

**MODERNIZATION
AND
DISRUPTION:
DRIVING
POSITIVE
CHANGE BY
CO-DESIGN**

- 2** Land Acknowledgement and African Ancestral Acknowledgement
- 3** Message from Deputy Premier and Minister of Health
- 4** Message from Deputy Minister of Health
- 5** Message from the Chair of the Minister's Patient and Family Advisory Council
- 7** Overview of the Council
- 8** Council Snapshot: Lived/Living Experience and Expertise
- 10** By the Numbers Snapshot
- 14** Strengthening Ontario Health Teams Patient, Family and Caregiver Engagement Activities
- 18** Exploring Ways to Expand Roles of Nurse Practitioners, Registered Nurses and Pharmacists
- 22** Co-designing Pathways
- 26** Data and Digital Tools
- 30** Chair's Opportunities and Closing Remarks

TABLE OF CONTENTS

LAND ACKNOWLEDGEMENT

The Minister's Patient and Family Advisory Council (council) acknowledges that our meetings take place on the traditional territory of many Nations, including the Mississaugas of the Credit First Nation, the Anishinaabe, the Haudenosaunee, and the Wendat peoples. These Lands, both historically and currently, have been the home and gathering place of many Indigenous People from across Turtle Island.

Long before today, Indigenous Peoples have been the stewards of these lands. We acknowledge the Dish with One Spoon Treaty, an agreement to peaceably share and care for the resources around the Great Lakes. Indigenous Peoples in Ontario continue to care for this Land and shape the province we live in.

We humbly demonstrate our respect to the Indigenous Peoples of this Land, today and all days. We are deeply grateful for the opportunity to live, work, and meet in this territory. We affirm our commitment to heartfelt reconciliation.

AFRICAN ANCESTRAL ACKNOWLEDGEMENT

The council acknowledges all Treaty peoples, including those who came here as settlers, as migrants either in this generation or in generations past, and those who came here involuntarily, particularly those brought to these lands as a result of the Trans-Atlantic Slave Trade and enslavement. We recognize and pay tribute to those ancestors of African origin and descent.

MESSAGE FROM DEPUTY PREMIER AND MINISTER OF HEALTH



I am pleased to accept the 2024–2025 Annual Report of the Minister's Patient and Family Advisory Council. On behalf of our entire government, I would like to extend my sincere gratitude for the council's steadfast leadership in shaping a more responsive and inclusive health care system that better connects people and their families across the province to the care and supports they need, close to home.

Our government is making bold and innovative changes to build a health care system that provides people with the right care, in the right place. As outlined in this report, the council's experience and expertise have provided meaningful contributions to progress health system transformation, including through:

- strengthening patient, family and caregiver engagement activities within Ontario Health Teams
- exploring ways to expand the role of nurse practitioners, registered nurses and pharmacists

- implementing health innovation technologies and the Ontario Intensive Treatment Pathway for children and youth with intensive mental health needs
- supporting improved access to data and digital tools, including through Artificial Intelligence (AI) Scribe and Robotic Process Automation

I would also like to take the opportunity to express my appreciation for Betty-Lou Kristy, the council's chair, whose unwavering leadership continue to make a lasting impact on Ontario's health care system for years to come. To each of the council's members, thank you for your commitment to providing your insights that ensure patient experiences remain at the forefront of care. It has been a privilege to witness the results of your impactful contributions and I look forward to continuing this work together.

Stay well.

Sylvia Jones
Deputy Premier and Minister of Health

MESSAGE FROM DEPUTY MINISTER OF HEALTH



On behalf of the Ministry of Health, I join Minister Jones in accepting the annual report of the Minister's Patient and Family Advisory Council for 2024–2025.

Over the past year, I have had the privilege of meeting with the council and learning about their diverse backgrounds, lived experiences, interests and areas of expertise. Time after time, your voices have profoundly strengthened our ministry's understanding of the opportunities and challenges patients, families and caregivers face in their communities when seeking the care they need.

I extend my appreciation to Betty-Lou Kristy, chair of the Minister's Patient and Family Advisory Council and its dedicated members for this year's annual report. Thank you for your profound insights to driving meaningful changes for patients within our health care system.

Your time, passion and expertise are greatly appreciated and valued as we continue to work together on engaging and co-designing with patients, families and caregivers to build a truly patient-centred health care system.

In friendship,

Deborah Richardson
Deputy Minister of Health

MESSAGE FROM CHAIR OF THE MINISTER'S PATIENT AND FAMILY ADVISORY COUNCIL



Transforming the health care system takes a bit of disruption. With positive disruption, the care patients, families and caregivers receive can change in really meaningful ways. Leading through disruption requires us to hold on to a clear vision, while working through the 'messy middle' of how we get there. I envision a health care system that plans and delivers care using a population health approach in partnership with patients and their communities, reducing the harms, inequities, gaps and siloes that have become the norm.

As a council, we recognize that transformation is hard. There continues to be ongoing ramifications from the pandemic, and an opioid and unhoused epidemic the requires attention. At the same time, we see increasingly differing philosophies, contrasting perspectives, and shifting interpretations of evidence. There is so much "noise" to sift through.

Despite all the noise, we have so much to be proud of as a council and as a health care system.

I would not still be doing this work if I did not believe in and see the change. To me, it is imperative to be realistic and authentic. As chair, my responsibility is to express these ideas in a way that makes you really appreciate and understand what I mean. Context is the very soul of communicating. It is my way of creating intentional dialogue¹.

Intentional dialogue is the crux of how we should be, and in many places already are, co-creating better health care with patients, families and caregivers. **By design.**

Part of this intentional dialogue requires an anti-racist and reconciliatory approach. Anything less falls short of the principles of reconciliation. I remain committed to learning and growing my relationship with the land and Indigenous peoples while unlearning the colonial practices embedded in our systems. I acknowledge that colonial violence continues to negatively impact Indigenous communities and as health system leaders, it is our responsibility to ensure these harms are not replicated.

1. Intentional dialogue is a structured way to mindfully communicate about difficult issues. Its purpose is to create emotional safety, which will deepen connection and significantly increase the ability of the listener to listen and the person sharing to practice non-harming speech. Heterodox Academy, Intentional Dialogue Guide, Access Mindfulness, Elizabeth Nielson, and Harville Hendrix, October 30, 2020, <https://content.heterodoxacademy.org/uploads/1-Tools-Resources/HxA-Resource-Intentional-Dialogue.pdf>

MESSAGE FROM CHAIR OF THE MINISTER'S PATIENT AND FAMILY ADVISORY COUNCIL Contd.

As a council, we are dedicated to integrating reconciliation into our processes and the advice we provide to the Minister and Ministry of Health. To drive impact, we are committed to ensuring an anti-racist, culturally diverse and equitable lens is ingrained in all areas of our work.

This year, the council continued to advocate and lead through an ever-changing health care landscape. As a result, the theme for this year's annual report is **supporting patient, family and caregiver partnership through positive disruption**. This means staying true to our mandate. Being thought leaders. Communicating. Developing. Mobilizing. Role modelling.

Our engagements drove innovative progress, built capacity, and supported improvements for clinical changes. As patient, family and caregiver leaders and stewards, we used our voices to create intentional dialogue that supports change.

It is what I always refer to as 'the delicate roar'.

Thank you to Deputy Premier and Minister of Health Sylvia Jones for your leadership, and support of the council. Together, I know we will continue to ensure patient, family and caregiver voices are at the heart of health system change.

I also want to thank Deputy Minister Deborah Richardson and the Ministry of Health for your partnership and allyship. You help ensure patient, family and caregiver engagement is a key part of designing and implementing policies and programs that impact the health system every day.

I would like to express my enormous gratitude to the fantastic and talented council for their extensive contributions to improving the health care system. I am humbled by your remarkable expertise and am continuously learning from your wisdom, perspectives and passion. Thank you.

Lastly, I want to thank the patient engagement team at the Ministry of Health, which supports me as chair. They have been my biggest supporters in this role, and I am so grateful to have them as partners in this work. Thank you, Jessica, Chris, Maja and Sophia.

Betty-Lou Kristy
Minister's Patient and Family Advisory Council Chair

OVERVIEW OF THE COUNCIL

The Minister's Patient and Family Advisory Council ('council') is a permanent provincial advisory agency to the Minister and the Ministry of Health ('ministry') with a mandate to help improve patient care by ensuring patient, family and caregiver voices are at the centre of policy development and decision-making at the ministry.

The council in 2024-25 had 11 members, plus the chair. Members are public appointees who have a breadth of lived and living experiences in the health system and social determinants of health. They represent a diverse range of voices and perspectives across Ontario and draw from their expertise to provide advice in health system planning.

In 2024-25, the council continued to make advances and provide valuable insights in priority areas such as patient, family and caregiver engagement in Ontario Health Teams, improved access to digital health tools such as Artificial Intelligence Scribe and Robotic Process Automation and data, the Ontario Intensive Treatment Pathway for youth and children with mental health needs, development of health innovation pathway and expanding scopes of practice for nurse practitioners, registered nurses and pharmacists. Engaging with patients, families and caregivers has helped ministry leaders and staff better understand the gaps and complexities patients are facing. Since 2023-24, both council members and ministry program areas who engaged the council feel strongly that the work of the council makes a difference to the work of the Ministry of Health.



Minister's Patient and Family Advisory Council with Deputy Minister Deborah Richardson, June 2024.

From left to right: (top row) Betty-Lou Kristy (chair), Shequita Thompson-Reid, Don Mahleka, Sandra Holdsworth, Amandeep Kaur; (second row) Abbey Hunter, Deputy Minister Richardson, Joan Duke, Karen Samuels, Shannon McGavin; (third row) Dean Valentine, Sandi Bell.

Not pictured: David Bell, Paul Carr, Terrence Ho, Wendy De Souza

COUNCIL SNAPSHOT LIVED/LIVING EXPERIENCE AND EXPERTISE

The diverse voices of the council's members make its success possible. Their contributions as valued partners support positive disruption in the health care system. Below is a snapshot of lived/living experiences and other expertise of all members for 2024-25, full biographies can be found at the [Minister's Patient and Family Advisory Council website](#).



Betty-Lou Kristy (chair) Childhood Trauma, Domestic Violence, Substance Use/Addiction, Mental Health, Bereavement, Cancer, Chronic Disease, Restorative Justice, Peer Support, Housing, Governance, Engagement & Co-Design



Abbey Hunter Youth; Chronic Disease; Public Health; Northern Health; Dementia; Community-Based Initiatives & Advocacy; Ontario Health Teams; Community-Based Research and Engagement; Health Promotion



Amandeep Kaur South Asian Community, Substance Use/Addiction, Mental Health, Marginalized and Diverse Populations, Leadership, Strategic Visioning, Community Development, Health Promotion, Chronic Disease Prevention



David Bell Family Caregiver Mental Health, Child Health Services, Care for Medically-Fragile Children, Pediatric Palliative Care, Organ Donation, Research Ethics



Dean Valentine Veteran of Canada's Royal Canadian Navy, HIV/AIDS, Mental Health, Substance Use/Addiction, Harm Reduction, Community Building, Peer Support, Community Engagement, Co-Design, Governance, Human Resources, Research, LGBTQ2I Advocacy



Don Mahleka Refugee from Zimbabwe, Chronic Pain, Trauma, Mental Health, Health Equity, Anti-Racism, Anti-Oppression, Youth Program Development, Change Management, Participatory Research, Policy Development



Joan Duke Northern Communities, Supporting Family/Caregivers, Chronic Conditions, Advisory & Empowerment, Community Engagement, Virtual Care, Digital Health, Policy Review, Quality Control, Research



Karen Samuels Child Protection Worker, Cancer Survivor, Mental Health and Addictions, Youth Engagement, Homelessness, Human Trafficking, Emotional Intelligence, Immigration, Kinship Services, Equity, Diversity, Peer Support

COUNCIL SNAPSHOT LIVED/LIVING EXPERIENCE AND EXPERTISE



Paul Carr Northern Communities, Stroke, Cardio Vascular, Seniors, Advisory & Empowerment, Cancer Survivor



Sandi Bell African-Canadian/Indigenous, Human Rights, Social Justice, Anti-Racism, Anti-Oppression, Mental Health, Child Welfare, Education, Youth, Accessibility, Disability Issues, Equity, Diversity, Access, Inclusion, Mediation, Training



Sandra Holdsworth Transplant Recipient, Organ & Tissue Donation, Chronic Disease, Mental Health, Social Determinants of Health, Research, Co-Design, Knowledge Translation, Engagement, Leadership, Patient Partnership, Quality Improvement, Training



Shannon McGavin Over 25 Years in Education Field, Rural Communities, Youth and Community Wellness, Mental Health & Substance Use, System Change, People Centred Teams, Transformative Change, Research, Health Standards



Shequita Thompson-Reid Racialized Communities, Equity and Anti-Oppression, Anti-Black Racism, Trauma, Mental Health, ADD/ADHD, Youth Engagement, Housing, Conflict Mediation, Violence Prevention, LGBTQIP2AA, Education

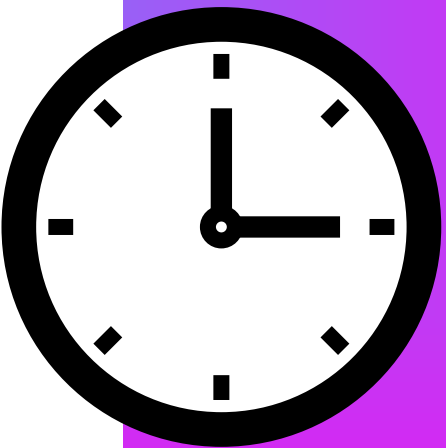


Terrence Ho Strategy, Facilitation, Community Development, Caregiving for Youth, Caregiver for Seniors, End of Life Care, Accessibility, Mental Health, Author, Patient Advocacy



Wendy De-Souza Intersectional Feminist Lens, Equity, Decolonizing Institutional Spaces, Gender Based Violence, Human Trafficking, Research, Complex Birth Issues, Mental Health & Addiction, Two Spirit, Nonbinary and Trans Communities

In 2024-25, the council engaged **18** times with the ministry and health system partners, with council members collectively spending a total of **517 hours** partnering to shape ministry policy and programs.



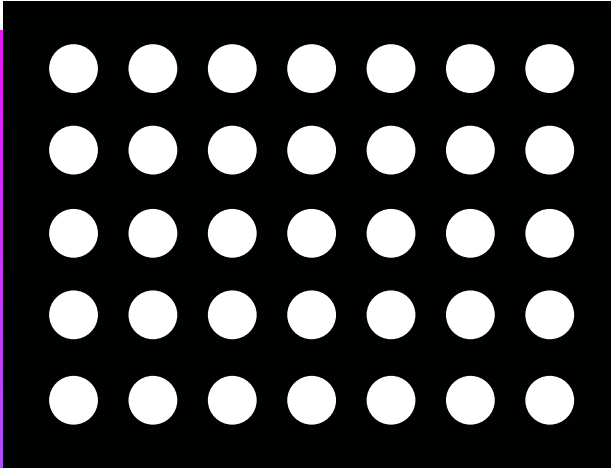
The council has engaged on **15** priority and emerging topics across the health care system, partnering with different areas of the ministry and Ontario Health.

The chair's engagements:

Over **24 hours** meeting with the ministry to support the work of the council and provincial patient, family, and caregiver engagement activities.

11 Meetings 
with the Minister and senior ministry leadership working on collaborative partnership and co-design.

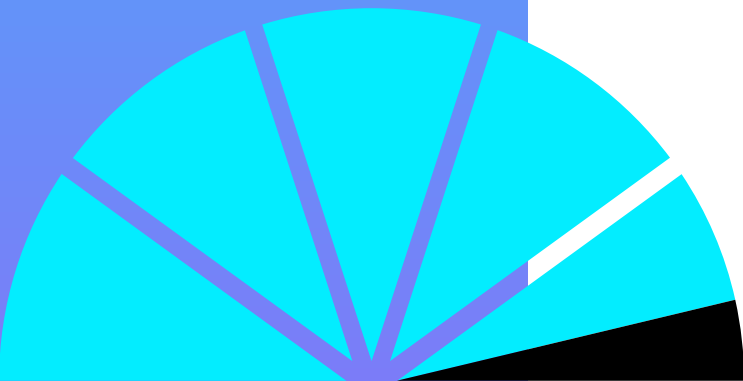
35 hours of strategic advice through health system working groups and health system speaking engagements, including over 16 hours of advising and stewardship at the Patient, Family and Caregiver Engagement and Partnering Community of Practice.



BY THE NUMBERS SNAPSHOT

The council completed an annual evaluation² to understand impact and areas of improvement.

Council members reported:



All members **(100%)** agreed or strongly agreed that they feel engaged during meeting consultations.

On a scale of 1 to 5, the average response was 4.7.



All council members agreed or strongly agreed they have the supports they need to be engaged as part of the council.

On a scale from 1 to 5, the average response was 4.6.



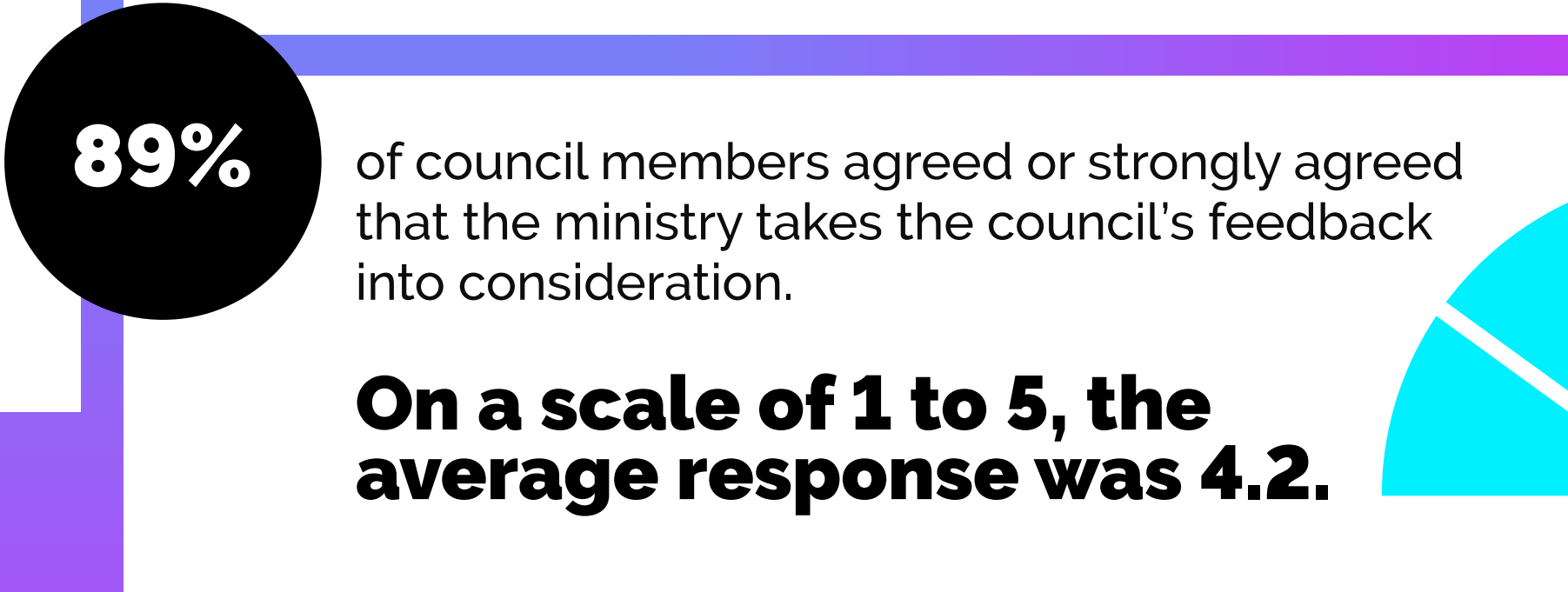
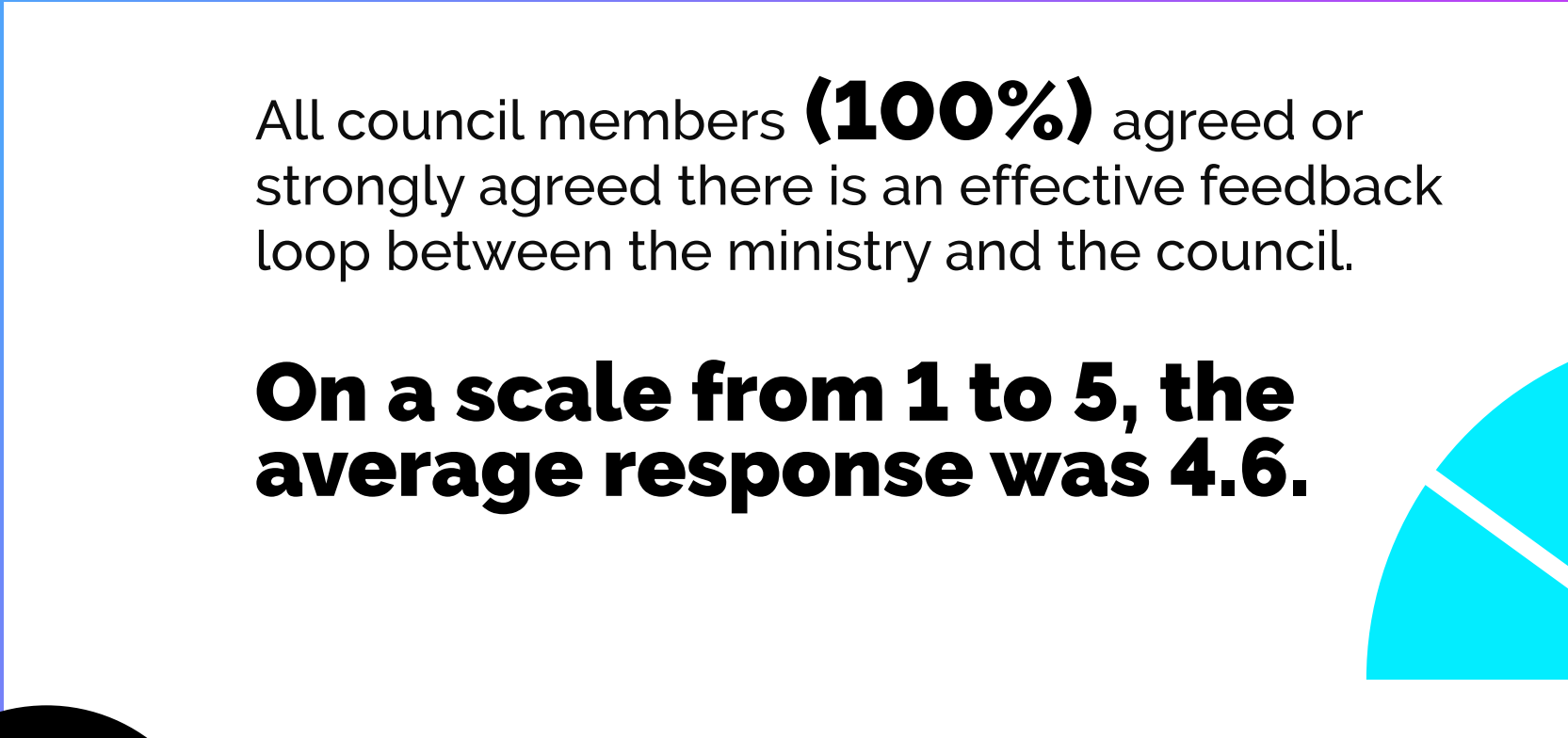
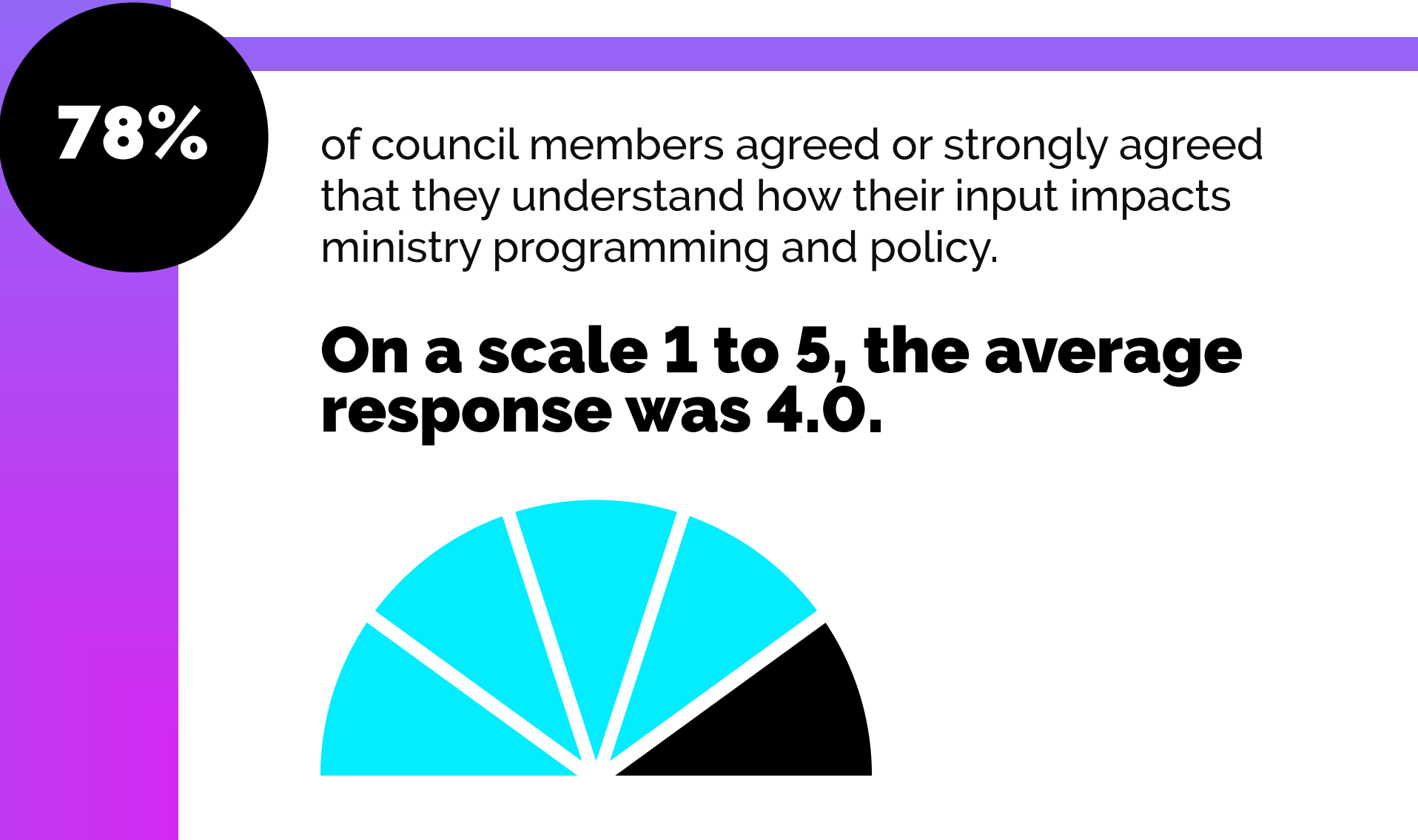
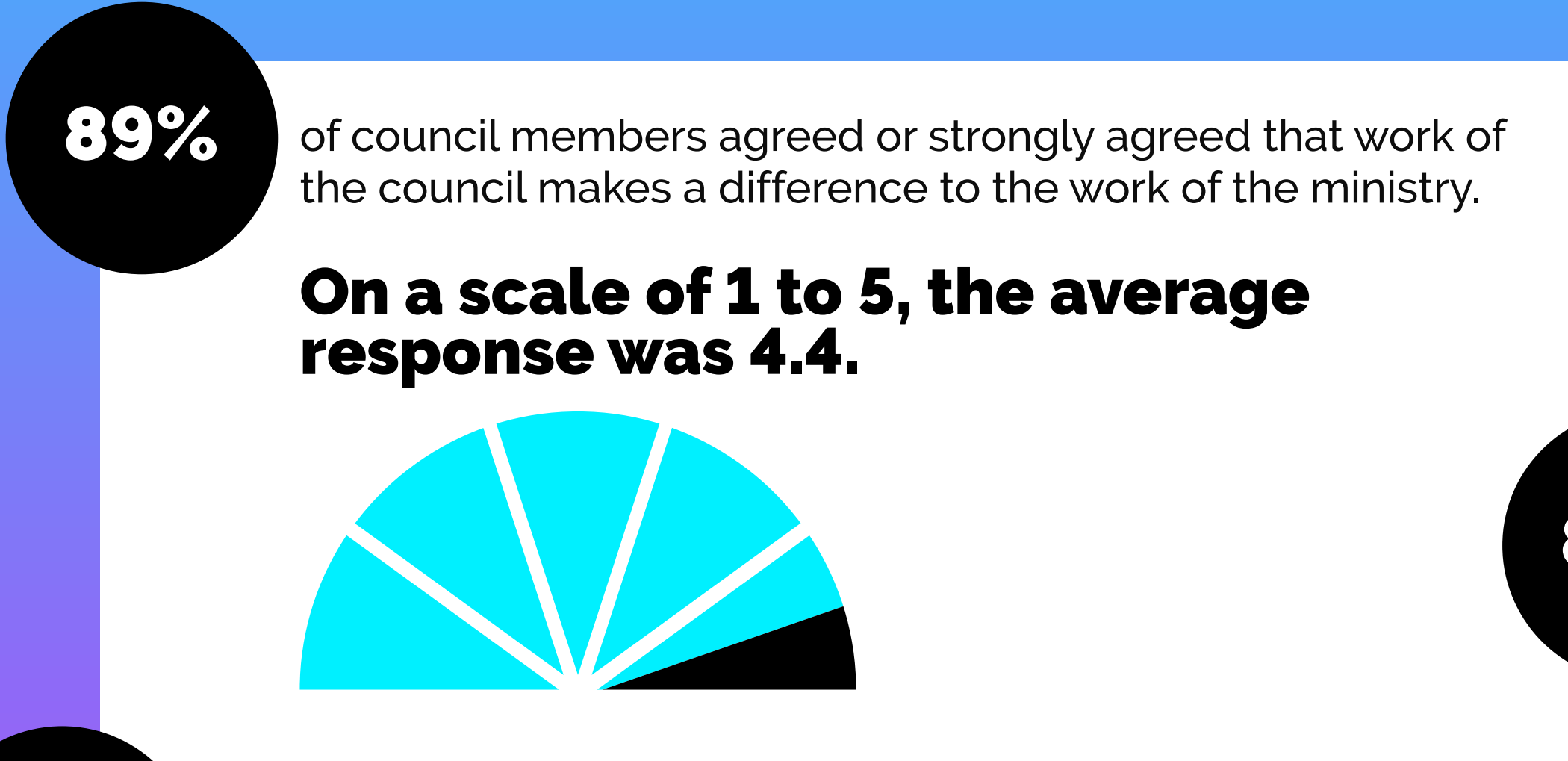
All council members agreed or strongly agreed that a safe, inclusive and trauma-informed space is established for council meetings.

In 2025, on a scale of 1 to 5, the average response was 4.8.

² Dafel A, Tripp L, Abelson J. (2025). Evaluating the Minister's Patient and Family Advisory Council: Results of three surveys. Public and Patient Engagement Collaborative, McMaster University.

BY THE
NUMBERS
SNAPSHOT

Council members reported:



BY THE
NUMBERS
SNAPSHOT

Ministry teams who engaged with the council reported high impact and value of the engagement:

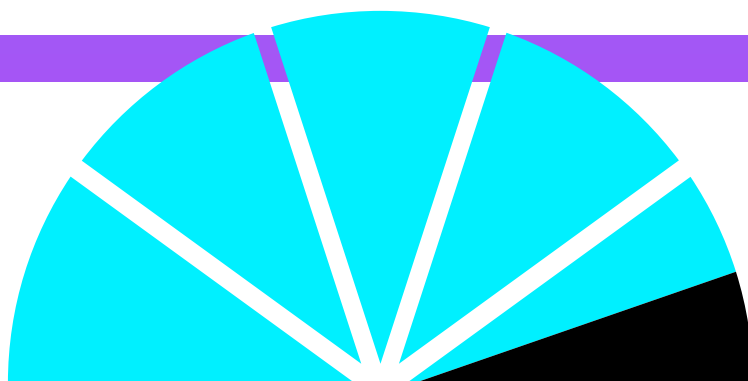
100% of ministry teams who engaged with the council agreed or strongly agreed that work of the council makes a difference to the work of the ministry.

On a scale 1 to 5, the average response was 4.6.



95% of ministry teams who engaged with the council agreed or strongly agreed that council members presented a broad range of perspectives.

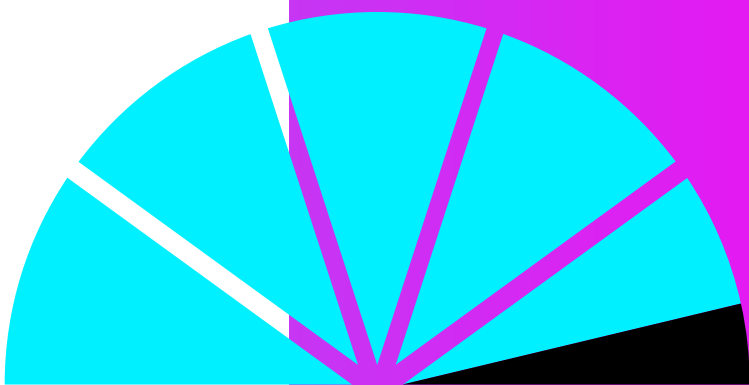
On a scale of 1 to 5, the average response was 4.5.



100%

of ministry teams who engaged with the council agreed or strongly agreed that engagement with the council added value to their work.

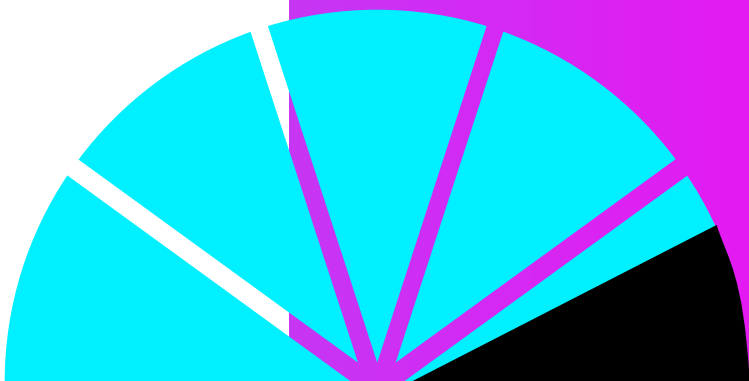
On a scale 1 to 5, the average response rate was 4.6.



84%

of ministry teams who engaged with the council agreed or strongly agreed that the council provided unique perspectives that were not available through other engagements.

On a scale 1 to 5, the average response rate was 4.2.



BY THE
NUMBERS
SNAPSHOT

STRENGTHENING ONTARIO HEALTH TEAMS PATIENT, FAMILY AND CAREGIVER ENGAGEMENT ACTIVITIES



STRENGTHENING ONTARIO HEALTH TEAMS PATIENT, FAMILY AND CAREGIVER ENGAGEMENT ACTIVITIES

OVERVIEW

The council provided key advice to support the patient, family and caregiver activities of Ontario Health Teams (OHTs). They highlighted the impact of co-designing with patients, families and caregivers and including them as partners at decision-making tables. They also noted the need to strengthen patient, family and caregiver engagement competencies among OHT leaders.

The council co-designed resources and identified leading practices and tools to support engagement and partnership for OHTs. The council emphasized the importance of:

- establishing feedback loops to demonstrate transparency and accountability with patients, families and caregivers;
- standardizing a common understanding of engagement and partnership practices; and
- embedding cultural humility and anti-racism principles in approaches.

The council provided advice on the release and implementation of the [Creating Engagement Capable Environments in OHTs: Self-Assessment Tool](#) led by the Public and Patient Engagement Collaborative from McMaster University. This tool supports OHTs to understand their engagement and partnership capacity and identifies activities to help mature in this area.

The council also shared insights on patient experience surveys for OHTs. They emphasized:

- incorporating measures related to mental health and addictions, virtual experiences, disabilities and cultural sensitivity; and
- ensuring questions are inclusive and accessible for patients who access care through multiple providers.

STRENGTHENING ONTARIO HEALTH TEAMS PATIENT, FAMILY AND CAREGIVER ENGAGEMENT ACTIVITIES



POSITIVE DISRUPTION

The council identified significant variation in OHT patient, family and caregiver engagement and partnership practices and the need to support consistent approaches that would help OHTs continue to mature. The council advocated for positive disruption by recommending:

- establishing common structures within OHTs including having patient, families and caregivers as representatives at decision-making tables;
- strengthening communication and accountability between the OHT and patient, family and caregiver partners to recognize and address power imbalances between patient, family and caregiver partners and other leaders;
- requiring competency training for OHT leaders and staff in engagement and partnership; and
- emphasizing the importance of language and terms used when partnering with and reflecting patient experiences in OHT data to mitigate and recognize historical harms.

STRENGTHENING ONTARIO HEALTH TEAMS PATIENT, FAMILY AND CAREGIVER ENGAGEMENT ACTIVITIES

"As the director in the ministry responsible for both OHT implementation and patient engagement, I am especially grateful for the advice from the council on strengthening patient, family and caregiver partnership within OHTs. With a deep understanding of population health approaches to care and passion for local system integration, the council has shared valuable perspectives that have contributed to guidance, evaluation approaches and other helpful tools that are benefitting OHTs in real time."

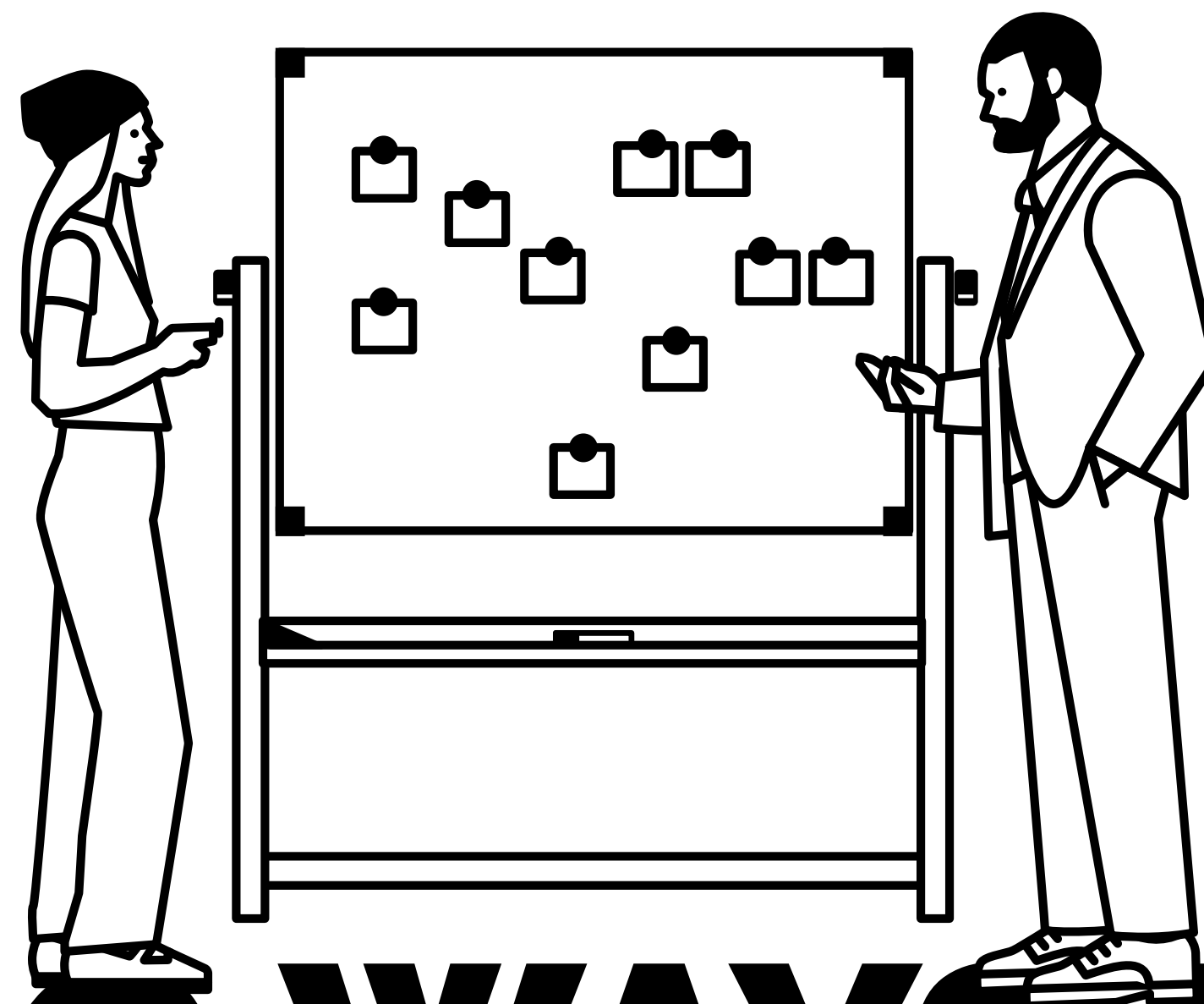
**Allison Costello, Director, Ontario Health Teams Policy and Operations Branch,
Ministry of Health**

"Successfully developed over time, I believe the council has modelled deliberate meaningful engagement with co-design approaches and principles in place. As other health care initiatives and transformation takes place, it is paramount that we meaningfully engage patients, families and caregivers at all levels of those initiatives, especially at early planning stages as equitable co-design partners."

Dean Valentine, Council Member

"The council's ongoing partnership has been instrumental in guiding key aspects of our work to advance integrated, patient centred care. Their thoughtful advice – grounded in lived experience – continues to shape how we design, implement and evaluate measurement programs across the health system. From embedding equity and cultural sensitivity in patient experience surveys to establishing feedback loops for transparency and accountability, the council's contributions help ensure that program activities reflect the voices and needs of patients, families, and caregivers across Ontario."

**Zahra Ismail, VP Primary Care and Person Centred Measurement,
Ontario Health**



EXPLORING WAYS TO EXPAND ROLES OF NURSE PRACTITIONERS, REGISTERED NURSES AND PHARMACISTS

EXPLORING WAYS TO EXPAND ROLES OF NURSE PRACTITIONERS, REGISTERED NURSES AND PHARMACISTS

OVERVIEW

The council provided advice on the ministry's proposals to expand the scope of practice for pharmacists, nurse practitioners and registered nurses, increase access to vaccines in community pharmacies and redesign the MedsCheck program. The council was supportive of these efforts and recognized their value to expand access to care especially in areas of the provinces where patients may not have easy access to care.

The council highlighted the need to maintain high standards for education and training of health care professionals to ensure safe assessment and prescribing practices and to support connections with primary care. The council emphasized the importance of patient safety and confidentiality when providing care in non-traditional settings, particularly relevant to minor ailment services in pharmacies.

The council supported expanding access to publicly funded vaccines in community pharmacies, emphasizing convenience for vulnerable populations. The council indicated the need for clear communication strategies to promote services offered in pharmacies that are tailored to diverse socioeconomic backgrounds. To further enhance the MedsCheck program, the council stressed the need for consistency in quality of assessments and patient and primary care provider communication.

The council also provided advice on the ministry's proposals to expand the scopes of practice for nurse practitioners and registered nurses. The council recognized the value and experience of nurse practitioners and registered nurses and welcomed the opportunity for timely access to services following the death of a loved one, in a way that supports families and respects diverse cultural practices.

EXPLORING WAYS TO EXPAND ROLES OF NURSE PRACTITIONERS, REGISTERED NURSES AND PHARMACISTS

POSITIVE DISRUPTION

Collectively, the council supported the advancement of scope of practice, expanded access to publicly funded immunizations and improvements to support patient medication review through redesigning the MedsCheck program.

The council supported positive disruption by recognizing the importance of trauma-informed care especially at times and in places that may not be where care is traditionally provided (for example at a pharmacy or the immediate hours following the death of a loved one). Advice from the council on system changes sought to ensure:

- continued delivery of safe and effective pharmacy services;
- preservation of patient safety and confidentiality; and
- digital integration between point of care systems and with primary care so patients do not have to repeat their information.

EXPLORING WAYS TO EXPAND ROLES OF NURSE PRACTITIONERS, REGISTERED NURSES AND PHARMACISTS

“Our work underscored the importance of embedding patient voice in care design—especially in shaping OHTs and digital tools that reflect lived experience and drive equity. From an equity lens, we emphasized the need to ensure care pathways and data systems meaningfully consider the unique needs of Black, Indigenous, and racialized communities.”

Shequita Thompson-Reid, Former Council Member

“We have been fortunate to consult with the council on several scope of practice initiatives for pharmacy professions and nurses. Their invaluable insights and genuine patient perspectives greatly enriched our understanding. With their input, we were able to approach changes to regulated health professionals’ scopes of practice through a patient- and family-centered care lens to build our policies to better meet the needs of Ontarians.”

Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Ministry of Health

“It was a great opportunity to consult council. The council provided practical advice and input from varied perspectives on how pharmacy-based vaccine delivery has the potential to serve Ontario's diverse communities. Their insights highlighted key considerations around access, communication and patient experience that will be valuable for any future program expansion being assessed in Ontario.”

Robert Lerch, Director, Vaccine Policy and Programs Branch, Ministry of Health



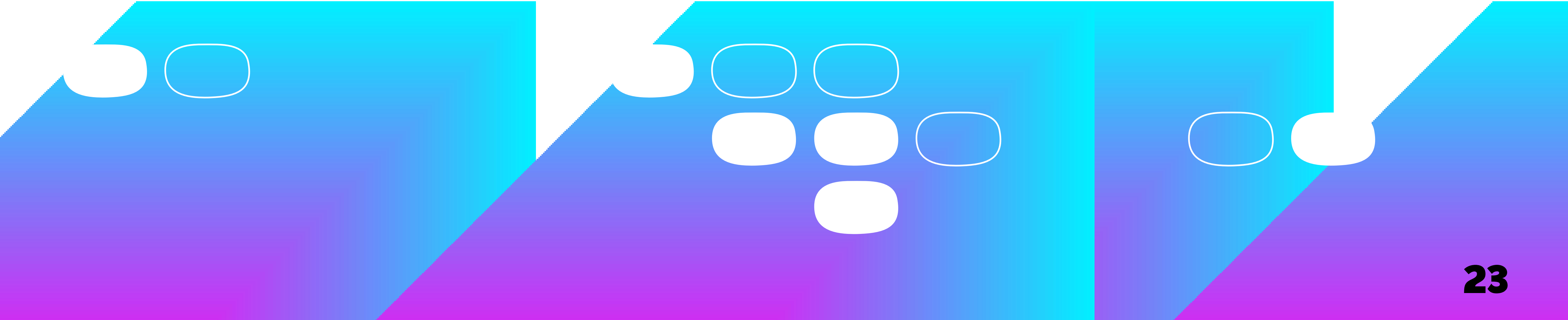
CO-DESIGNING PATHWAYS

CO-DESIGNING PATHWAYS

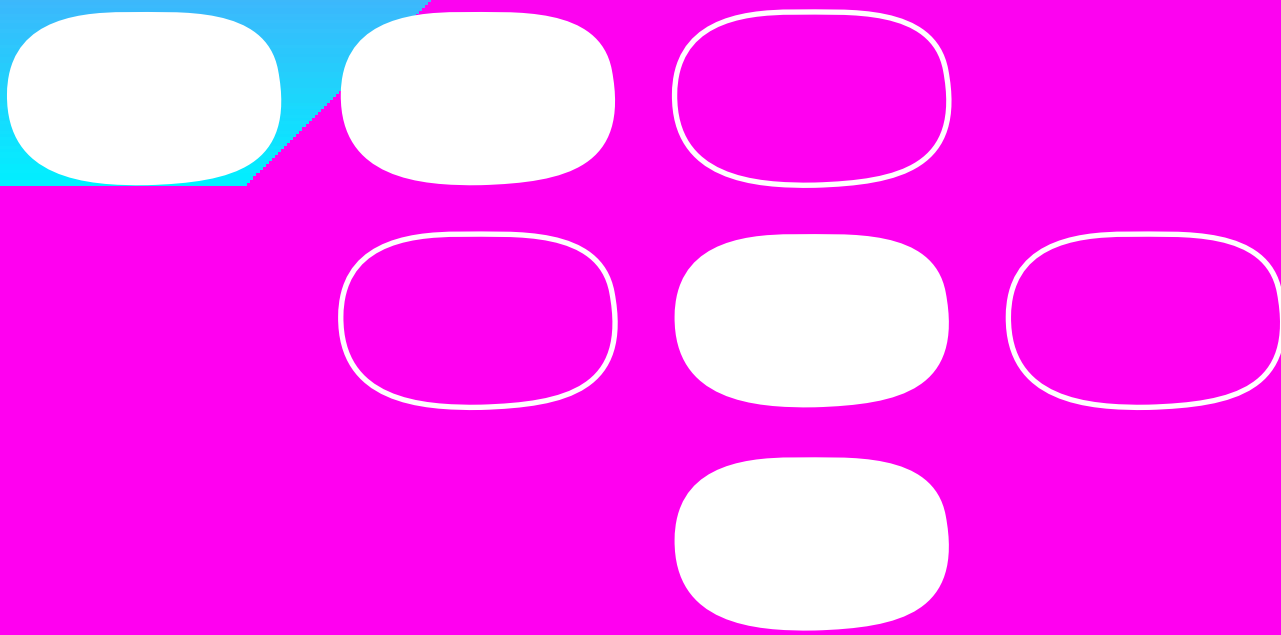
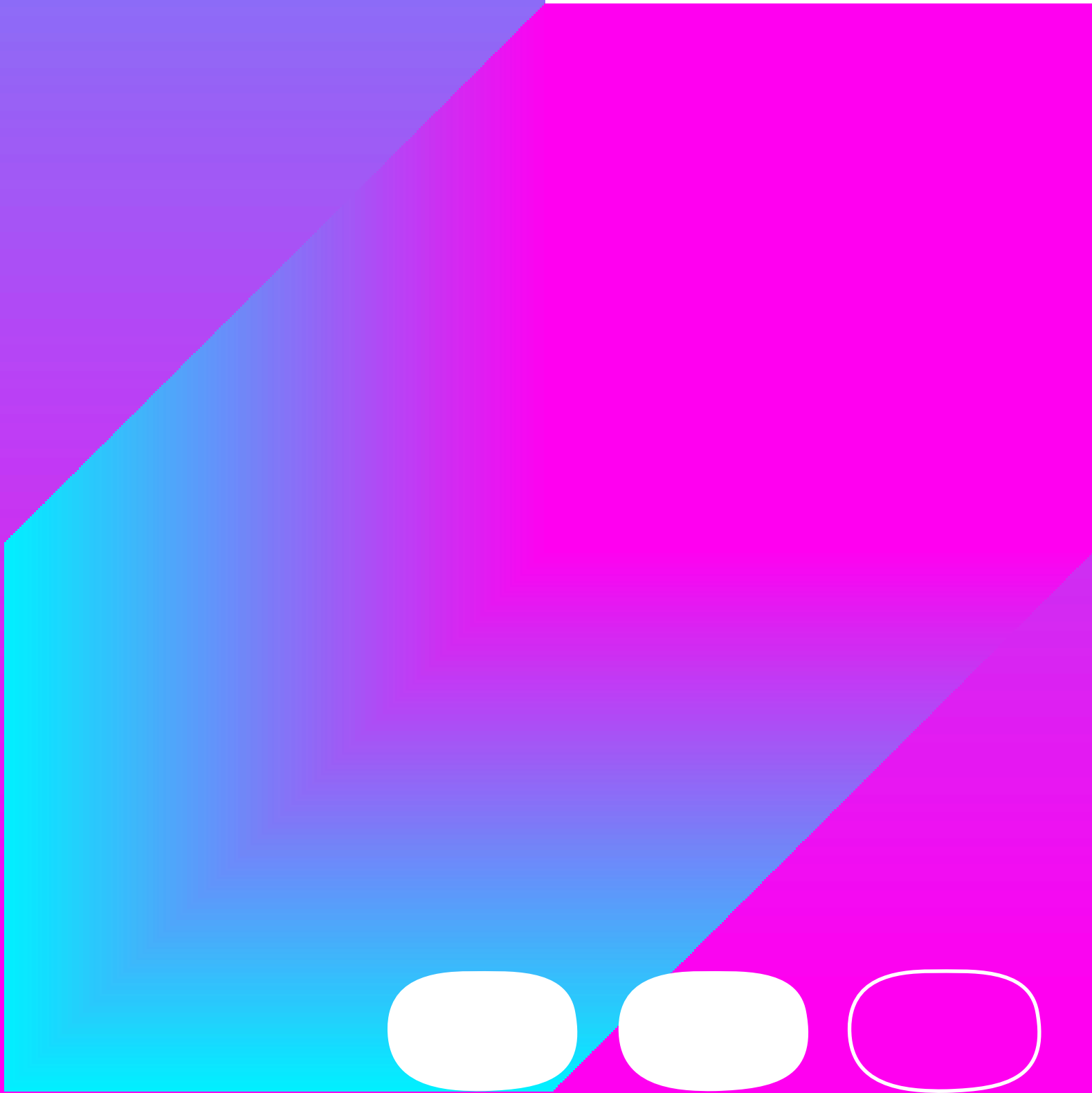
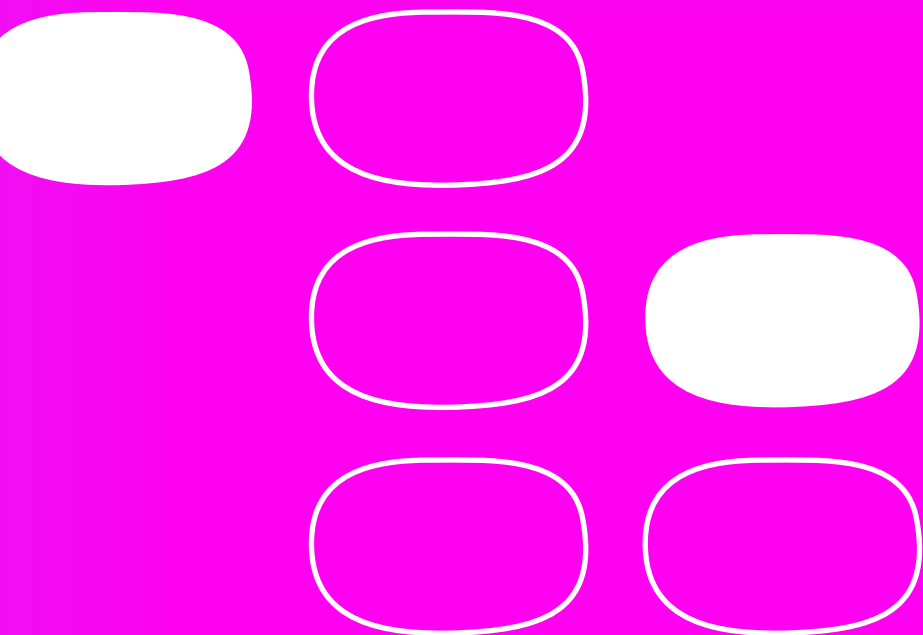
OVERVIEW

The council provided advice on the best ways to integrate and support patient, family and caregiver engagement throughout the [Health Innovation Pathway](#), a process of bringing new, innovative technologies into Ontario's health care system. The council emphasized the need for equitable access and affordability considerations in all stages of the process, including proposal intake, technology review and implementation. The council identified that when additional evidence is required to evaluate a technology, strong research ethics, data security and patient safety should be top priorities, supported by patient, family and caregiver involvement in oversight and governance roles. The council emphasized the importance of including patient engagement opportunities along the entire pathway process – from early validation to scaled adoption.

The council also advised on the new Ontario Intensive Treatment Pathway (OITP). The OITP will be a provincially guided, regionally delivered, connected model of intensive treatment for children and youth with the most intensive mental health needs (beginning with live-in treatment). Advice included how the pathway would plan for patient, family and caregiver engagement to support implementation and evaluation of service delivery. The council emphasized the importance of engaging youth directly, in addition to caregivers, to ensure youth feeling heard remains a critical part of the healing journey and approach to care is trauma-informed. The council strongly recommended culturally specific approaches to care that recognize the societal and community stigma that comes with seeking help. The council noted the priority of integrating mental health services with broader health and social care, ensuring that issues like substance use are addressed comprehensively, not in a silo.



CO-DESIGNING PATHWAYS



POSITIVE DISRUPTION

The council supported an approach to identify and engage patients for individual innovation proposals to demonstrate their involvement at each stage of the Health Innovation Pathway.

The council identified the OITP terminology used in vision statements and materials to ensure it respects and accurately represents the experiences of individuals and addresses concerns about “labeling”. The council advocated for patient, family and caregiver structures as positive disruption to support the initiative, including the establishment of a committee for youth and families.

CO-DESIGNING PATHWAYS

“It was a privilege to join the council meeting and hear firsthand the thoughtful, passionate perspectives of council members. Their insights have been instrumental in shaping the Ontario Intensive Treatment Pathway to better reflect the lived experiences of children, youth and families. The council’s commitment to equity, access and improved outcomes continues to guide our work. We are deeply grateful for their partnership in building a more connected and responsive mental health system.”

Mary Mannella, Director, Mental Health and Addictions Programs Branch, Ministry of Health

“Since April 2021, it has been an inspiring experience serving on the Minister’s Patient and Family Advisory Council. It’s been a valuable opportunity to learn from others and contribute to meaningful change in health care.”

Amandeep Kaur, Council Member

“Partnering with the council has been extremely valuable in reinforcing our dedication to prioritizing patients, families and caregivers in every aspect of our work. The council’s insightful guidance and practical recommendations on equitable access and meaningful engagement have played a crucial role in shaping the Health Innovation Pathway. As we move forward with implementation, the council’s expertise will continue to inform this work, ensuring our efforts remain aligned with the needs and perspectives of those we serve.”

Sean Twyford, Assistant Deputy Minister, Strategic Policy, Planning & French Language Services Division, Ministry of Health



DATA AND DIGITAL TOOLS

DATA AND DIGITAL TOOLS

OVERVIEW

In 2024-25, the council advised on a range of initiatives relating to digital and data:

- digital and clinical tools focused on improved patient and provider experience at the point of care;
- updated provincial digital health strategy; and
- proposed amendments to relevant policy.

The council conveyed support for technologies including Artificial Intelligence (AI) Scribe and Robotic Process Automation for addressing the administrative burden experienced by primary care providers and improving coordinated care for patients. With the capacity of this technology to provide patients with access to their health information outside of appointments, the council advised that robust patient education and health data literacy be a priority. The council also emphasized the need for digital health service access and availability in northern and remote communities.

DATA AND DIGITAL TOOLS

POSITIVE DISRUPTION

The implementation of technologies and approaches to delivering care virtually is an important way to improve access to care. The council identified successful implementation of these new approaches will require change management with patients, families and caregivers including through education, health data literacy and consent. Prioritizing building trust with patients, families and caregivers and co-designing from the outset is a key way the ministry can demonstrate positive disruption in digital and data initiatives.

DATA AND DIGITAL TOOLS

“Being part of the Minister’s Patient and Family Advisory Council has been a deeply meaningful experience where I witnessed firsthand how lived experience and expertise helped shape the OHT Toolkit and strengthen care pathways across the province. I’m especially proud of how we championed inclusive digital tools and data systems that meet people where they are—particularly youth and equity-deserving communities—and how we advanced a vision of care that is accessible, co-designed, and informed by real-world experience.”

Shannon McGavin, Council Member

“From a social justice and equity lens, the council’s work on OHTs, care pathways, and digital tools is not just innovative—it’s truly transformative. This inclusive foresight is fundamentally shaping a responsive and equitable future for diverse communities across Ontario.”

Wendy De Souza, Council member

“The ministry commends the council’s vital role in shaping and advancing Ontario’s Digital and Data Strategy. As champions for the use of health data for good, their expert advice and passionate leadership has helped drive real change by ensuring that the needs and interests of patients, families and caregivers remain at the centre of Ontario’s data-driven, digitally integrated future health system.”

Michael Hillmer, Assistant Deputy Minister, Digital and Analytics Strategy Division, Ministry of Health

CHAIR'S OPPORTUNITIES AND CLOSING REMARKS

Reflecting on the past year, I'm reminded of the powerful quote: "it's not how you start, it's how you finish"! I am inspired by the concept of 'it's how you finish' because it speaks to resiliency, it offers hope and it recognizes tenacity and grit. A perfect analogy for all of us that show up and give so passionately, digging deep to withstand the necessary growing pains and intentionally focusing on what we are building, instead of what is being broken down.

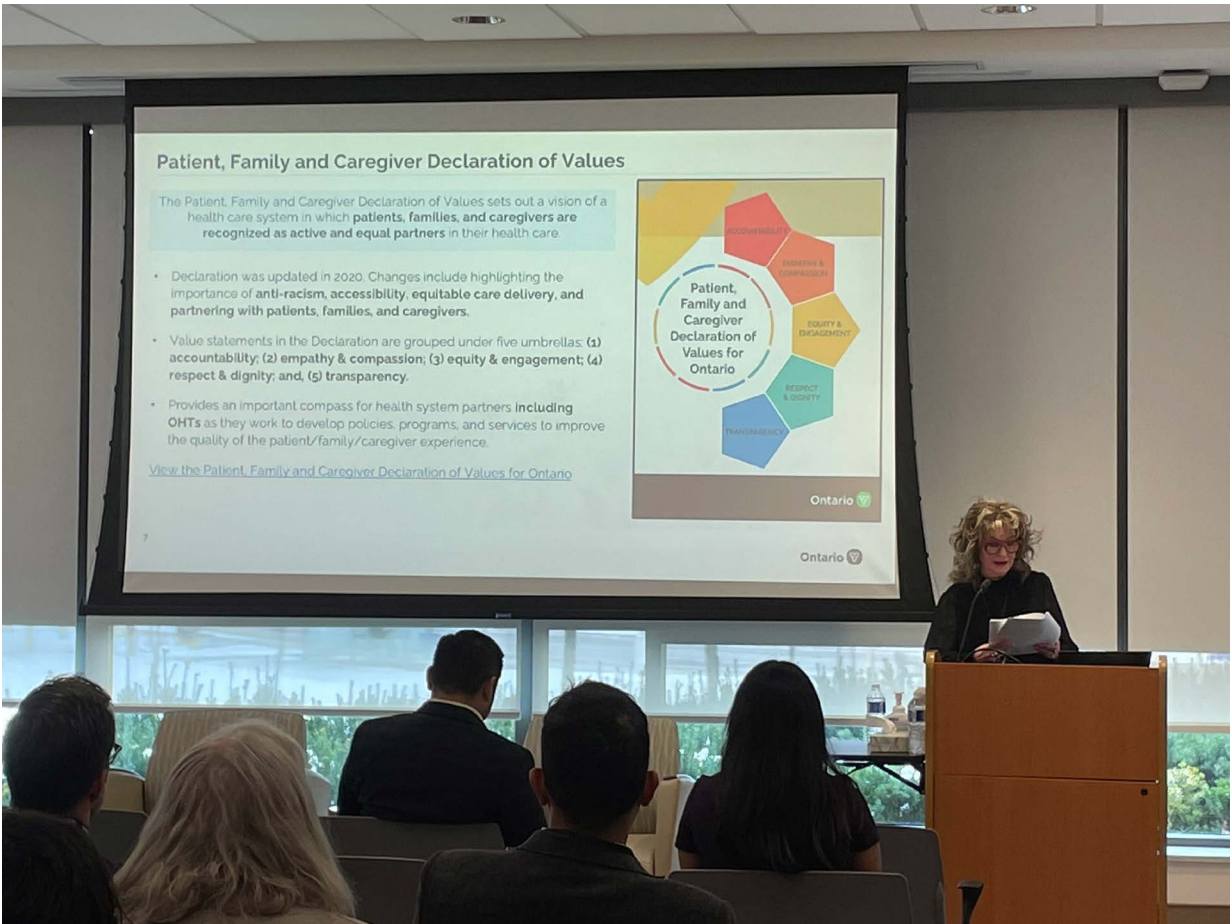
As a health system leader, I've learned and seen that meaningful change can happen in the health care system, but a necessary ingredient has always been challenging the status quo. None of this can happen without strong partnerships and collaboration with patients, families and caregivers. The only way transformation can occur is if we do it together.

In my role as chair, I often have the opportunity to speak with health system leaders, partners and providers. These conversations – when they are done right – open a door to address health care harms and frustrations, recognizing the impact of humility in helping everyone heal and grow. Patient, family and caregiver partners often begin these discussions and I challenge health system leaders to foster the necessary cultural shift to ensure patients, families and caregivers are always at the table.

It was not that long ago that partnering and engaging with patients, families and caregivers was a radical idea and now in many ways it's what we expect from our health care system. This change did not happen overnight and neither did it happen without collective support and action.

Positive disruption, challenging the status quo and implementing a learning health system approach, is what helps us evolve and ultimately modernizes the health care system. As chair, and with the council, I am proud to be a strong voice of positive disruption for patients, families and caregivers.

The [Patient, Family and Caregiver Declaration of Values for Ontario](#) is the north star for the council and touchstone as we partner with the ministry and our partners. As I look ahead to 2025-26, I reflect on the ways we can continue to positively disrupt towards the aims of the declaration.



Minister's Patient and Family Advisory Council chair speaking to health system partners on the impact of the council and value of patient, family and caregiver engagement.

CHAIR'S OPPORTUNITIES AND CLOSING REMARKS

1. Accountability

Ensure that patient, family and caregiver experiences and outcomes will drive the accountability of the health care system and those who deliver services, programs and care within it.

2. Empathy and compassion

Build capacity through education and conversations with health care system leaders and providers to co-create an understanding that their words, actions and decisions strongly impact the lives of patients, families and caregivers. We must reach a fundamental bi-directional trauma-informed relationship free of stigma, judgement, assumptions, bias and blame.

3. Equity and engagement

Continue to strengthen resources and structures to drive meaningful partnership with those who have experienced harm, discrimination, stigmatization and marginalization within the health care system, including Indigenous, Black and racialized communities, people with mental health, substance use and addictions concerns, people with disabilities, newcomers, Francophone and LGBTQIA2S+ communities.

4. Respect and dignity

Embrace and value the thought leadership gained through patient, family and caregiver partnership, engagement and co-design. Welcome diverse points of view, understanding that innovation often happens at the intersection of different perspectives. Recognize the expertise and knowledge of patients, families and caregivers and respect and trust their perspectives. Focus on continuous learning, keep an open mind and remain open to learning from patients, families and caregivers.

5. Transparency

Ensure transparent and clear processes and structures are in place that champion meaningful partnership with patients, families and caregivers at all levels of system planning, care design and implementation. Regularly and openly report on engagement and partnership activities with patients, families and caregivers including identifying opportunities to improve and track progress on these commitments.

We need to be proud of the choices we make.

Betty-Lou Kristy,
Minister's Patient and Family Advisory Council Chair

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