

## **The Power of Primary Care Summit Leading the Attachment Era Together**

**October 15-16, 2026**

**Markham, ON**

[www.afhto.ca/conference](http://www.afhto.ca/conference)

### **Call for Abstracts and Posters**

#### **Key Dates**

**Launch of call for abstracts:** April 28, 2026

**Deadline for abstract submission:** June 9, 2026

**Notification of successful abstracts:** August 14, 2026

**Registration for Summit:** June 2026

**Summit:** October 15-16, 2026 Markham, ON

#### **Where are we headed?**

Given the format of this year's conference as a Summit, our program and therefore this Call for Abstracts, looks a little different.

We are curating a more focused experience for all registrants to work through a storyline that encourages learning, contribution, inspiration, and a commitment to action. This is not a traditional conference. The Summit is designed to build from one conversation to the next, advancing thinking across sessions and creating space for both challenge and alignment.

We will have main program sessions (i.e. plenary panels and keynotes) across our themes, core workshops that build from those plenary conversations, and then concurrent sessions that reinforce learning, introduce new insights, and create opportunities for connection and partnership.

We will continue to use our peer review process to review all abstracts submitted. The AFHTO team and Scientific Planning Committee will then work closely with those selected to shape and align sessions as part of the overall Summit experience.

What our Summit format means for submissions this year:

- Fewer sessions, more intentional curation
- A strong emphasis on dialogue, debate, facilitation, reflection, and shared learning
- Selected contributors will work with the AFHTO team and Scientific Planning Committee to design and align sessions within the overall Summit flow

## How to Think About Your Submission

As you develop your submission, consider:

- How will your submission move the conversation forward?
- What assumption does it reinforce, challenge or test?
- What will it help us understand differently?
- What skills or knowledge will it offer to strengthen leadership in primary care?
- How will your proposed “chapter” contribute to the overall Summit story?

We are especially interested in submissions that bring together:

- Primary care teams and organizational leaders (primary care organizations of all models, Ontario Health Teams, Primary Care Networks etc.)
- Clinicians (i.e. family physicians, nurse practitioners, physician assistants, pharmacists and other independent healthcare professionals) working within team-based models
- Health system planners that can provide important perspectives on the data, questions and considerations that shape policy and implementation decisions
- Researchers studying workforce, models of care, or outcomes
- Cross-sector partners working with teams to support capacity

We encourage you to think differently about the barrier, gap, or solution you want to address. It might be helpful to ground your approach in implementation and behaviour change science. Consider whether your session focuses on evidence, behaviours, capabilities, beliefs, or enabling the conditions for change.

## Selection Criteria

Submissions are more likely to be selected if they:

- Are grounded in evidence and experience, including lived experience, organizational learning, data, evaluation, or academic research
- Build from a clear understanding of primary care and primary care teams
- Align clearly with one Studio and its stated intent
- Are designed for dialogue and shared learning, not one-way presentation

- Demonstrate openness to shaping and collaboration as part of a curated program

**A note on fit:** Not all strong submissions will be accepted. Some proposals may be declined to ensure balance across themes, perspectives, and formats. This reflects program design considerations, not the value of the work.

To support a fair and transparent review process, submissions will be assessed using the criteria below.

## Evaluation Criteria

Criterion	Guiding Question	Weight
<b>Strategic Fit with Summit and Studio Alignment</b>	Does the submission clearly advance the Summit’s purpose of leading the attachment era together and align with one of the Studios?	20%
<b>Contribution to Dialogue, Shared Learning, and Depth of Insight</b>	Does the session promote interaction and collective learning, and move beyond description to analysis, reflection, or challenge?	20%
<b>Clarity of Learner Objective</b>	Are the learning objectives clear, meaningful, and actionable from a participant perspective?	15%
<b>Evidence &amp; Experience</b>	Is the proposal informed by data, research, evaluation, lived experience, or organizational learning?	20%
<b>Presenter Qualifications</b>	Are the presenters’ experience and perspectives appropriate and credible for this topic?	10%
<b>Reflects Primary Care Values and Experience</b>	Does the proposal demonstrate a clear understanding of the needs and realities of primary care?	15%

## Why Present?

Presenting at the Power of Primary Care Summit is an opportunity to contribute to a shared conversation shaping the future of team-based primary care in Ontario. By presenting, you help advance collective learning, challenge assumptions, and engage peers in dialogue that supports action in the attachment era.

## Speaker Incentive

As a thank you for contributing to the Summit, up to two accepted speakers will receive a \$75 discount on full conference registration. We value your time and expertise and want to make it easier for you to join the conversation and connect with peers across the province.

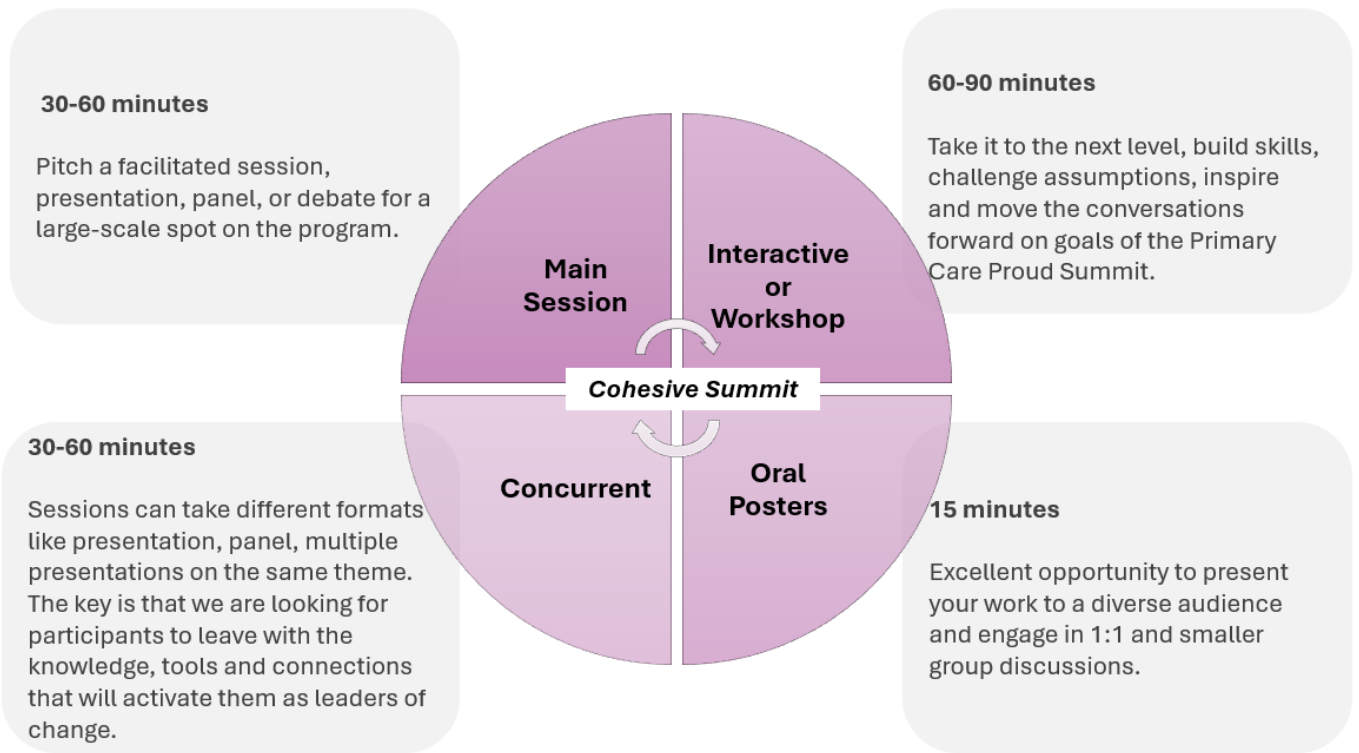
Please note that all speakers are responsible for their own travel and accommodation.

## Audience

The audience is an active group with primary care and system leadership experience, bringing context and expertise to discussions.

- Senior and emerging leaders from primary care organizations (Family Health Teams, Community Health Centres, Nurse Practitioner–Led Clinics, Primary Care Networks, and other team-based models)
- Clinicians (family physicians, nurse practitioners, physician assistants, pharmacists, and other professionals) working within or alongside interprofessional teams
- Board members and governance leaders navigating accountability, risk, leadership, and system pressures
- Operational, quality, and system leaders responsible for attachment, access, workforce, capacity planning, service design, and performance
- Health system planners and policy leaders involved in Ontario Health Teams, Primary Care Networks, regional planning, and provincial initiatives
- Researchers and evaluators with expertise in workforce, models of care, outcomes, governance, and system design
- Cross-sector and community partners collaborating with primary care to strengthen integration, equity, and population-based approaches

## What are the formats you can choose from:



## Want More Guidance?

We've prepared a companion Guide with detailed descriptions, examples, and suggestions to help you craft a strong proposal.

Questions? Contact us at [afhto@itmevents.ca](mailto:afhto@itmevents.ca)

**Submissions must fall into one of the following categories or ‘studios’:**

**Summit Overview**

Studio	Overarching Question
<p><b>1. Renovating Team-Based Primary Care for the Future (Think BIG)</b></p>	<p>What does the next generation of team-based primary care and leadership look like in practice—and how do we build the models and leaders needed to strengthen the culture and values of primary care?</p>
<p><b>2. Inside and Across: Rethinking Governance &amp; Leadership in Primary Care Renovation</b></p>	<p>How do we lead, govern, and make decisions effectively within organizations and across a complex primary care system?</p>
<p><b>3. High-Functioning Teams: Building Capacity for Attachment, Access &amp; Care Delivery</b></p>	<p>How do primary care teams successfully attach patients and design the capacity, workflows, and services needed to deliver ongoing care?</p>
<p><b>4. Designing Care Across Systems: Integration, Equity &amp; Population Health</b></p>	<p>How do we collectively design and coordinate care across organizations to improve access, continuity, and equity for populations?</p>
<p><b>5. Data &amp; Digital: Enabling Connected, Coordinated, Team-Based Care</b></p>	<p>How do data and digital capabilities become fully embedded in the architecture, culture, and daily practice of high-functioning primary care and health systems?</p>
<p><b>6. Demonstrating Value &amp; Accountability</b></p>	<p>How do we define and demonstrate the value of primary care in ways that ensure accountability to Ontarians and improve system outcomes, experience, and equity?</p>

## **Choose the studio that best fits your expertise, interest and/or work:**

### **STUDIO 1: Renovating Team-Based Primary Care for the Future (Flagship Studio that leads the conference experience)**

#### **The conversation that shapes everything else.**

Primary care is at a turning point. Attachment targets, integration initiatives, digital health shifts, and workforce changes are all moving fast — but what are we actually building? What kind of team-based primary care system do we want, and how do we protect the values that matter most along the way? How do we build and deliver while also strengthening transformational leadership skills and capability within the sector?

This track is your space to step back, reflect, and debate. It's where we pause the operational grind to ask: are we creating a system that's sustainable, relational, equitable, and grounded in the principles we all agree on?

We want submissions that explore the “why” and the “who” behind the work, not just the “how.” This is about defining team-based primary care for the future and the philosophy, the practical choices, and the risks of getting it wrong. It's also about transformational leadership to ensure we are growing the leaders needed to drive and sustain improvements, partnerships and impact. It's an important space to consider how we engage with one another, how we learn, debate and improve together, and the importance of defining the culture of primary care.

As the anchor Studio, this track will:

- Set the tone for other studios, ensuring all discussions connect back to principles, purpose and leadership
- Bring leaders, teams, and system partners into alignment on what “team-based primary care” really means and why it matters
- Feed directly into a shared charter or guiding framework for primary care across Ontario

- Provide a vision for the adaptive leadership required to establish and evolve team-based primary care within an integrated care approach

**Examples could include:**

- multi-stakeholder dialogue (clinicians, leaders, researchers, system partners, patients) on what “team-based primary care” actually means in practice today
- research-to-practice synthesis session translating evidence on team-based care, workforce design, or integration into implications for system design
- future-state design workshop exploring what a “next generation” primary care model could look like under different system pressures
- case-based dialogue session comparing different models of team-based care and extracting shared principles or design lessons
- values and culture session focused on how teams and system partners define trust, accountability, and relational practice in real settings
- facilitated reflection session on how we currently work together across organizations and what needs to change to enable better system alignment

## **STUDIO 2: Inside and Across: Rethinking Governance & Leadership in Primary Care Renovation**

Teams and systems don't lead themselves. This studio explores how leaders navigate governance and leadership both within organizations and across the system - balancing internal cohesion with collaboration across primary care organization models, OHT's, PCN's, hospitals and other stakeholders.

We are looking for grounded, experiences that reflect the realities of decision-making, accountability, and trust in complex environments. We are also interested in how policy and structures from across different parts of the system impact the success of governance and leadership.

### **Submissions may explore:**

#### **At your organization: getting governance working where you are**

- What does it take to get alignment between board, leadership, and team especially when the model itself comes with built-in complexity?
- Navigating legacy governance structures that don't quite fit the work anymore
- Clarifying roles between board and management when the lines get blurry
- Working through tension, whether that's business relationships with healthcare professionals, partner expectations, or internal dynamics
- Shifts you've made that strengthened trust, accountability, or decision-making
- The moments where governance either unlocked progress...or slowed everything down

#### **Across organizations: leading beyond your organization**

- Balancing your organization's responsibilities with system-level expectations
- Leadership approaches that build trust, accountability, and cohesion
- Collaborative governance and boundary-spanning leadership
- Navigating policy, funding, and accountability while maintaining alignment
- Lessons learned from moments of tension, misalignment, or breakthrough

There's no clean line between "within" and "across" anymore. Most of you are moving between both - sometimes in the same meeting. If you've learned something in that space, especially the hard way, this is where it belongs.

### **Example Session Formats**

- panel featuring board chairs, CEOs, clinicians, and system leaders on governance under pressure
- debate: “Are current governance models fit for modern team-based primary care?” (featuring system leaders, researchers, and primary care organization/clinical leadership)
- faculty-led session on how leadership development programs are (or aren’t) preparing people for system complexity
- cross-sector panel (primary care, hospital, community) on decision-making without clear authority
- policy + operations dialogue exploring how directions from government and agencies land at the board table
- paired perspective session: researcher + practitioner reflecting on what governance literature misses
- live problem-solving workshop where participants bring real governance challenges and work through them

## **STUDIO 3:**

### **High-Functioning Teams: Building Capacity for Attachment, Access & Care Delivery**

Attachment is a system priority. However, it is also where the real complexity of primary care shows up. Successfully attaching patients is not just about rostering or enrolment; it depends on how teams are designed, how care is organized, and how capacity is managed to ensure people can actually be taken on and supported over time.

This studio focuses on how primary care teams design for attachment in practice. How they build panels, structure roles, and organize workflows and services so that patients can be brought into care in a way that is both feasible for the team and responsive to community need.

It also explores how access and internal processes are designed alongside attachment to ensure ongoing care is sustainable once patients are “attached”.

We are especially interested in the real-world decisions teams make about how to balance attachment, access, and capacity: what services are offered, how care is delivered, how demand is managed, and how team structures support or constrain the ability to take on new patients.

#### **Submissions may explore HOW:**

- attachment is operationalized (MRP roles, rostering, enrolment, intake, and panel building) and how panels are designed and managed over time
- the relationship between attachment targets, real-world capacity, and the trade-offs between attachment growth, access, continuity, and provider sustainability
- team structure, roles, workflows, and partnerships enable or constrain successful attachment and ongoing care
- access models, service/program design, and care pathways are shaped to meet population needs within capacity limits
- teams identify and engage unattached populations (data-driven approaches, community outreach, and integrated care partnerships)
- data is used to understand demand, panel size, and sustainability, and to inform decision-making over time
- governance structures, accountabilities and partnerships across the system related to attachment, access and capacity (i.e. Ontario Health Teams, Primary Care Networks, primary care organizations, Ontario Health regions, community partners etc.)

**Examples to get people thinking — across formats & perspectives:**

- Co-design or cross-role (e.g. MRP) panels with system partners on defining high-functioning teams and measurable indicators of attachment success
- Hands-on workshop redesigning team roles, workflows, intake, or service pathways under real-world constraints (funding, staffing, MRP, policy)
- Case study of a team that successfully expanded attachment and the redesign required across roles, workflows, and services, or of a team that adjusted services to maintain quality and capacity
- Debate or dialogue sessions on key questions, e.g., “Is attachment primarily a workforce issue or a design issue?” or interpreting capacity data from multiple perspectives
- Simulation-style exercises where participants reconfigure teams to balance attachment, access, and ongoing care under practical constraints
- Data-informed sessions linking attachment growth to workload, access, and service demand, or evaluating predictive models for sustainable attachment

## **STUDIO 4: Designing Care Across Systems: Integration, Equity & Population Health**

Attachment is only the start. The real measure of primary care, and integrated systems, is whether care is experienced as accessible, continuous, and equitable for the people and communities they serve.

This studio focuses on how integrated primary care systems, across primary care organizations, OHTs, PCNs, hospitals, public health, and community partners, collectively design and coordinate care around population need, and how those design choices are experienced by patients in real life. It is about moving beyond the boundaries of any single organization toward a “neighbourhood health system,” where access, continuity, and equity are shaped through shared design, accountability, and collaboration.

We are the emerging models that are rethinking how care is organized across organizations and communities, with a focus on strengthening system integration while improving patient experience and equity - especially for populations who are often underserved by traditional approaches.

This is about how systems, together, define what care is available, how it is accessed, and whether it is experienced as fair, coordinated, and responsive to people’s needs.

### **Submissions may explore:**

- How communities or “neighbourhoods” define population need, including lived experience and equity considerations across sectors
- Integrated models that coordinate care across primary care, acute care, home care, long-term care, and community services
- Trade-offs and governance challenges in aligning multiple organizations around shared priorities while maintaining equity focus
- How patients experience care across boundaries—including continuity, fragmentation, and barriers to access
- How data is used across partners to identify gaps in both population health and equity
- Models of shared accountability for access, outcomes, equity, and patient experience
- Innovations in coordinating care for complex, underserved, or marginalized populations across systems

**Examples to get people thinking — across formats & perspectives:**

- Case studies of neighbourhood or regional models attempting to improve integration and equity, including what enabled or constrained success
- Cross-sector panels (primary care, hospitals, public health, community services) on shared accountability for access, outcomes, equity, and experience
- Data-informed sessions showing how multiple organizations jointly identify gaps in population health and equity and respond to them
- Workshops mapping and redesigning “neighbourhood health systems” to improve coordination, flow, and experience across organizations
- Critical dialogue sessions examining whether current structures and partnerships are improving equity and patient experience in practice

## **STUDIO 5: Data & Digital: Enabling Connected, Coordinated, Team-Based Care**

Data, digital systems, and infrastructure are the backbone of modern primary care. This studio explores how information and technology enable integrated, team-based care, support governance and planning, and help teams coordinate across organizations — while also highlighting gaps, challenges, and lessons from real-world implementation.

### **Submissions may explore:**

- System-level data governance, stewardship, and information-sharing
- Digital health governance and stakeholder engagement for a primary care ‘medical’ record system
- Interoperability challenges and solutions across primary care, hospitals, home care, and community partners
- Lessons from province-wide or regional digital health initiatives

### ***Examples to get people thinking — across formats & perspectives***

- technical and clinical panel on why interoperability is still so hard and what needs to change to move forward?
- debate: “Is digital transformation helping or hindering team-based care?”
- cross-sector panel (primary care, hospital, home care) on data sharing in practice
- policy + implementation dialogue on data governance and stewardship
- faculty-led session on preparing the workforce for digitally enabled care
- co-design session between developers, clinicians, and leaders
- comparative session on regional/provincial digital initiatives and lessons learned
- ethics-focused discussion on data use, privacy, and trust

## **STUDIO 6: Demonstrating Value & Accountability**

Primary care is being asked to do more - and to show, clearly and credibly, the impact of that work.

This studio focuses on how the sector demonstrates value while also strengthening accountability for the effective and equitable use of resources over time. It's about building confidence - with government, partners, and within the sector - that team-based primary care is delivering meaningful outcomes and doing so efficiently and effectively.

### **Submissions may explore:**

- Measuring impact beyond volume, including outcomes, experience, and system contribution (i.e., business case/economic analysis)
- Approaches to accountability, performance monitoring, and continuous improvement
- Linking resources, team configuration, and outcomes over time
- Combining data, evidence, and lived experience to tell a credible and compelling story
- Demonstrating stewardship and readiness for system leadership

### ***Examples to get people thinking — across formats & perspectives***

- readiness conversation: what it takes for primary care to lead at a system level
- panel with government, researchers, and providers on what “value” really means in primary care
- debate: “Are we measuring the wrong things in primary care?”
- data storytelling session: how to communicate impact credibly to funders and partners
- research + operations dialogue linking team design to outcomes
- faculty-led session on evaluation methods in complex health systems
- stewardship-focused session on resource allocation under constraint