Supporting Access & Attachment to Primary Care

IPCT Expansion Toolkit

October 6, 2025

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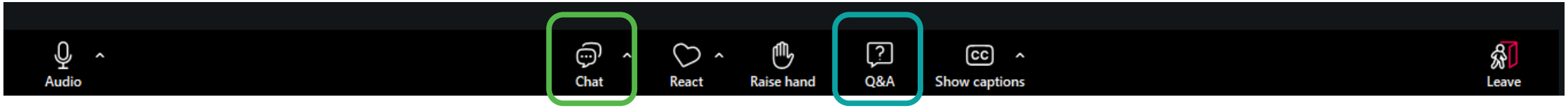
Housekeeping



- Audience **microphones are muted** and will remain muted throughout.
- Please submit questions using the **Q&A panel**.
  - Questions may be answered **in writing within the Q&A panel**, **verbally during the Q&A period**, or in a **follow-up email** after the webinar
  - You can also upvote or comment on others' questions.
- Please use the **Chat window** **for technical assistance.**
- The webinar is being **recorded**. A link to the recording and slide deck will be shared by email next week.
- Simultaneous **French-language interpretation** is being provided. To access it, please click on the **globe icon at the bottom of your screen** and select "French." You can switch back to English the same way.

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and Alliance members takes place across what is now called Ontario on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories, needs, and assets, as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding responsibilities to all who now live on these lands, the land itself and the resources that make our lives possible.

Objectives for Today

Introduction	Interprofessional Team Primary Care Expansion Updates and the Neighbourhood Health Home Model
Review	The problem we are trying to solve
Address	Attachment and Access Toolkit – a day in the life…
Discussion	Discussion and Questions

Interprofessional Primary Care Team Expansion Plan Updates

Primary Care Action Team

- Mandate and Vision → within next 5 years, 100% of people in Ontario are attached to a family physician or NP in a publicly funded interdisciplinary system, where they receive ongoing, comprehensive, and convenient care that is:
  1) Universal
  2) Team-Based
  3) Convenient
  4) Equitable
  5) Digitally-Enabled
- 2.1 billion promised in the Primary Care Action Plan

Expression of Interest Process to-date

- Initial EOI launched focused on geography – teams announced
- 125 FSAs were selected with the highest unattachment rates
- 213M invested in 80 teams that will serve 300,000 people
- Several organizations proposed the neighbourhood hub and spoke model and were successful in their EOI.
- New EOI just released - deadline November 14th, 2025
- Communities across Ontario are eligible to apply for this funding call
  - OHTs will be responsible to organize proposal(s)

- Commitment to address the Health Care Connect waitlist as of Jan 2025 by Spring 2026

Big Questions we are grappling with…

How do we work collaboratively with existing and new resources to attach thousands of people currently without attachment to primary care?

How do we collectively build a primary care system that not only meets the needs of individuals but goes beyond basic primary care resulting in true health and wellbeing for people in Ontario?

When we focus on 100% attachment how do we increase capacity at the team and practice level?

Need to Do things Differently

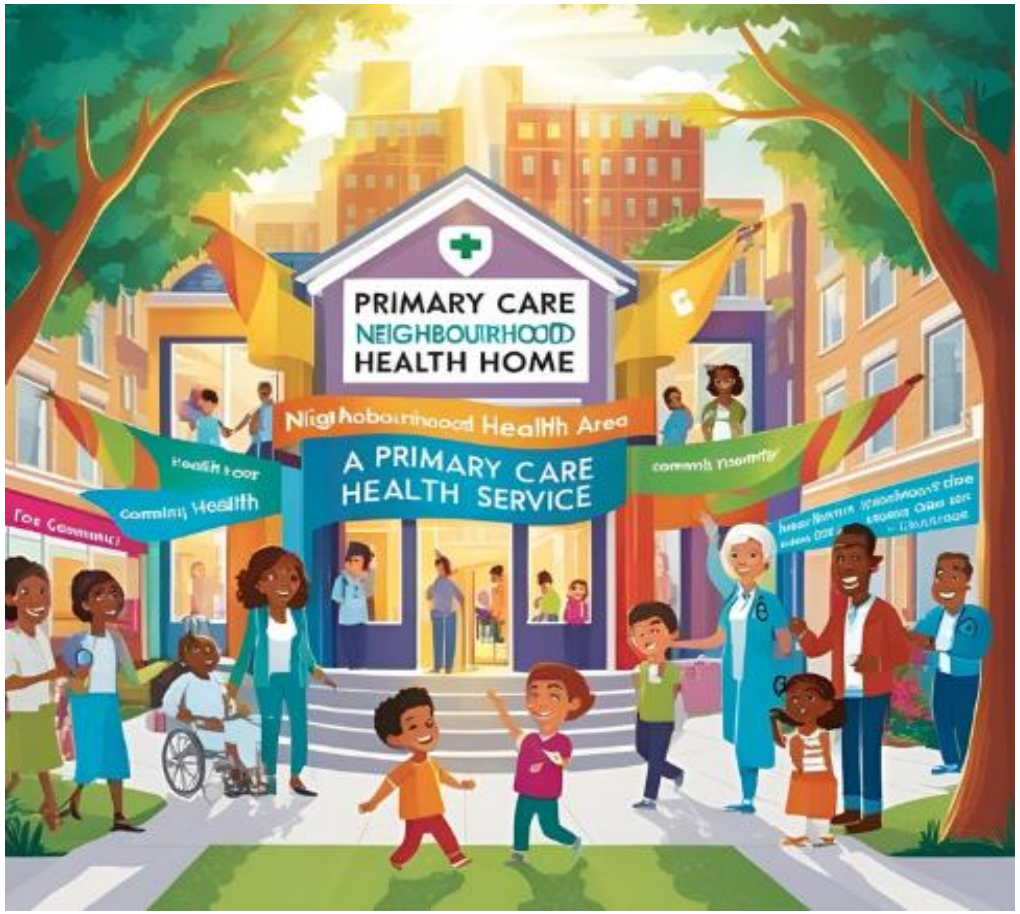
- System Level - PCAT
- Regional Level – Neighborhood Health Home
  - very brief overview today
- Team Level – IPCT Toolkit
- Practice Level – MDs and NPs – Chapters in the toolkit that that may resonate and be of use

Alliance Webinar Oct 9 – Still time to register

Practical Advice for IPCT Expansion EOIs: Applying the Neighbourhood Health Home Model

Supporting attachment and health equity within the Neighbourhood Health Home

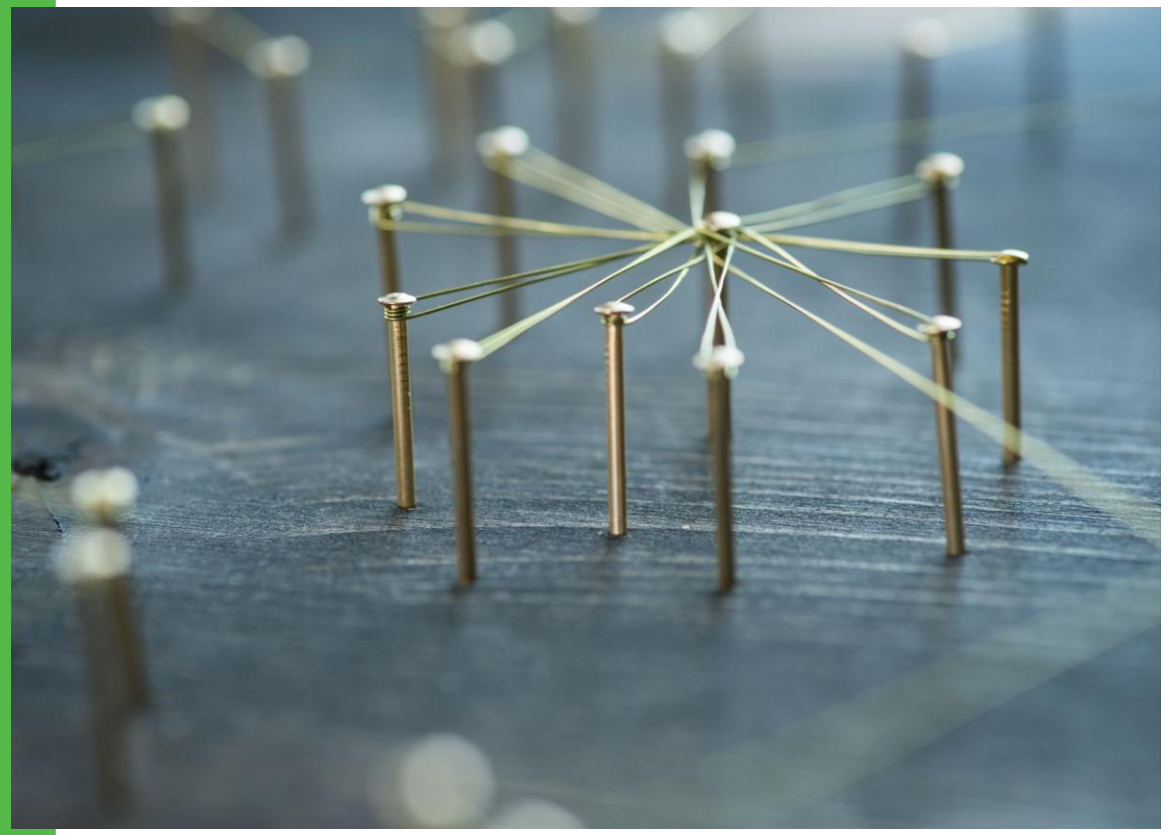
Vision: Neighbourhood Health Home – Centering Equity at the Core



- Health Homes nestled within neighbourhoods serving people from geographical areas or priority populations
- Every person will have barrier-free access to an interprofessional team
- Community members involved with governance, decision-making and co-design
- Build on existing team-based primary care models (and establishing new ones where necessary) – hub and spoke model
- Primary Care Networks – essential to co-design and oversight

Hub and Spoke Model

- All primary care providers in the Neighbourhood Health Home will have access to the team, via a hub and spoke model
- The Hub (or a specific spoke) will provide equity-based care for the entire population
- Primary care providers and teams will collaborate to meet local needs
- Each Neighbourhood Health Home will work with the PCN to meet physician, NP, and community needs



Problem We Are Trying To Support

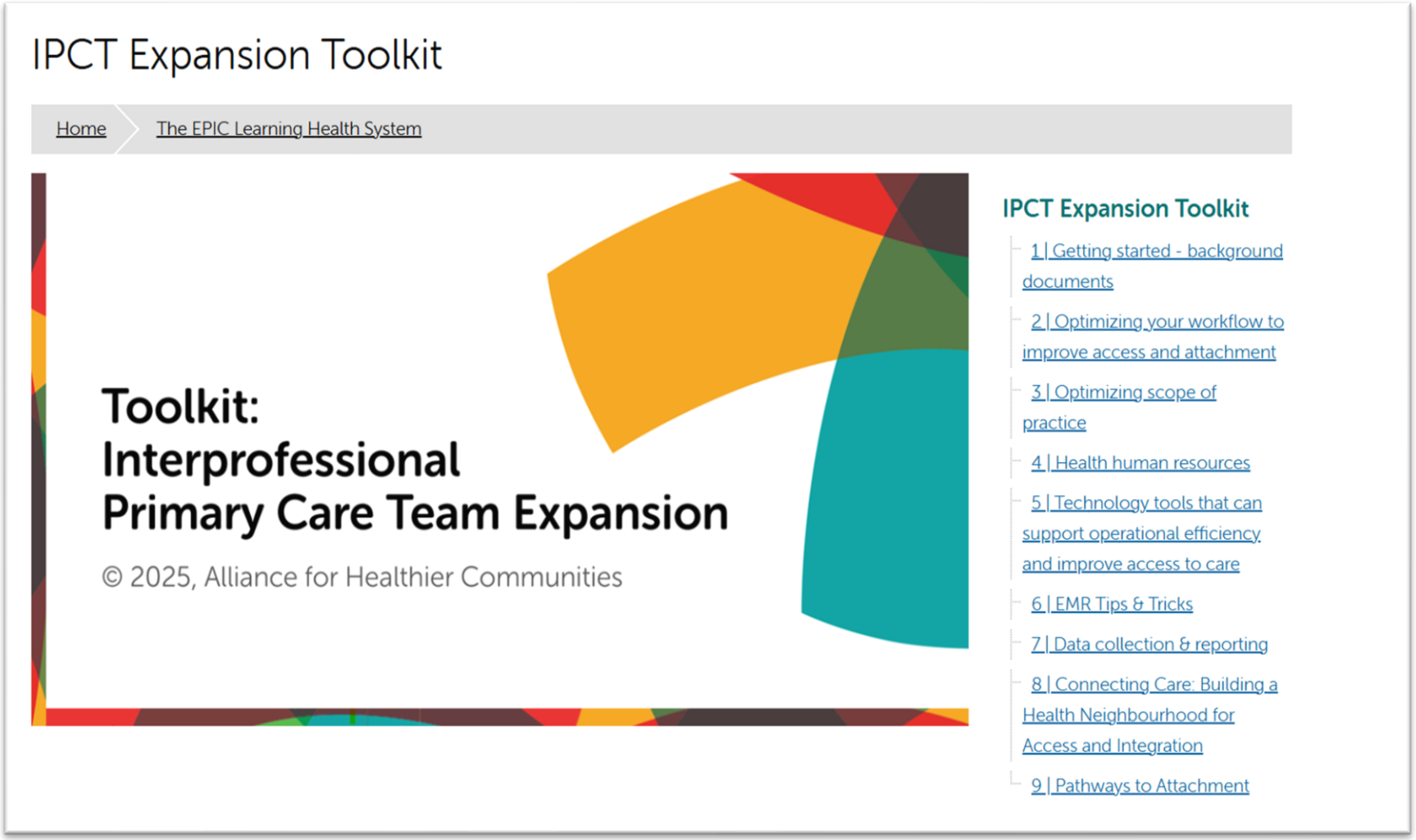
- 2.3M people without a primary care provider
- Primary Care throughout Ontario being challenged to serve higher numbers of unattached people, more quickly
- New teams are being established with the goal of all staff working to full scope
- Ambitious targets
  - *Goal → 300,000 people attached by March 31, 2025*

If we continue to provide care in the same way we will not meet these targets

Get Inspired

- 1st step – get inspired from others
- Case studies: various examples you can learn from, modify to meet your needs
    - *Includes examples of the neighbourhood model, group intakes, access clinics and more.*

Introduction to The IPCT Expansion Toolkit

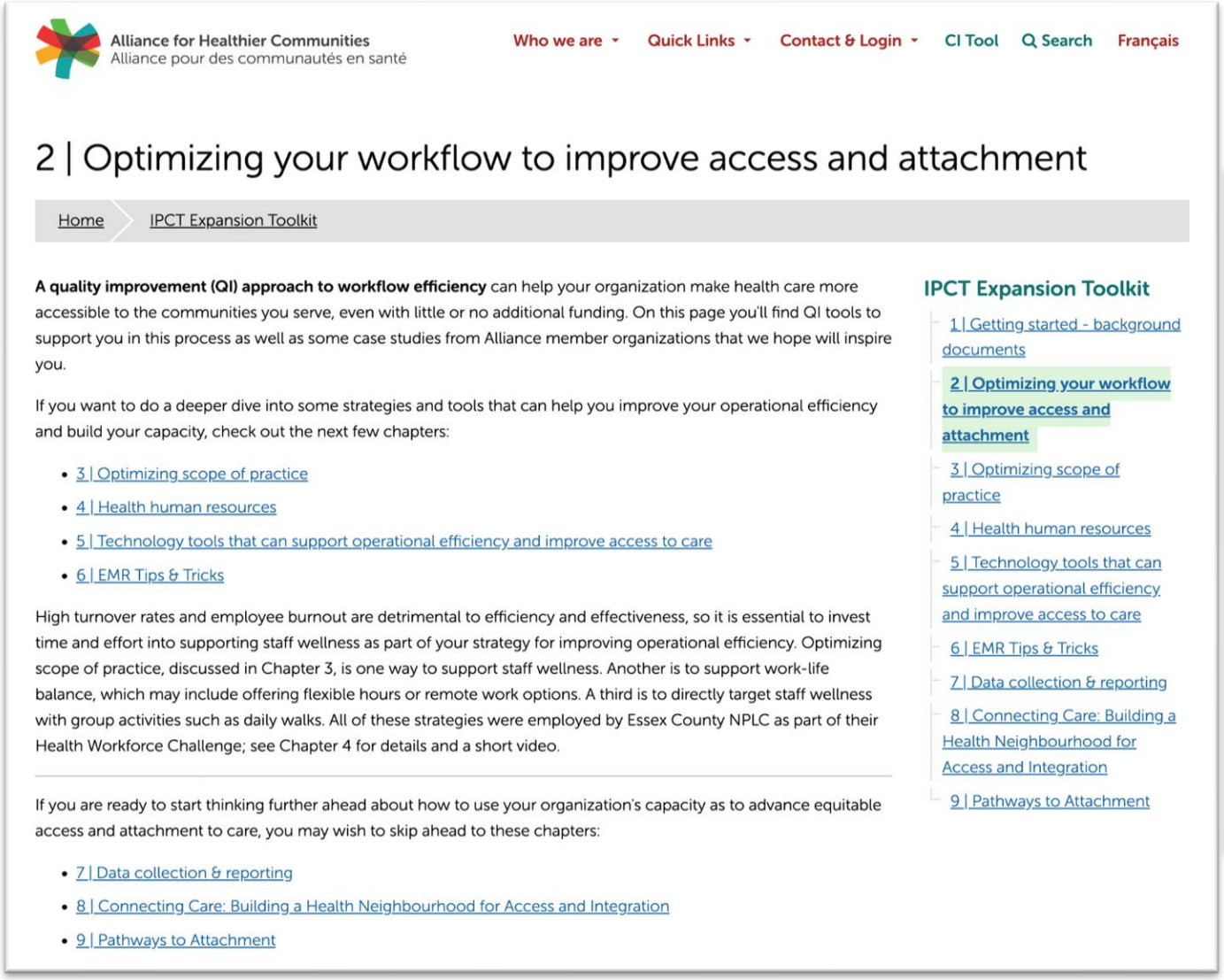


Day in the Life…

Our Dilemma…

- How do we successfully meet the massive demand in our community and not overwhelm our clinicians?
- Our Healthcare Connect wait list AND our own internal wait list is huge!
- Where do we start?

Using the IPCT Expansion Toolkit



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2 | Optimizing your workflow to improve access and attachment

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A quality improvement (QI) approach to workflow efficiency can help your organization make health care more accessible to the communities you serve, even with little or no additional funding. On this page you'll find QI tools to support you in this process as well as some case studies from Alliance member organizations that we hope will inspire you.

If you want to do a deeper dive into some strategies and tools that can help you improve your operational efficiency and build your capacity, check out the next few chapters:

- 3 | Optimizing scope of practice
- 4 | Health human resources
- 5 | Technology tools that can support operational efficiency and improve access to care
- 6 | EMR Tips & Tricks

High turnover rates and employee burnout are detrimental to efficiency and effectiveness, so it is essential to invest time and effort into supporting staff wellness as part of your strategy for improving operational efficiency. Optimizing scope of practice, discussed in Chapter 3, is one way to support staff wellness. Another is to support work-life balance, which may include offering flexible hours or remote work options. A third is to directly target staff wellness with group activities such as daily walks. All of these strategies were employed by Essex County NPLC as part of their Health Workforce Challenge; see Chapter 4 for details and a short video.

If you are ready to start thinking further ahead about how to use your organization's capacity as to advance equitable access and attachment to care, you may wish to skip ahead to these chapters:

- 7 | Data collection & reporting
- 8 | Connecting Care: Building a Health Neighbourhood for Access and Integration
- 9 | Pathways to Attachment

IPCT Expansion Toolkit

- 1 | Getting started - background documents
- 2 | Optimizing your workflow to improve access and attachment
- 3 | Optimizing scope of practice
- 4 | Health human resources
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- ▶ Reference Guide: Access and Efficiency Strategies for Primary Health Care
- ▶ Quality improvement tools
- ▶ Case Example: Health Workforce Innovations at Essex County NPLC
- ▶ Case Example: Better Health Project at Merrickville DIstrict CHC (now part of Rideau Community Health Services)
- ▶ Case Example: Using Data to Determine Roster Complexity at London InterCommunity Health Centre

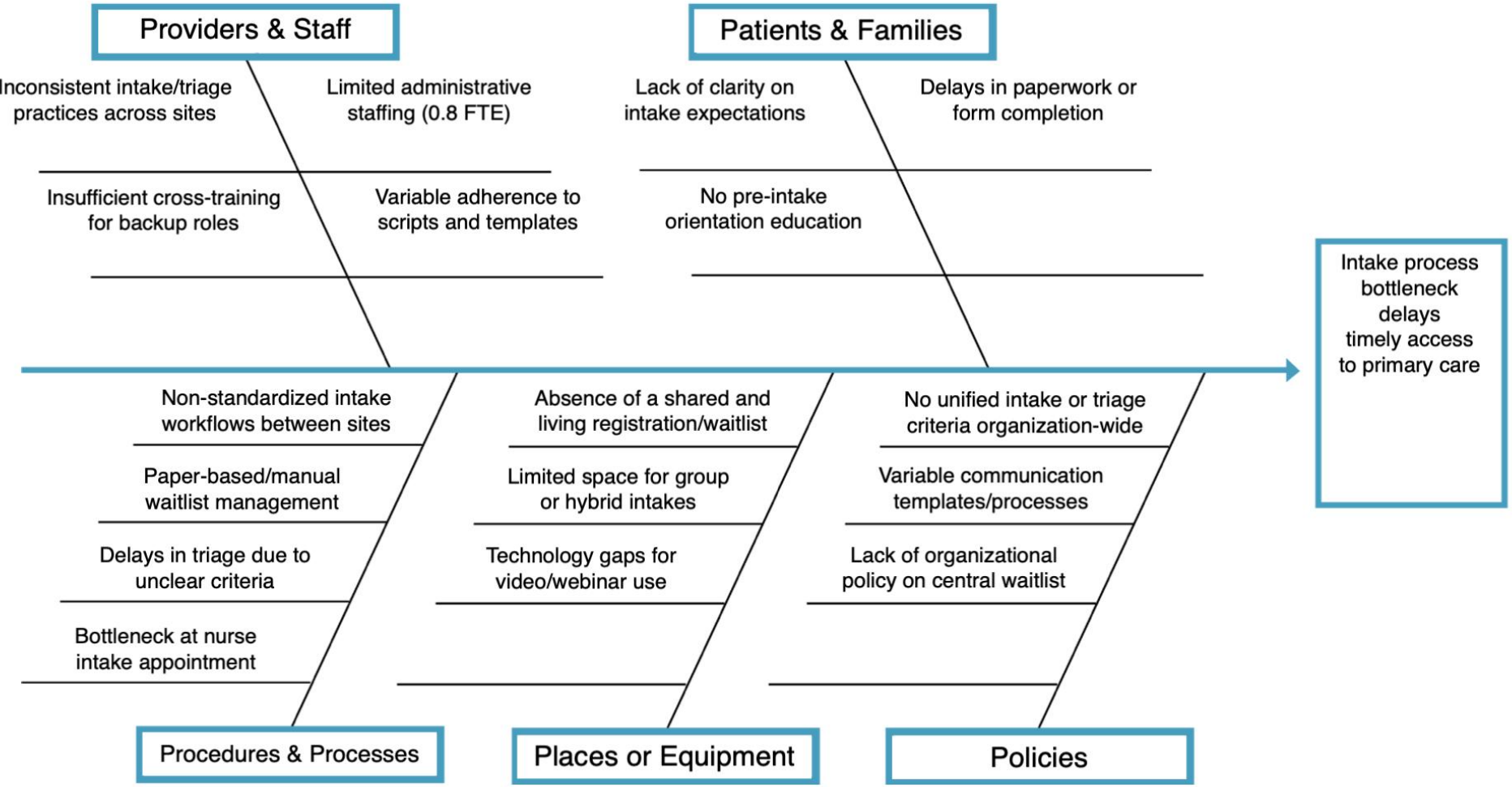
Case Study: Intake Process

Context:

- A 2-site Primary Care Team is facing a challenge to manage **both an internal and Health Care Connect waitlist**.
- Each site has an **independent intake process**. Each site has 1 admin staff (0.8 FTE) supporting intake and triage. The **intake appointment** with a nurse is presented **as the first bottleneck** in this process.
- The team sought to centralize the waitlist management system, standardize intake process and triaging criteria, and improve intake efficiency.

Reference: Chapter 9

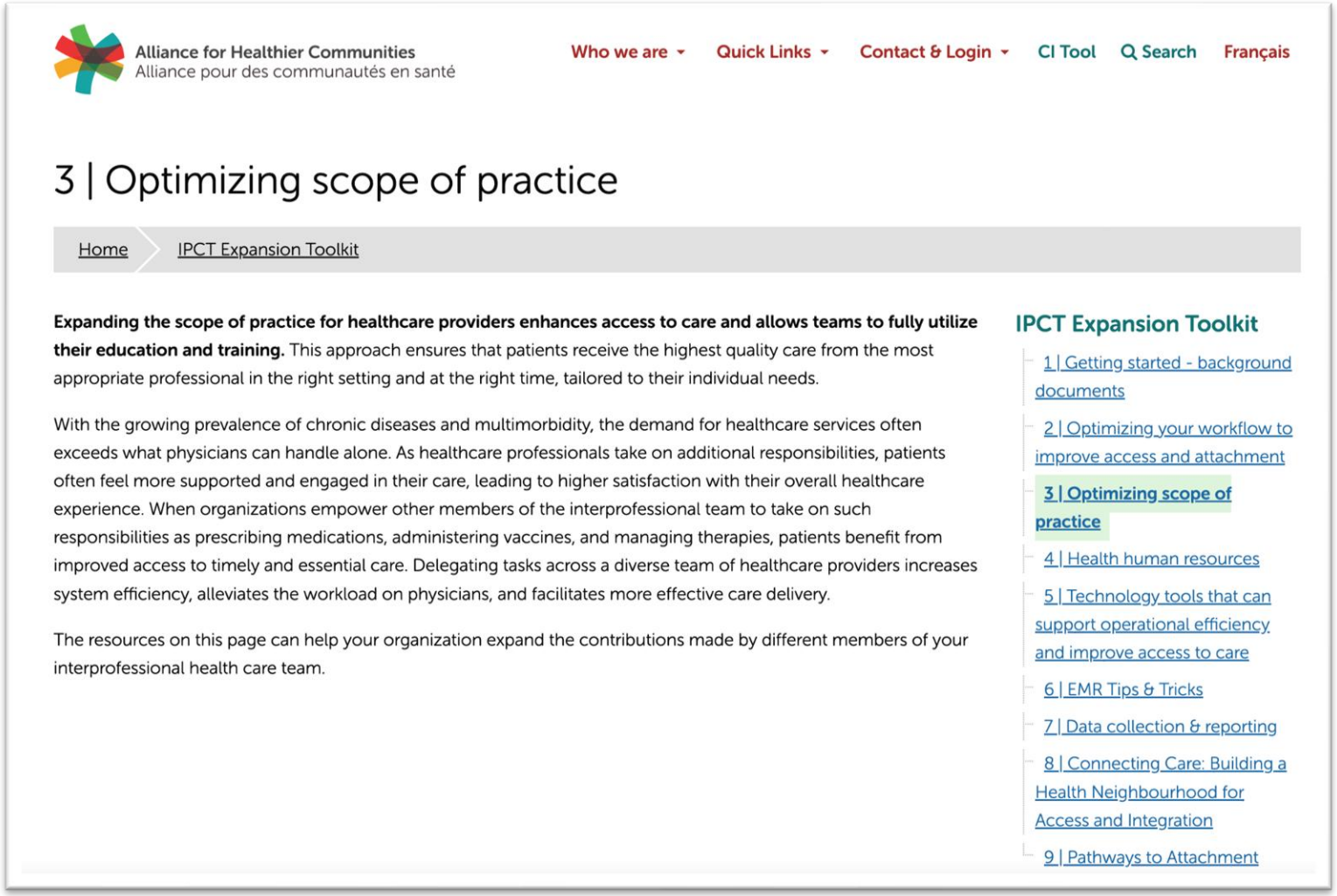
Case Study: Identifying the Bottleneck of Intake



Case Study: Change Ideas

Cross-Training of Admin Support Staff

- Optimize capacity to support intake and triage
- Document workflow, use scripts and templated messages to safeguard consistency

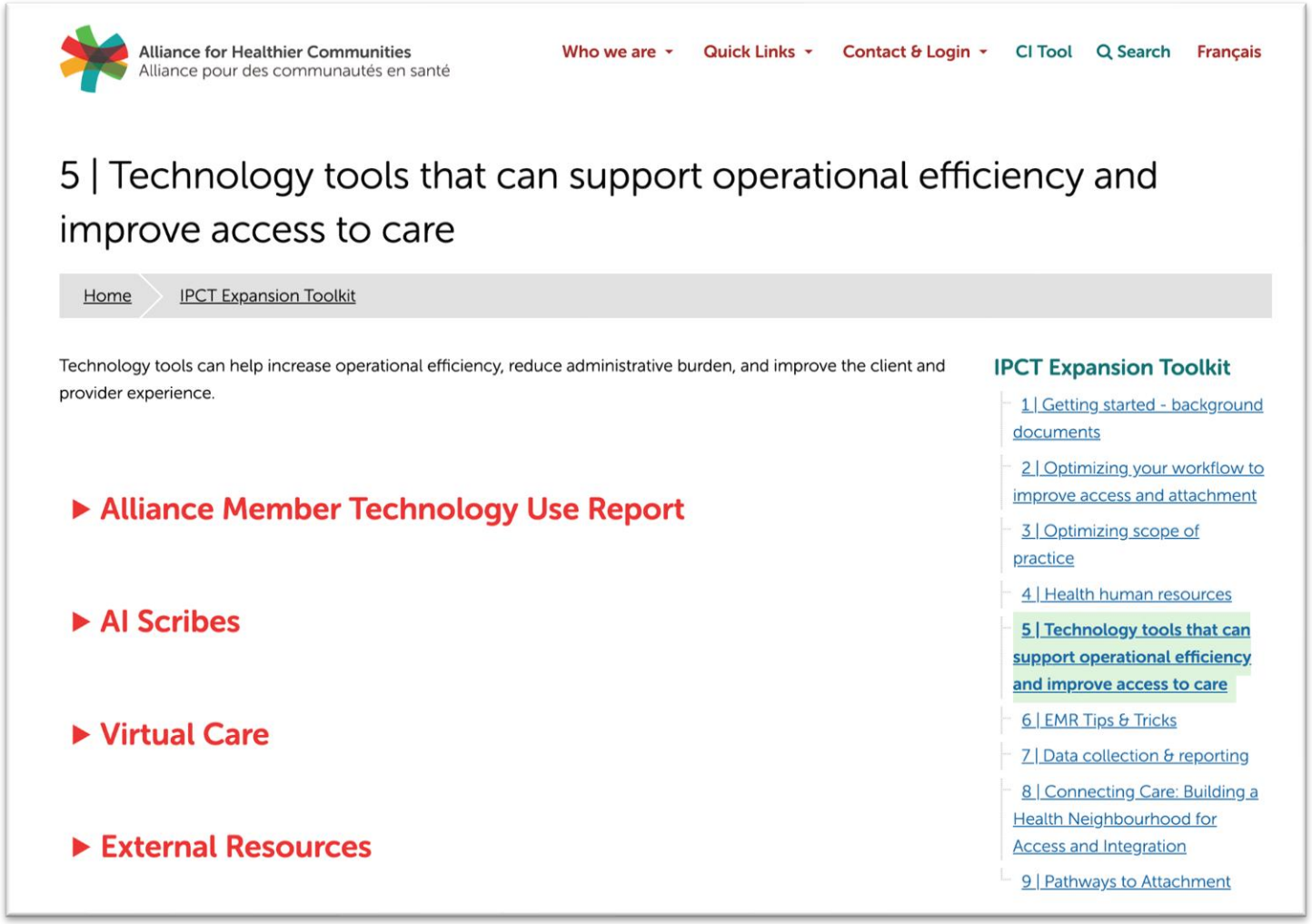


Reference: Chapter 3

Case Study: Change Ideas

Standardization of Organizational Waitlist Management, Intake Process and Triaging Criteria

- Adopt an electronic waitlist or client registration system
- Understand the flow of people and activities
- Use consistent decision-making templates and communication processes

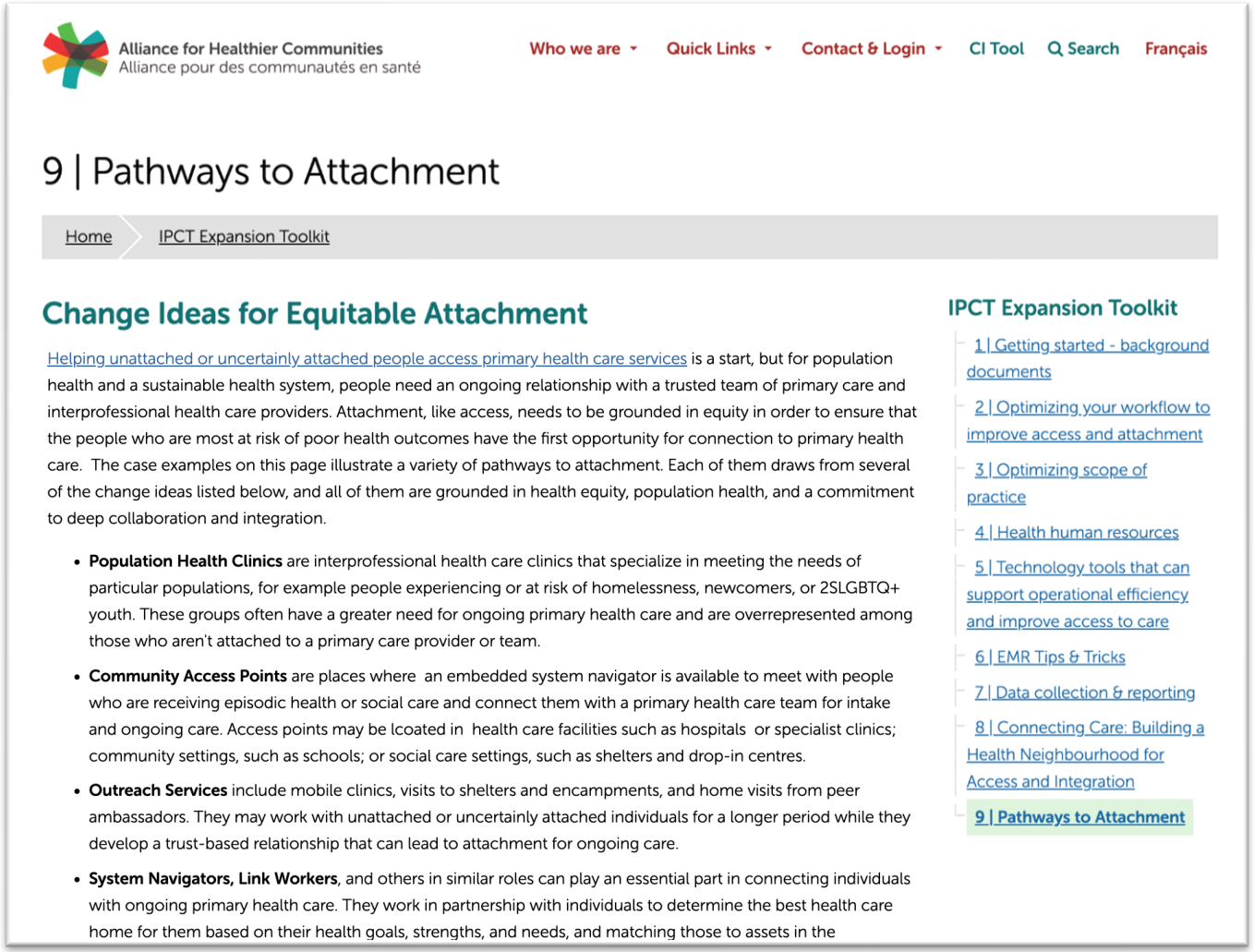


Reference: Chapter 5

Case Study: Change Ideas

Group intake with a hybrid orientation approach

- Develop short videos or recorded webinars to introduce general information to clients prior to in-person intake appointments
- Conduct group intakes with guidance on completing mandatory paperwork
- Collaborate with team members to support clinical assessment using a group medical visit model



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9 | Pathways to Attachment

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Change Ideas for Equitable Attachment

Helping unattached or uncertainly attached people access primary health care services is a start, but for population health and a sustainable health system, people need an ongoing relationship with a trusted team of primary care and interprofessional health care providers. Attachment, like access, needs to be grounded in equity in order to ensure that the people who are most at risk of poor health outcomes have the first opportunity for connection to primary health care. The case examples on this page illustrate a variety of pathways to attachment. Each of them draws from several of the change ideas listed below, and all of them are grounded in health equity, population health, and a commitment to deep collaboration and integration.

- **Population Health Clinics** are interprofessional health care clinics that specialize in meeting the needs of particular populations, for example people experiencing or at risk of homelessness, newcomers, or 2SLGBTQ+ youth. These groups often have a greater need for ongoing primary health care and are overrepresented among those who aren't attached to a primary care provider or team.
- **Community Access Points** are places where an embedded system navigator is available to meet with people who are receiving episodic health or social care and connect them with a primary health care team for intake and ongoing care. Access points may be lcoated in health care facilities such as hospitals or specialist clinics; community settings, such as schools; or social care settings, such as shelters and drop-in centres.
- **Outreach Services** include mobile clinics, visits to shelters and encampments, and home visits from peer ambassadors. They may work with unattached or uncertainly attached individuals for a longer period while they develop a trust-based relationship that can lead to attachment for ongoing care.
- **System Navigators, Link Workers**, and others in similar roles can play an essential part in connecting individuals with ongoing primary health care. They work in partnership with individuals to determine the best health care home for them based on their health goals, strengths, and needs, and matching those to assets in the

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Reference: Chapter 9

Dilemma 2

Our dilemma

How do we build room in our schedule to see all of these new clients?

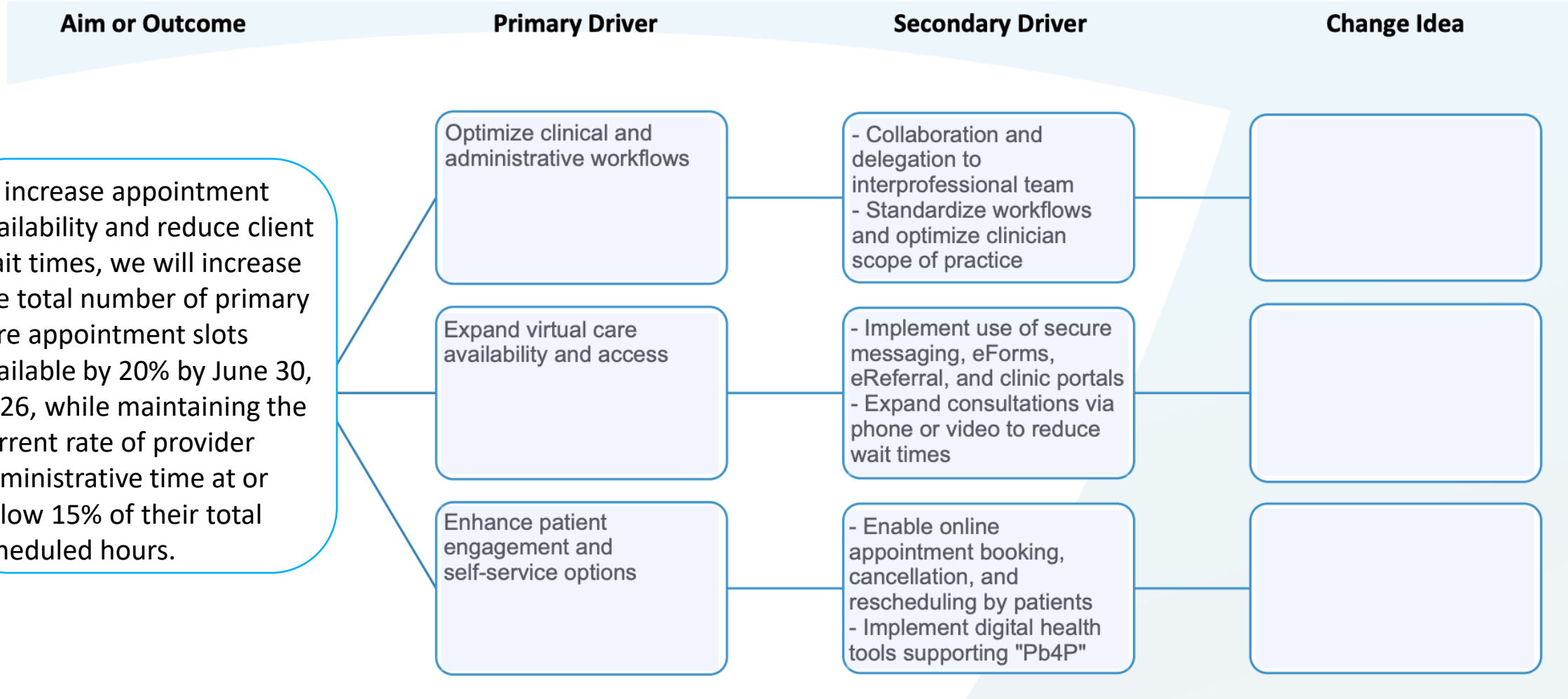
Once we have enrolled so many new clients, how do we ensure on-going access?

Case Study: Supporting On-Going Access

Context:

- A CHC was challenged by **administrative burden** on providers, **saturated clinic space** leading to long appointment wait times, and a **no-show rate** trending upwards.
- The centre also did not have enough available time slots to meet demand
- The centre sought to improve operational efficiency, expand access to virtual care, and reduce no-show rates.

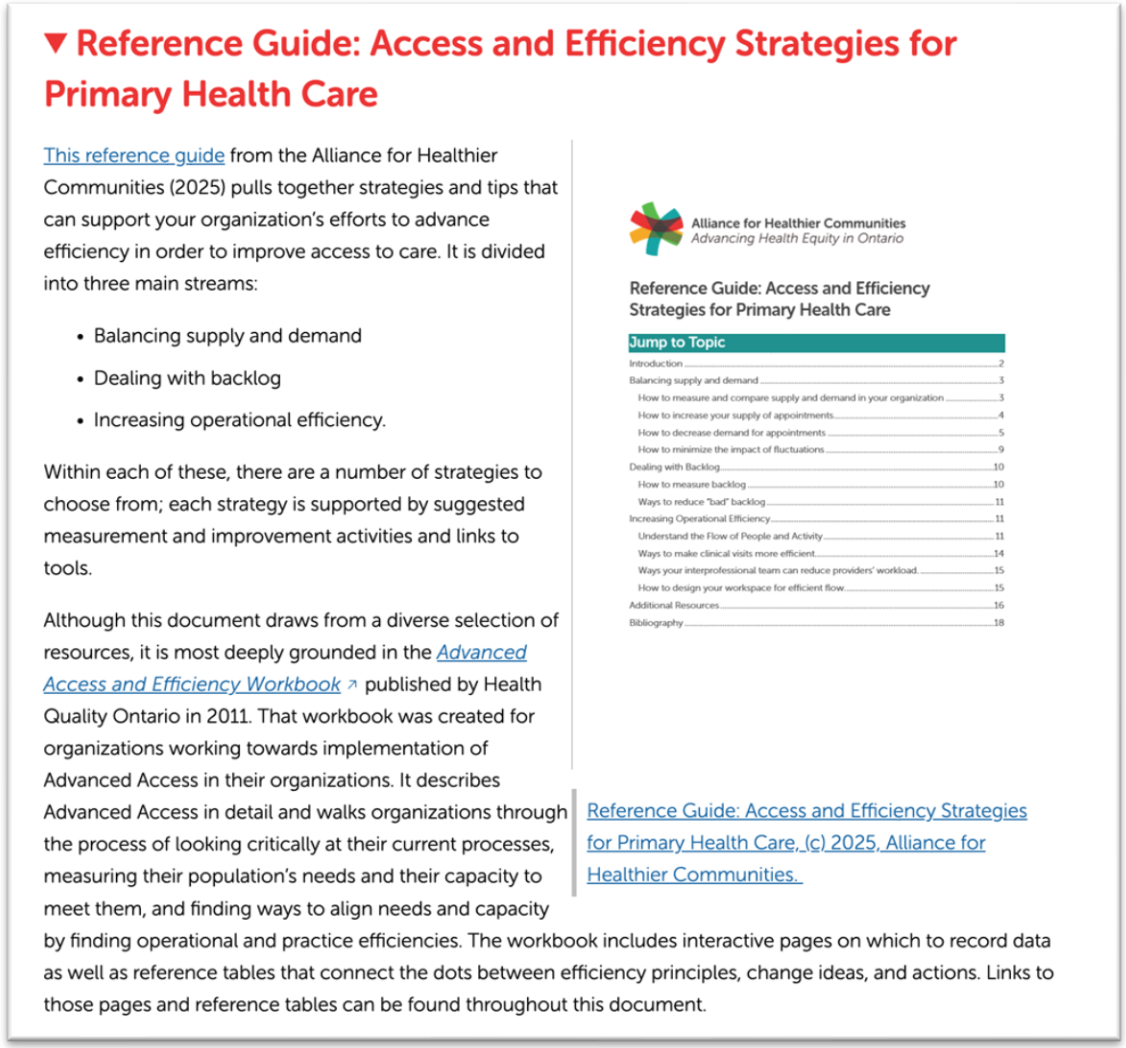
Case Study: Showing Link Between Root Causes and Change Ideas



Change Ideas: Supporting On-Going Access

Collaboration and Delegation of Standard Tasks to the Interprofessional Team

- Optimize scope of practice of other providers to conserve physicians for tasks which can only be performed by physicians
- Standardize workflows and tasks so they can be appropriately delegated to IP team members



▼ Reference Guide: Access and Efficiency Strategies for Primary Health Care

This reference guide from the Alliance for Healthier Communities (2025) pulls together strategies and tips that can support your organization's efforts to advance efficiency in order to improve access to care. It is divided into three main streams:

- Balancing supply and demand
- Dealing with backlog
- Increasing operational efficiency.

Within each of these, there are a number of strategies to choose from; each strategy is supported by suggested measurement and improvement activities and links to tools.

Although this document draws from a diverse selection of resources, it is most deeply grounded in the *Advanced Access and Efficiency Workbook* published by Health Quality Ontario in 2011. That workbook was created for organizations working towards implementation of Advanced Access in their organizations. It describes Advanced Access in detail and walks organizations through the process of looking critically at their current processes, measuring their population's needs and their capacity to meet them, and finding ways to align needs and capacity by finding operational and practice efficiencies. The workbook includes interactive pages on which to record data as well as reference tables that connect the dots between efficiency principles, change ideas, and actions. Links to those pages and reference tables can be found throughout this document.

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Advancing Health Equity in Ontario

Reference Guide: Access and Efficiency Strategies for Primary Health Care

Jump to Topic

Introduction 2
Balancing supply and demand 3
How to measure and compare supply and demand in your organization 3
How to increase your supply of appointments 4
How to decrease demand for appointments 5
How to minimize the impact of fluctuations 9
Dealing with Backlog 10
How to measure backlog 10
Ways to reduce "bad" backlog 11
Increasing Operational Efficiency 11
Understand the Flow of People and Activity 11
Ways to make clinical visits more efficient 14
Ways your interprofessional team can reduce providers' workload 15
How to design your workspace for efficient flow 15
Additional Resources 16
Bibliography 18

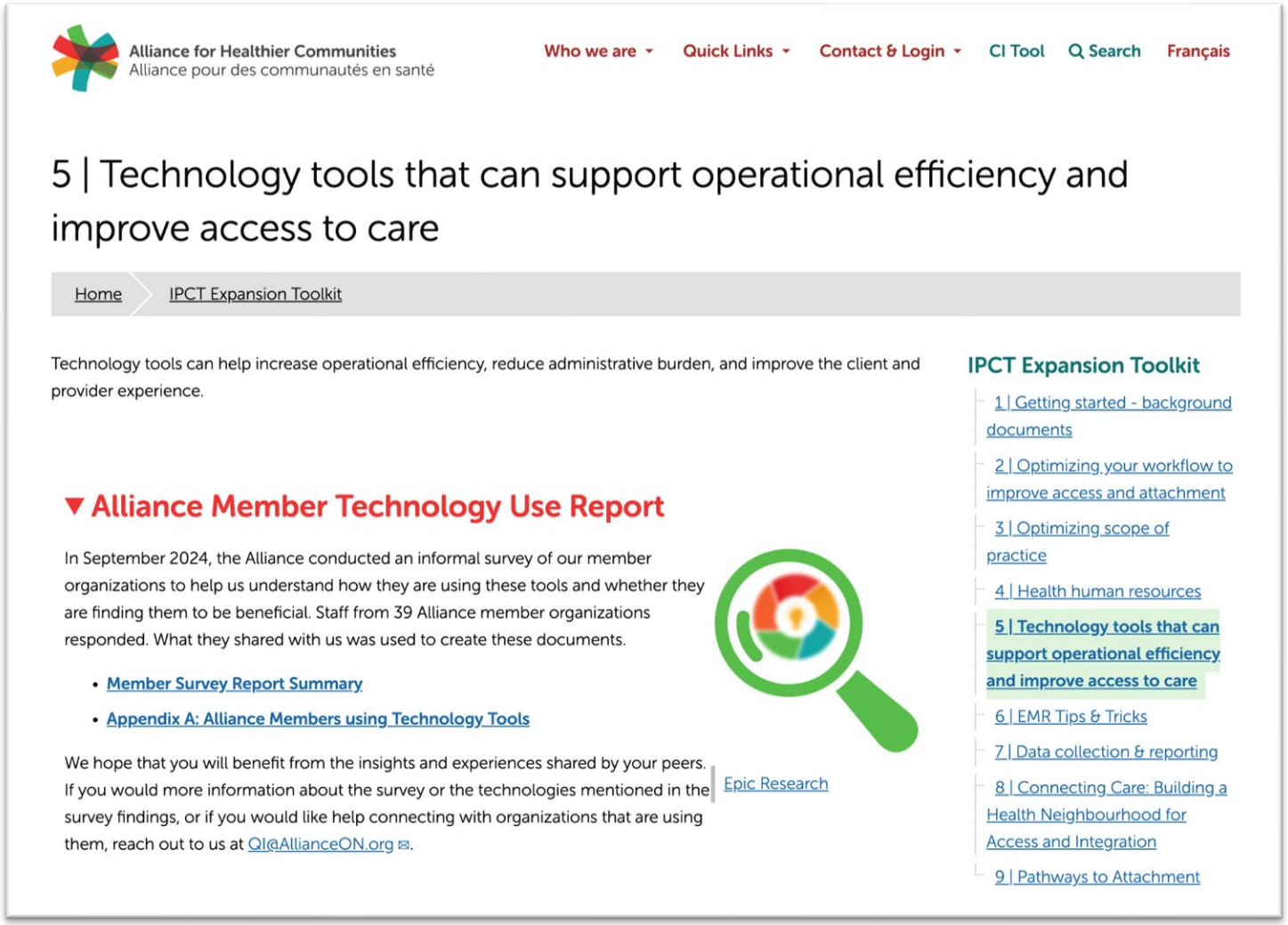
Reference Guide: Access and Efficiency Strategies for Primary Health Care, (c) 2025, Alliance for Healthier Communities.

Reference: Chapter 2

Change Ideas: Supporting On-Going Access

Use of digital health solutions to implement "Patients before paperwork"

- Leverage secure messaging, secure file upload, eForm, eReferral, eConsult, PrescribeIT, ConnectingOntario/ClinicalConnect



Reference: Chapter 5

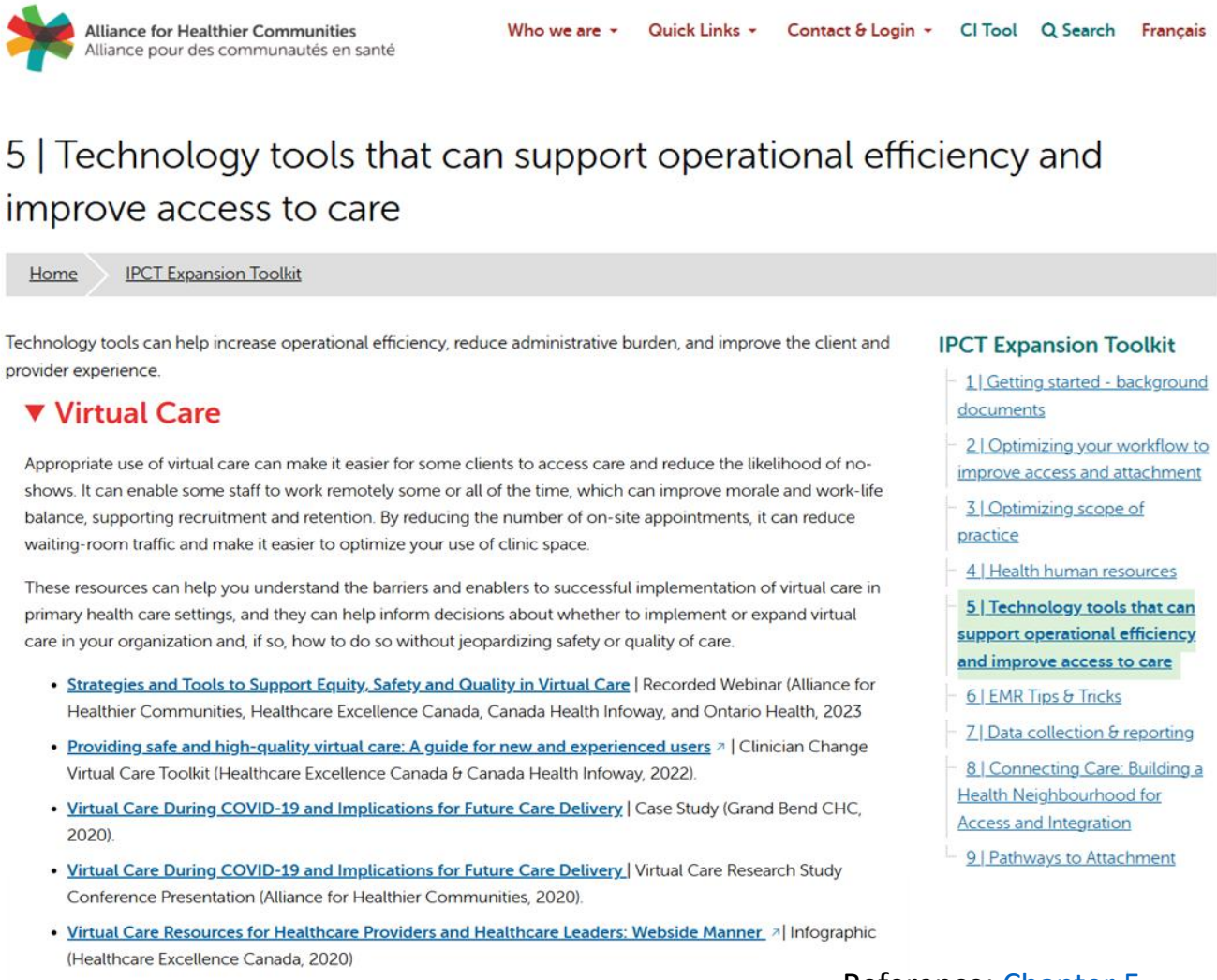
Change Ideas: Supporting On-Going Access

Virtual Care Expansion

- Expand virtual consultation (phone or video) to offer low-barrier access and reduce appointment wait times

Online Appointment Booking

- Enable self-serve appointment booking, cancellation and rescheduling by clients



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5 | Technology tools that can support operational efficiency and improve access to care

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Technology tools can help increase operational efficiency, reduce administrative burden, and improve the client and provider experience.

▼ Virtual Care

Appropriate use of virtual care can make it easier for some clients to access care and reduce the likelihood of no-shows. It can enable some staff to work remotely some or all of the time, which can improve morale and work-life balance, supporting recruitment and retention. By reducing the number of on-site appointments, it can reduce waiting-room traffic and make it easier to optimize your use of clinic space.

These resources can help you understand the barriers and enablers to successful implementation of virtual care in primary health care settings, and they can help inform decisions about whether to implement or expand virtual care in your organization and, if so, how to do so without jeopardizing safety or quality of care.

- Strategies and Tools to Support Equity, Safety and Quality in Virtual Care | Recorded Webinar (Alliance for Healthier Communities, Healthcare Excellence Canada, Canada Health Infoway, and Ontario Health, 2023
- Providing safe and high-quality virtual care: A guide for new and experienced users | Clinician Change Virtual Care Toolkit (Healthcare Excellence Canada & Canada Health Infoway, 2022).
- Virtual Care During COVID-19 and Implications for Future Care Delivery | Case Study (Grand Bend CHC, 2020).
- Virtual Care During COVID-19 and Implications for Future Care Delivery | Virtual Care Research Study Conference Presentation (Alliance for Healthier Communities, 2020).
- Virtual Care Resources for Healthcare Providers and Healthcare Leaders: Webside Manner | Infographic (Healthcare Excellence Canada, 2020)

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Reference: Chapter 5

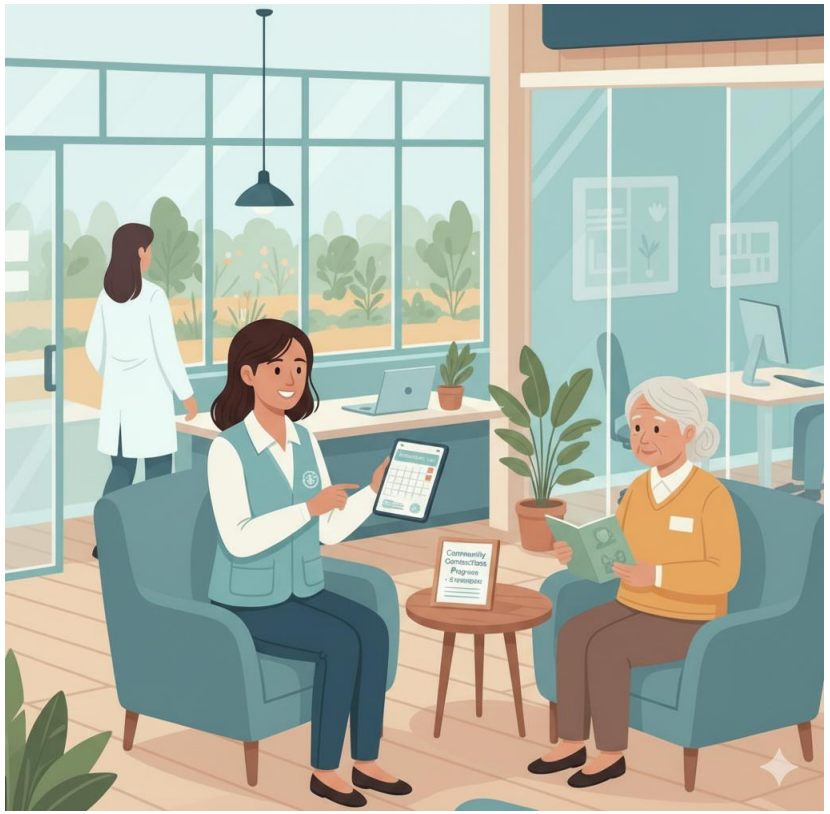
Dilemma 3

Our Dilemma...

- We have noticed many of the clients going through intake have needs best addressed by someone other than primary care providers.
- How do we ensure clients that when registered to primary care, get the supports they need, and do not overwhelm our primary care providers with issues that are better dealt with elsewhere?

Addressing Social Determinants of Health

Addressing Social Determinants of Health



"Having someone who can meet non -medical needs frees up time [for clinical staff to] have more time with their patients or take on another patient." -Provider

From the Toolkit: Social Prescribing

Social Prescribing

- Webinars, videos and resources available
- Free online training designed for interprofessional health care teams
- Practical tips and resources tailored for your community's unique needs

See Toolkit, Connecting Care Chapter 8

Problem We Are Trying To Support

- 2.3M people without a primary care provider
- Primary Care throughout Ontario being challenged to serve higher numbers of unattached people, more quickly
- New teams are being established with the goal of all staff working to full scope
- Ambitious targets
  - *Goal → 300,000 people attached by March 31, 2025*

If we continue to provide care in the same way we will not meet these targets

The Toolkit can support you with this Problem

- Pathways to attachment
- Optimizing your workflow to improve access and attachment
- Optimizing scope of practice
- Health human resources
- Technology and EMR tips and tricks
- Data collection and reporting
- Connecting Care: Building a Neighbourhood Health Home for Access and Integration

Questions and Discussion

Resources

Vision for a Neighbourhood Health Home

IPCT Expansion Toolkit

IPCT Expansion EOI toolkit and
The Neighbourhood Health Home:
A Case Example