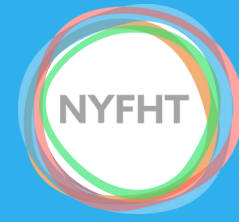
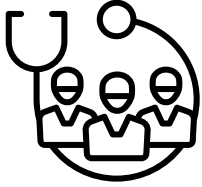


# Demonstrating the Effectiveness of Primary Care Teams in Prevention and Wellness

2023-2024



NORTH  
YORK  
FAMILY  
HEALTH  
TEAM



Working collaboratively as a team, we partner with patients, their families and our community on their journey to better health and wellness. NYFHT partners with 94 physicians across 20 clinics in North York providing access of care to 91,348 individuals.

## DIABETES PREVENTION AND CARE

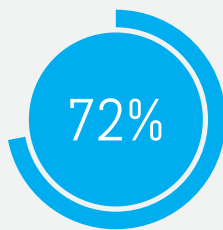


**Improved A1c levels**  
of those enrolled in our  
Diabetes Education Program

Regular Diabetes Testing: A1C

**% of Patients with Diabetes**  
aged between 40 and 80 who have had 2 or more HbA1C tests per year

Our Average



**VS**

Most of our Clinics  
62-80%

Our best Clinic  
88%

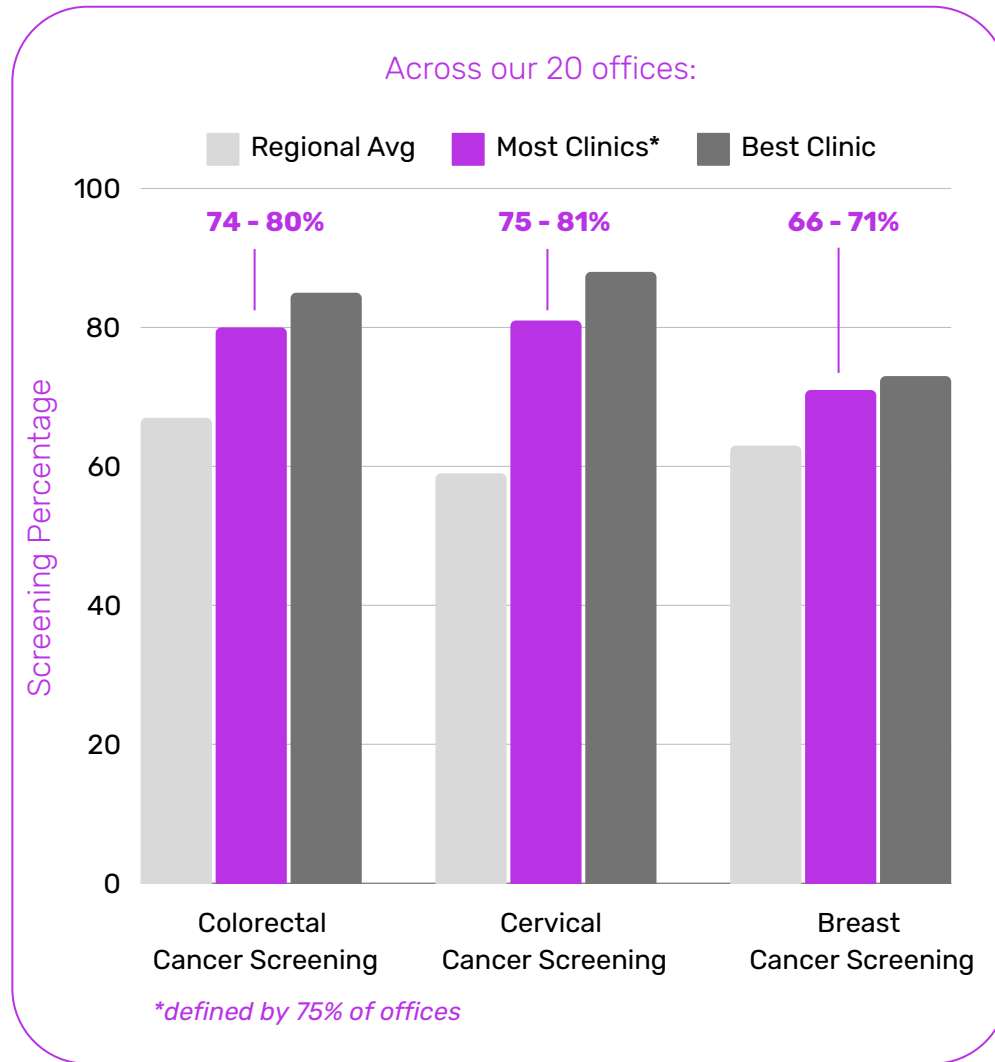
Regional Average  
53%


Our chiropodist has helped prevent the development of a new foot ulcer in 148 patients who were at risk for one.





# CANCER PREVENTION

Our Cancer Screening rates are well above regional averages



 **Colorectal Cancer Screening**  
 Percentage of patients (both male and female) aged between 52 and 74 who have had a FIT test in the past two years or a colonoscopy in the past 10 years

 **Cervical Cancer Screening**  
 Percentage of females aged between 25 and 69 who have had a Pap test/Pap smear in the past 3 years

 **Breast Cancer Screening**  
 Percentage of females aged between 52 and 69 who have had a mammogram in the past 2 years

## Colorectal Cancer Survivorship



NP-led program that follows patients who have completed treatment for their stage 1-3 cancer at the hospital

**5%** Cancer Recurrence Rate

**WELL BELOW**  
 our target of  
**10%**



# NUTRITION COUNSELLING

Our patients report they have gained the necessary knowledge, skills and/or tools after individual counselling

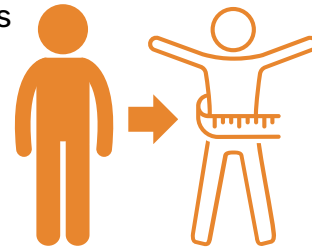
They feel confident in making health changes after attending a nutrition group program



## For those targeting weight loss

Within 6 months

**61%  
LOST**



**5%**  
of their  
initial weight

## Patient comments



In just one phone appointment the dietitian zeroed in on my concerns quickly and offered great support and advice that was professional and compassionate

The dietitian took time to get to know me and understand what my health needs. She provided helpful suggestions with the rationale. I am encouraged to follow up in a few weeks with what I expect will be the start of a positive outcome

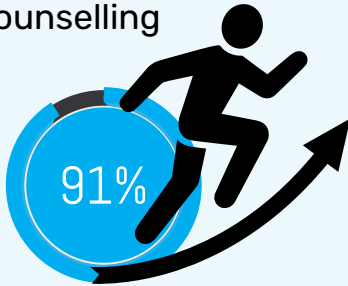
I feel that my dietitian asked me the right questions and engaged in meaningful conversations relating to my lifestyle and daily dietary habits. Her knowledge and expertise helped me better understand my specific challenges relating to food intake and diet planning. Very knowledgeable and insightful professional. Thank you so much

It is helpful in that there is a Dietitian helping you to be more accountable in maintaining a more healthy dietary lifestyle



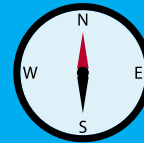
# MENTAL HEALTH AND ADDICTIONS

Of patients seen  
for individual  
counselling



**Improved in their  
Generalized Anxiety Disorder  
Assessment (GAD-7) Score**  
(Target 60%)

With the help of our Resource Navigator, patients  
are reporting they are receiving timely access to  
the care they need



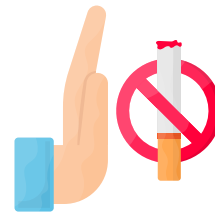
## SMOKING CESSATION

After entering the program

6  
months

**41%**

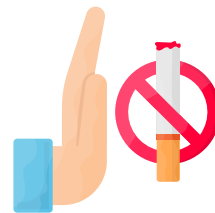
quit or reduced  
smoking



12  
months

**37%**

quit or reduced  
smoking

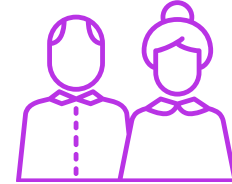


Target 40%

## SENIORS WELLNESS

**882** Patients Screened

by our Nurses for falls risk



Patients aged 75 + with Osteoporosis or Osteopenia were screened by our Nurses for a falls risk and was followed up with appropriate supports

**40** Seniors

seen in their homes by the NP



Seniors who have trouble leaving their homes to receive regular primary care were seen in their homes by the NP, helping to prevent a potential paramedical or hospital emergency department visit

## INCREASING ACCESS TO PRIMARY CARE IN THE COMMUNITY

Working through our Ontario Health Team we are bringing prevention and wellness care to equity- deserving seeking populations, in particular those who do not have access to primary care



**101** Individuals Seen

through Community Clinic by NP



**84** Individuals Screened

for cervical or breast cancer

## SUSTAINABILITY

**105** Patients

who came off or switched to a more environmentally sustainable medication inhaler



## OVERALL



**91,348** Patients

with access to Team Based Care



**25,031** Distinct Patients Seen



**53,265** Total Encounters