



BOARD AWARD: POWER OF PRIMARY CARE

Team	More Information
Blue Door Clinic Casey House	https://caseyhouse.ca/
Dr. Eric Wong and The Practice Ready Ontario team Practice Ready Ontario at Touchstone Institute	Practice Ready Ontario (PRO) - Touchstone Institute





BOARD AWARD: TEAM OF THE YEAR

NOMINEE(S): Blue Door Clinic, Casey House

How has Casey House advanced team-based primary care, improved patient outcomes, or contributed to better system integration?

The Blue Door Clinic (BDC) represents a revolutionary milestone in interdisciplinary, team-based primary care tailored specifically for Uninsured and Precariously Insured People Living with HIV (UPI PLHIV).

Many community providers were struggling with UPI PLHIV who may have had an immigration status that did not allow them to access health care (for example, those on visitor permits, non permits and/or student permits). Often clients would be diagnosed upon entry into Canada through an immigration health physical without supports from family, friends and or other social networks.

From a service provider: “I’ve worked in a lot of places, I don’t know a lot of other clinics or places that do wraparound care like that, where you have a nurse, you have a systems navigator, or you have a doctor or nurse practitioner, all of those things available at the same time. I think um, common feedback I get from clients, positive feedback I get is that they’re really impressed with how much we’re able to do with one visit. So, you can get connected to treatment, you can get connected to a doctor, immigration services, a lawyer, so many things with just one visit. And that’s really incredible to me, because I don’t know a lot of other places where you can do that.”

What impact has been achieved at the local, regional, or provincial level?

The Blue Door Clinic's ripple effect extends symmetrically across the local, regional, and provincial tiers of Ontario's health landscape.

Local Impact (The GTA): BDC stands uniquely as the only specialized primary care clinic of its kind in the Greater Toronto Area dedicated to uninsured individuals with HIV. It provides rapid local triage (with most individuals receiving appointments within 2–4 weeks) and facilitates extensive local cross-sector partnerships, such as data and information sharing with Family Service Toronto to expand access to dedicated HIV support programs.

Regional Impact: Regionally, BDC mitigates massive hidden costs to the acute care sector. By providing preventative primary care, diagnostic screening, and pharmaceutical navigation, BDC directly avoids unnecessary, high-cost emergency department visits and acute hospitalizations across the region. It can easily facilitate inpatient admission to Casey House's inpatient unit and thus circumvent the cost of an emergency department visit and/or admission.

Provincial Impact & Training: On a provincial level, BDC's model has been highlighted in landmark health equity whitepapers (such as Gilead Sciences' national reports) as a gold standard for reaching historically marginalized populations. Furthermore, the BDC team leverages its expertise to deliver widespread capacity-building, providing linkages, toolkits, and training sessions aimed at eliminating "HIV-phobia" and systemic literacy barriers for healthcare providers across Ontario. As part of BDC's annual plan, it is reaching out to 2-3 Ontario communities to mentor and develop capacity in caring for UPI LHIV in 2026-2027.

How has Casey House demonstrated leadership or championed system change through advocacy, partnerships, or strategic collaboration?

The Blue Door Clinic doesn't simply operate within the bounds of a broken system; it actively redesigns it through strategic leadership and continuous structural advocacy.

Dismantling Care Barriers: BDC's leadership actively identifies and targets the trifecta of care barriers: User-related (linguistic barriers, fear of immigration repercussions, stigma), Provider-related (unfamiliarity with billing pathways or complex immigration statuses), and System-related (rigid geographical catchment limits of traditional CHCs).

Cross-Sectoral Alliances: BDC has built powerful, lasting partnerships between hospitals, Community Health Centres, FHTs, legal clinics, settlement agencies, and grassroots networks. This ensures a unified web of care that protects clients from falling through the institutional cracks.

Integrated Knowledge Translation Exchange (iKTE): Through its research and the application of frameworks, BDC leaders consistently translate clinical data into systemic advocacy tools. They champion policy changes directly to provincial policymakers and planners to challenge the status quo regarding health coverage exclusions. BDC advocacy was critical in securing provincial funding for dedicated staffing, including an NP, RN and SW for ongoing and expanded care.

How has this work or nominee influenced policy, practice, or service integration in primary care?

The most profound contribution of the Blue Door Clinic is the institutionalization of the "Status Neutral Approach" paired with Intersectional Peer-Led Navigation.

The Status-Neutral Integration Model: BDC pioneered a practice model where a patient's legal or insurance status does not dictate the quality or speed of primary care entry. By treating immigration and insurance precarity strictly as social determinants of health rather than administrative roadblocks, they have set a new benchmark for community medicine.

From a client in the "Beyond Blue Door Report":

"...I had to look for help because the hospital is charged me \$2,000 a night and they were trying to get me out... and there weren't helping me find medication before I leave so, I had to-- my friend has to ask people to help, to get help for me."

The Peer Engagement Framework: BDC successfully formalized a peer-led model where diverse peer support workers handle language interpretation, cultural translation, and emotional navigation. This has significantly influenced regional practice, proving that clinical retention among highly marginalized groups dramatically increases when care teams include representatives of the communities they serve.

From a peer in the Beyond Blue Door Report:

"After what I have been through, I was thinking that I need to volunteer in helping people, because I know I won't be last. There will be others who will be going through the same thing that I went through and I would put myself out there to help anybody that is going through the same thing".

Formulating Actionable Policy Blueprints: The Beyond Blue Door Research Report formalized 12 explicit, evidence-backed recommendations targeting service providers, health planners, and policymakers. This document serves as a live provincial blueprint for advancing equitable health access and modifying billing practices for underinsured populations in Ontario.

From a program participant in the Beyond Blue Door Report: "Despite being small, [BDC] cares for so many people... its response times, its attention, it is extremely valuable... I would love that many hospitals and clinics take up Blue Door Clinic as an example of service."





BOARD AWARD: TEAM OF THE YEAR

NOMINEE(S): Dr. Eric Wong and the Practice Ready Ontario team

ORGANIZATION: Practice Ready Ontario

How has Practice Ready Ontario advanced team-based primary care, improved patient outcomes, or contributed to better system integration?

The Practice Ready Ontario (PRO) program, coordinated by Touchstone Institute, brings together a broad network of provincial partners, including Family Health Teams (FHTs), physician assessors, and clinical supervisors to ensure care delivery is locally informed and responsive to community need. With Dr. Eric Wong as the Clinical Director, the PRO team has developed an innovative model for addressing primary care workforce shortages.

Key elements include:

1. **Practice-integrated assessment model:**

Assessments are delivered in sites across the province, enabling rigorous evaluation of clinical competence in diverse, real-world primary care settings.

Integration with workforce planning: Candidates transition directly from assessment into supervised practice with a defined return-of-service in high-need communities.

2. **Embedded evaluation and continuous quality improvement:**

The program prioritizes ongoing, multi-level evaluation, incorporating real-time feedback from physician candidates, assessors, and clinical sites. This enables rapid-cycle improvements to assessment processes, candidate experience, and site readiness, ensuring the model remains responsive, efficient, and high quality as it scales.

From my personal experience as a PRO candidate, I feel that the Practice Ready Ontario program provides a clear, accelerated pathway for internationally educated physicians to

integrate into the provincial healthcare system. **My transition to the Manitoulin Island Family Health Team allowed me to immediately deliver high-quality health care to an underserved community.**

The rigorous Clinical Field Assessment gave me the support necessary to meet Canadian standards of care and confidently serve my patients from day one. The team collaborates through shared workflows, EMR-supported documentation, team communication, interdisciplinary problem-solving, and case conferencing. This reduces fragmentation for patients and prevents patients from repeatedly explaining their needs across disconnected services. The result is a dedicated, trained, specialized team that wraps care around the patient and uses each discipline's strengths to improve access, safety, equity, and continuity.

What impact has been achieved at the local, regional, or provincial level?

Dr. Wong and the PRO team have achieved strong measurable and observable outcomes that demonstrate impact at the patient, provider, and system levels:

System and program reach:

- ~150+ physician candidates have been assessed through 12-week clinical field assessment, and +110 are now working as family physicians in return of service communities
- Assessments delivered across nearly 30 Family Health Teams, demonstrating broad system engagement
- Return-of-service placements in more than 10 AFHTO-affiliated locations, directly improving access in high-need communities
- "This program breaks down barriers for highly skilled, internationally educated doctors with experience practising family medicine by removing the requirement to complete unnecessary re-education programs in exchange for a return of service in a rural or northern community" - Health Minister Sylvia Jones

Impact on care delivery:

- Improved access to primary care in areas of high need through targeted physician placement
- Positive feedback from participating sites highlighting the value of practice-integrated assessment and the contributions of PRO candidates to care teams
- Strengthened provider capacity and reduced strain on existing primary care teams

Illustrative impact:

Participating sites have reported that PRO candidates are able to integrate quickly into team-based care environments, contributing meaningfully to patient access and continuity

within weeks of placement. This has been particularly impactful in rural and underserved communities, where each additional provider significantly improves patient attachment and reduces wait times.

Collectively, these outcomes demonstrate a high-impact, system-aligned approach that delivers measurable results while building sustainable primary care capacity.

How has Practice Ready Ontario demonstrated leadership or championed system change through advocacy, partnerships, or strategic collaboration?

From what I have seen through the Practice Ready Ontario program, Dr. Eric Wong brings a remarkable depth of experience in family medicine, medical education, and physician assessment. In addition to serving as Clinical Director of PRO, he is currently President-Elect of the Ontario College of Family Physicians and previously served as Postgraduate Director of Western University's Family Medicine Residency Program. These leadership roles are reflected in the way the program balances high standards with practical support for internationally educated physicians. As a participant, I experienced a fair, rigorous, and supportive assessment process that helped prepare me to practise confidently in Ontario. Dr. Wong's leadership has helped create a pathway that not only maintains quality and patient safety but also helps address the growing need for family physicians in communities across the province.

Through its engagement efforts, the PRO team has built a strategic partnership network that includes primary care organizations, regulators, and government partners. Dr. Eric Wong's leadership and advocacy have strengthened program quality and impact by bringing together the perspectives of internationally educated physicians, communities, and health system partners. Engagement methods include co-design with assessors and supervisors, active engagement with physician candidates, real-time input from clinical sites (including FHTs), and system-aligned placement decisions.

How does the nominee serve as a role model or source of inspiration to others in the primary care community?

Dr. Wong and the team are clearly dedicated to the PRO program and to improving primary care in Ontario. Their commitment to collaboration and partnerships across the system serves as a model for others and provides the opportunity for further scalability.