

2027 Ontario Budget Submission

About the Association of Family Health Teams of Ontario (AFHTO)
AFHTO is a not-for-profit association representing Ontario's primary health care teams. Team-based primary care is interprofessional—composed of family physicians, nurse practitioners, nurses, dietitians, social workers, pharmacists, physician assistants, and other health care professionals who work together to provide comprehensive, integrated care to patients. AFHTO's nearly 200 member organizations represent almost 5,000 multidisciplinary healthcare professionals. Our members operate in every region of the province, providing primary care services and supports to over 4 million Ontarians through every step and stage of life.

AFHTO envisions a health care system where every Ontarian has access to equitable, high-quality, and comprehensive team-based primary care—leading to better health outcomes for patients and communities, while reducing the burden on hospitals and emergency departments across the province.

A Message from the CEO

Dear Minister Bethlenfalvy,

The Association of Family Health Teams of Ontario (AFHTO) is pleased to contribute to Ontario's budget consultation process. As we enter the third year of the province's $3.4 billion Primary Care Action Plan (PCAP), this year's budget is critical to protecting and furthering the attachment gains we've made so far to achieve the significant expansion required to care for all Ontarians in primary care.

AFHTO recognizes the significant investments that the Government of Ontario has committed to strengthening primary care—the foundation of our healthcare system. From the expansion of primary care teams and teaching clinics to the development of a new Primary Care Medical Record System, primary care in Ontario is undergoing considerable and exciting transformation amidst challenging economic times. AFHTO shares this government's vision that all Ontarians should have timely access to comprehensive, integrated team-based primary care close to home.

The 8 recommendations in this submission represent the collective voice of our membership—nearly 200 primary care teams, including Family Health Teams (FHTs), Nurse Practitioner-Led Clinics (NPLCs), and others serving 4.1 million Ontarians across the province and counting. These recommendations address the conditions that prevent primary care teams from delivering their full value and present actionable, innovative solutions to best position teams to deliver on this government's attachment mandate and protect Ontario's investment in team-based care.

We look forward to continuing to work with your government and with our system partners to achieve our shared vision for primary care and health system sustainability.

Sincerely,



Jess Rogers

CEO
AFHTO

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a. Develop a multi-year primary care workforce strategy co-created with the primary care sector, including a 3.5% annual increase for 3 years to base funding for staff. 5

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a. Institute global budgets, embedded in multi-year agreements, to empower all primary care teams to strategically deploy their resources in response to community needs. 6

b. Unlock the ability for all primary care teams to formally partner with family physicians across different types of patient enrollment models. 6

c. Reduce and streamline planning and reporting requirements to address management administrative burden and increase capacity for delivery of care and supporting attachment. 6

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b. Commit a funding envelope specifically for capital expansion in primary care teams. 7

c. Collaborate with the leaders of primary care teams throughout the design, development, and implementation of the Primary Care Medical Record (PCMR) system. 7

Budget Priority 1: Invest in Workforce Capacity

Ontario can't expand primary care while losing the people already delivering it.

Under PCAP, primary care teams are expanding at an unprecedented rate to attach all Ontarians to primary care by 2029. Team-based care is the most efficient way to expand attachment capacity and is necessary for achieving PCAP's goals. By leveraging the expertise of a broad range of clinicians to collaborate in patient care, family physicians and nurse practitioners can focus on practicing at their optimal scope and in doing so, can attach more patients. Ontario cannot scale primary care attachment without primary care teams.

However, retention of health human resources (HHR) remains a significant challenge for primary care teams and has worsened with PCAP's focus on expansion. An October 2026 survey of AFHTO members shows that on average:

- 1 in 6 (15.7%) staff leave their team
  - Primary reasons for departures: higher compensation, better benefits, retirement
  - Primary destinations: hospital sector, private practice
- 1 in 5 (18.6%) team-based jobs are vacant

Ministry of Health-funded rates for team-based primary care roles have not kept up with the rising cost of living.

Operating on restrictive 1-year Transfer Payment Agreements (TPAs), primary care teams do not have the budgetary certainty to support competitive recruitment, retention, and multi-year workforce planning.

With understaffed teams, family physicians and nurse practitioners attach and serve fewer patients, struggle to meet community needs and attachment goals, while putting additional pressure on hospital emergency departments when patients are unable to receive timely care.

To support staff retention, ensure reliable access to primary care, and reduce unnecessary hospital visits, AFHTO recommends that the Ontario government:

a. Develop a multi-year primary care workforce strategy co-created with the primary care sector, including a 3.5% annual increase for 3 years to base funding for staff.

   This multi-year strategy would build primary care workforce planning around population need and attachment goals to strengthen the capacity of our sector to forecast, attract, and retain the right people to meet local needs. It would provide the sector with greater certainty on contract (TPA) length, planned compensation increases to support HHR recruitment and retention efforts, and a modernized approach to resourcing.

   As a starting point, we recommend that the strategy include a 3.5% annual increase to base funding for staff positions (across all funded HHR roles) for 3 years, starting in 2027-28—building upon the critical lifeline provided by the $142 million recruitment and retention funding (2025-2027) for primary care teams under PCAP.

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Budget Priority 2: Cut Red Tape

Primary care teams can't operate efficiently when saddled with red tape.

Primary care teams currently do not have the operational flexibility required to deploy resources swiftly to respond to the province's rapid attachment targets and emerging issues:

- Not all primary care teams have budgetary flexibility. For example, FHTs cannot independently reallocate funds over $10,000 between budget lines without Ontario Health approval. As a result, FHTs cannot efficiently leverage their resources to meet community or operational needs, or enhance HHR compensation to support recruitment and retention.

- Not all primary care teams have the flexibility required to formally partner with family physicians in community across different types of patient enrollment models. Generally, Ontario Health and the Ministry only permit FHTs to operate with one family physician enrolment/payment model. This prevents many FHTs from working with the number of family physicians required to attach all patients in their communities, and hinders efforts to attract new family physicians into team-based care.

- AFHTO data shows that administrative and executive roles are spending an average of 10-40 hours per month just on data collection and reporting alone (which is often duplicative) to Ontario Health. This diverts attention away from strategic partnerships, attachment, and operations, and drives staff burnout.

- Approvals for PCAP-related expansion funding have been slowed by procedural delays. Over the last two fiscal years, 6-month delays in issuing and delivering on the funding agreements have created cascading budgetary, planning, and implementation delays for primary care teams and thus delays in achieving attachment targets.

To reduce operational red tape, expand staff capacity, and position teams to successfully meet attachment targets, AFHTO recommends that the Ontario government:

a. Institute global budgets, embedded in multi-year agreements, to empower all primary care teams to strategically deploy their resources in response to community needs.
b. Unlock the ability for all primary care teams to formally partner with family physicians across different types of patient enrollment models.
c. Reduce and streamline planning and reporting requirements to address management administrative burden and increase capacity for delivery of care and supporting attachment.
d. Expedite the approval and operationalization of the remaining rounds of PCAP-related expansion within Q1 each fiscal year.

Budget Priority 3: Build for Growth and Sustainability

Clinics can't meet the needs of the future when they're stuck in the past.

The infrastructural realities of primary care are at odds with the demands of expansion. Now over 20 years old in many cases, primary care teams are often operating with outdated technology and in clinic spaces that are no longer adequately fit for purpose—but have limited budgetary support and permission to make the necessary upgrades or expansions:

- Primary care teams do not have adequate resources to finance clinic expansion—even with PCAP expansion funding, which does not include the dedicated funding to support capital expansion. As a result, teams are expanding their staffing and patient rosters without the space to accommodate those changes.

- 62% of IPCT recipients (among AFHTO's membership) need to make at least one change to their physical space to be able to implement their expansion plans. However, significant leasehold improvements or capital expansions require long review, approval, and procurement processes that significantly delay the timelines for implementing expansion efforts and attaching more patients.

- Primary care teams are hesitant about adopting new digital technologies due to previous failed implementations that did not fully account for users in primary care organizations, including clinical and non-clinical staff. For instance, the rollback of PrescribeIT in 2026 resulted in substantial administrative burden with staff going back to faxes. Without sustainable digital health solutions, teams are in limbo managing workloads and redeploying staff to facilitate a patchwork of non-interoperable digital tools and workarounds.

As primary care teams expand to support increased attachment, the operating risks associated with insufficient physical and digital infrastructure increase: teams are saddled with more paperwork, are less efficient, have fewer spaces to safely provide care that meet all privacy and safety requirements, and are less able to rapidly attach new patients. Meanwhile, patients wait longer to access the care they need and the quality of care is compromised.

To support operational efficiency and health system sustainability, AFHTO recommends that the Ontario government:

a. Design and deploy a modified primary care-specific capital expansion process as part of the PCAP expansion processes by the end of June 2027.
b. Commit a funding envelope specifically for capital expansion in primary care teams.
c. Collaborate with the leaders of primary care teams throughout the design, development, and implementation of the Primary Care Medical Record (PCMR) system.