PRIMARY CARE EXPANSION & COMMUNITY IMPACT

AMO Conference
Jess Rogers, CEO
Association of Family Health Teams of Ontario

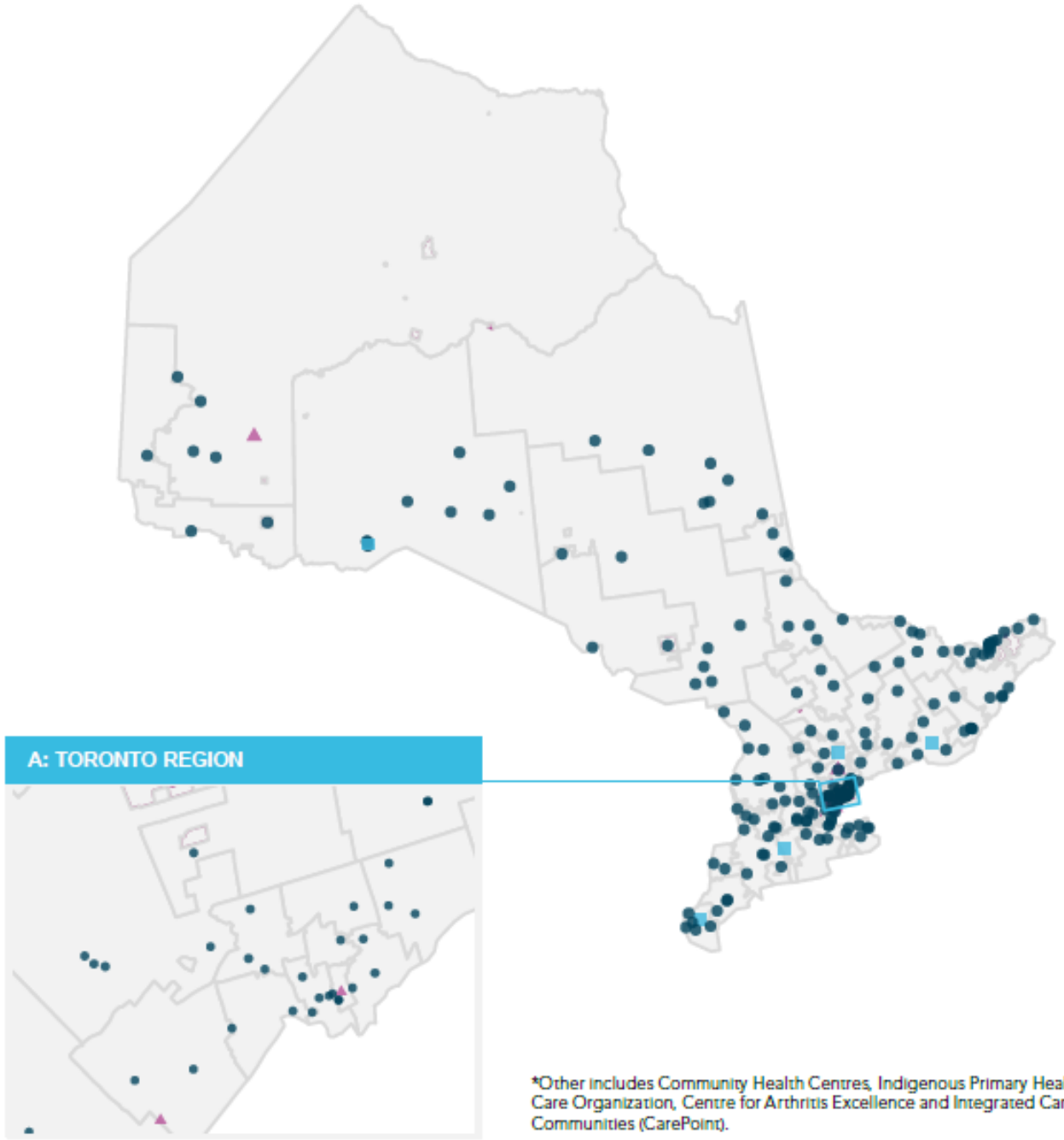
August 17, 2026

afhto ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

STRENGTHENING ONTARIO'S FOUNDATION FOR PRIMARY CARE TEAMS

AFHTO is working alongside members, partner organizations, Ontario Health, Ministry of Health and the Primary Care Action Team to stabilize, strengthen, and expand Ontario's primary care system – striving to ensure that every Ontarian is connected to the care they need and deserve.

www.afhto.ca



*Other includes Community Health Centres, Indigenous Primary Health Care Organization, Centre for Arthritis Excellence and Integrated Care Communities (CarePoint).

OUR MEMBERS

- 191 member organizations
- Over 240 primary care teams (hub and spoke or satellite sites)
- Serving 4 million Ontarians and growing
- Diverse models are represented (family health teams, nurse practitioner-led clinics, community health centres and others)
- Diverse family physician funding models are also represented

Ontario

Newsroom

NEWS RELEASE

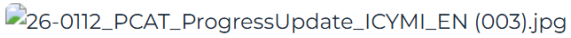
Province Appoints Dr. Jane Philpott as Chair of New Primary Care Action Team

New role and team will help connect every person in Ontario to primary health care within five years

October 21, 2024

January 12, 2026

Ontario Marks One Year Milestone in Primary Care Action Plan



Province on track to attach every Ontario resident to primary care by 2029

TORONTO — Ontario is marking one year of progress on its $2.1 billion Primary Care Action Plan, which is already delivering results and connecting more people to convenient care as part of the government's plan to protect Ontario's health-care system. Since the initiative began, Ontario has already attached over 275,000 new patients to a primary care provider, putting the province on track to meet or exceed its target of connecting 300,000 new people to care in 2025-26 and every Ontarian to a primary care provider by 2029.

Opinion

Aug 4, 2026 by Tara Kiran

Every jurisdiction in Canada needs a Primary Care Act

1 Comment Share on:

One year ago, the government of Ontario passed landmark legislation that puts primary care – the care most often delivered by family doctors – at the foundation of the health-care system.

The Primary Care Act was shaped by wide public consultation and sets out an ambitious vision: that every person should be able to build a relationship with a family doctor or another primary care clinician for timely, inclusive care that responds to community needs and gives patients easy online access to their personal health information.

The Primary Care Act builds on the promise of the Canada Health Act: that medically necessary care should be provided without charge to everyone.

Every province and territory should follow Ontario's lead.

WHAT DO WE MEAN BY PRIMARY CARE

THE CHALLENGE

- Needs and costs are driving the urgency of a solution for an effective and efficient health system not built on an election cycle but one that is sustainable
- Ontario's population is older and living longer with multiple chronic conditions
- More people need care that spans physical health, mental health and social needs
- Primary care is increasingly expected to manage complexity before it becomes a crisis
- Communities are competing for a limited supply of family physicians, nurse practitioners, nurses and other health professionals

THE VISION

The care people turn to first.

The care people need most often.

The care that helps connect everything else.

The care that provides for all members of a community.

The care that is always there.

WHAT IS ‘TEAM-BASED’ PRIMARY CARE

WHY DOES IT MATTER?

WE HAVE THE BUILDING BLOCKS

FAMILY PRACTICE-BASED TEAMS	COMMUNITY-GOVERNED TEAMS	NURSE PRACTITIONER-LED TEAMS	COMMUNITY / POPULATION-BASED TEAMS
Primary care physicians, Nurse Practitioners and other providers working together around an attached population	Community-governed organizations delivering comprehensive primary care to the community	NPs and interprofessional providers leading comprehensive primary care	Teams designed around the needs of specific populations or communities
e.g., Family Health Teams	*e.g., Community Health Centres*	*e.g., NPLC / NP-led models*	*e.g., Indigenous and other population-focused models*

The model matters less than the capability.

Can the team provide accessible, comprehensive, coordinated and continuous primary care for the people who depend on it?

AFHTO's CALL: CONTINUE TO STRENGTHEN THE FOUNDATION

Support the current primary care workforce and organizational capacity.

- Implement retention measures to prevent further attrition of essential workforce.
- Offer competitive recruitment packages to address current vacancies.

Design a strong workforce recruitment and retention plan and execute it ensuring growth

- Creates predictable wage progression essential for long-term workforce planning.
- Aligns wages with market rates, improving recruitment and retention.
- Attracts more physicians and NPs into high-capacity team-based care.

Remove Policy Barriers to Increase System Efficiency and Modernize Governance Structures

- Ensures primary care expertise guides provincial and OHT-level decisions.
- Strengthens community voice on team boards.
- Enables teams to manage resources flexibly through global budgets.
- Accelerates recruitment and operations by removing administrative delays.
- Unlocks faster clinic expansion through streamlined capital approvals.

WHAT STRONG PRIMARY CARE DOES FOR YOUR COMMUNITY?

COMMUNITY OUTCOME	WHY PRIMARY CARE MATTERS	WHAT IT MEANS FOR A COMMUNITY	EVIDENCE / PROOF POINT
HEALTH **Keep people well.**	Helps people prevent illness, manage chronic conditions, age well and remain independent.	Healthier people are better able to participate in work, family and community life.	Strong primary care is associated with better health outcomes and more appropriate use of health services.
WORKFORCE **Keep people working.**	Primary care supports the workforce and is itself a critical workforce. Team-based care makes better use of scarce health professionals.	Fewer days lost to illness. More people able to work, care for family and participate in the economy.	23% less time away from work: 70 days vs. 92 days among people with vs. without access to a family physician in preliminary Ontario analysis.
GROWTH **Make communities viable.**	People and businesses need more than roads and housing. They need health care, schools, services and community infrastructure.	Strong primary care helps communities attract and retain families, workers, businesses and health professionals.	Primary care is increasingly recognized as part of the infrastructure required to support population and economic growth.
RESILIENCE **Keep care where it belongs.**	When people can access the right care in the community, hospitals and EDs can focus on people who need hospital-level care.	More appropriate use of scarce hospital capacity and less pressure on emergency services.	An Ontario primary care visit costs about one-third of an ED visit; team-based care has also been associated with slower growth in ED use.

PRIMARY CARE IS COMMUNITY INFRASTRUCTURE

Healthy people. Strong communities. A thriving Ontario.

MUNICIPALITIES DO HELP BUILD THE CONDITIONS FOR LONG TERM SUCCESS

Workforce + Partnerships + Structures + Alignment = Success

YOU DON'T HAVE TO DELIVER PRIMARY CARE TO HELP BUILD IT.

PLAN	ATTRACT	COLLABORATE	CONVENE
Plan for primary care as community infrastructure.	Help recruit and retain the health workforce.	Connect primary care to community and economic priorities.	Bring the right people and resources to the table.
Identify space, land and facility opportunities for primary care (e.g. foundations and partnerships)	Connect recruits to housing, schools, employers and community life	Connect teams to housing, social services, public health, employers and post-secondary	Align municipalities, primary care, hospitals, OHTs, funders and community partners
Use population, demographic and growth data to anticipate future primary care needs	Support clinical placements, training and local pathways into practice	Build partnerships around mental health, aging, homelessness and vulnerable populations	Help unlock funding, partnerships and political support
Include primary care in new neighbourhoods, community hubs and infrastructure planning	Make primary care part of the community's economic and workforce attraction strategy	Connect potential funders, investors and partners across sectors	Create a shared local agenda for access, workforce and community health

3 QUESTIONS FOR YOUR COMMUNITY

- Where are we growing, and what will that mean for primary care?
- What would make our community easier to recruit and retain our workforce?
- What tables do we need to be at to build the primary care capacity and structures we'll need?? Who needs to be at our tables to support solutions?

THE FUTURE OF PRIMARY CARE WILL BE BUILT LOCALLY

AFHTO Municipal Recommendations

1

That municipalities develop primary care provider recruitment and retention strategies that include the interprofessional healthcare providers and workers that make team-based care possible (e.g., nurse practitioners, registered nurses, physician assistants, social workers, dieticians, medical office assistants etc.). This would build upon AFHTO's ongoing advocacy efforts for appropriate, sustainable provincial funding for Health Human Resources.

2

That municipalities work with interprofessional primary care organizations to identify opportunities to facilitate expansions and upgrades of primary care clinic/operating space. This includes initiative like leveraging alternative municipal revenue sources (e.g. Municipal Accommodation Tac, OLG Municipality Contribution Agreements), and convening relevant partners to explore potential contributions form local philanthropic organizations and major private sector employers.

STAY CONNECTED

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