

Call for Abstracts & Posters

THE POWER OF PRIMARY CARE SUMMIT

Leading the Attachment Era Together

October 15-16, 2026
Hilton Toronto/Markham Suites
Conference Centre & Spa

Website: www.afhto.ca/conference

Contact: info@afhto.ca

Designed and hosted by



Step by Step

Review the abstract package, get inspired, pick the Studio (theme) that fits your contribution.

Consider the Learner Objectives, think about the audience and what the Studio is trying to achieve. What will they take away from your work or expertise? Now pick the best format to achieve those objectives.

Engage, draft and iterate with your team(s) to confirm your abstract.

Submit your abstract through our NEW and MORE user-friendly abstract platform.

www.afhto.ca/conference

Studios at the Summit

1. Renovating Team-Based Primary Care for the Future (Think BIG)

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?

2. Inside and Across: Rethinking Governance & Leadership in Primary Care Renovation

How do we lead, govern, and make decisions effectively within organizations and across a complex primary care system?

3. High-Functioning Teams: Building Capacity for Attachment, Access & Care Delivery

How do primary care teams successfully attach people and design the capacity, workflows, and services needed to deliver care?

4. Designing Care Across Systems: Integration, Equity & Population Health

How do we collectively design and coordinate care ACROSS organizations, the health system and communities to improve access, continuity, and equity for populations?

5. Data & Digital: Enabling Connected, Coordinated, Team-Based Care

How do data and digital capabilities become fully embedded in the architecture, culture, and daily practice of high-functioning primary care and health systems?

6. Demonstrating Value & Accountability

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?

Session Formats

30-60 minutes

Pitch a facilitated session, presentation, panel, or debate for a large-scale spot on the program.

Main Session

30-60 minutes

Sessions can take different formats like presentation, panel, multiple presentations on the same theme. The key is that we are looking for participants to leave with the knowledge, tools and connections that will activate them as leaders of change.

Concurrent

60-90 minutes

Take it to the next level, build skills, challenge assumptions, inspire and move the conversations forward on goals of the Primary Care Proud Summit.

Interactive or Workshop

15 minutes

Excellent opportunity to present your work to a diverse audience and engage in 1:1 and smaller group discussions.

Oral Posters

Cohesive Summit

Submission Guidelines

- Max 500 words, clearly linked to one of the studios
- Include a brief note on how your presentation will **foster discussion or action** at the conference.
- Submissions may be selected for interactive panels, workshops, collaborative discussions, or poster sessions.
- Teams including patients, learners, or cross-sector partners are especially encouraged.

Submission Deadline: Tuesday June 9, 2026 5:00PM EDT

Submit your abstract at: www.afhto.ca/conference

Bring your experience, your evidence, and your vision.

Let's build the future of primary care, together.

Process

An abstract selection working group will undertake a peer reviewed process including independent review and scoring followed by facilitated discussions to select final abstracts.

Successful applicants will be informed over the summer and asked to confirm their intent to participate and work with the Planning Committee to shape the session based on the Summit objectives.

1. Renovating Team-Based Primary Care for the Future (Think BIG)

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.”

EXAMPLES

- 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
- Values and culture session focused on how teams and system partners define trust, accountability, and relational practice in real settings

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.

EXAMPLES

- 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
- Balancing your organization's responsibilities with system-level expectations
- Leadership approaches that build trust, accountability, and cohesion

3. High-Functioning Teams: Building Capacity for Attachment, Access & Care Delivery

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”.

EXAMPLES

- 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
- Data-informed sessions linking attachment growth to workload, access, and service demand, or evaluating predictive models for sustainable attachment

4. Designing Care Across Systems: Integration, Equity & Population Health

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.

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.

EXAMPLES

- 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
- Critical dialogue sessions examining whether current structures and partnerships are improving equity and patient experience in practice

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.

EXAMPLES

- 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

6. Demonstrating Value & Accountability

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.

EXAMPLES

- 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