Interprofessional Primary Care Team Expansion Proposal

Spring 2025

Introduction

Primary care is the foundation of any high functioning health system. It is the first point of entry into the health system, and primary care ensures continuous, comprehensive, coordinated, and person-focused care.

To continue to implement Your Heath: A Plan for More Connected and Convenient Care, the Government of Ontario established a Primary Care Action Team, led by Dr. Jane Philpott, with a mandate to attach every person in Ontario to a family doctor or a primary care nurse practitioner working in a publicly funded system.

The goal is to build a high-performing primary care system that meets the following the principles of care: (1) province-wide, (2) connected, (3) convenient, (4) digitally integrated, (5) equitable, and (6) responsive.

Primary Care Action Plan

On January 27th, 2025, the Government of Ontario announced that it is investing $1.8 billion to support the Primary Care Action Team's plan to attach every person in Ontario to primary care. The action plan includes a suite of initiatives, including a commitment to establish and expand over 300 additional primary care teams that would attach approximately two million more people to primary care by 2029.

For 2025-2026, there will be an investment of $235 million which will be used in part to establish and expand up to 80 additional primary care teams across the province that would attach 300,000 more people to ongoing primary care.

The Government of Ontario is also committed to ensuring that every person on the Health Care Connect waitlist (as of January 1, 2025) is attached to a primary care team by Spring 2026.

Round 1 (2025-2026): Targeted Call for Proposal

The Ministry of Health and Ontario Health will co-manage sequential rounds of intake and assessment to allocate the multi-year funding for new and expanded interprofessional primary care teams. Completing this proposal form is a requirement to be considered for Round 1 (2025-2026) of funding.

Round 1 is a targeted call for proposals. Primary care practices and clinicians providing care to people living in identified postal codes are invited to submit proposals through their associated Ontario Health Team (OHT) and Primary Care Network (PCN). The identified postal codes are based on the highest number of people not currently attached to a primary care clinician, including those on the Health Care Connect waitlist.

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Proponents may apply to create or expand one of the following approved interprofessional primary care models: Family Health Teams (FHTs), Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs), and Indigenous Primary Health Care Organizations (IPHCOs). These interprofessional primary care models will be expected to meet the primary care team principles specified below, including attaching people within their identified postal codes, over time. Please refer to Appendix A, which provides a description of these models.

The list of identified postal codes can be found here. Only proposals that commit to providing care to people living in the identified postal codes and are coordinated and submitted by OHTs and their PCNs will be assessed for Round 1.

The deadline for all submissions is 5:00 pm Eastern Daylight Time, May 2, 2025, to primarycareexpansion@ontariohealth.ca. It is anticipated that prospective interprofessional primary care teams will be notified of funding decisions in Summer 2025.

Additional Information for Prospective Indigenous-led Proposals

The Ministry of Health and Ontario Health are committed to advancing primary care planning and delivery that addresses the physical, spiritual, emotional, and mental wellbeing of First Nations, Inuit, Métis, and urban Indigenous people.

While proponents of Indigenous-led proposals are encouraged to collaborate with their local OHTs, **OHT and PCN support is not required to submit an Indigenous-led proposal**. Indigenous-led proposals can be directly submitted at primarycareexpansion@ontariohealth.ca.

The Ministry of Health and Ontario Health acknowledge that certain strategic priorities, such as geographic attachment, may not be reflective of how Indigenous primary care services are planned and delivered across the province. Indigenous-led proposals are encouraged to detail how they will achieve primary care attachment for their specific populations and outline the steps they will take to build partnerships across health, community, and social services if they are not presently engaged in OHT activities.

For more information, please visit here.

Strategic Priorities

The Ministry of Health and Ontario Health are inviting proposals that demonstrate alignment with the following three priorities. Proposals will be evaluated against these areas.

A) Primary Care Attachment: Prioritizing net new ongoing attachment of people who do not have a regular primary care clinician within identified postal codes, including those on the Health Care Connect waitlist. The evaluation will give priority to proposals with a plan to attach the highest possible proportion of unattached people in their postal codes.

B) Readiness to Implement: Demonstrating the ability to be operational and beginning to attach people to a primary care clinician by Summer 2025. This includes demonstrating how your proposed new or expanded team can leverage infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs.

C) Meeting Primary Care Team Principles: Commitment and demonstrated ability to meet the following primary care principles over time.

1) **Province-Wide:** Work towards ongoing attachment of 100% of people within postal codes, either independently or in collaboration with other primary care practices, to a regular family physician, physician group or a primary care nurse practitioner. This includes attaching people on the Health Care Connect waitlist.

2) **Connected:** Deliver interdisciplinary, team-based primary care with other professionals who work together to their full scope to deliver comprehensive primary care services and support the wellbeing of the health care team. Collaborate with local OHTs and their PCNs to establish partnerships with primary care organizations, as well as health, community, and social services to enable the integrated planning and delivery of primary care.

3) **Convenient:** Ensure timely access to primary care, including through the availability of in-person and virtual care options and the provision of after-hours services.

4) **Digitally Integrated:** Ensure that both patients and clinicians have access to digital tools and services, as they become available, that enable navigation of the primary care system.

5) **Equitable:** Deliver culturally and linguistically responsive and safe care that meets the needs of the local population, including underserved communities (e.g., Indigenous, Francophone, Black, 2SLGBTQIA+).

6) **Responsive:** Be willing to measure and use primary care metrics, including patient experience and outcome measures, for continuous quality improvement.

Submission of Proposal

- This is **not** a procurement process. This is a request-for-proposal process for the selection of Transfer Payment recipients and the Ministry has full discretion and decision-making power in the evaluation and approval process. The Ministry may prefer any proposal over another proposal and is not required to select a funding recipient through this process.
- The Ministry, in its sole discretion, may deem a Proposal Form incomplete or unclear and, discontinue consideration of the proposal if the information provided in the Proposal Form is considered incomplete or unclear.
- The Proposal Form, the FAQs, any other supporting materials with the submission of the Proposal Form, and/or other material in connection with the request for proposals, do not create any contractual or other legally enforceable obligation on the Ministry, the proponent, or anyone.
- Failure to adhere to the requirements set out in this document may result in the Proposal Form not being reviewed or considered as part of this request for proposals process.
- Any costs associated with preparing and/or submitting the Proposal Form are solely the responsibility of the proponent. Neither the Ministry nor any agency of the Government of Ontario is responsible under any circumstances whatsoever for any expenses incurred by the proponent related to the request for proposal process.

Appendices

Appendix A: Description of Existing Interprofessional Primary Care Teams and How Physicians and Nurse Practitioners Can Participate
Appendix B: Budget Template
Appendix C: Proposal Checklist
Appendix D: French Designated Areas in Ontario

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Proposal Form

Proposal ID:

Section A. Proponent Information

This section should be completed with the information of the proponent leading the expansion of an existing interprofessional primary care team or the creation of a net new interprofessional primary care team.

1. **Name of the OHT this proposal is associated with** *(Note: this does not apply for Indigenous-led proposals)*

   --- (No Associated OHT)

2. **Name of the Ontario Health Region**

   North East

3. **Name and Location of Proponent(s)/Organization(s)**

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

Organization name:

City: Postal code:

4. **Name of the Existing Lead Organization** *(This lead organization will be responsible for establishing the interprofessional primary care model and related governance if they are proposing a net new entity)*

5. **Name and Location of Primary Contact at the Lead Organization**

Name of Primary Contact:

Email address of Primary Contact:

Street address:

City:

Postal code:

6. **Does the organization have a Board of Directors or Band Council?**

   N/A (Not Applicable)

   If so, does the Board of Directors or Band Council endorse this application?

   N/A (Not Applicable)

7. **Is your proposed service area located in or serving a designated area[1] under the French Language Services Act (FLSA)?** *(See Appendix E for a list of French language designated areas in Ontario)*

   No

Section B. Team Model

8. **Please check whether the proposal is to:**

- ☐ Expand an existing team (by adding new team members at existing location)
- ☐ Expand an existing team (by adding a satellite location or mobile unit)
- ☐ Create a net new team

9. **Please specify the type of team and identify which model is being proposed to expand or create: Family Health Team, Community Health Centre, Indigenous Primary Health Care Organization, or Nurse Practitioner-Led Clinic. Please refer to Appendix A for descriptions of interprofessional primary care team models.**

   For the expansion of an existing Interprofessional Primary Care Team, please identify the model of the interprofessional team:

- ☐ CHC
- ☐ FHT
- ☐ IPHCO
- ☐ NPLC

[1] Designated Area: A geographic region recognized under the French Language Services Act where government agencies must provide French language services. These areas are identified based on the concentration of Francophone populations to ensure equitable access to services in French.

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For the creation of new Interprofessional Primary Care Team, please identify the interprofessional model:

- ☐ CHC
- ☐ FHT
- ☐ IPHCO
- ☐ NPLC

Section C. Primary Care Teaching Clinic

A primary care teaching clinic (also known as family medicine teaching units) refers to a clinical setting, affiliated with a university, where medical students, resident doctors and other interprofessional care team members receive training under the supervision of experienced family physicians and other clinicians.

10. Is your team interested in becoming a primary care teaching clinic?

Yes

If yes, identify the name of the university your team would be interested in or is already working with.:

Name of university:

Street address:

City:

Postal code:

Section D. Geographic Zones and Team Attachment*

11. Please confirm the geographic zones you will be providing services for by specifying the first three digits of the postal code *(also referred to as the Forward Sortation Area or FSA).* The list of identified FSAs for Round 1 can be found here

FSA	FSA	FSA
FSA	FSA	FSA
FSA	FSA	FSA
FSA	FSA	FSA

12. What is your current practice size? (i.e., roster, panel)

13. How many net new patients will you attach when you are at full complement of your staffing?

14. How many new people will the team attach within 3 months of receiving funding?

15. How many new people will the team attach by March 31, 2026? (cumulative)

16. How many new people will the team attach by March 31, 2027? (cumulative)

17. Please confirm that your team will commit to attaching patients on the Health Care Connect wait list within your identified geographic zone(s).

No

*Attachment: Documented and ongoing relationship with an individual physician, physician group or a nurse practitioner working in a publicly funded system. The documentation could be through formal registration or signed enrolment and consent form.

Section E. Team Composition

18. Please complete the table below to identify the proposed net new primary care clinicians, including identification of the most responsible primary care clinicians for the patients, as well as administrative/clinical staff. Where applicable, attach a letter from the primary care physician, physician group, or nurse practitioner and/or any individual specialists confirming their commitment to join the primary care team.

** Note: New and expanded teams can have a range of clinicians that best meet the needs of their communities (i.e., some teams may only require one new team member while others may require a broader scope of services. Team members will reflect the local availability of Health and Human Resources).*

Additional Provider Type	Proposed Total of Additional FTE(s)	Proposed Total of Additional Headcounts	Letter of Commitment with Start Date Attached (Y/N)
Salaried Physician (only for Blended Salary Model-FHTs, CHCs, IPHCOs [formerly Aboriginal Health Access Centres])			No
Nurse Practitioners			No
Other interprofessional clinicians (e.g., Physician Assistant, Dietitian, Social Worker, Traditional Healer, Community Ambassador etc.) who will enable attachment			No
Administration (i.e., receptionist, medical office assistant, data coordinator)			No
Management (i.e., executive director)			No

19. Please identify the affiliated physician group(s) (if applicable).

Affiliated Physician Group Type *(e.g., Family Health Organization, Family Health Network, Rural and Northern Physician Group Agreement)* *This information is to identify the affiliated group with the new team and not for funding purposes.*	**Name of the Physician Group(s)** *(that will be affiliated with the team)*	**Group Number(s)** *(that will be affiliated with the team)*	**Letter of Commitment from the Physician Lead with Start Date Attached (Y/N)**
			No
			No
			No
			No
			No
			No
			No
			No
			No
			No
			No

Section F. Plan to Meet Primary Care Team Principles

Primary care team principles are six principles that new and expanded interprofessional primary care teams will be expected to achieve with support from the Ministry of Health and Ontario Health. These principles represent a long-term, aspirational vision for the future of the primary care system. Specific expectations and deliverables related to these principles will be integrated into funding accountabilities and deliverables for the recipient.

20. Please describe how the team will meet the principles over time through the design and delivery of specific programs and services.

Principle 1: Province wide Description: Work towards ongoing attachment of 100% of people within postal codes, either independently or in collaboration with other primary care practices, to a regular family physician, physician group or a primary care nurse practitioner. This includes attaching people on the Health Care Connect waitlist. *Proposed Approach: How will the team work toward 100% ongoing attachment to a regular primary care clinician for people within the identified postal codes. How will the team attach people from the Health Care Connect waitlist within the identified postal codes?*

Principle 2: Connected

Description: Deliver interdisciplinary, team-based primary care with other professionals who work together to their full scope to deliver comprehensive primary care services and support the wellbeing of the health care team. Collaborate with local OHTs and their PCNs to establish partnerships with primary care organizations, as well as health, community, and social services to enable the integrated planning and delivery of primary care.

Proposed Approach: How will the team ensure that team members are working to their full scope of practice to optimize attachment?
How will the team work with the local OHT/PCN and with health, community, and social services to enable coordinated and integrated delivery of primary care services?
Please specify the partners involved in and supporting this proposal.

Principle 3: Convenient

Description: Ensure timely access to primary care, including through the availability of in-person and virtual care options and the provision of after-hours services.

Proposed Approach: What strategies will the team implement to ensure timely access to primary care? How will you support patients to have access to necessary primary care services after-hours on evenings and weekends?

Principle 4: Digitally Integrated Description: Ensure that both patients and clinicians have access to digital tools and services, as they become available, that enable navigation of the primary care system. *Proposed Approach: How will the team leverage and expand the use of digital solutions in alignment with the provincial digital health strategy?*

Principle 5: Equitable

Description: Deliver culturally and linguistically responsive and safe care that meets the needs of the local population, including underserved communities (e.g., Indigenous, Francophone, Black, 2SLGBTQIA+).

Proposed Approach: How will the team ensure people receive care that is culturally and linguistically appropriate and safe, including working with specific community partners or service providers?
If the team is located in or serving a designated area under the FLSA, is there a plan to ensure access to French language care? (i.e., plan to identify French-speaking patients, plan to provide active offer of services in French).

Principle 6: Responsive Description: Be willing to measure and use primary care metrics, including patient experience and outcome measures, for continuous quality improvement. *Proposed Approach: How will the team use data and evaluation for continuous quality improvement and learning. How will the team include patients in the codesign of services such as patient and caregiver representation on the Board?*

Section G. Implementation Plan and Readiness

21. Please provide a plan detailing the timeline to start attaching people to a regular primary care clinician starting in Summer 2025. The implementation plan shall include, but not be limited to, all activities, including completion dates, recruitment plans and roles and responsibilities.

Please specify key deliverables, site selection and site preparation, recruitment plans, and the roles and responsibilities of partners involved.

Milestones	Expected Completion Dates

22. Please specify if a location(s) has been identified for the proposed services? Please describe if the proposed site(s) is co-located with other primary health care services? Please confirm when the site(s) will be "move in ready".

23. Based on the plan outlined above, what is the estimated <u>start-up date</u> (i.e., when first patients will be seen and attached) for the new or expanded team?

24. Based on the plan outlined above, what is the estimated timeline when the new or expanded team will be <u>fully operational</u>?

25. Governance model: How will you track, measure and report on progress against your plan?

Section H. Risks and Mitigations

26. Please identify and describe any risks, contingencies, issues, and circumstances which you may encounter in the development and implementation of the proposed services. Please include applicable mitigation strategies.

E.g., ability to operationalize within a given time frame, including HHR recruitment.

Risk	Mitigation

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Proponent Signature and Acknowledgment

On behalf of, and with the authority of, the proponent, I:

- certify that the information supplied in support of this Proposal Form is truthful, accurate and complete to the best knowledge of the proponent;
- confirm that the proponent has or will have the financial and organizational capacity to operate an Interprofessional Primary Care Team as outlined in this Proposal Form;
- acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for funding shall be made at the sole and absolute discretion of the Ministry of Health and its agent, Ontario Health;
- consent to the disclosure on a confidential basis of the Proposal Form by the Ministry to such individuals or other parties as may be required for the purpose of reviewing the proposal and/or to administer the request for proposal process;
- consent to the Ministry verifying any information provided in connection with this Proposal Form and making any disclosures incidental to that purpose;
- understand that the Ministry and its agent, Ontario Health, may disclose any information collected in this proposal if required by the provincial *Freedom of Information and Protection of Privacy Act* or as otherwise required by law or by a court or tribunal; and
- understand that the Ministry and its agent, Ontario Health will require selected proponents to execute a Transfer Payment Agreement outlining the terms and condition relating to any funding, including terms relating to audit, reporting and accountability, as a condition of and prior to receiving funding.

Dated at (location):_____ this _____ Day of April _____ , 20 25 _____.

_____ *Signature of Authorized Signing Officer*	_____ *Signature of Second Authorized Signing Officer (if required)*
_____ *Title*	_____ *Title*
_____ *Print Name*	_____ *Print Name*
_____ *Phone Number*	_____ *Phone Number*

Appendix A: Description of Existing Interprofessional Primary Care Teams (IPCT) and How Physicians and Nurse Practitioners Can Participate

Description of Interprofessional Primary Care Models			
Family Health Team (FHT)	**Community Health Centre (CHC)**	**Indigenous Primary Health Care Organizations (IPHCO)**	**Nurse Practitioner-Led Clinic (NPLC)**
Family physicians work with other primary care clinicians to address the needs of their community. Clinicians can be nurse practitioners, nurses, physician assistants, dietitians, social workers, pharmacists, and other professionals, as well as administrative staff. The following patient enrolment models can be affiliated with a FHT: Family Health Network, Family Health Organization, and Rural and Northern Physician Group Agreement. For an overview of the FHT, please refer to Family Health Teams | ontario.ca	CHCs provide interprofessional primary care services with an emphasis on health promotion and disease prevention. CHCs offer a range of health promotion programs that contribute to individual and community health and well-being. Programming is responsive to community need and varies across CHCs. Salaried physicians are employees of the CHC. For an overview of the CHC, please refer to Community Health Centres I ontario.ca	Interdisciplinary team that addresses the physical, spiritual, emotional, and mental wellbeing of First Nations, Inuit, and Métis peoples and communities. Salaried physicians are employees of the IPCHO. (Note: Teams formerly known as Aboriginal Health Access Centres)	An interdisciplinary team led by NPs who provide comprehensive primary care for those who do not have a primary care provider. NPLCs can receive stipend funding for collaborating physicians. For an overview of the NPLC, please refer to Nurse Practitioner-Led Clinics I ontario.ca

*Please note the compensation rates for physicians working in or collaborating with these models are established through negotiations with the Ontario Medical Association.

Scenarios - Family Health Team

Expansion	New Teams
• An existing FHT that is affiliated with one or more Family Health Organizations (FHOs) or Family Health Networks (FHNs) plans to expand their practice and would like to invite another FHO to join their team so they can roster more patients. They could apply for more interdisciplinary health providers (IHPs) and administrative staff and become an extension or satellite of the FHT. • An existing FHT that is affiliated with a Blended Salaried Model (BSM) would like to expand and roster more patients. They could apply for an additional salaried physician FTE or IHPs. • An existing FHT would like to expand their services and affiliated physicians plan to roster all unattached patients in one or more postal code zones. They could apply for new IHPs.	• One or more FHOs or FHNs without an affiliation to a FHT would like to expand their practice. They could propose to create a new FHT and apply to add IHPs and administrative support to their practice. • A group of physicians who are in a Family Health Group (FHG) could apply to become a FHO which could then be eligible to apply to become a FHT. • A group of physicians want to work in a salaried model with interprofessional and administrative support. They could create a new blended salary model (BSM) FHT. • An RNGPA could decide to apply to become a FHT that will provide attachment for people living within identified postal codes.

Scenarios - Community Health Centre

Expansion	New Teams
• An existing CHC would like to expand their services to a growing population in the catchment area. They could apply for an additional salaried physician or IHPs.	• A group of physicians or NPs decide to create a team of interprofessional providers and administrative support, creating a new CHC. • Community organizations with an interest in primary care could collaborate with local clinicians and apply to be a new CHC that would take on all unattached patients in a postal code zone.

Scenarios - Nurse Practitioner-Led Clinic	
Expansion	**New Teams**
• An existing NPLC would like to expand their services to a growing population in the area. The team could apply for an additional salaried NP to attach more patients. • An existing NPLC would like to expand services for residents of a local community housing unit (satellite or mobile services), where the NPLC provides primary care. The team could apply for additional funding that enable them to attach patients to ongoing primary care.	• A group of NPs decide to apply for funding to create a team of interprofessional clinicians and administrative support, creating a new NPLC.

Scenarios - Indigenous Primary Health Care Organizations	
Expansion	**New Teams**
• An existing IPHCO would like to expand their services for Indigenous peoples. The team could apply for an additional salaried physician or IHPs and demonstrate they will attach more people to ongoing primary care.	• An Indigenous organization or Band Council seeks to expand interprofessional primary care to the community. The group can apply for funding to create a new IPHCO.

Appendix B: Budget Template

Please refer to separate Budget Template (in Excel format) –
included as part of proposal form package

Appendix C: Checklist for Interprofessional Primary Care Team Expansion

☐	Completed Proposal Form
☐	Completed Proposed Budget
☐	Letters of Support or Additional Documentation

Appendix D: French Designated Areas in Ontario

Designated areas in Ontario are shown on this map and are also listed below (updated map coming soon):

- City of Toronto – all
- City of Hamilton – as boundaries existed on Dec. 31, 2000
- Cities of Port Colborne and Welland in Regional Municipality of Niagara
- City of Ottawa – all
- Cities of Mississauga and Brampton – Regional Municipality of Peel
- Sudbury – city and greater Sudbury area
- Township of Winchester – Dundas County
- Essex County:
    - City of Windsor
    - Towns of Belle River and Tecumseh
    - Townships of Anderdon, Colchester North, Maidstone, Sandwich South, Sandwich West, Tilbury North, Tilbury West and Rochester
- Glengarry County – all
- Kent County:
    - Town of Tilbury
    - Townships of Dover and Tilbury East
- Prescott County – all
- Renfrew County:
    - City of Pembroke
    - Townships of Stafford and Westmeath
- Russell County – all
- Simcoe County
    - Town of Penetanguishene
    - Townships of Tiny and Essa
- Stormont County – all
- District of Algoma – all
- District of Cochrane – all
- Township of Ignace in District of Kenora
- District of Nipissing – all
- District of Sudbury – all
- District of Thunder Bay
    - Towns of Geraldton, Longlac and Marathon
    - Townships of Manitouwadge, Beardmore, Nakina and Terrace Bay
- District of Timiskaming – all
- City of London
- Municipality of Callander in District of Parry Sound
- City of Kingston
- City of Markham in Regional Municipality of York
- County of Lambton
    - City of Sarnia