

# Digital solutions for connected primary care in Ontario: Discussion paper

October 2025



## Executive Summary

Ontario's health-care system is at a critical juncture, requiring innovative digital solutions to achieve the Primary Care Action Team's (PCAT) goal of ensuring primary care is more connected, convenient, and comprehensive for all Ontarians. This discussion paper evaluates practical, solution-oriented approaches to address the challenges and priorities identified by PCAT, offering a roadmap for meaningful digital transformation in primary care.

Family physicians face significant barriers including administrative burdens, fragmented workflows, and limited interoperability among digital systems, significantly limiting their ability to participate in a fully functional team where everyone can operate at full scope of practice. These issues compromise continuity of care—across relational, information, and management dimensions—leading to inefficiencies and delayed diagnoses. Addressing these gaps is essential to improving patient outcomes, enhancing physician satisfaction, and achieving the PCAT goal.

Family physicians play an essential role in realizing this vision, as their leadership and expertise are critical to designing, implementing, and sustaining improvements that truly meet the needs of patients and the primary care system.

### Priority digital solutions

To realize Ontario's PCAT vision, it is essential to promptly address the most pressing digital needs facing family physicians today. The following provide practical and foundational recommendations for how to effectively implement the solutions identified by PCAT to ensure that digital solutions are responsive to the real-world needs of family physicians and patients alike.

- **Referral systems:** Accelerate the development of central intake systems and eReferral platforms with robust physician engagement, real-time updates, and equity-focused design.
- **eConsult systems:** Enable seamless integration with electronic medical records (EMRs), provide flexible communication options, and reduce administrative workload through delegation and automation.
- **Online appointment booking:** Incorporate robust triage protocols, ensure team-enabled EMR integration, and provide patient education while addressing regional and community-specific needs.
- **Single digital sign-on (SSO):** Streamline access to digital platforms, support secure delegation, and ensure user-friendly systems with strong security measures.
- **Cybersecurity:** Implement tailored cybersecurity solutions, offer ongoing training, and provide financial support for clinics with limited resources.

## Enablers for change

Achieving meaningful digital transformation requires:

- **Physician leadership:** Stewardship and engagement of family physicians in co-design and decision-making processes to ensure digital solutions address real-world clinical needs.
- **Community-led approaches:** Tailoring of solutions to local contexts through collaboration with Primary Care Networks (PCNs).
- **Change management and digital support:** Ongoing training, education, and coordinated support to enhance digital capacity across clinics.
- **Innovation:** Development of physician-led programs to test and scale AI-enabled technologies that address clinical challenges, such as administrative burden and decision support.
- **Sustainable funding:** Comprehensive funding for both upfront and ongoing costs, with targeted support for rural and underserved clinics.
- **Strong governance:** Clear roles, responsibilities, and transparent evaluation frameworks to guide digital transformation efforts.

Through collaborative efforts, thoughtful implementation, and sustained investment, these initiatives can streamline workflows, improve patient outcomes, and ensure every Ontarian has timely, coordinated, and comprehensive access to a comprehensive primary care team. This paper provides actionable recommendations for PCAT and system stakeholders to advance this vision, fostering a resilient and digitally enabled healthcare system.

## Background

The government of Ontario has set an ambitious goal to ensure primary care is more connected and convenient for all. Achieving this vision requires innovative digital solutions that streamline workflows, reduce administrative burden, and improve access to care. The Primary Care Action Plan, led by the Primary Care Action Team (PCAT), identifies key priorities to strengthen the system including the enhancement of physician-facing solutions, modernization of intake and referral processes, greater use of patient-facing digital resources, and the development of new infrastructure to support patient attachment.

Family physicians play an essential role in realizing this vision, as their leadership and expertise are critical to designing, implementing, and sustaining improvements that truly meet the needs of patients and the primary care system.

Physicians contend with significant administrative burden, inefficient workflows, and limited and poorly configured interoperability between digital platforms, with minimal centrally coordinated resources or support. These challenges not only contribute to physician burnout and reduced job satisfaction but also hinder their ability to deliver coordinated, patient-centered care. Continuity of care is comprised of three key dimensions: relational continuity (the ongoing therapeutic relationship between patient and physician), information continuity (the availability and transfer of relevant patient information across care settings), and management continuity (consistency and coherence in care management across physician and over time). In particular, gaps in information continuity—such as difficulties in accessing complete and up-to-date patient information—can delay diagnoses, lead to duplicate tests, and compromise the quality and safety of care. Addressing these gaps is essential for supporting the other dimensions of continuity and achieving truly integrated, patient-centered primary care.

While previous papers have focused on identifying these challenges, this discussion paper shifts the focus to practical, solution-oriented recommendations to inform meaningful change. Drawing on insights from family physicians across diverse practice settings and digital maturity levels, it explores opportunities for effective implementation of digital tools—including central intake and eReferral, eConsult, single sign-on, cybersecurity, and online appointment booking.

In addition to these initiatives, patients' access to records, patient navigation tools, and streamlining Health Report Manager (HRM) reports are also crucial initiatives for primary care, and they are being explored in depth through the bilateral Primary Care Information Exchange Table, Physician Leadership and Engagement Table, and Digital Health Advisory Table respectively.

Realizing the full potential of these digital initiatives not only drives improvements in care delivery and patient experience, but also delivers significant value for money to the health system. By reducing unnecessary duplication, minimizing administrative overhead, and enabling more timely, coordinated care, digital transformation allows resources to be allocated more efficiently—ultimately supporting better outcomes for both patients and physicians.

## Priority digital solutions

To realize Ontario's PCAT vision, it is essential to address the most pressing digital needs facing family physicians today. The following key priorities identify the foundational digital capabilities required to support efficient, coordinated, and patient-centered care across the province. By closing these capability gaps, Ontario can reduce administrative burden, enhance physician effectiveness, and improve the patient experience. Each priority area is meant to provide practical recommendations for how to effectively implement the solutions identified by PCAT to ensure that digital solutions are responsive to the real-world needs of family physicians and patients alike.

### Referral systems

Effective referral systems are essential for ensuring timely, equitable, and appropriate access to care across Ontario. Two key components in the current landscape are **Central Intake** and **eReferral**. While these are related, they are distinct: central intake refers to the process of routing referrals through a single queue for triage and distribution, whereas eReferral is a digital modality that can be used to submit and manage referrals.

#### 1. Central intake

The OMA is encouraged that the Ministry of Health and Ontario Health have begun work to establish regional central intake systems in Ontario and have been developing standardized referral forms to simplify the current process, maximize patient throughput, and support such systems. It is essential that this initiative advances rapidly. As progress accelerates, it is crucial to begin immediate co-development of central intake systems in collaboration with end-user representatives, including both referring and receiving physicians. If not properly designed and implemented, central intake systems could inadvertently create bottlenecks, complicate referral acceptance for specialists, delay urgent care, or overlook the unique needs of diverse communities and regions. These serve to further compound the issues that central intake is intended to solve and reduce the ultimate intended benefits for patient care. To ensure effective, equitable access, central intake systems should:

- **Be designed by physician representatives with diverse clinical experiences and digital expertise:** Referring physician representatives and team can advise on potential barriers and help to ensure new systems lead to a net reduction in administrative burden, and receiving physician representatives can help ensure that central intake processes involve appropriate triage and information required to accept referrals.
- **Provide real-time updates:** Give referring physicians and patients transparent, up-to-date information on referral status, wait times, and next steps.
- **Remain flexible:** Have clearly defined and consistent mechanisms for urgency and an ability to facilitate urgent referrals in a timely way and always allow patients and clinicians to make an informed choice between a specific specialist and the shortest wait time.

- **Adapt to local needs:** Incorporate mechanisms to address regional variations in service availability, language, and cultural needs, ensuring the system works for urban, rural, and northern communities alike; and maintain capacity for specialists who provide targeted care to populations with specific needs (e.g., minority language populations).
- **Ameliorate health equity impacts:** Consider potential health equity impacts from patients' differential financial, physical, family, and employment-related barriers to traveling for care within their region that may enable someone with less urgency to receive care sooner due to their ability to travel further, and proactively develop strategies to address these burdens (e.g., income-based funding support for care-related travel)

## 2. eReferral

eReferral can be a supportive option for the referral process, but successful implementation of eReferral requires several considerations:

- **Usability for all clinicians:** Systems must work effectively for both referring and receiving clinicians and teams. Engagement with clinicians who are not yet using eReferral is essential to identify and address barriers so that eReferral reduces rather than adds burdens especially for those with less technical expertise.
- **Voluntary uptake:** Ensuring the system is co-developed and tailored to meet the real-world needs of all physicians will support adoption through voluntary participation. When physicians are meaningfully involved in the design and implementation process, the resulting systems are more likely to be ones they want to use. This collaborative approach fosters genuine engagement and reduces the need for enforced accountabilities, as physicians are motivated to participate in solutions that reflect their input and clinical realities.
- **Address rural and remote challenges:** Unique barriers faced by rural and remote communities—such as connectivity and technical support—must be considered to ensure equitable implementation.
- **Ongoing technical assistance:** Technical support should be available at implementation and throughout ongoing use, including transition periods to minimize disruption.

The broad member consultation and review of standardized eReferral forms has been a successful example of member engagement and co-development, and this collaborative approach should continue as systems evolve.

Sustained investment should cover both the initial setup and ongoing operational costs for referral systems, enabling clinics across Ontario to benefit from improved referral management without increasing administrative workload or compromising patient care. Effective implementation requires ongoing collaboration with the OMA, building on the successful partnership demonstrated in the co-design of standardized referral forms. By working closely

with the OMA and engaging physician representatives throughout the process, systems can be better tailored to clinical workflows and clinician needs.

## eConsult

eConsult systems enable family physicians to seek timely specialist advice, helping to reduce unnecessary in-person referrals and improve patient outcomes and experience. However, the current process can inadvertently shift administrative workload onto family physicians and may not always fit seamlessly into clinical workflows.

To ensure eConsult systems are effective and physician-friendly, they should:

- **Integrate seamlessly with EMRs:** Enable automatic documentation into the EMR and minimize manual data entry, supporting efficient and accurate information flow and record keeping.
- **Offer flexible communication options:** Support both asynchronous messaging (for non-urgent advice) and real-time communication (for complex cases), allowing physicians to choose the most appropriate channel based on clinical needs. Real-time communication could be a virtual visit or phone call option with a specialist.
- **Delegate administrative tasks:** Allow clinicians to configure tasks for support staff or centralized resources to handle non-clinical follow-up, test ordering, and routine communication, reducing the burden on physicians.
- **Provide transparent tracking:** Offer real-time updates on consult status and outcomes, improving communication and patient engagement.
- **Allow multiple consultation pathways:** Ensure that the eConsult platform is offered as one of several available options for physician consultations. Physicians should be able to choose the most appropriate method for each situation—whether that’s using structured platforms like eConsult, secure messaging, phone calls, or in-person discussions. Avoid mandating a single workflow; instead, support a streamlined process that accommodates various communication preferences and clinical needs.

Successfully leveraging eConsult systems requires robust physician engagement, comprehensive training, education and change management for the entire clinic and staff and ongoing technical support to ensure smooth adoption and integration into daily practice. Implementation should begin with a thorough assessment of clinic workflows and readiness, followed by tailored onboarding plans that address specific operational needs. Training programs should be accessible, regularly updated, and include practical guidance for both physicians and support staff, with dedicated resources for troubleshooting and peer-to-peer learning.

While billing support exists, it does not fully address the time and workflow burden that physicians experience when using these systems. Equitable access and adequate resourcing are essential to prevent widening disparities. By positioning eConsult as a flexible tool within a broader suite of referral and consultation options, Ontario can foster more responsive, coordinated, and patient-centered care while reducing administrative workload and supporting optimal clinical outcomes.

## Online appointment booking

Online appointment booking can significantly improve patient access and convenience, while streamlining administrative processes for clinics. Implementing this functionality, along with other AI-enabled appointment booking technology, aligns with key objectives outlined by PCAT. However, as recent developments in other jurisdictions have shown, such as the concerns raised by family doctors in England regarding online booking systems, there are risks if digital literacy, change management, and onboarding are not handled carefully—particularly around triage and workflow integration. Without robust triage protocols, these systems may inadvertently increase physician workload and compromise patient safety. If acute issues are not properly identified and prioritized, patients could face delays in care or be booked into inappropriate appointment types, potentially resulting in adverse outcomes.

To ensure online booking systems are both safe and effective, triage must be a foundational component. Clinics should be able to configure booking options so that urgent or complex issues are flagged for appropriate clinical follow-up or directed to urgent or emergency care, rather than being routed through standard scheduling channels. This customization ensures patients with acute needs receive timely attention, while those seeking routine care can book independently and efficiently.

Additionally, patient education is critical to the success of online booking. Patients must be provided with clear guidance on how to use the system, including how to recognize when their symptoms require urgent care rather than a routine appointment. Leveraging organizations such as the OMA, the Section on General and Family Practice (SGFP), and OntarioMD, which have experience and structures for physician engagement, can help ensure that both triage processes and patient education materials are clinically informed and user-friendly. Integrating these elements will help maximize the benefits of online booking while safeguarding patient safety, supporting physician workflow, and accommodating users with varying levels of digital literacy.

An effective online appointment booking system should:

- **Enable clinic customization:** Allow clinics to tailor booking pathways to their unique workflows, including accommodating different appointment blocks for various physicians, and ensuring appointments that require team support are appropriately scheduled. Support mechanisms to ensure follow-ups are completed at the right cadence and promote effective use of physicians' time, while enabling patients to self-book routine appointments, receive reminders, and cancel appointments where appropriate.
- **Integrate with EMRs:** Seamlessly connect with electronic medical records to streamline scheduling, reduce duplication, and support continuity of care.
- **Embed robust triage protocols:** Incorporate clinical triage functionality within the booking process to identify and prioritize urgent or complex cases. This ensures that patients with acute needs are flagged for appropriate clinical follow-up or redirected to urgent or emergency care, rather than being scheduled through standard appointment

slots. Effective triage reduces risks to patient safety and prevents additional workload for physicians by ensuring that appointment types match patient needs.

- **Provide patient education and support:** Offer clear guidance and accessible resources for patients, especially those with lower digital literacy, to help them navigate the booking process and understand when to seek urgent care. This should not be the responsibility of the clinics. In addition, existing phone channels for appointment bookings should still be provided to ensure there is not inverse impact on those who don't have access to technology.
- **Support a thoughtful transition period:** Patients expect on-line booking to services, but we must recognize that clinics and patients will require time to adapt to new booking tools. Implementation should include a transition phase with ongoing support, training, and opportunities for feedback to address challenges as they arise. During this period, maintaining traditional booking methods alongside online systems can help ensure continuity of care and minimize disruption.

Further work is needed to ensure these systems are responsive to the unique needs of different communities and regions. Factors such as language, cultural context, internet access, and local health-care capacity must be considered when designing and implementing online booking solutions. Additionally, implementation should consider an adoption pace that suits the readiness and capacity of clinics, while safeguarding patient safety and ensuring equitable access to care across Ontario.

### Single Digital Sign-On (SSO)

Physicians and clinic staff routinely navigate numerous digital platforms/viewers, each with separate logins and authentication requirements. This fragmented access risks patient safety as physicians are unable to integrate data sources and further leads to inefficiency, increased administrative burden, and user frustration, while also heightening security risks due to password fatigue and inconsistent practices. While platforms such as Ontario's OneID, allow for a single password use, further work is needed to allow for a robust SSO to streamline access to digital health systems, reduce administrative workload, and enhance security by centralizing authentication. However, for SSO to be effective and sustainable, several practical challenges must be addressed:

- **Comprehensive integration:** SSO implementation should be phased to include a future system where family physicians can seamlessly interact with EMRs, hospital information systems, and provincial health platforms, enabling physicians and staff to access all necessary solutions from a single, secure entry point.
- **Support for delegation:** SSO should allow secure delegation of access, so administrative staff can perform tasks on behalf of physicians without compromising privacy or security protocols. This should be extended to locum physicians and residents to allow for easy substitution into the workflow.
- **Balanced security and usability:** Log-out and session management mechanisms should protect sensitive information while remaining convenient for users in fast-paced clinical environments.

- **Accessible and accredited training:** High staff turnover and large team sizes make ongoing training challenging and costly. There is a clear need for short, accessible, and accredited training modules to ensure staff and physicians can efficiently adopt and use SSO systems.
- **Cybersecurity awareness:** SSO roll-out should be accompanied by targeted, practical cybersecurity education to promote safe practices or be included as part of a comprehensive cybersecurity program.

Successful SSO implementation also requires robust technical support, clear onboarding processes, and tailored change management strategies. Incentives and dedicated funding for training should be considered to address resource constraints and encourage widespread adoption, especially in clinics with high staff turnover or limited capacity for digital transformation.

### Cybersecurity

As digital adoption and connectivity accelerates across Ontario’s primary care sector, cybersecurity risks also continue to grow—particularly for clinics with limited infrastructure technology (IT) resources and insurance. Protecting patient data is essential not only for regulatory compliance but also for maintaining patient trust and the integrity of health-care delivery.

To address the unique needs and variability of primary care settings, a comprehensive cybersecurity approach should include:

- **Clinic assessment and tailored action plans:** Begin with an assessment of each clinic’s digital infrastructure, workflows, and risk profile. Develop individualized onboarding and maintenance plans that reflect the specific operations and resource levels of primary care clinics, rather than applying a one-size-fits-all approach designed for larger hospital environments.
- **Standardized but adaptable solutions:** Implement firewalls, encryption, and advanced threat detection systems that are standardized yet adaptable to the workflows and constraints of primary care clinics.
- **Ongoing training and education:** Provide regular, accessible training for physicians and staff to recognize cyber threats (such as phishing) and follow best practices in data security. Training should be tailored to varying levels of digital literacy and updated as threats evolve, with dedicated funding to support ongoing education for both physicians and clinic staff.
- **Centralized support and incident management:** Establish rapid-response incident management resources and ongoing risk assessment services, with particular emphasis on supporting clinics that lack dedicated IT staff. Clear protocols for reporting and responding to breaches, anchored in the knowledge of primary care business operations, must be in place.

- **Insurance and cost considerations:** As integration and technology use increase, so do cybersecurity costs. Current insurance expectations for community clinics are often unaffordable; addressing this financial barrier is crucial for widespread and effective adoption.

Not only should funding models address the lack of resources for all clinics, they must be designed to also address the unique challenges faced by rural, northern, and underserved clinics. This could include targeted subsidies, grants for cybersecurity upgrades, and shared regional IT services to ensure equitable access to robust cybersecurity infrastructure. By investing in both technology and human capacity, Ontario can strengthen the resilience of its primary care system, safeguard sensitive health information, and foster greater confidence in digital health solutions among physicians and patients alike.

## Enablers for Change

Achieving meaningful digital transformation in primary care requires more than just technology; it depends on a set of critical enablers that support sustainable change and maximize impact. One of the most important enablers is clear and consistent communication of the government’s digital health strategy. By articulating a shared vision and providing transparent updates on priorities, progress, and next steps, the government can ensure that physicians, patients, and health system partners understand where the transformation is headed and how their roles fit into the broader plan.

Prioritizing foundational supports across all digital solutions will help Ontario ensure that digital initiatives are effectively adopted, equitably implemented across diverse settings, and continuously refined to meet evolving needs. These enablers form the backbone of a resilient digital health ecosystem, empowering physicians and patients to fully benefit from modernization efforts while building trust and alignment across the system.

## Physician leadership and community-led approaches

Digital transformation efforts must be led by the insights and experience of family physicians and their teams, who are uniquely positioned to understand the specific needs and priorities of their communities. Physicians’ direct leadership and involvement in decision-making ensures that digital health initiatives are grounded in real-world clinical practice and responsive to local patient populations. To achieve this, it is essential to engage physicians—including through the OMA, the SGFP, OntarioMD, and the organizations at which they work—as key partners throughout the full lifecycle of any initiative, from conception and design to implementation and ongoing optimization. This approach ensures that solutions address identifiable needs and that usability is tailored to actual clinical practice.

Meaningful engagement requires representation from a diverse group of physicians, including, geographical regions, practice types, levels of technology maturity, age groups, and patient populations. Input from these different voices is necessary to tailor initiatives to the unique realities of medical practices across Ontario. Without meaningful physician leadership,

championship, and broad representation, digital solutions risk being misaligned with clinical workflows and may fail to address the practical challenges faced in everyday care.

To be successful, digital initiatives must reflect the realities of Ontario’s varied care settings and practice types. Large-scale organizations and small or solo community-based practices each face distinct operational and resource challenges, particularly when it comes to administrative and technical capacity. A one-size-fits-all approach will not suffice; instead, physicians must be empowered to select technologies that fit their practice models and patient populations. At the same time, tailoring solutions to local needs must be balanced with the imperative for system-wide interoperability and integration, ensuring that all digital tools work together seamlessly to promote coordinated, patient-centered care.

Initiatives of this magnitude and importance require strong leadership and oversight, best achieved through the establishment of bi-lateral or tri-lateral tables. It is essential that representative physician voices are central to both decision-making and planning processes. The system should actively leverage organizations such as the OMA, SGFP, and OntarioMD, which have established structures and mechanisms to ensure meaningful physician input.

A community-led approach, supported by Primary Care Networks (PCNs), is also essential for tailoring provincial solutions to the diverse contexts across the province. Local leadership, in collaboration with the tools and capabilities of the OMA, allows for the flexibility to design and implement strategies that reflect varying levels of digital readiness, resource availability, and population health needs. The partnership between local networks and the OMA helps to ensure that digital health solutions are both practical and scalable, ultimately supporting better care for patients across Ontario.

### Coordinated change management and digital support

Clear and consistent communication strategies are essential to keep stakeholders informed, engaged, and aligned with the goals of digital transformation in primary care. Many physicians and their practices are currently struggling with unstandardized, fragmented digital systems, uneven digital maturity, and inconsistent tool adoption. To achieve equitable care across Ontario, it is critical to meet practices where they are and raise the digital capacity of every clinic through effective, provincially delivered change management and coordinated digital support.

Physicians must be provided with robust change management resources and accessible, ongoing training and education, with targeted approaches for early, mid, and late adopters of new initiatives. For community-based physicians, these supports should continue to be delivered by OntarioMD, leveraging its experience and infrastructure. Importantly, as patients gain access to new technologies and their own health data, dedicated tools and resources for digital health literacy must be developed for patients—ensuring that physicians are not burdened with providing this support themselves.

Effective change management is not achieved through one-time training but through tailored, ongoing support that builds confidence and embeds digital tools into daily practice. A

structured program, responsive to the specific needs and workflows of primary care, should assess readiness, address gaps in digital literacy, and provide practice-specific strategies to increase capacity. When implemented effectively, change management enables physicians and staff to unlock the benefits of evolving digital tools while maintaining focus on patient care.

Physicians also require timely and coordinated digital support from vendors, ensuring that issues are addressed promptly and that systems remain intuitive and interoperable. Improvements to primary care EMRs are essential for enabling a more connected and efficient digital health ecosystem. A coordinated approach to vendor management and contracts will help EMR systems evolve in line with clinical realities and support better patient care. The current reality—where physicians often make technology purchasing decisions in isolation—results in inconsistent value and limited alignment with clinical needs.

There is an opportunity for an independent, physician-focused organization such as OntarioMD to provide both change management leadership and guidance in evaluating needs, selecting standards-based solutions, negotiating group purchasing for cost efficiency, and ensuring security and maintenance. By offering a reliable provincial resource for digital enablement, duplication can be reduced, purchasing power strengthened, and physicians can feel confident that their technology investments are effective and sustainable—allowing them to focus more on patient care and less on managing systems.

## Innovation

Ontario is uniquely positioned to lead a focused innovation program that targets the specific needs of primary care physicians. The rapid emergence of AI-enabled technologies presents both an opportunity and a risk: without structured evaluation and alignment to real physician problems, solutions may fail to deliver meaningful value or increase burden. By building an innovation program grounded in co-design with clinicians, we can ensure that new technologies address pressing issues such as administrative overload, fragmented workflows, and the need for better decision support. This approach will not only accelerate adoption but also build trust by ensuring physician voices shape the direction of innovation.

The early successes of OntarioMD position it well as the catalyst for this program. The program should emphasize identifying, testing, and scaling clinically validated and secure AI solutions that are tailored for primary care. This includes pilots that explore automated documentation, intelligent triage, and predictive analytics—tools with clear potential to reduce administrative tasks and enhance patient care. Coupled with practical education and change management supports, OntarioMD can enable physicians to integrate AI without adding to their workload. A focused, physician-aligned innovation program will position Ontario as a leader in digital health, driving improvements in delivery and outcomes.

## Funding

Funding for digital transformation in primary care should account for both upfront investments and opportunity costs such as hardware, software, and initial training and ongoing operational costs, including system maintenance, technical support, cybersecurity, and continuous

professional development. Special attention should be given to the unique needs of rural, remote, and underserved clinics, which often face additional financial and resource constraints. It is also critical to ensure that physician funding to support technology aligns with the pace of roll-out and innovation, recognizing the additional time and workflow adjustments required for successful adoption. Furthermore, funding should incentivize innovation by supporting pilot projects, the adoption of emerging technologies, and the evaluation of digital solutions to ensure they deliver value for both physicians and patients.

## Governance

Strong governance structures are equally important to guide digital transformation efforts. Clear roles and responsibilities must be established among stakeholders including provincial bodies, PCNs (within OHTs), and individual clinics to ensure delivery of outcomes and effective stewardship of resources. Collaborative governance models that include family physicians can foster alignment, facilitate knowledge sharing, and support coordinated decision-making. Transparent reporting and evaluation frameworks should be implemented to monitor progress, assess impact, and enable continuous improvement.

## Conclusion

By taking a principled and pragmatic approach to digital transformation, Ontario can align its primary care modernization efforts with the priorities outlined in the Primary Care Action Plan. Well-designed and thoughtfully implemented digital solutions supported by robust funding, effective governance, and physician partnership have the potential to truly enable transformative change to streamline workflows, enhance patient care, and ensure that every Ontarian has timely, coordinated, and comprehensive access to primary care.

## About Us

### The Ontario Medical Association (OMA)

The Ontario Medical Association represents Ontario's 50,000-plus physicians, medical students and retired physicians, advocating for and supporting doctors while strengthening the leadership role of doctors in caring for patients. Our vision is to be the trusted voice in transforming Ontario's health-care system.

### The Section on General & Family Practice (SGFP)

The OMA Section on General & Family Practice (SGFP) represents the 15,000+ general and family practice physicians of Ontario in negotiations and advocacy. SGFP also works collaboratively with our primary care partners, patient advocates and all system stakeholders. We believe that we can achieve the goal of a high-performing integrated health system by working together.