



Interprofessional Primary Care Team (IPCT) Expansion - Proposal Submission

A Guide for OHTs/PCNs,
Primary Care Practices and
Clinicians

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Purpose

The purpose of this document is to provide guidance to the Ontario Health Teams (OHTs) and Primary Care Networks (PCNs) that have been asked to lead local coordination for the Round 1 targeted call for proposals to expand or create interprofessional primary care teams (IPCTs) within approved models: Community Health Centres (CHCs), Family Health Teams (FHTs), Nurse Practitioner-Led Clinics (NPLCs), and Indigenous Primary Health Care Organizations (IPHCOs).

Overview & Strategic Alignment

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

Publicly funded interprofessional primary care teams (IPCT) are endorsed by both patients and clinicians as they can improve care quality and patient and clinician experience and support a strong, integrated and coordinated primary care system. For patients, having the ability to seek care from a team of family physicians, nurse practitioners and other health professionals in an IPCT can improve access to preventative care, supports for chronic disease management and help coordinating health care including home care and better access to quality care. IPCTs can also help to reduce the incidence of patients seeking care from other settings such as walk-in clinics and reduce the number of emergency room visits for conditions that could be addressed by the primary care team.

For family doctors, nurse practitioners and other clinicians, working in an IPCT equips the team with professional support to meet the care needs of their patients, from preventative care to chronic disease management, managing acute care issues and coordinating care. IPCTs enable the sharing of patient care across a team of knowledgeable health professionals with diverse expertise (e.g., nutrition, mental health, medical office assistants, etc.) who can work to their full scope improving quality of care, workflow efficiency and access to services. These efficiencies, in addition to modernization of processes through digitization, can support clinicians with their administrative and clinical work.

To continue to implement [Your Health: A Plan for More Connected and Convenient Care](#), Dr. Jane Philpott is serving as chair of Ontario's Primary Care Action Team, with a mandate to connect every person in Ontario to a family doctor or a primary care nurse practitioner working in a publicly funded system, where they receive ongoing, comprehensive, and convenient care.

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 action plan to connect every person in Ontario to primary care. As part of this plan, the government will invest in over 300 new and expanded interprofessional primary care teams through a multi-year funding process that would attach approximately two million people to primary care by 2029.

Funding Opportunity

In 2025-26 (Round 1) the Government of Ontario will invest in up to 80 new and expanded primary care teams, attaching 300,000 more people to care. This is the first round of a multi-year investment. Round 2 of proposal intake and assessment is anticipated to launch in fall 2025.

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 a 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, family doctors, nurse practitioners and clinicians who provide care to people living in identified postal codes are invited to submit proposals for funding consideration through their associated Ontario Health Team (OHT). Only proposals that will provide care to people living in the identified postal codes and are supported and submitted by OHTs will be assessed for Round 1 funding. OHTs with identified postal codes will receive the proposal package from Ontario Health which they will share with primary care practices and clinicians.

Primary care practices, family doctors, nurse practitioners and clinicians will work with their Ontario Health Team to submit a proposal to create or expand one of the existing team-based 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 ongoing attachment to a regular primary care clinician within their identified postal codes, over time.

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 and acknowledges that certain strategic priorities may not be reflective of how Indigenous primary care services are planned and delivered across the province. While proponents of Indigenous-led proposals are encouraged to collaborate with their local OHTs, OHT and PCN support is not required to submit a proposal. 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. Please reach out to your Ontario Health Region should you need support with the submission process. Ontario Health regional contacts can be found in the "Proposal Development" section of this document.

It is anticipated that prospective interprofessional primary care teams will be notified of funding decisions in Summer 2025.

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 primary care principles, as noted below, over time.
 - 1. **Province-Wide:** Work toward 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, connected 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.

Specific expectations and deliverables related to each principle will be incorporated into funding agreements for the successful teams.

***Note:** The Ministry of Health and Ontario Health recognizes that the principles noted above may need to be adapted for Indigenous Primary Health Care Organizations (IPHCOs) to reflect approaches to health care planning and delivery for Indigenous populations and address the physical, spiritual, emotional, and mental wellbeing of First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) people.

Methodology for Targeted Invitations (Round 1)

To maximize impact and achieve team and attachment targets, this first round of 2025-2026 funding will be allocated based on identified postal codes. The targeted invitation process is based on a methodology that has identified Forward Sorting Areas (FSAs) (i.e., the first three digits of postal codes) with a high number of people unattached to primary care, including people on the Health Care Connect (HCC) waiting list. Each of these FSAs is linked to the OHT that has been attributed the largest share of residents who live there, with minor adjustments based on regional input.

Only proposals with commitment to attach people within the identified postal codes/FSAs will be considered for Round 1. Additional attachment data on each FSA is included in a new report on the OHT Data Dashboard. For more information refer to the "Resources" section below.

Proposal Process: Roles & Responsibilities

OHTs and Primary Care Networks (PCNs)*

The role of OHTs and their affiliated PCNs is to lead the local efforts to support primary care practices, family doctors, nurse practitioners and other primary care clinicians to identify attachment gaps within their identified postal codes and coordinate and submit proposals that will help achieve ongoing attachment to regular primary care clinician for their local populations over time.

Responsibilities for round 1 funding include:

Communications:

- Ensuring potential proponents and partners receive the proposal package to complete and submit the forms required.
- Responding to questions from partners about the proposal process.

Coordinate and support proposal development:

- Identifying and working with primary care practices, family doctors, nurse practitioners and other primary care clinicians to support the development and finalization of proposals. Depending on the capacity of the applicant(s), participate in developing content for the proposal.
- Coordinating the development of proposals that articulate a tangible plan to attach the highest possible proportion of unattached people in their identified postal codes and align with the three strategic priorities of this funding opportunity: 1) Primary Care Attachment; 2) Readiness to Implement and 3) Meeting Primary Care Team Principles
- Supporting partners, primary care practices and clinicians in accessing the available data.
- Analyzing and interpreting the available data to support proposal development.
- Working with Primary Care Network clinical leads and Ontario Health regional contacts, including the Ontario Health regional primary care clinical lead(s), to support development of proposals.
- Working with other OHTs/PCNs as needed to coordinate proposals in identified postal codes that are part of more than one OHT/PCN.

Proposal submission:

- When supporting and submitting proposals, OHTs should ensure broad, fair, and transparent engagement with primary care practices and clinicians, including with community partners who plan and deliver primary care programs and services for underserved populations.
- As OHTs work with their partners to determine which proposals are submitted, they are encouraged to leverage the Collaborative Decision-Making Arrangements (CDMAs) and associated governance structures and processes that were established at the onset of their development.

OHT CDMAAs should include conflict-of-interest procedures for member organizations and individual representatives who hold decision-making authority. OHTs should consider how these conflict-of-interest procedures apply to the development, assessment, and submission of funding proposals.

- OHTs are responsible for submitting the Proposal Submission Attestation Form along with the proposal(s) to Ontario Health (one proposal per identified postal code, with a maximum of five proposals per OHT).

***Note:** OHT responsibilities will be reflected in revised Transfer Payment Agreements (TPAs) for FY 2025-2026.

Interprofessional Primary Care Teams (IPCTs), Primary Care Practices and Clinicians

The role of IPCTs, primary care practices, family doctors, nurse practitioners and clinicians who provide care to people living in identified postal codes is to submit proposals for funding through their associated OHT. Responsibilities include:

- Contacting their OHTs/PCNs to request the proposal package.
- Working with their OHTs/PCNs to identify opportunities to collaborate with other local primary care practices and clinicians and involve community partners.
- Leading the proposal development to align with the strategic areas of focus and increase ongoing attachment to a regular primary care clinician in the identified postal code(s).
- Writing the proposal content that articulates the model of care that will be implemented, including what health professionals make up the team and how they will work together to achieve the primary care principles outlined above.
- Determining the budget for the proposal.
- Seeking assistance from Ontario Health regional contacts, including the OH regional primary care clinical lead(s) for resources and support to develop proposals.
- Submitting proposals to their OHT.

Ontario Health

The role of Ontario Health is to inform and support the development of proposals by working with OHTs/PCNs and primary care practices and clinicians to create new or expand existing interprofessional primary care teams (IPCTs). Responsibilities include:

- Sharing information with OHTs/PCNs and primary care practices and clinicians to support the application process, including data, webinars and guidance.
- Facilitating collaboration across OHTs/PCNs depending on the identified postal code(s).

- Supporting OHTs/PCNs, throughout the proposal process, to enable their collaboration with local primary care practices and clinicians and community partners.
- Connecting interested primary care practices and clinicians to their OHTs/PCNs and providing resources to support proposal development.
- Responding to questions from OHTs/PCNs, primary care practices, clinicians and partners before, during and after the proposal submission period.
- Receiving the proposal submissions from OHTs.
- Ensuring proposals meet submission criteria.
- Reviewing proposal funding recipients.

Ministry of Health

The Ministry of Health, in collaboration with Ontario Health, will co-manage each round of intake and assessment to allocate funding for new and expanded primary care teams. Responsibilities include:

- Communicating the goals of expanded/new IPCTs and the requirements to submit a proposal.
- Establishing and communicating the timelines for the proposal submission period.
- Communicating updates about the proposal development and submission process and providing key messages for communication as required.
- Communicating the outcome of the evaluation, recommendation, and approval process.
- Issuing funding confirmation and appropriate contracts or amendments to enable funding to be provided to implement new or expanded IPCTs.

Proposal Development

Ontario Health is seeking proposals that articulate a tangible plan to attach the highest possible proportion of unattached people in the identified postal codes. Proposals should align with the strategic priorities of this funding opportunity; (1) primary care attachment; (2) readiness to implement, and (3) primary care team principles.

Ontario Health Regional Contacts

Ontario Health contacts will work with OHTs and proposal applicants throughout the process. See below for the list of contacts for your region.

Region	Primary Care contacts	OHT contacts
North East	oh-ne-finance@ontariohealth.ca	philip.kilbertus@ontariohealth.ca laura.boston@ontariohealth.ca
North West	OH-NW-Submissions@OntarioHealth.ca	kiirsti.stilla@ontariohealth.ca
East	theast-ohts@ontariohealth.ca	laurel.hoard@ontariohealth.ca
Central	OH-Central PrimaryCareAdvancement@ontariohealth.ca	kim.macdonald@ontariohealth.ca
Toronto	OHTorontoIPC@ontariohealth.ca	madeleine.morgenstern@ontariohealth.ca
West	OH-West-PCEOI@ontariohealth.ca	jennifer.peckitt@ontariohealth.ca

If you are unsure of your region, this [Census Subdivision to Ontario Health Look Up Tool](#) may be of assistance.

Interprofessional Primary Care Team (IPCT) Models

Proponents can submit a proposal to create or expand one of the existing team-based models:

- Community Health Centres (CHC)
- Family Health Teams (FHT)
- Indigenous Primary Health Care Organizations (IPHCO)
- Nurse Practitioner-Led Clinics (NPLC)

Refer to Appendix A of the proposal package for a full description of each model.

Working with primary care practices, family doctors, nurse practitioners and clinicians

Primary care practices, family doctors, nurse practitioners and clinicians interested in submitting a proposal for a new or expanded IPCT should contact their local OHT and their Primary Care Network (PCN) to identify potential opportunities for collaboration, strategic alignment, and strengthening of their proposals. Each OHT can submit one proposal per identified postal code, with a maximum of five proposals per OHT.

OHTs will be supported by Ontario Health to identify providers in their area that are providing culturally and linguistically specific services for underserved populations so that the needs of these populations can be reflected in submitted applications. For example, where an FSA has a high percentage of Francophone or Black populations, a strong OHT application would note Francophone or Black Health partnerships as part of the OHT's planned implementation. OHTs are welcome to request individual equity meetings through Ontario Health to discuss these partnerships with these community providers as well as explore existing primary care applicants in their regions.

If you are not currently connected with your OHT, Ontario Health Regions can help to make that connection. See Ontario Health regional contacts at start of "Proposal Development" section of this document.

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 a proposal. Please reach out to your Ontario Health Region should you need support with the submission process. Ontario Health regional contacts can be found in the 'Proposal Development' section of this document. Indigenous-led proposals can be submitted directly without OHT/PCN support to: primarycareexpansion@ontariohealth.ca.

The Ministry of Health and Ontario Health acknowledge that certain strategic priorities 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.

Completing the Proposal

Round 1 (2025-2026): Targeted Invitation to Submit a Proposal

Ontario Health will provide the proposal package to OHTs/PCNs with identified postal codes who are responsible for sharing with primary care clinicians and teams.

Round 1 is a targeted, invitation-based process for primary care clinicians and teams to work with their associated Ontario Health Teams (OHTs) for identified postal codes with a high number of people unattached to primary care, including people on the Health Care Connect waitlist. Completing the proposal package is a requirement to be considered for Round 1 (2025-2026) of intake and assessment.

The proposal package includes:

- Proposal form (fillable PDF) with the following sections.
 - Appendix A: Description of Existing Interprofessional Primary Care Teams and How Physicians and Nurse Practitioners Can Participate
 - Appendix B: Budget Template (separate excel)
 - Appendix C: Proposal Checklist
 - Appendix D: List of French language designated areas in Ontario

Note: Proposal packages with blank or missing sections will be considered incomplete and not be evaluated.

Optional documentation may also be included with the proposal package:

- Letters of commitment or support.
- Additional documentation.

In addition to the proposal package, the following must be completed and submitted by the OHT:

- Proposal Submission Attestation Form

Please reach out to your Ontario Health Region for support with proposal completion (see contact list at start of "Proposal Development" section of this document).

Proposal Submission

The deadline for OHTs to submit proposals to Ontario Health is 5:00 pm Eastern Daylight Time, May 2, 2025. Proposals must be submitted to primarycareexpansion@ontariohealth.ca and include in the email subject line the unique identifier provided by Ontario Health. Attached documents must use file names that include the OHT name, applicant name, and unique identifier provided by Ontario Health.

For Indigenous-led proposals, please include the organization name in the subject line.

Only completed proposals and documents submitted directly to the email address above by the deadline will be accepted.

All proposals submitted to the email above will receive two response messages. Ensure you receive both of the following response messages:

- An autoreply message to acknowledge receipt will be provided immediately, and
- A custom message to indicate acknowledgement of eligibility will be provided within 2 business days of submission.

For any questions about the submission of proposals, please contact primarycareexpansion@ontariohealth.ca.

Important Dates

May 2, 2025: Deadline for proposals to be submitted by OHTs to Ontario Health.

Summer 2025: Communication of successful proposals and funding letters issued.

Fall 2025: The process to apply for Round 2 (2026-2027 funding) will be announced.

Resources to Support Proposal Development

Background Information

To support OHTs to coordinate proposal development and submission, Ontario Health regional representatives can provide the following background information:

- List of identified postal codes (FSAs) that are eligible to submit a proposal for 2025-26 funding.
- Information about current IPCTs located in or serving the targeted postal code.
- Information about proposals previously submitted to Ontario Health and are from teams/family doctors/nurse practitioners/practices in areas of high need.
- List of OHTs who are also working with applicants for this call for proposals.

OHT Data Dashboard

To support the PCAT's mandate of enabling attachment to primary care and to enable OHTs to clear their Health Care Connect wait list, the Ministry and Ontario Health are providing OHTs with data to understand the residents of the Forward Sortation Areas (FSAs) that have been assigned to each OHT. This data will be provided through a new report on Ontario Health's OHT Data Dashboard.

Each FSA has been assigned to the OHT that has been attributed the largest share (i.e., plurality) of residents who live there, with minor adjustments based on regional feedback. Initially, OHTs will receive data about the residents who live in their assigned FSAs, including the number of unattached residents and the number of individuals on the Health Care Connect waitlist. OHTs will also receive data about the neighbouring OHTs who serve the residents of their geography, to identify opportunities for cross-OHT collaboration.

The new report on the OHT Data Dashboard, to be launched alongside the IPCT Guide, will include information at an FSA level on the following topics:

- FSA Assignments, with market share of OHT attributed populations
- [Ontario Marginalization Index](#) results
- Demographics (including % Black, % Francophone, % Indigenous, Age categories)
- Total Unattached Population (as of January 2025)
- Health Care Connect pending referrals (waitlist)
- Existing IPCT locations

The Ministry and Ontario Health will continue to share updated data about FSA assignments, aggregate data about the residents of FSAs, as well as select information about the primary care practices and clinicians serving those geographies as it becomes available. The Ministry and Ontario

Health are committed to engaging with OHTs and other health system stakeholders to further refine OHT data supports.

OHT Data Dashboard Registration

Registering for the OHT Data Dashboard requires two elements: (1) a OneID credential, and (2) confirmation that you are part of an OHT or supporting an OHT with analytics.

If you already have a OneID credential, send your login ID to OHTanalytics@ontariohealth.ca. Either send the email from an OHT email address or copy someone from the OHT that can confirm you are supporting their team.

If you do not have a OneID credential, send your email address and phone number to OHTanalytics@ontariohealth.ca. Either send the email from the OHT email address or copy someone from an OHT that can confirm you are supporting their team. The team will guide you through the OneID process.

Frequently Asked Questions

Please refer to the 'Frequently Asked Questions (FAQs) document on the [Ministry of Health](#) website.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca