

Enhance Access to Physician-Led Multidisciplinary Care

Final report

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Executive Summary

In 2023, the Priority and Leadership Group (PLG) prioritized the member-submitted idea, *Enhance Access to Physician-Led Multidisciplinary Care*. The Advocacy Panel (now the Advocacy and Collaborative Engagement (ACE) Panel) was tasked with developing recommendations to support greater access to multidisciplinary care and improve access to high-quality, coordinated care for Ontarians.

Since the priority was established, significant policy and advocacy work has been undertaken through development of the OMA's Patient Core Team model and ongoing engagement with Ontario's Primary Care Action Team (PCAT). This work addressed the key deliverables identified within the original scope, including physician leadership, team composition, workforce planning, system enablers, equity considerations, stakeholder engagement, and advocacy strategies.

The ACE Panel reviewed the original scope and determined that the work completed through the Patient Core Team and PCAT initiatives fulfills the intent of the priority. The Panel noted that significant groundwork has been established through this work, including policy development, stakeholder engagement, workforce considerations, funding recommendations, and advocacy strategies related to team-based care. The Panel supports proceeding to final reporting to the Board and recommends closure of the priority.

Recognizing that implementation remains ongoing, the Panel recommends continued OMA advocacy to support the adoption of Patient Core Teams and other patient-focused team-based care models, further engagement with members to understand barriers to participation in team-based care, and advocacy to ensure physicians are appropriately supported in leadership, governance, and decision-making roles within multidisciplinary care environments.

Introduction

This report provides an overview of the work completed in relation to the 2023 PLG priority, *Enhance Access to Physician-Led Multidisciplinary Care*, and outlines the ACE Panel's recommendations to the Board.

The report demonstrates how the OMA's policy and advocacy work related to Patient Core Teams and the PCAT addresses the original scope and deliverables established by the Panel and fulfills the intent of the priority.

Background

Original Priority

In 2023, PLG prioritized the member-submitted idea *Enhance Access to Physician-Led Multidisciplinary Care*. The priority called for advocacy strategies to increase access to multidisciplinary primary care with the goal of improving patient outcomes, increasing access to

care, strengthening care coordination, supporting physician capacity, and improving system sustainability.

The original scope of work identified by the panel included several key deliverables:

- Identification of key stakeholders;
- Clarification of physician leadership roles;
- Assessment of workforce and team composition requirements;
- Identification of system enablers;
- Analysis of impacts on access, quality, and system costs;
- Identification of equity barriers and potential solutions; and
- Development of advocacy strategies.

Following the panel's scoping of the priority, this work was placed on hold while the OMA advanced broader primary care policy and advocacy initiatives. These broader initiatives may have had an impact on work related to undertaking the priority. During this period, the province established PCAT with a mandate to attach all Ontarians to primary care by 2029. The OMA subsequently undertook significant policy and advocacy work related to team-based care through the development of the Patient Core Team model and ongoing engagement with PCAT.

Primary Care Action Team

In December 2024, the Province established the PCAT chaired by Dr. Jane Philpott, with a mandate to connect all Ontarians to primary care by 2029. The province subsequently committed \$ 3.4 billion toward implementation, including the creation and expansion of up to 300 interprofessional primary care teams across Ontario.

This represented a significant opportunity for the OMA to influence how future team-based primary care models would be structured, funded, and supported. Recognizing that physicians are responsible for the vast majority of patient attachment in Ontario, the OMA undertook policy work to identify how multidisciplinary teams could best support patient attachment, improve access to care, and strengthen continuity and quality of care.

Patient Core Team Model

This work resulted in the development of the OMA's Patient Core Team model. The Patient Core Team model was developed through research including jurisdictional reviews, extensive member consultation including the Primary Care Action Group, Section on General and Family Practice, and focus groups, as well as stakeholder feedback from primary care partners including from Ontario College of Family Physicians, Association of Family Health Teams of Ontario, and Alliance for Healthier Communities.

The Patient Core Team model optimizes the way team members work together toward the shared objective of attaching patients with timely access to high-quality, comprehensive, longitudinal primary care.

The model recognizes that as physicians are responsible for the vast majority of patient attachment in Ontario, teams should be designed to support their capacity to attach more patients. This can be achieved by physicians directing and sharing clinical and administrative tasks with team members that can work to their optimal scope to provide a broad range of primary care services such as registered nurses, registered practical nurses, and physician assistants, as well as practice support staff like patient navigators and medical office assistants. It is noted that this model does not explicitly include nurse practitioners as – unlike physicians – they are eligible to apply for PCAT funding to establish teams; we have also communicated this to the Nurse Practitioners’ Association of Ontario (NPAO) in our engagements with them. That said, this model is not intended to be prescriptive, and each core team composition may vary depending on the physician’s unique practice needs and attachment goals.

The model emphasizes:

- Physicians directing and sharing care with team members to expand their capacity
- Team members working towards the shared goal of increased patient attachment and access to comprehensive, longitudinal primary care;
- Flexible team composition based on physician practice and community needs;
- Appropriate optimization of interdisciplinary scopes of practice;
- Reduction of administrative burden on physicians;
- Sustainable workforce planning;
- Funding approaches that support both clinical and administrative team members; and
- Improved quality, continuity, and coordination of care.

More information on the Patient Core Team model can be found in Appendix A.

Through development of the Patient Core Team model and engagement with PCAT, the OMA completed extensive policy and advocacy work related to team-based primary care, including member and stakeholder engagement, funding requirements, health workforce needs, change management and implementation supports, and advocacy recommendations.

Alignment with Original Scope

The ACE Panel reviewed the original scope of the priority and determined that the work completed through the Patient Core Team and PCAT initiatives addresses the key deliverables established for the priority.

The work included engagement with government, healthcare organizations, physician groups, and primary care partners; clarification of physician roles within team-based care; development of recommendations related to workforce and team composition; identification of funding and system enablers; consideration of access, quality, sustainability, and equity impacts; and development of advocacy strategies to support implementation of team-based primary care models.

A detailed summary of the original scope to completed work is provided in Appendix B.

As the work evolved, the framing shifted from "physician-led multidisciplinary care" to "patient-centred team-based care" (i.e. patient core team). This terminology better aligns with the current policy environment and resonates more effectively with government and system partners.

While the language has changed, the model is still premised on the leadership of physicians within teams and the underlying objectives remain consistent with the original priority:

- Supporting physician capacity;
- Improving access to multidisciplinary care;
- Supporting coordinated and comprehensive care;
- Strengthening continuity of care;
- Improving patient outcomes.

The updated terminology reflects a collaborative team-based approach that will resonate better with government and health system partners, while continuing to recognize the need to build teams that support the critical role physicians play in patient attachment and leadership within primary care teams.

Recommendations

The ACE panel recommends that the Board:

1. Recognize that the work completed through the Patient Core Team and Primary Care Action Team initiatives fulfills the intent of the 2023 PLG priority, *Enhance Access to Physician-Led Multidisciplinary Care Teams*.
2. Support ongoing OMA advocacy efforts for the implementation of the Patient Core Team model and other patient-focused team-based care approaches that improve patient attachment, access, continuity, and quality of care.
3. To continue engaging members to better understand barriers to accessing and participating in team-based care models, including barriers related to funding, workforce availability, governance, and operational supports.
4. Advocate for the recognition and support of physician leadership within team-based care models, including clearly defined leadership responsibilities, meaningful involvement in governance and operational decision-making, and dedicated access to administrative support, training, and leadership development opportunities.