



# Strengthening Ontario's Primary Care Foundation to Achieve the Two-Million Attachment Target

Association of Family Health  
Teams of Ontario (AFHTO)  
Pre-Budget Submission 2026

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# A Path to Ontario's 2029 Attachment Target

Ontario has made historic investments in primary care expansion — \$2.1 billion to add 305 new teams and \$142 million for workforce retention. These commitments demonstrate unprecedented leadership in supporting primary care and improving access for millions of Ontarians. Specifically, with these investments, the government expects to attach an additional 2 million Ontarians to a family physician or nurse practitioner.

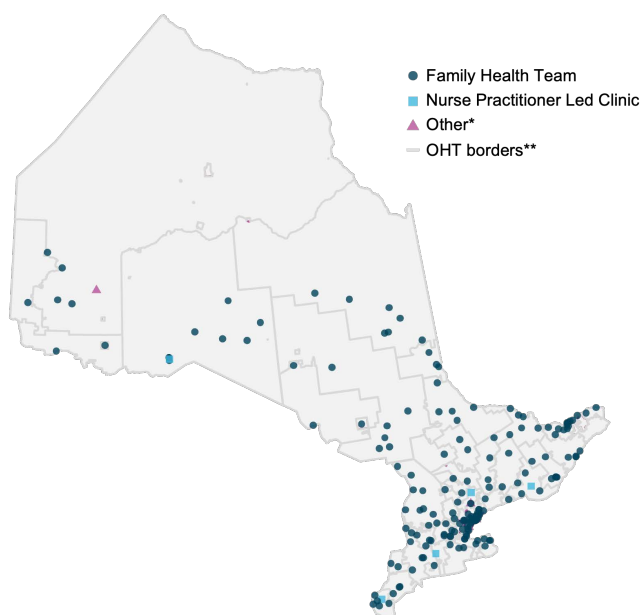
**With appropriate investment, Association of Family Health Team of Ontario (AFHTO)'s 189 member organizations—which include 2,700+ family physicians, 450+ nurse practitioners, 500+ nurses, and 1,300+ interprofessional healthcare professionals—will be able to increase attachment by 500K patients, representing a quarter of the government's goal.**

However, without urgent action to stabilize the existing primary care infrastructure, the province risks building on a crumbling foundation that cannot support the weight of expansion. In this case, not only will the government not reach its goal, but there is a significant risk of patients losing access to primary care despite the planned investments.

Our Primary Care Organization members (majority of which are Family Health Teams) are already the backbone of Ontario's primary care system, with 3.6 million Ontarians attached and 400,000 more served through unattached clinics. That's 25% of Ontarians receiving care through our member organizations. Family Health Teams have expanded over the 20-year history to include many marginalized and equity-deserving communities.

This is the workforce Ontario must leverage to reach its attachment targets. **Ontario cannot meet its two-million attachment goal without increasing the number of family physicians and nurse practitioners practicing in team-based care, and without stabilizing the interprofessional teams that make that care efficient and scalable.** Team-based care is the most powerful lever Ontario has for increasing attachment capacity, improving outcomes, and reducing system costs.

**Ontario has the right goal. AFHTO is the partner that can help deliver it.**



# 25%

While 25% of Ontarians are attached to Family Health Teams (FHTs), only 16% of Ontarian family physicians work in FHTs, reflecting the outsized role FHTs play in driving attachment



# The Challenge: A Foundation Under Strain

Team-based primary care is the most powerful lever Ontario has to achieve its goal of attaching 2 million more Ontarians by 2029. Yet the system faces a critical workforce crisis.

**Vacancy and turnover rates have reached 40% annually in many teams**, while other health sectors pay 15-30% more for the same roles. There are inequities across primary care alone that is compounding the challenge.

As of October 2025, only **19% of promised retention funding has been released**, leaving teams unable to retain current staff and unable to staff the positions they need to expand to care for more Ontarians.

Team-based care is the most efficient way to expand attachment capacity. Ontario cannot scale primary care attachment without it. Without urgent action in Budget 2026, Ontario risks:

**New teams unable to hire** - leaving funded healthcare professional positions sitting empty and directly preventing thousands of new patient attachments.

**Existing teams shrinking** - as staff leave for better-paying opportunities, remaining clinicians are forced to reduce their roster size because they are unable to continue managing complex patients.

**Reduced attachment growth** - with understaffed teams, family physicians and nurse practitioners are forced to practice at a reduced scope, limiting the number of patients they can safely serve and reinforcing capacity constraint across the system.

**Billions in increased acute care spending** - patients without stable primary care will continue to rely on the emergency department for routine needs.

Ontario has made some critical investments. Now it must shore up the foundation to realize their full value. **When teams cannot hire, they cannot maintain service and they are unable expand.** When patients remain unattached, they rely on emergency departments at exponentially higher costs to the system.



# The Solution: What High-Functioning Primary Care Teams Make Possible

Across the province, high-performing Primary Care Teams already deliver the outcomes the government is seeking: a cost-effective model that is scalable, lowers emergency department use, improves chronic disease prevention and management, more quickly attaches new patients, and offers consistent access, culturally responsive care.

They work because:

- **Family physicians and nurse practitioners practice at the top of their scope**, supported by an interprofessional team.
- **Care is shared intelligently across the team**, allowing the most responsible provider (MRP) to focus on the work only they can do.
- **Administrative burdens are minimized**, freeing up all healthcare professionals including family physicians and nurse practitioners for patient-facing care.
- **Patients benefit from timely, comprehensive services**, drawing from the full expertise of the team.
- **Communities see increased capacity and improved access**, as MRPs can attach more patients safely.
- **Teams leverage economies of scale**, particularly in rural and remote areas.
- **Marginalized patients experience greater equity and continuity**, because teams are designed around local needs.



This model  
not only aligns  
with Ontario's  
Primary Care  
Action Plan – **it  
operationalizes  
it.**

However, most teams cannot reach this ideal state because structural underinvestment has left the system fragile. Failure to keep up with operational increases, and capital needs for space to care for more Ontarians. Recruitment challenges, soaring turnover, stagnant compensation, and governance gaps create barriers to the very outcomes Ontario has invested to achieve. To deliver the attachment growth Ontario needs, every Primary Care Team must be supported to reach this ideal state.

# Three Strategic Investments to Meet the 2029 Target

1.

The province should immediately release the remaining \$115 million in committed workforce funding

2.

Ontario should invest \$430 million over five years to close the structural compensation gap

3.

The government should remove policy barriers to increase system efficiency and modernize governance structures to reflect primary care's central role in the health system.

AFHTO requests \$545 million over five years to stabilize the foundation and enable expansion.

**First, the province should immediately release the remaining \$115 million in committed workforce funding.** This already-budgeted investment supports the "invisible team"—nurses, social workers, dietitians, and other allied healthcare professionals and administrative roles who enable family physicians and nurse practitioners to practice at full scope and attach more patients. No new immediate funds are required. Releasing this funding will prevent further attrition and stabilize teams before the next expansion wave.

**Second, Ontario should invest \$430 million over five years to close the structural compensation gap.** The 2025 funding provided for recruitment and retention was a 2.7% increase when it has been more than five years since an increase was received. There remains a persistent 15-30% structural wage gap that must be addressed to stem the tide of staff turnover and burnout. This investment will align primary care compensation with market rates, attract family physicians, nurse practitioners, and allied health professionals into team-based practice where attachment capacity is highest, and enable new teams to become operational quickly and sustainably.

**Third, the government should remove policy barriers to increase system efficiency and modernize governance structures to reflect primary care's central role in the health system.** This includes formalizing AFHTO as the government's primary consultation partner for primary care team policy, in strengthening primary care governance and mandating equal primary care representation on Ontario Health Team boards. AFHTO also supports policy solutions like global budgets that improve efficiency and flexibility and allow teams to respond to local conditions. These measures cost nothing yet significantly improve implementation, uptake, and alignment across the system.

## The Return on Investment

These targeted investments will allow AFHTO members to attach an additional 500K patients, and generate an estimated \$1.2 billion in avoided hospital costs by reducing emergency department reliance, improving chronic disease management, and expanding preventive care capacity.

It also ensures that the funds invested directly in primary care are fully maximized (i.e. vacancies, turnover means inefficient use of resources in primary care). More importantly, they will **ensure Ontario achieves its bold 2029 attachment target.**

# Why AFHTO is the Partner to Deliver Results

The Association of Family Health Teams of Ontario represents the largest and most sophisticated team-based primary care infrastructure in the province.



Our 189 member teams currently **serve more than 3.6 million Ontarians**, with an additional 400,000 unattached patients accessing care through our networks. That’s 25% of Ontarians are cared for by our member organizations.



This workforce includes **2,700+ family physicians (approximately 16% of Ontario's total), 450+ nurse practitioners, 500+ nurses, and 1,300+ interprofessional healthcare professionals.**



AFHTO brings unmatched **implementation expertise, data capacity, and frontline insight** to the government's ambitious primary care transformation.



Our teams have **proven track records** serving Ontario's most complex populations—rural and remote communities, Indigenous populations, elderly patients, low-income families, and newcomers.



We routinely **translate policy into practice** across diverse settings and can rapidly mobilize the sector when needed.

AFHTO has committed to attach an additional 500,000 Ontarians, increase attachment for marginalized communities by 20%, and support the integration of new primary care teams into Ontario's evolving system. Ontario has the right strategy—AFHTO is the partner positioned to deliver it.

# **Conclusion: Ontario Can Reach the Two-Million Target – If the Foundation is Strengthened Now**

Ontario is closer than ever to building a strong, equitable, high-performing primary care system.

But to achieve the two-million attachment goal by 2029, the province must stabilize the workforce, invest strategically in the existing Family Health Teams delivering care today, and modernize governance to fully leverage primary care expertise.

AFHTO's member organizations including Family Health Teams are ready.

AFHTO is ready.

The foundation must be strengthened now – so Ontario can deliver on this historic opportunity.

# Appendix

## Zooming in on AFHTO's Budget and Policy Asks

**Total Request: \$545M over five years**

**Estimated Savings: \$1.2B in avoided hospital costs**

These recommendations are targeted, evidence-based, and aligned with the Primary Care Action Plan. They represent the minimum required for Ontario to achieve its attachment goals.

### **1. Immediately Release the Remaining \$115M in Committed Workforce Funding**

*(No new funds required in immediate term)*

Ontario has committed to expanding attachment capacity for 2 million more Ontarians – effectively adding a second story to the primary care system. **But you cannot build up without first securing the foundation.** The 12 million patients already attached depend on a stable, well-staffed team-based infrastructure that is currently at risk.

The \$115M in workforce funding supports the "invisible team" – nurses, social workers, dietitians, and other professionals who enable physicians and NPs to practice at full scope and safely manage larger patient panels. This interdisciplinary infrastructure is what allows each MRP to attach more patients.

Immediate release of this funding would allow teams to:

- Implement retention measures to **prevent further attrition of essential workforce**
- Offer competitive recruitment packages to **address current vacancies**
- **Stabilize staffing before the next wave of team expansions**
- **Ensure MRPs can practice at the top of their scope** by configuring team members to maximize efficiency and effectiveness – directly increasing attachment capacity per clinician

With the release of this funding teams will implement retention premiums immediately to keep current staff from leaving and will plan multi-year staffing strategies with the budget certainty, allowing them to make firm offers to candidates.

**Outcome: A stable foundation for expansion and more patients attached sooner.**

### **2. Invest \$430M Over 5 Years to Close the Structural Compensation Gap**

**Addressing the compensation gap is a prerequisite for achieving attachment targets.** A \$430 million investment over five years would directly address the 15-30% wage disparity between primary care and other health sectors, enabling teams to compete for talent and scale attachment capacity. This investment will:

- Align primary care compensation with market rates to **strengthen the appeal of primary care as a desirable career path**
- Increase recruitment and retention across the interprofessional workforce
- **Attract more family physicians and nurse practitioners into team-based practice**, where attachment capacity is highest
- **Allow MRPs to focus on clinical work** rather than administrative burden
- Reduce emergency visits by **expanding preventive and chronic care capacity**
- **Enable new teams to become operational quickly and sustainably**



The recruitment and retention funding announced in 2025 provided an approximately 3% increase to wages that had remained stagnant for 6 years. **With a true structural wage gap of 15-30%, teams cannot hire and so they cannot expand. And when they cannot expand, patients remain unattached.**

AFHTO recommends:

- **Establishing a multi-year market value compensation strategy funded by the \$430M investment** so teams have **certainty about the trajectory of wages** and health professionals can plan careers in primary care rather than viewing it as a stepping stone to better-compensated employment in other sectors (e.g., hospitals). Predictable wage progression is essential for workforce planning and long-term retention.

### **3. Remove Policy Barriers to Increase System Efficiency and Modernize Governance Structures**

To ensure the Primary Care Action Plan's success, AFHTO recommends:

- Formalize AFHTO as the government's primary consultation partner** for primary care team policy and implementation.
- Mandate equal primary care representation** alongside other health sectors on all Ontario Health Team Boards
- Require minimum targets for community representation** on all Primary Care Team boards

These measures cost nothing – yet significantly improve implementation, uptake, and alignment across the system. Policies designed with primary care expertise are more effective, easier to implement, and deliver better outcomes.

- Transition Family Health Teams and Nurse Practitioner-Led Clinics to global budgets** to enable:
  - Flexibility in addressing documented increases in operating costs (space, utilities, supplies)
  - Responsive compensation and recruitment strategies based on local market conditions
  - Quick response to emerging workforce challenges without requiring Ministry approval for every adjustment
  - Strategic resource management while maintaining accountability for attachment outcomes and quality of care

Global budgets give teams the autonomy to manage resources strategically while remaining accountable for patient outcomes – particularly critical as teams face vastly different labour market conditions across urban, suburban, and rural contexts. Team-based care is the highest-ROI lever Ontario has to expand clinical capacity, and closing the wage gap makes it possible.

- Prioritize capital investments for primary care teams and modernize the review and approval process** to ensure timely expansion of clinic capacity.

Recent expansion efforts have demonstrated both the opportunity and the challenge: teams proved they could secure partnerships with physicians, municipalities, and other stakeholders based on flexible funding commitments. But inflexible capital limits and lengthy, opaque approval processes are now jeopardizing those relationships and delaying critical renovations, equipment purchases, and co-location planning.

Primary care teams cannot grow without space. Adding new patients and providers depends on adequate exam rooms, shared workspaces, and infrastructure that enable safe, efficient, team-based care. Streamlined and predictable capital approval pathways are essential to meeting Ontario's attachment goals.

