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ASSOCIATION OF FAMILY  
HEALTH TEAMS OF ONTARIO



INDIGENOUS  
PRIMARY  
HEALTH CARE  
COUNCIL



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Thriving Family Physicians  
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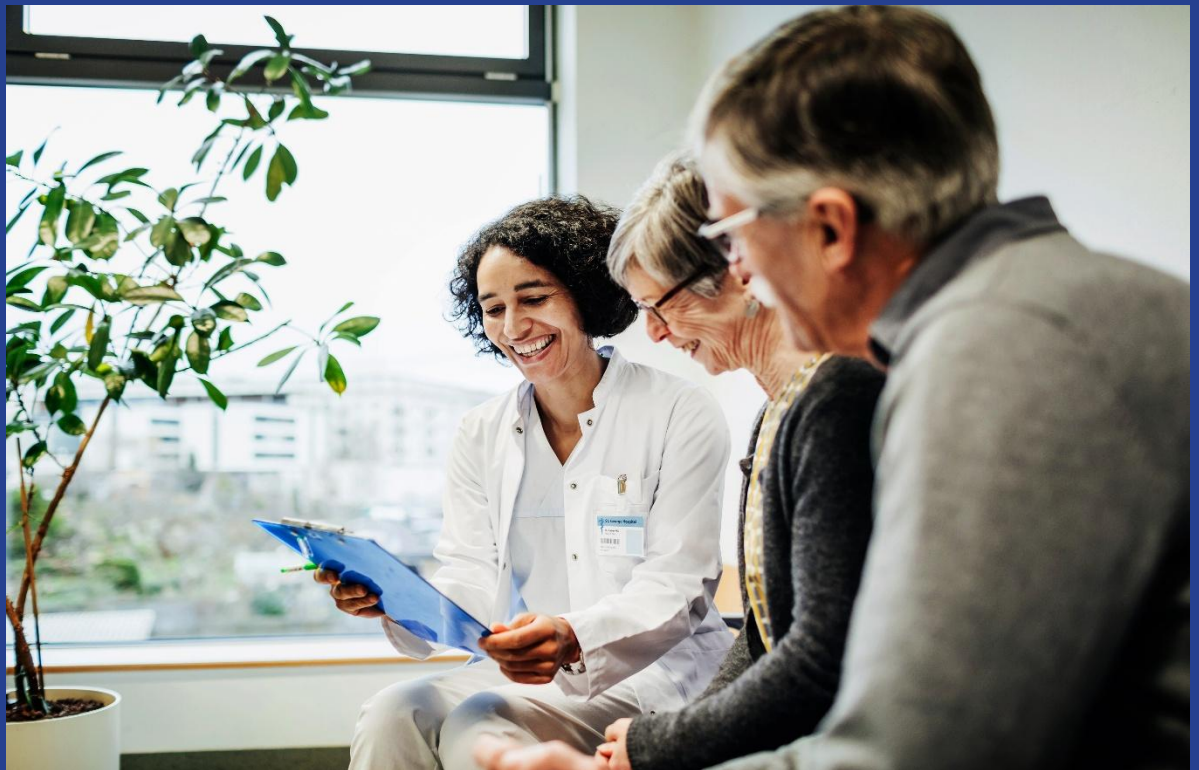


GENERAL & FAMILY PRACTICE



# Primary Care Collaborative 2026 Pre-Budget Submission

Primary care is undergoing a significant transformation, ignited by historic investments to advance Ontario's Primary Care Action Plan. These efforts reflect a province-wide commitment to attaching 2 million Ontarians to primary care by 2029. The Primary Care Collaborative (PCC) has come together with proposed solutions to support the province in achieving this goal so that all Ontarians can **be attached to the right care in the right place, close to home.**



## ENSURING THE SUCCESS OF ONTARIO'S PRIMARY CARE ACTION PLAN

With the establishment of the Primary Care Action Team (PCAT), led by Dr. Jane Philpott, and the Ontario government's ongoing efforts to implement its Primary Care Action Plan (PCAP), Ontario's primary care sector is undergoing a significant transformation. The government has set an ambitious goal: By 2029, connect two million more people to a family physician or a primary care nurse practitioner working in a publicly funded team.

As part of this transformation, the Government of Ontario announced a historic investment of \$2.1 billion to support the creation and expansion of Interprofessional Primary Care Teams (IPCTs), the development of up to 17 new and expanded community-based primary care teaching clinics, recruitment and retention funding for non-physician IPCT members, and stabilization of operations. These investments are aligned with the PCAP, alongside the passage of the *Primary Care Act, 2025*. This landmark legislation, the first of its kind in the country, formally recognizes primary care as the foundation of Ontario's publicly funded health care system.

The Primary Care Collaborative (PCC) gratefully acknowledges the government's commitment and efforts to strengthen Ontario's primary care system. At the same time, achieving the goal of attaching two million Ontarians to primary care while ensuring they can access the care they are connected to requires reinforcing the system's own foundation.

To that end, the PCC is putting forward three priority areas that reflect consensus among its individual organizations. These are not the only priorities for the sector, but they represent areas of shared agreement that will be essential to building a strong and sustainable foundation for comprehensive primary care:

- **Create system capacity by addressing health human resource challenges in the primary care sector**
- **Fund practice facilitation roles and initiatives on a provincial scale in primary care**
- **Improve digital health in primary care by prioritizing data equity and base funding to support new technology**





## CREATE SYSTEM CAPACITY BY ADDRESSING THE HEALTH HUMAN RESOURCE CHALLENGES IN THE PRIMARY CARE SECTOR

The PCC thanks the Government of Ontario for its \$142 million investment in compensation to support recruitment and retention in the primary care sector. Despite the investment, the primary care sector continues to experience high turnover and vacancy rates. These health human resource (HHR) challenges stem from the fact that the primary care sector is experiencing an exodus of primary care staff to other sectors and parts of the health care system for higher pay, making the recruitment and retention of essential health care workers increasingly challenging. As a result of this wage gap, primary care organizations are becoming unable to retain their current staff, recruit new staff, or provide the services their communities depend on.

A fully staffed primary care sector helps keep people healthy in their communities and homes, reducing unnecessary emergency department visits. At the same time, it ensures the efficient, optimal use of government health care investments to improve equitable health outcomes for all Ontarians, regardless of where they live in the province. Without an emphasis on recruiting and retaining dedicated community-based primary care staff, the government's vision of attaching all Ontarians becomes a near-impossible reality. As a result, Ontarians will be unable to access and be attached to primary care in their community, which will strain other parts of the health care system, especially the acute care system.



Therefore, the Government of Ontario must leverage its current investments to address the HHR crisis in primary care and provide further recruitment and retention funding. With additional funding, primary care family physicians, primary care nurse practitioners and teams can continue to attach people to primary care, ensuring the government's vision of 100% attachment by 2029 becomes a reality.

### RECOMMENDATIONS

- **Leverage the government's current \$142 million investment by expediting years two (2026-2027) and three (2027-2028) of the guaranteed recruitment and retention funding and provide the remainder of the \$142 million to teams in 2026-2027.** This will ensure teams can hire and retain the staff needed to attach everyone in their communities and region. Unlocking these future investments towards wages in primary care can support existing teams and the patients they serve right now, allow for additional capacity to expand service delivery to attach new patients and, therefore, connect unattached Ontarians lacking access to a family physician, primary care nurse practitioner, or primary care team.
- **Determine a plan for new investments in recruitment and retention for the years 2028-2029 and beyond,** so these investments can be sustained and permanent to address the wage gap, and that Ontarians are and stay attached to a publicly funded family physician, primary care nurse practitioner, or primary care team they can access and receive the right comprehensive care from when and where they need it.

## FUND PRACTICE FACILITATION ROLES AND INITIATIVES ON A PROVINCIAL SCALE IN PRIMARY CARE

Information dissemination (e.g., handouts and webinars) is not sufficient to drive primary care transformation. Clinicians and teams need dedicated, trusted facilitators to help them adapt and evolve. International evidence shows that transformation succeeds through tailored, context-specific support rather than one-size-fits-all approaches. In Ontario, practice facilitators can serve as a flexible, recyclable resource, deployed as needs change. Their current focus may be on expanding scopes of practice, integrating digital tools, or redesigning workflows to increase access and attachment. Over time, as they build trust within clinics, facilitators will be equally critical in addressing future challenges, such as rising demand for access or unforeseen crises, such as a pandemic or the opioid crisis, ensuring the system can respond quickly and effectively.

Ontario already has practice facilitation capacity, but it is fragmented and unevenly distributed. Consolidating and scaling these efforts would reduce duplication, maximize value, and ensure that all family physicians, primary care nurse practitioners, and teams benefit from consistent, coordinated support.

### RECOMMENDATIONS

- **Fund practice facilitator roles through a trusted delivery partner.** Facilitators must be seen as credible allies by the clinics they support. Trust is built when the main users of the resource, being clinicians and teams, see their own leadership close to and influencing the work of facilitators. A trusted delivery partner ensures facilitators are embedded in the system as neutral, supportive guides, enabling faster uptake and stronger impact. Over time, as Primary Care Networks (PCNs) mature, facilitation capacity could be embedded locally to sustain and scale improvements.
- **Invest in centralized resources to support a provincial practice facilitation program,** ensuring consistent quality, coordination, and impact across Ontario.



## IMPROVE DIGITAL HEALTH IN PRIMARY CARE BY PRIORITIZING DATA EQUITY AND BASE FUNDING TO SUPPORT NEW TECHNOLOGY

A digitally integrated primary care system is essential to Ontario's transformation. Virtual care, artificial intelligence (AI), and other digital innovations are reshaping how care is delivered, but successful adoption requires preparation of the workforce, appropriate use by clinicians and patients, and sustainable funding and infrastructure. Digital equity is a driver of health equity: without reliable broadband, affordable devices, and digital literacy supports, many Ontarians will remain excluded from safe and trusted care.

These efforts must be grounded in a provincially supported digital health and AI strategy that includes a dedicated primary care component. In addition to advancing innovation, such a strategy should connect electronic medical records (EMRs) across care settings, integrated with a portable patient record accessible to all providers involved in a patient's care. Developing a dedicated digital health and AI strategy for primary care is essential to recognizing and addressing the unique digital needs of this sector.

### RECOMMENDATIONS

- **Provide upfront infrastructure funding and ongoing subsidies** to help clinicians and teams optimize and fully utilize digital technologies for their growing IT and information management needs. This includes online booking, integration of secure communication channels (e.g., email, messaging, phone, video, etc.), and sustained base funding to adopt new tools, such as AI Scribe, to reduce administrative burden and support patient attachment.
- **Accelerate digital equity initiatives by improving broadband in remote and rural areas** with an infrastructure fund to facilitate access to devices or data plans. Additionally, the province must fund digital literacy programs to ensure patients can use digital health solutions.
- **Invest in cybersecurity capacity for primary care clinicians and teams** to mitigate risks and protect patient information as digital health and AI adoption expand.
- **Anchor all investments in a provincial digital health and AI strategy** with a dedicated primary care strategy, ensuring innovations are connected, portable, and accessible across the health system.







The Primary Care Collaborative thanks the government for the opportunity to submit our collective solutions. These solutions are critical to strengthening the foundation of Ontario's primary care system **and ensuring 100% of Ontarians are attached to the right care in the right place, close to home, by 2029.**



**The Alliance for Healthier Communities (Alliance)** is the voice of a vibrant network of over 100 community-governed comprehensive primary health care organizations across Ontario, including Community Health Centres, Indigenous Primary Health Care Organizations, Community Family Health Teams, and Nurse Practitioner-Led Clinics. Alliance members share commitments to advancing health equity through comprehensive primary health care.



**The Indigenous Primary Health Care Council (IPHCC)** is an Indigenous-governed, culture-based, and Indigenous-informed organization that supports the advancement and evolution of Indigenous primary health care service provision and planning across Ontario. IPHCC membership includes Indigenous Primary Health Care Organizations (IPHCOs)—not-for-profit, Indigenous-governed, culture-based, and wholistic entities that advance the health and wellbeing of First Nations, Inuit, and Métis individuals, families, and communities—along with other Indigenous-governed health service providers.



**The Ontario College of Family Physicians (OCFP)** is the only organization focused exclusively on the value and experience of being a family physician in Ontario. It advocates for family medicine and primary care, and provides continuing professional development tailored to the needs of Ontario's 15,000 family doctors to support the delivery of quality care in Ontario.



**The Association of Family Health Teams of Ontario (AFHTO)** is a not-for-profit association that provides leadership to promote high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of all Ontarians. We are an advocate and resource for family health teams, nurse practitioner-led clinics, and other interprofessional models.



**The Nurse Practitioner-Led Clinic Association (NPLCA)** is the voice of nurse practitioner-led clinics (NPLCs) across Ontario. Nurse practitioners are the lead primary care providers in these interprofessional teams, improving the quality of care through enhanced health promotion, disease prevention, primary mental health care, and chronic disease management, while supporting care coordination and navigation of the healthcare system.



**The Section on General & Family Practice (SGFP)** is a section of the Ontario Medical Association (OMA) that represents over 15,000 family doctors across Ontario in negotiations and policy. SGFP leads efforts to secure fair compensation, reduce administrative burdens and strengthen family medicine. It advocates for policies that create a sustainable, fulfilling future for the profession.