OMA Ontario Medical Association

# Patient Core Team

October 2025

# Solutions to Achieve the Current System Goal

- The Primary Care Action Team (PCAT) mandate is to attach 100% of Ontarians to primary care by 2029.
- The current system focus is therefore on the goal of increasing patient attachment to comprehensive, longitudinal primary care.
- The OMA has developed solutions on how teams can be built to achieve this current goal of patient attachment to a family doctor with timely access to high-quality comprehensive, longitudinal primary care.

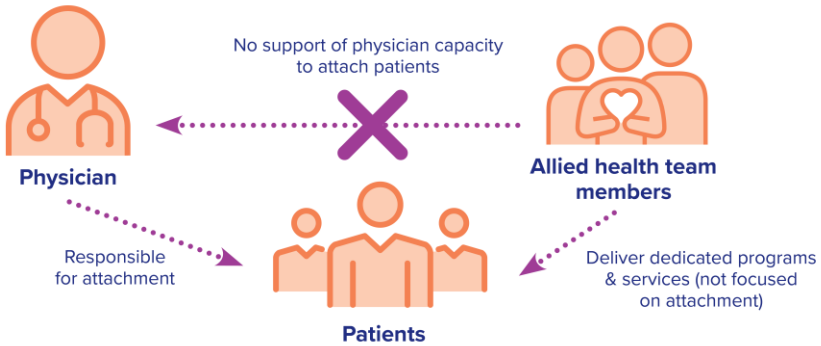
# Building Teams to Support Patient Attachment

## Physicians Integral to Achieving PCAT Goal


- Focus of PCAT is on attachment.
- Only physicians and NPs can attach patients.
- Physicians are responsible for providing 98.5% of total patient attachment in Ontario.
- To achieve the PCAT goal, we need to build and fund team models that support physician capacity to attach more patients – i.e. physicians being able to share clinical and administrative tasks with other team members to free up their time to see and take on more patients.

# Teams Must Work Together Toward a Common Goal

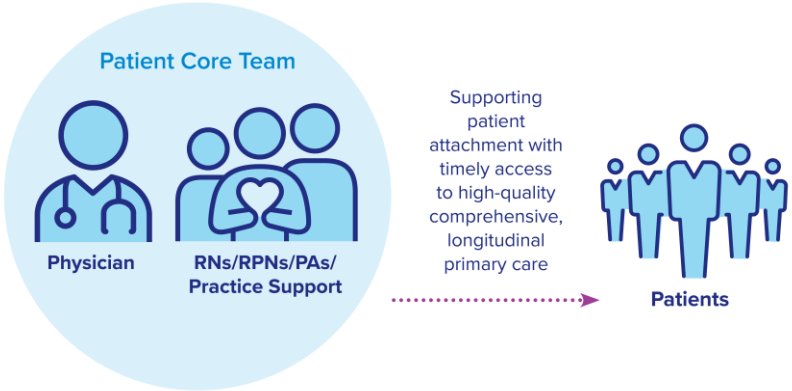
## Current Funded Teams




- Many current team structures funded in Round 1 of PCAT investments are designed to work to the objective of increasing patient access to allied health professionals and quality of care.
- This means many allied health team members work to deliver dedicated programs and services (e.g. diabetes education) and are not focused on the objective of attachment. As such, many physicians cannot share daily clinical and administrative tasks with other team members to free up their capacity to attach more patients.
- Increasing access and quality of care are critically important objectives, but what is missing is the objective of attachment to comprehensive, longitudinal primary care – i.e. the PCAT goal.
- Teams must work together with a common goal and purpose to attach patients, increase access, and ensure quality care.

# Our Solution: Patient Core Team

## NEW: Care that wraps around patients




*This model of the patient core team does not include NPs, as NPs can have their own practice and NPLCs are eligible for funding via PCAT investments.*

- Provides a model for optimizing 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 is not about taking resources away from teams (i.e. FHTs, CHCs), but rather, mobilizing resources in these teams to work alongside physicians towards this objective.*
- Physicians, who are responsible for attachment, share daily clinical and administrative tasks with their patient core team members which frees up the physician's capacity to attach more patients.
- RNs, RPNs, and PAs are highly effective in expanding physician capacity to attach and can work to their optimal scope to provide a broad range of primary care services.
- Practice support staff (e.g., patient navigators, Medical Office Assistants) can alleviate much of the administrative burden for physicians that takes time away from them seeing patients.
- 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.

# Building Teams to Support Patient Attachment

## Current Funded Team Models:

× Focused on the objective of increasing patient access to allied health professionals and quality of care – missing the objective of patient attachment.

× Many physicians cannot share daily clinical and administrative tasks with other team members to free up their capacity to attach more patients.

× Many allied health team members work to deliver dedicated programs and services (e.g. diabetes education) and are not focused on the objective of attachment.

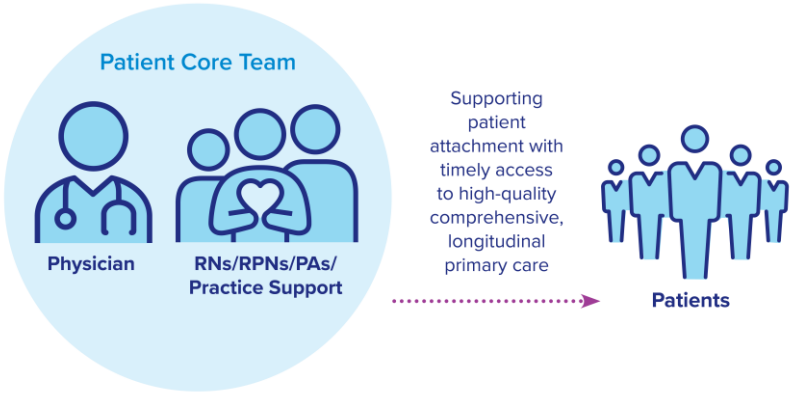
## Patient Core Team Model:

✓ Focused on objective of attaching patients with timely access to high-quality comprehensive, longitudinal primary care.

✓ Physicians can share daily clinical and administrative tasks with their patient core team members which frees up the physician's capacity to attach more patients.

✓ All team members work to their optimal scope to deliver a broad range of primary care services focused on the objective of attachment.

# Patient Core Team Recommendations




1. Funding
2. Change Management
3. Workforce

# Patient Core Team Recommendations

## 1. Funding

- FHTs and CHCs should collaborate with local family physicians in all practice models as well as primary care pediatricians to utilize PCAT funding to build patient core teams.
- Funding should be used to hire patient core team members with the intention to maximize attachment for family physicians.
- Funding should be used to build patient core teams in a variety of ways, depending on the geographical and organizational situation:
    i. FHT/CHC remains fundholder: FHT/CHC enters into an agreement with the physician(s) to:
        a) Use a FHT/CHC budget line for the physician(s) to hire patient core team members -- e.g. physician(s) invoice FHT/CHC for funds that pay for their own team members; or
        b) Have a FHT/CHC employee(s) provide services to the physician(s) and carry out responsibilities as directed by the physicians
    ii. Physician(s) become fundholder*: FHT/CHC flow funds to physician(s) so they can hire patient core team members

**To be confirmed with Ontario Health*

# Patient Core Team Recommendations

## 2. Change Management

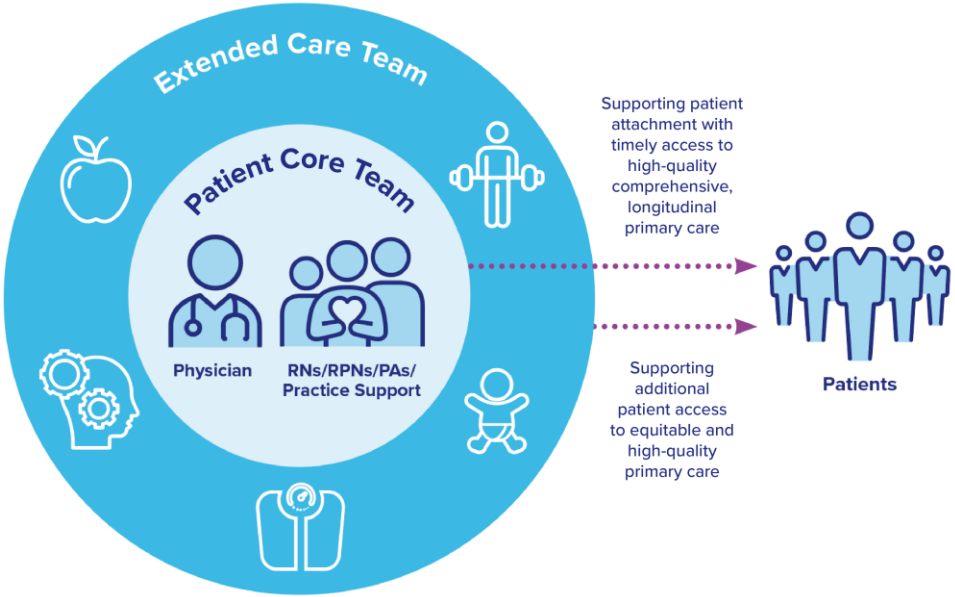
- Family physicians and other professionals need to be provided with change management supports to become an effective patient core team that increases capacity to attach.
- Examples include:
  - understanding and defining roles and responsibilities
  - fostering a team culture of sharing the care of patients through each member working to their optimal scope
  - education, training, and practice facilitation support to optimize practice

# Patient Core Team Recommendations

## 3. Workforce

- System investments need to be made to increase the health workforce required to fill these patient core team roles.
- For family physicians, this includes strategies to recruit and retain more family doctors, including reducing administrative burden, implementing digital tools, and updating compensation models (e.g. FHO+).
- Pay parity for other patient core team members across all models (i.e. between hospital and community-based teams) is needed to attract and retain these professionals in primary care teams.

# Next Phase: Enabling Access to Extended Care Team




- To achieve the current PCAT goal of 100% patient attachment, investments need to be made to build and fund patient core teams.
- As part of the next phase of team-based care expansion, consideration needs to be given on how to build extended care teams comprised of other allied health professionals, such as social workers, physiotherapists, dieticians, etc., that can support additional patient access to equitable and high-quality primary care.
- Access to extended care team resources can further help support physician capacity to attach patients by physicians being able to seamlessly connect patients with these allied health professionals in their community.