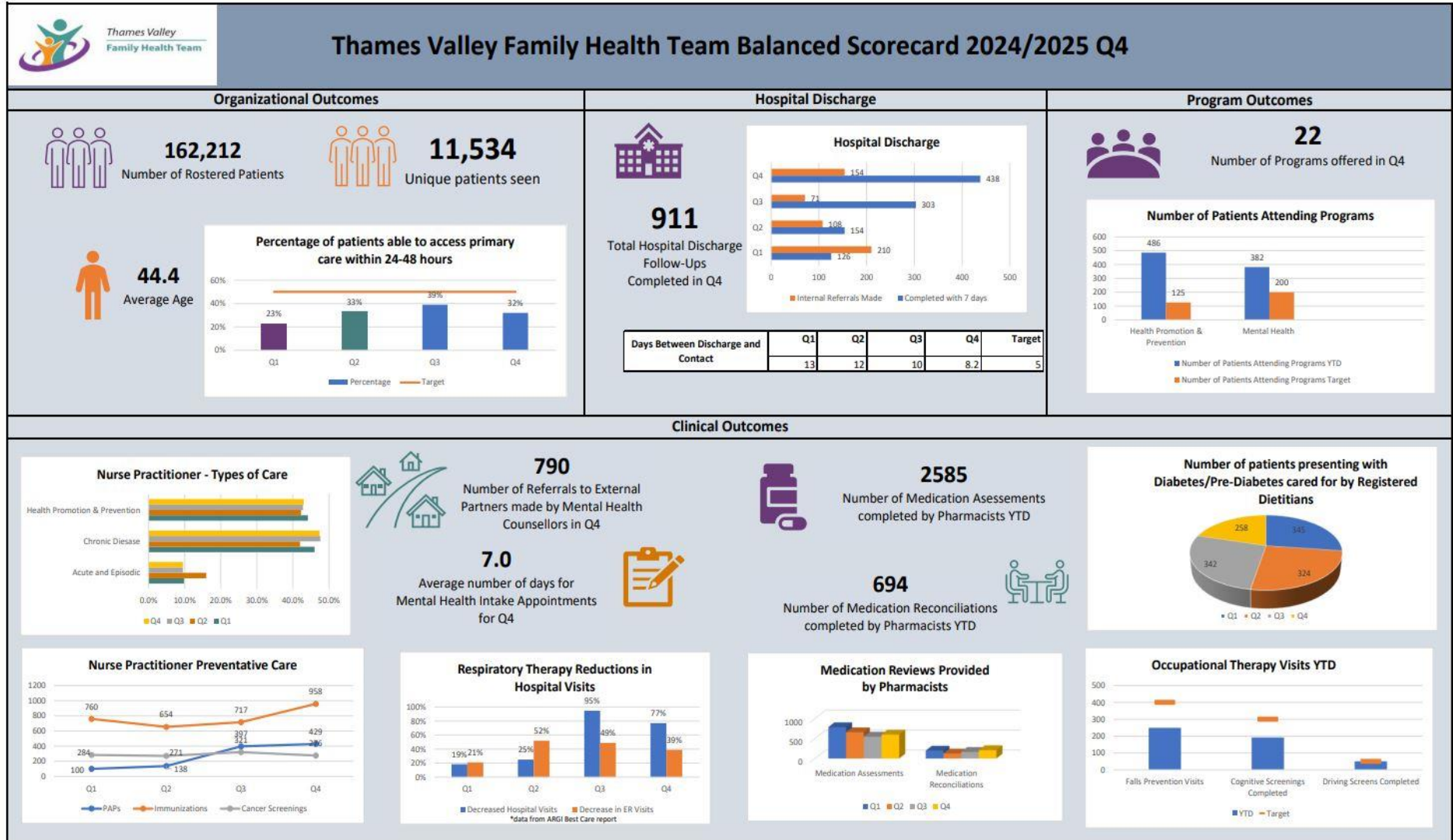


Performance Management System

- Establishes Key Performance Indicators (KPIs) for all employees
- Quarterly performance reviews
- Year end review and new fiscal planning
- Drives strategic performance from the front line
- Supports performance driven and strategy based culture



Balanced Scorecard (BSC)



How does the Board use this information

Allows board to monitor ongoing achievement related to strategy



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graph TD; A[Allows board to monitor ongoing achievement related to strategy] --> B[Workplan breaks down 3-5 year overarching goals into manageable pieces]; B --> C[Allows for easy identification of challenges]; C --> D[Enables board to focus on areas in need of improvement]; D --> E[By tying reporting back to strategic plan, committees and board are working towards the same goal];
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Workplan breaks down 3-5 year overarching goals into manageable pieces

Allows for easy identification of challenges

Enables board to focus on areas in need of improvement

By tying reporting back to strategic plan, committees and board are working towards the same goal

Summary and key takeaways



SET CLEAR
PERFORMANCE
EXPECTATIONS



FOSTER A CULTURE
OF ACCOUNTABILITY



USE DATA DRIVEN
DECISION MAKING



ALIGN STRATEGY,
METRICS,
ACCOUNTABILITY



PROACTIVE
GOVERNANCE
MITIGATES RISK



CONDUCT REGULAR
EFFECTIVENESS
REVIEWS



Strategic Scorecard Alliance For Healthier Communities

*Jeanie Argiropoulos, Board Member,
Alliance for Healthier Communities*

Strategic Scorecard Development

- In 2021, the Leadership Team presented a plan to the Board to make changes to the planning and monitoring tools used by the Alliance.
- It included revamping the operational plan and creation of a scorecard for the Board to measure progress on the strategic directions.
- Board provided feedback on the draft tool and acknowledged that it might be an iterative process
- Strategic Scorecard was launched in 2022.

Key Principles for Developing a Scorecard

- Develop an easy to use tool that would help monitor strategic plan progress and have a clear sight line on how various activities are moving along
- Connect back to the strategic plan and five-year outcomes
- Bring all major work under one document, i.e. include resolutions
- Combination of graphs and qualitative data
- Make sure deliverables measured were in our locus of control

Information included in the scorecard: Snapshot

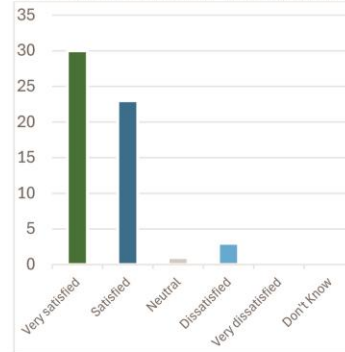
2024-2025 Strategic Scorecard Q4

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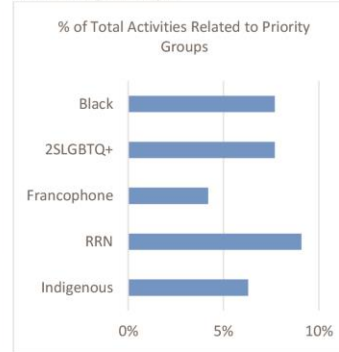


ORGANIZATIONAL EXCELLENCE

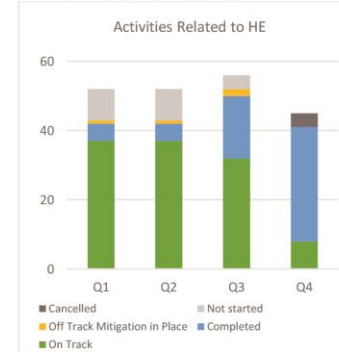
1. Overall Satisfaction with Alliance



2. Priority Groups



3. Health Equity Strategies



4. Organizational Health

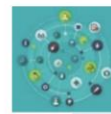
Celebrated Black History Month with guest speaker from Legacy Collexion

Access Alliance invited to present to all staff on: Immigration & Settlement: Implications for Community Health



Our Members

- CHC organizational survey completed
- IPCT toolkit completed and sites signing up for coaching
- Launched socio-demographic data in BIRT
- Successfully completed virtual privacy office pilot
- Completed year 1 implementation of SOLGEN project with IPHCC
- Alliance member satisfaction survey completed - 93% are very satisfied or satisfied with member support at the Alliance



The System

- Alliance was asked to attend a series of meetings and present to the Parliament in London, England to inform the NHS 10 year plan and goal is to shift from hospital to community. We were the only Canadian asked to attend.
- Public Health Ontario presentation on health equity and social prescribing with 276 registered participants across Ontario
- Prepared a Vision for Neighbourhood Health Home for Primary Care Action Table and OH
- The Alliance and RRN Committee representatives attended ROMA Conference
- Alliance presented at meeting of 7 OHTs on health equity and community governance



Our Organization

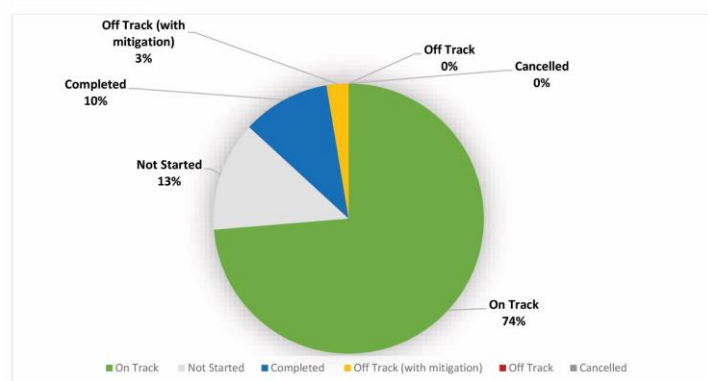
- Completed compensation review and implemented changes.
- Sourced a time sheet system service provider.
- Refreshed Business Continuity Plan.
- Refreshed office space with artwork from Indigenous and Black artists.

Note: Please refer to the acronyms list in the Board package/portal

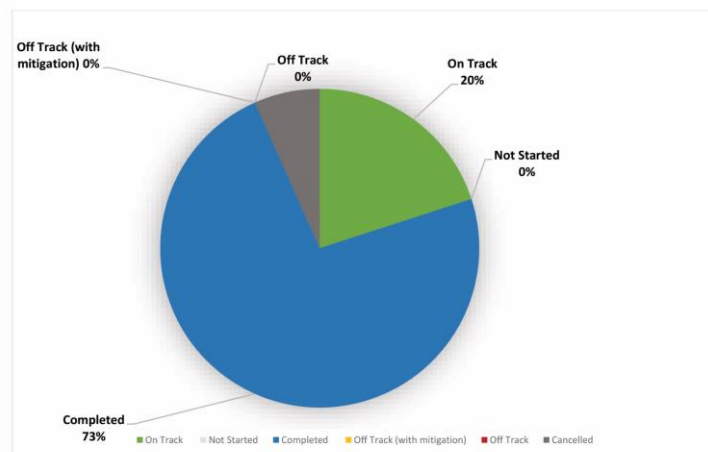
Information included in the scorecard: Report on each strategic direction

SECTION 2 – Q4 PROGRESS ON ACTIVITIES AND TACTICS TO ADVANCE STRATEGIC PRIORITIES

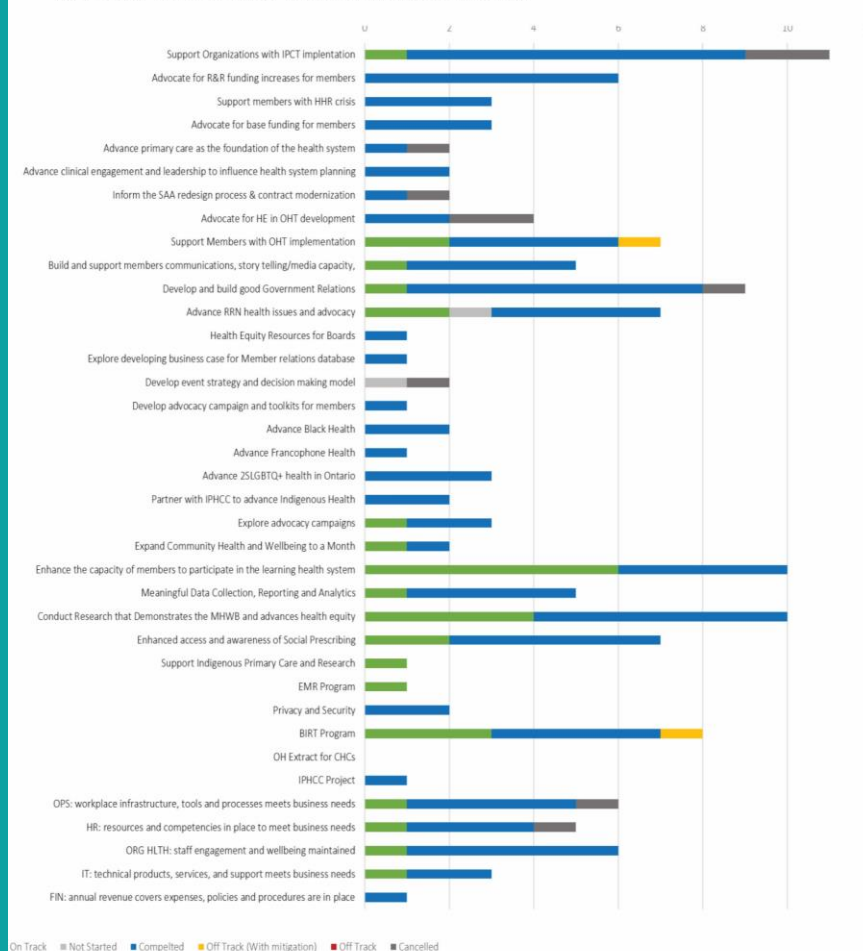
Strategic Priority 1: Advance health equity in Ontario's health system



Strategic Priority 2: Position primary health care as the foundation of an integrated & publicly funded health system



SECTION 3 - PROGRESS OF PLANNED ACTIVITIES FOR Q4



Illustrating our work: key points highlighting major successes

- 20 teams participating in RALI PROMS (including a FHT and new CHC)
- Participated in Canadian 'Best Brains' two-day workshop on IPCT (invite only) – how to implement and evaluate the outcomes of team based primary care
- HEC recognizing the social prescribing modules for 60 of their community paramedics to access the Health Equity focused Social Prescribing modules for 3 months.
- Buddy program established within finance COP
- Presented LHS work at INSPIRE-PHC
- Presented in MHWB to researchers and policy makers BC
- IPCT case studies
- 17 sites have signed up for the HP research study (recruitment ongoing)
- Assisted teams with their QIPs
- Practice Profile and Sociodemographic Placemat distributed
- Health Promotion Paper published
- Community Health centre leadership paper
- BFSP Final Report completed
- 6 Social prescribing presentations (two with OHTs)
- Evaluation framework update completed

Obstacles/Risks/Delays:

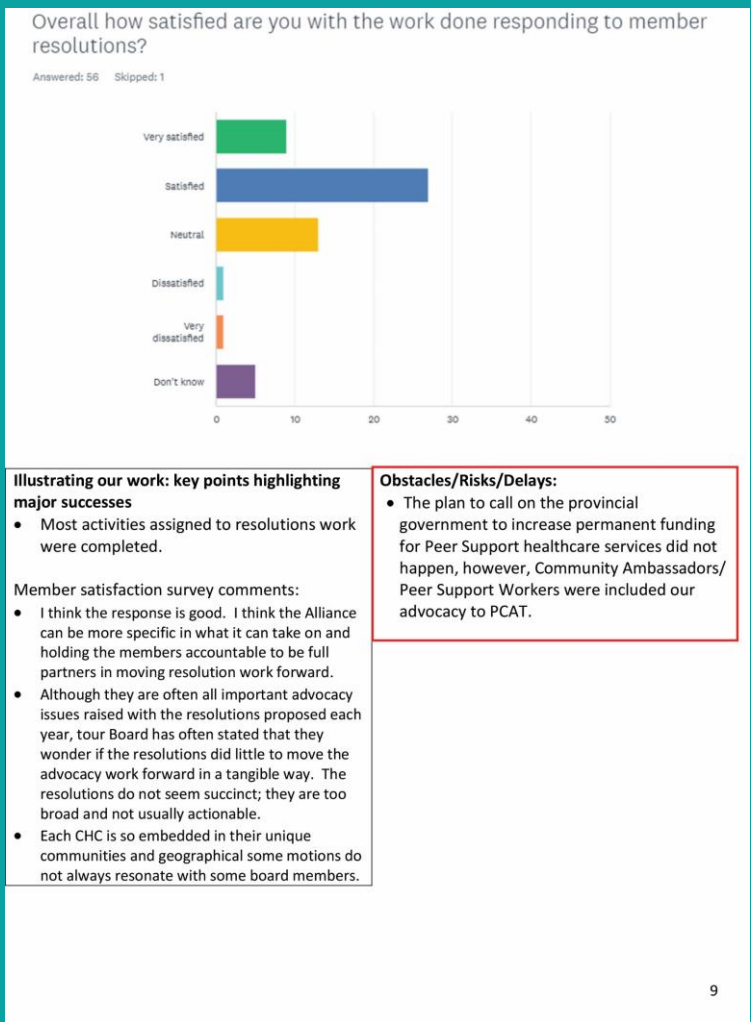
- We are off track with the development of a community governance in OHT's document as we prioritize the development of a general community governance document to inform the work of PCAT. We will monitor the need for the community governance and OHT as the year progresses.
- Working with Telus to resolve data challenges prior to bringing in new fields (labs and drugs).

Member Input:

Member Satisfaction Survey:

- Health Equity work: "This is critical for us. Our priority populations are among the most marginalized in our health care system. The work that the Alliance does here is critical."
- Health Equity work: "I am always impressed with how the Alliance champions health equity in ways that are relevant to the diversity of its membership."
- Health Equity work: "Alliance is championing this work, and raising the alarms needed to address systemic inequities."
- 72% indicated that the health equity work is very impactful or impactful to their organization.
- Primary health care as the foundation: "I feel like there is a recognition amongst the current government that primary care is in need of some investment and refactoring. Alliance's advocacy efforts are no doubt in part responsible for that recognition."

Information included in the scorecard: Report on resolutions



Information included in the scorecard: Five-year outcomes

SECTION 5 - 5-YEAR OUTCOMES

5 Year Outcomes

- Member organizations have increased support, resources and capacity to provide comprehensive primary health care for people who experience barriers
- The Health Equity Charter is actioned by all members
- Alliance membership is increased and members report high levels of satisfaction
- Member organizations are leaders and/or active collaborators within integrated care networks across Ontario
- Member contributions to the health system are well understood, respected and valued
- Increased availability of sociodemographic and race based data throughout the system to inform health planning
- Increased number of people who face barriers to care are provided comprehensive primary health care grounded in the model of health and wellbeing/wholistic health and wellbeing
- Improved health care experiences and outcomes for people who experience barriers to care

Key Activities that have Led to Improvements in the 5 year outcomes (Apr 2022 – Mar 2025)

- Improved health care experiences and outcomes for people who experience barriers to care has been demonstrated through several research projects and highlighted in the annotated bibliography and summarized in systematic reviews.
- Increased number of people who face barriers to care are provided comprehensive primary health care grounded in the model of health and wellbeing/wholistic health and wellbeing.
 - This has been demonstrated through the interprofessional team-based expansion funding, and project specific funding (e.g. pediatric).
 - In addition, the Primary Care Action Table is looking at the Alliance for advice and guidance on a new primary care vision.
 - Primary Care Collaborative established and is the voice of primary care, and Alliance CEO is Chair.
 - Primary care as the foundation of the health system is being adopted by health system leaders.
- Member centres received increased operational funding in 2024-2025.
- Compensation review completed with 9 other associations and a government relations strategy deployed by the collaboration and members. Strong indication that members will receive HHR funding in the next fiscal year.
- Members have increased support in the following areas:
 - AI Scribe reviews
 - Microsoft M365 RFQ
 - Creating gamification through a Phishing Derby, and keeping centres abreast of the latest cyber security challenges
 - eHealth technology support such as OCEAN products, understanding the eHealth systems in the province such as ConnectingOntario/clinical connect
 - Regional meetings instituted.

- Communities of Practice initiated: AI, Privacy and Security, Pediatrics, Unionized Members, Finance, Health Promotion, Social Prescribing, DMC, IPCT Expansion, I12, etc.
- Member contributions to the health system are well understood, respected and valued as demonstrated by the following:
 - Member centres received expansion funding.
 - Members consulted and informed decisions regarding IPCT evaluation, Primary Care Action Table, Quality Standards, etc.
 - Completed annotated bibliography highlighting the contributions of Alliance members.
 - Completed AGO evidence brief demonstrating the value of Model of Health and Wellbeing.
 - CHCs Work campaign.
 - Member centre Learning Health System work is highlighted nationally and internationally.
- Increased availability of sociodemographic and race-based data throughout the system to inform health planning.
 - CHCs have improved the completeness and usable SDOH and race-based data almost meeting the resolution goal of 75% in 2024/2025. Several provincial and national priorities are working with the Alliance to implement the on-going collection of this data including Ontario Health, Public Health and Canadian Institute for Healthcare Information.
 - Rolled out and supported the new socio-demographic template in the EMR working in collaboration with OH to meet their new standards that we informed.
 - OH turned to Alliance members to pilot test the sociodemographic indicators, and relied on the Alliance for staff support.
 - Alliance supported a race-based data project that was a key deliverable of the OH Black Health Equity Working Group.
- Member contributions to the health system are well understood, respected and valued.
 - Partnered with IPIHCC and SOLGEN on transitioning primarily Black and Indigenous individuals that were incarcerated into primary care
 - Participated in the development of Ontario Health's Social Determinants of Health Framework
- Member organizations are leaders and/or active collaborators within integrated care networks across Ontario:
 - Member centres are part of the initial 12 OHTs.
 - Alliance created a toolkit to enhance health equity within OHTs.
 - Many member centres report taking leadership roles within their integrated care networks.
- Alliance membership is increased, and members report high levels of satisfaction
 - 10 new members since 2022/23
- The Health Equity Charter is actioned by all members.
 - The current status: 82% have endorsed the Health Equity Charter as of March 2025.

	The Alliance is on track to achieve the 5 year outcomes stated within the strategic plan.

How is the scorecard used?

- Updated and presented to the Board on a quarterly basis
- Reviewed by Leadership Team and presented to staff
- Helps review and adjust priorities and action items on the operational plan
- Informs the annual report
- Helps inform planning for the next year
- Mitigation strategies

Strengths and lessons learned

- The scorecard provides a quick look; offers an opportunity to understand what's on and off track
- It includes core information and key activities; operational plan available on the portal for reference
- Monday.com is a useful tool for staff to track progress and add updates
- Changed how we track five-year objectives
- Exploring options for a better scorecard tool

Questions? Comments?



The background features a repeating pattern of horizontal wavy lines. The colors of these waves, from top to bottom, are orange, green, teal, and red. Interspersed among these solid-colored waves are smaller, more complex geometric patterns composed of triangles and squares in various colors including orange, green, teal, red, and dark brown.

**Merci!
Miigwetch!
Thank you!**

**Please fill out the
evaluation!**