Welcome to Power of Primary Care 2025 powered by AFHTO!

We're thrilled to have you join us for this vibrant celebration of innovation, collaboration, and community in primary care. This year's program is packed with inspiration. It will feature **33 dynamic exhibitors**, **50+ engaging poster presentations, 40+ themed sessions**, and countless opportunities to connect with peers, pioneers, and partners.

Don't miss our **incredible keynote by Dan Riskin**, who will help us close the conference with insights that challenge, inspire, and empower.

This is more than a conference — it's a movement. Let's show Canada why we're *Primary Care Proud*. For more information and to register visit: AFHTO 2025 Conference Registration

Certification & Attendance

This Conference Program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 13 Mainpro+ credits.

Certified members of the Canadian College of Health Leaders (CHE / Fellow) are eligible to claim:

- Full conference attendance: up to 6.5 Category II credits

Preliminary Program (subject to change)

Pre-conference Day, October 22nd

This day is intended for our Members only (Executive Director/CEO and Board Chairs).

An agenda will be sent directly to these AFHTO members.

Day 1- Thursday, October 23rd

Time (ET)	Session Type	Thursday, October 23, 2025	Speaker(s)/ Moderator
7:30-9:00	**Registration Opens, Breakfast and Exhibitors**		
8:00-8:50	Sponsored Session	AI Scribe & Beyond: The Agentic Uninsured Experience. Abstract.	Dr. John O'Mahony
8:00-8:50	Sponsored Session	Latest Data on Adult Pneumococcal Disease: Practical Applications and Guideline Integration at Point of care. Abstract.	Dr Alan Kaplan, MD, CCFP(EM), FCFP *Family Physician and Chairperson, Family Physician Airways Group of Canada; Clinical Lecturer, Department of Family and Community Medicine, University of Toronto.*
9:00-9:10	**Welcome Opening**		
9:10-10:00	Plenary Session	Panel Discussion: What Success Actually Looks Like When 100% of Ontarians Have Quality Primary Care.	Jane Philpott MD, CCFP, MPH *Primary Care Action Team (PCAT)* Jessie Rumble BScN, MScN *Association of Family Health Teams of Ontario Ingersoll Nurse Practitioner-Led Clinic* Leslee Thompson MScN, MBA, CHE, ICD.D *Accreditation Canada and Health Standards Organization* Denis Tsang MSc, MAN, RD, CHE, CDE *Woodbridge Medical Centre FHT* Moderator: Ivy Oandasan MD, CCFP, MHSc, MBA *College of Family Physicians of Canada*
10:00-10:30	**Snack Break:** Exhibitors, Posters and Travel Time Between Sessions		
10:30-11:15	A.1	Building Resilient Rural Primary Care: Kenora's Implementation of the RGCC Model Abstract.	Colleen Neil *Sunset Country Family Health Team*
10:30-11:15	A.2	Innovation in Access: Integrating Nurse Practitioners as Most Responsible Providers in High-Performing Primary Care Teams Abstract.	Elizabeth Smith RN(EC), PHC-NP *Thames Valley Family Health Team* Jodi Colwill RN(EC), PHC- NP *Minto Mapleton Family Health Team* Michelle Acorn DNP, NP PHC, FCAN, CGNC

			Nurse Practitioners' Association of Ontario Phil Deacon BMBS, FRACGP, CCFP *Minto Mapleton Family Health Team* Devon Shewfelt MD *Family Physician London ON* Lisa Vreugdenhil *Thames Valley Family Health Team*
10:30-11:15	A.3	Physiotherapists in team-based primary care: Building capacity to help address the health system's most pressing challenges Abstract.	Amy Hondronicols PT, PhD *Ontario Physiotherapy Association* Emily Stevenson BSc, MSc *CommunitiCare Health*
10:30-11:15	A.4	Nested team -based care: Lessons learned for effective team -based care in large primary care homes Abstract.	Jill Berridge BHSc, BA *McMaster University* Doug Oliver MD *McMaster University* Neha Arora BPT, MSc *McMaster University*
10:30-11:15	A.5	Trauma-informed care: a Family Health Team's journey Abstract.	Nancy Mcquaid, PhD, C.Psych *Plantagenet Family Health Team* Marie-Josée Forgues MD, CCFP *Plantagenet Family Health Team* Caroline Prévost *Plantagenet Family Health Team* Adam Prieur RSW, MSW *Plantagenet Family Health Team* Nathalie Bourgon *Plantagenet Family Health Team*
10:30-11:15	A.6	Strengthening the Core: Ethical Governance for Collaborative Primary Care Abstract.	Dinny Mathew MD, MPH, MBA *Prescott Family Health Team* Rod Ward *Mayor – Township of Armour*
11:15-12:00	B.1	Gravenhurst Health Hub – A Community-Wide Solution to a Local Primary Health Care Crisis: Panel Presentation Abstract.	Bruce Hemphill *Community Living South Muskoka* Keith Cross MD, CCFP *Cottage Country Family Health Team*

			Tom Long *Rotary Club of Gravenhurst* Marsha Barnes *Muskoka and Area Ontario Health Team* Heidi Lorenz *Mayor, Town of Gravenhurst*
11:15-12:00	B.2	Team Primary Care Nurse: A Collaborative Training Initiative to Strengthen Registered Nurse Capacity in Primary Care Abstract.	Suzanne Braithwaite PhD, RN, CCHN(C) *Canadian Family Practice Nurses Association & Trent University*
11:15-12:00	B.3	What is the Physician Assistant role in Primary Care Teams and what needs to be done to recruit and keep them? Abstract.	Shari-Lynne Yasin, CCPA, MSc *Canadian Association of Physician Assistants, Ontario Chapter* Chris LeBouthillier *West Carleton FHT*
11:15-12:00	B.4	Building a foundation for New Brunswick's Family Health Teams: Lessons learned in dyad leadership and engagement Abstract.	Sara Jane Vermette BA, MHA *Horizon Health Network, New Brunswick* Maily Lockhart BSc, MPH *Horizon Health Network, New Brunswick*
11:15-12:00	B.5	We Took Primary Care Back: An Indigenous-Led Model for Equity and Access Abstract.	Jennifer B Smith RN, BScN *Six Nations Department of Wellbeing* Tina Jamieson *Six Nations Department of Wellbeing* Zahira Khalid MD, FRCPC *St. Joseph's Healthcare Hamilton* Eric Sault MD, *Six Nations Family Health Team* Jason Zacks MD, *Six Nations Family Health Team*
11:15-12:20	B.6	Call the Midwife: Enablers and barriers to successful midwifery integration in interprofessional primary care teams Abstract.	Elizabeth Brandeis RM, MSc *Association of Ontario Midwives* Lisa Bishop RM, MPH *Dilico Anishnabek Family Care* Amanda Kocheff RM, IBCLC *Norfolk Family Health Team* Devi Krieger MA *Association of Ontario Midwives*

			Jenna Bly RM, BHSc, BA, MEd *South Riverdale Community Health Centre*
12:00-13:40	**Network Lunch Bright Lights Awards Celebration Exhibitors and Posters**		
13:40-13:50	**Travel Time**		
13:50-14:35	C.1	The Governance & Oversight Model for POPLAR, the Primary Care Ontario Practice-based Learning and Research Network Abstract.	Liisa Jaakkimainen MD, CCFP, MSc *Sunnybrook Academic Family Health Team & IC/ES*
13:50-14:35	C.2	The Art of Attachment through Community and Health Care Collaboration Abstract.	Susan Gibson *Hamilton Family Health Team* Jacob Pigorsch *Hamilton Family Health Team* Catherine Luangxay *Hamilton Family Health Team*
13:50-14:35	C.3	Using AI to route patients towards the right appointment: learnings from the Ruby Clinic, Hawkesbury Abstract.	Marc-Antoine Roy MD, CCFP *Clinique Médical Ruby/ Ruby Medical Clinic* Alexandre Chagnon BPharm, DESS *Vitr.ai, Université de Montréal*
13:50-14:35	C.4	Building a Culture of Caregiver Support in Primary Care Abstract.	Alison Kilbourn MSW, BA *Ontario Caregiver Organization* Taisha Twiss *Couchiching Family Health Team* Erin Tshuma *Caregiver*
13:50-14:35	C.6	Teaching Medical Learners at Community Health Centers; Creating the team members for the future. Abstract.	Carol Geller MD, CCFP *Centretown Community Health Centre*
14:35-14:45	**Travel Time Between Sessions**		
14:45-15:35	Sponsored Session	How to help ensure patients receive the recommended adult vaccines to prevent respiratory illness within Primary Care Team settings Abstract	Alexander Wong, MD, FRCPC *University of Saskatchewan*
14:45-15:35	Sponsored Session	Beyond AI Scribes: What's Next for Primary Care in Canada Abstract.	Mahshid Yassaei *Tali AI* Hesam Dadafarin , PhD *Tali AI* Kevin Samson, MD, CCFP

			East Wellington Family Health Team
15:35-16:00	**Snack Break:** Exhibitors, Posters, and Travel Time		
16:00-16:45	D.1	The evolving role of Primary Care Networks: How PCNs Are Leading Patient Attachment through Engagement, Collaboration, and System Change Abstract.	Maria Muraca MD, CCFP *North York Family Health Team* Rebecca Stoller MD, CCFP *North York Family Health Team* Marijke Ljogar *Greater Hamilton Health Network* Barb Klassen RN *Haldimand Family Health Team* Jill Berridge BA (Hons) PE, BHSc PT *McMaster Family Health Team*
16:00-16:45	D.2	Clinically Driven, Digitally Inspired. Amplifying Quality Improvement in Clinical Spaces through Digital Health Innovations. Abstract.	Wendy Lang RN *Amplify Care* Lisa Harman *Amplify Care*
16:00-16:45	D.3	Extending Team-Based Care Through Hospital–Primary Care Collaboration Abstract.	Connor Kemp MASc, Ph.D. *Queen's University & Frotenac, Lennox and Addington Ontario Health Team* Jennifer Lapeer *Providence Care Hospital*
16:00-17:30	W.1	What Does it Mean (and What Will it Take) for Primary Care to be Accountable to the Communities it Serves? Abstract.	Matthew Meyer Ph.D. *Western Ontario Health Team* David Makary MD, CCFP *Southlake Academic Family Health Team & Southlake Community Ontario Health Team* Gordon Schacter MD, CCFP *Middlesex London Ontario Health Team & Ontario Health West*
16:00-17:30	W.2	Leading the Power of Primary Care: Public Narrative Story-Telling as Leadership Practice Abstract.	Mike Perry *City of Kawartha Lakes Family Health Team (AFHTO led session)*
16:00-17:30	W.3	Beyond the Checkbox: Turning Indigenous Cultural Safety Knowledge into Meaningful Action Abstract	Ashley Morrison *Indigenous Primary Health Care Council* Rebekah Clause *Indigenous Primary Health Care Council*

16:45-17:30	E.1	The Best Kept Secret for Arthritis Care in Ontario: The Arthritis Rehabilitation and Education Program (AREP) Abstract	Shawn Brady PT *Arthritis Society of Canada* Anna Marie Sneath PT *Arthritis Society of Canada* Nicole Robinson MA, BA *Healthcare Excellence Canada*
16:45-17:30	E.2	Data challenges and opportunities in a resource constrained system Abstract	Sahba Eftekhary MD, MPH, MHA, CHE, PMP, M.Sc. *AFHTO* Cory Russell MSc, MPA *Ontario Health*
16:45-17:30	E.3	Benefits for teams engaging in Quality Improvement. Presenting the Care Forward Initiative Abstract	Nicole Robinson MA, BA *Healthcare Excellence Canada* Melissa Coish BScPT, MHS, CHE *Healthcare Excellence Canada*
17:30	**Adjournment** for non-members and members not participating in IHP session or AGM		
17:30-18:45	Members ONLY	Independent Healthcare Professional (IHP) Session: Unlocking team potential: The 3 invisible forces shaping safer, stronger primary care (Appetizers available)	Alexandre Messager (facilitator) *Human Leadership Humain*
17:45 – 18:30	Members ONLY	AFHTO Annual General Meeting for Executive Directors or Proxy Voters (Appetizers available)	AFHTO voting members
18:30 – 21:00		**Special Event: Dinner and Dialogue** ***Invite to registered guests to follow*** ***Co-hosted by Association of Family Health Teams of Ontario, Ontario College of Family Physicians, Ontario Medical Association and Section of General and Family Practice at the OMA***	

Day 2- Friday, October 24th

Time (ET)	Session Type	Friday, October 24, 2025	Speaker(s)/ Moderator
7:30-8:15	Members ONLY	AFHTO Communications CoP	Community of Practice members
7:30-8:15	Members ONLY	AFHTO Executive Director/CEO Regional Meetings	AFHTO Members
7:30-8:40	**Registration Opens, Breakfast and Exhibitors**		
7:40-8:30	Sponsored Session	Enhancing Cervical Cancer Screening: Integrating HPV testing, Vaccination, and Family Health Team Strategies Abstract.	Dr. Kim Alexander, MD FRCSC Amber White NP *Woodbridge Medical Centre FHT* Denis Tsang MSc, MAN, RD, CHE, CDE *Woodbridge Medical Centre FHT*
8:30-8:40	**Travel Time Between Sessions**		
8:40-9:20	Plenary	FHTs for the Future: Strengthening Primary Care Teams to Drive Patient Attachment Abstract. Abstract.	George Smitherman *Health Workforce Innovations* Duff Sprague *Peterborough Family Health Team*
9:20-9:30	**Travel Time Between Sessions**		
9:30-10:15	M.1	RESEARCH AND POLICY: Building high-performing primary care systems and teams - a reflection from research and cross-Canada policy Abstract.	Monica Aggarwal MPA, Ph.D. *University of Toronto*
9:30-10:15	M.2	ADVOCACY: Official launch of AFHTO's Leadership and Advocacy School Abstract.	Mike Perry *City of Kawartha Lakes Family Health Team*
9:30-10:15	M.3	ATTACHMENT: Untangling Attachment: What Really Increases Patient Attachment in Primary Care Teams Abstract.	AFHTO Member Organizations Facilitated by Janine van den Heuvel
10:15-10:30	**Snack Time: Exhibitors, Posters, Travel Time Between Sessions**		

10:30-11:15	F.1	Rapid Access to Primary Care: Harnessing the Power of Your Partners to Create Capacity and Improve Patient Experience Abstract	Wajma Attayi *Centre for Family Medicine Family Health Team* Tara Groves-Taylor MHS, BPA *Community Healthcaring Kitchener-Waterloo*
10:30-11:15	F.2	Beyond the Numbers: Reimagining Hospital Reporting Management to Improve Discharge Follow-Up Abstract.	Jillian Leslie *Thames Valley Family Health Team* Katie McDonald RN *Thames Valley Family Health Team*
10:30-11:15	F.3	Bridging Knowledge and Practice: Family Health Team Pharmacists Advancing Care through Academic Detailing (AD) Abstract.	Victoria Burton BMOS *Centre for Effective Practice* Margaret Jin PharmD *Health for All Family Health Team* Payal Patel PharmD *Thames Valley Family Health*
10:30-12:00	W.4	Bright Spots in Interprofessional Primary Care: Learning from High-Performing Teams to Optimize Access, Attachment, and Equity. Abstract.	Jennifer Shuldiner Ph.D. *Women's College Hospital & Department of Family and Community Medicine University of Toronto* Sydney Pearce Ph.D. *Department of Family and Community Medicine University of Toronto*
10:30-12:00	W.5	Integrating Social Health into the Primary Care Home: An Exploratory Workshop Abstract.	Gary Bloch MD, CCFP *St. Michael's Academic Family Health Team & Inner City Health Associates* Orit Adose BASc *St. Michael's Hospital Academic Family Health Team* Nassim Vahidi-Williams MPH *St. Michael's Hospital Academic Family Health Team* Katie Dorman MD, CCFP *St. Michael's Hospital Academic Family Health Team*

10:30-12:00	W.6	Planning Session with Ontario Health: Reporting and Performance Supports Abstract.	Phoebe Smith-Chen CHE, MHA *Ontario Health* Andrew Wong MD, BHSc *Ontario Health*
11:15-12:00	G.1	Cultivating Thriving Teams: A Longitudinal Systems Approach to Organizational Well-being in Healthcare Abstract.	Dinny Mathew MD, MPH, MBA *Prescott Family Health Team* Tim Mack MSW, BSW *Prescott Family Health Team*
11:15-12:00	G.2	Interprofessional Educators: The Missing Link in Primary Care Training Abstract.	Payal Patel PharmD *Thames Valley Family Health Team* Jill Berridge BHSc., B.A. *McMaster Family Health Team*
11:15-12:00	G.3	A Remote Pharmacist Medication Management Program in Collaboration with Patients, Prescribers and Community Pharmacists to Support the Care of People with Diabetes in an Indigenous Community Abstract.	Paula Newman RPh BScPhm ACPR *Northwest Telepharmacy Solutions* Glenys Vanstone BScPharm, ADAPT, TEACH *Northwest Telepharmacy Solutions*
12:00-13:15	**Networking Lunch, Exhibitors and Posters**		
13:15-14:00	H.1	Community-based Primary Care Teaching Clinics: Partnerships, Capacity, and Impact Abstract.	Speaker TBC (AFHTO led session)
13:15-14:00	H.2	Anchoring Transformation: How Family Health Teams and Cross-Sector Partners Drove Governance and Evidence-Based Practice in the CKOHT BPSO Journey Abstract.	Jason Bartell BScN, MScN *Chatham-Kent Family Health Team* Melissa Sharpe-Harrigan MA *Chatham-Kent Ontario Health Team* Meredith Whitehead RN, MScN, CMP *Chatham-Kent Health Alliance*
13:15-14:00	H.3	From Crisis to Prevention: Building Equitable Primary Care for Adults with Intellectual Developmental Disabilities (IDD) Through Teams Abstract.	Liz Grier MD, CCFP *Queen's University & Maple Family Health Team* Ullanda Niel MD, CCFP *Surrey Place* Yona Lunsky MD *Centre for Addictions and Mental Health* Heidi Diepstra Ph.D.

			Surrey Place
13:15-14:00	H.4	Right Provider, Right Patient: Examining Team Composition and Patient Complexity in Ontario Community Health Centres Abstract.	Li-Anne Audet RN, Ph.D. *Institute of Health, Policy, Management and Evaluation, University of Toronto*
13:15-14:00	H.5	Quality Improvement Decision Support Specialists Role: Challenges and Opportunities. Abstract.	Sahba Eftekhary MD, MPH, MHA, CHE, PMP, M.Sc. *AFHTO* Denis Tsang, MSc, MAN, RD, CHE, CDE *Woodbridge Medical Centre FHT* Bathilde Gautier, MSc, LSSGB *Maple Family Health Team* Andrew Wong MD, BHSc *Ontario Health* Desa Marin *Village Family Health Team*
14:00-14:15	**Snack Break**		
14:15-15:15	Closing Keynote	**Dan Riskin:** Unleashing the Power of Collective Intelligence  A renowned evolutionary biologist, award-winning television presenter, and bestselling author, Dan Riskin has been making science accessible, engaging, and fun for more than a decade. Whether he's inspiring viewers as the co-host of Discovery Canada's flagship science program, *Daily Planet* or covering the latest news as CTV's Science and Technology Specialist, Riskin's passion and curiosity have made him an unparalleled source of science inspiration for all. By stoking a childlike passion, Riskin gives audiences so much more than scientific "wow" facts. His keynotes, like his television shows, help individuals see their own curiosity in a new light, pursue their interests with more vigour, and tap into a deeper sense of inspiration. He will spark your passions, leaving you invigorated to embark on your own journeys of exploration and discovery	

15:15-15:30	**Celebration and Call to Action**
15:30	**Adjournment**

Special Thanks

AFHTO Membership Committee

Francine Janiuk
Chair, Membership Committee
Queen's Family Health Team
Kingston, ON

Stephen Beckwith
South East Toronto Family Health Team Toronto, ON

Michael Dickin
Dorval Family Health Team
Oakville, ON

Jessie Rumble
Ingersoll Nurse Practitioner-led Clinic Ingersoll, ON

Adam Steacie
Upper Canada Family Health Team
Brockville, ON

Pam Delgaty
Thunder Bay Nurse Practitioner-led Clinic Thunder Bay, ON

Scientific Planning Committee

Jason Bartell BScN, MN
Executive Director and Nurse Practitioner
Chatham-Kent Family Health Team

Dragana Boljanovic-Susic PT, MSc
Advanced Practice Physiotherapist and
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Holland Centre- Sunnybrook Health Sciences

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Family Physician
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Michele Lajeunesse BPHE, MHK
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Family Physician
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James Scott PhD
Chair
Patient and Family Advisory Committee at
Taddle Creek Family Health Team

Anusha Sivalogarajah RN
Nurse
East GTA Family Health Team

Denis Tsang MSc, MAN, RD, CHE, CDE
Dietitian and
Quality Improvement Decision Support
Specialist (QIDSS)
Woodbridge Medical Centre Family Health
Team

Rod Ward
Mayor
Township of Armour
Chair
Almaguin Highlands Health Council

The Power of Primary Care powered by AFHTO

Session Summaries

A1: Building Resilient Rural Primary Care: Kenora's Implementation of the RGCC Model

Theme: 1. The Constellation of Primary Care

- **Date:** Thursday, October 23, 2025
- **Time:** 10:30am-11:15am
- **Style:** Concurrent Presentation

Learning Objectives:

- Participants will learn how the Rural Generalist Council Care (RGCC) model integrates primary care, emergency services, and Indigenous health to enhance access and equity in rural settings.
- They will gain insight into building collaborative, culturally safe care teams that reduce provider burnout and improve sustainability.
- Attendees will understand strategies for creating a connected primary care "home" that coordinates with broader health services, fostering trust and continuity.
- They will explore practical approaches to adapting team roles and governance for rural communities, enabling implementation of resilient, culturally attuned primary care models in diverse contexts.

Summary/Abstract:

This presentation explores the implementation of the Rural Generalist Council Care (RGCC) model in Kenora's Sunset Country Family Health Team (SCFHT), a collaborative initiative integrating primary care, emergency services, Indigenous health perspectives, and community supports. Designed to address rural health challenges related to geography, resource limitations, and cultural appropriateness, the RGCC model fosters partnerships across health sectors and Indigenous leadership to deliver culturally safe, comprehensive care. By redefining team roles and consolidating healthcare professionals under a unified model, the RGCC reduces provider burnout and promotes sustainable workloads through equitable remuneration. It positions primary care as a community "home" that coordinates with hospitals, public health, home care, and Indigenous services to ensure continuity and responsiveness, ultimately improving access and health outcomes for rural populations. Early implementation results indicate increased health system resilience and equity, with positive community feedback regarding improved access to care. This model serves as a blueprint for rural primary care reform across the province, encouraging dialogue on flexible team structures, scopes of practice, and collaborative governance. It demonstrates how rural communities can develop dynamic, connected, and culturally attuned primary care systems that meet local needs in real time.

Presenters/Authors:

- Colleen Neil, Executive Director, Sunset Family Health Team

A2: Innovation in Access: Integrating Nurse Practitioners as Most Responsible Providers in High-Performing Primary Care Teams

Theme: 7. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

- **Date:** Thursday, October 23, 2025
- **Time:** 10:30am-11:15am
- **Style:** Concurrent Presentation

Learning Objectives:
This session will provide valuable insights into the design, implementation, and evaluation of the NP-MRP model across two distinct healthcare team contexts. Topics will include regulatory frameworks, outcome tracking, team dynamics, role clarity and optimization for the team, and effective strategies for gaining stakeholder support. Presenters will also discuss operational workflows, panel management, and system navigation—all crucial elements for integrating this model successfully. This session is ideal for clinical leaders, executive directors, operational managers, and policymakers seeking practical, evidence-informed strategies to strengthen primary care. As Ontario continues its healthcare transformation, the NP-MRP model stands out as a scalable, team-based solution rooted in shared leadership and community-centered values. Ultimately, the NP-MRP model exemplifies Ontario's commitment to collaborative, high-quality care and provides a compelling path forward in achieving the vision of integrated, sustainable primary healthcare for all.

Summary/Abstract:
As primary care teams across Ontario continue to evolve in response to increasing demand and the growing complexity of patient needs, new and innovative models of clinical leadership are emerging. These models reflect the full potential of interdisciplinary care and are proving effective across a variety of settings—from densely populated urban centres to remote and rural communities. One such innovation is the advancement of Nurse Practitioners (NPs) as Most Responsible Providers (MRPs), a model that is being successfully implemented by teams such as the Minto-Mapleton Family Health Team (MMFHT) and the Thames Valley Family Health Team (TVFHT). This plenary session will explore how these two organizations are leading the way in reimagining primary care delivery and leadership by governing with governing with integrity. At the core of this transformation is the NP-MRP model, which enables NPs to lead patient care as MRPs, managing full patient panels, coordinating care planning, and working closely with interdisciplinary team members to provide comprehensive, continuous care across all stages of life and health conditions.

Presenters/Authors:
- Elizabeth Smith, Nurse Practitioner (soon to be Dr), Thames Valley Family Health Team
- Devon Shewfelt, Site Medical Lead, Thames Valley Family Health Team
- Michelle Acorn, Nurse Pracitioner , Nurse Practitioner Association of Ontario
- Phil Deacon, Medical Lead , Minto Mapleton Family Health Team
- Jodi Colwill, Nurse Pracitioner , Minto Mapleton Family Health Team
- Lisa Vreugdenhil, TVFHT Clinical Director

A3: Physiotherapists in team-based primary care: Building capacity to help address the health system's most pressing challenges

Theme: 6. Training for Team Based Transformation: Learning, Coaching and Capacity Building
Date: Thursday, October 23, 2025
Time: 10:30am-11:15am
Style: Concurrent Presentation

Learning Objectives:
At the end of this session, attendees will be able to:

- Understand the unique competencies that physiotherapists bring to team-based primary care settings;
- Engage in discussions on how physiotherapists who are integrated in primary care can contribute value to the interprofessional team; 3)Access educational resources to support expansion of physiotherapists in team-based primary care.

Summary/Abstract:
There is growing recognition of the need to strengthen primary care in Canada to address the challenges facing our health systems. Strengthening primary care requires increasing the spread of physiotherapy integration, as well as building environments where team-based care can leverage the scope and expertise of physiotherapists, and all team members, to improve access to primary care and reduce wait times. This session will provide attendees with an understanding of a unique set of competencies for physiotherapists in team-based primary care, their roles and scope, and an introduction to educational modules that support the integration of physiotherapists in team-based primary care. The consensus process to identify competencies, the pedagogical approach to building educational resources, and the results of pilot testing of the modules will be discussed. Participants will discuss opportunities and challenges for integrating physiotherapists in their teams. The resource developed is freely available, and will support not only physiotherapists, but also teams to enhance role clarity and program development in ways that address community needs. The educational module topics include how physiotherapists address the social determinants of health, are integrated in service delivery models, and support self-management as part of primary care teams. This session includes a call to action to help address the unprecedented challenges facing our health system by engaging in discussions on the value of expanding team-based primary care and taking steps to prepare for physiotherapy roles in primary care teams as they emerge. Importantly, the session will provide resources needed to act.

Presenters/Authors:

- Patricia Thille, Associate Professor, College of Rehabilitation Sciences, University of Manitoba
- Andrews Tawiah, Assistant Professor, School of Physical Therapy, Western University
- Sarah Wojkowski, Vice-Dean, Health Sciences & Executive Director, School of Rehabilitation Science, McMaster University
- Jordan Miller, Associate Professor, School of Rehabilitation Therapy, Queen's University
- Lisa Carroll, Senior Director of Professional Practice, Canadian Physiotherapy Association
- François Desmeules, Professeur, École de Réadaptation, Université de Montréal
- Kadija Perreault, Professeure titulaire, École des sciences de la réadaptation, Université Laval
- Amy Hondronicols, Director of Practice, Policy & Member Services, Ontario Physiotherapy Association
- Emily Stevenson, Director, Interprofessional Primary Care, Communiticare Health
- Julie Richardson, Professor Emeritus, School of Rehabilitation Science, McMaster University

A4: Nested team-based care: Lessons learned for effective team-based care in large primary care homes

Theme: 5. Growing Great Teams: Interprofessional Learning, Culture & Retention

- **Date:** Thursday, October 23, 2025
- **Time:** 10:30am-11:15am
- **Style:** Concurrent Presentation

Learning Objectives:

- Describe the structure and rationale of the nested micro-team and dyad model.
- Identify key outcomes and challenges from the implementation and evaluation process.
- Explore strategies for adapting nested micro-teams to support team cohesion and integration within other large primary care clinics or systems.

Summary/Abstract:

McMaster Family Practice (MFP), one of two sites of the McMaster Family Health Team, is a large academic primary care clinic in downtown Hamilton serving over 20,000 patients. In response to the growing complexity of team-based care, the need to increase primary care access and attachment, and clinician fatigue post-pandemic, MFP implemented a nested micro-team model in January 2024 to enhance collaboration and support for clinicians, improve workload distribution and efficiency, and strengthen patient-centered care. The model was co-designed by clinicians, staff and clinic leadership to incorporate smaller, consistent groups of clinicians—typically three physicians, one nurse practitioner or physician assistant, and one registered practical nurse—work together in a "micro-team" to care for a shared panel of patients. Micro-teams are paired together in "dyads" for cross-coverage and support, with each dyad receiving dedicated administrative lead-hand support for some of the most time intensive tasks, including booking internal and external consults and referrals, patient services activities such as forms and health records, and a dedicated lead receptionist. All micro-teams remain integrated with the full MFP clinic through shared leadership, general administrative personnel and other interprofessional health care providers. The nested micro-team and dyad approach supports effective team-based care while ensuring broader integration in large primary care clinics. This session will present the design, implementation, and evaluation of this innovative model. We will share practical insights, lessons learned, and strategies for adapting the nested micro-team and dyad model to other contexts. Attendees will have opportunities to consider how to create strong and interconnected teams within their contexts.

Presenters/Authors:

- Jill Berridge, Clinic Director, McMaster Family Practice; Co-Executive Director, McMaster Family Health Team, Department of Family Medicine, McMaster University
- Bethany Elliott, Administrative Director, David Braley Primary Care Research Collaborative, Department of Family Medicine, McMaster University
- Doug Oliver, Medical Director, McMaster Family Practice, Department of Family Medicine, McMaster University
- Neha Arora, Clinic Research Coordinator , Department of Family Medicine, McMaster University

A5: Trauma-informed care: a Family Health Team's journey

Theme: 5. Growing Great Teams: Interprofessional Learning, Culture & Retention

- **Date:** Thursday, October 23, 2025
- **Time:** 10:30am-11:15am
- **Style:** Concurrent Presentation

Learning Objectives:

This session will outline the progress the Plantagenet FHT has made on becoming a trauma-informed clinic over the past 8 years. Participants will learn:

- the principles of trauma-informed care (TIC)
- the difference between trauma-specific care and trauma-informed care >the benefits, barriers and limitations of using the Adverse Childhood Experiences (ACEs) questionnaire in a primary care setting
- the value of applying a trauma-informed lens to the entire FHT, from executive director to admin staff
- practical strategies for getting buy-in for this approach from all members of the FHT
- ways of measuring outcomes at patient and clinic level

Summary/Abstract:

The Plantagenet FHT serves a rural, predominantly Francophone population in Eastern Ontario. Our most complex patients, who suffer from chronic medical conditions and mental illness, require creative efforts to provide them with the care they need, in a rural community where they face barriers to access to services that might be available in larger centres. Eight years ago, our FHT prioritized a trauma-informed approach to better meet the needs of these patients. The link between childhood sexual, physical or emotional abuse or neglect and adult health problems is well established. Research has shown that increasing physicians' awareness of the medical sequelae of childhood trauma leads to better patient health outcomes. Furthermore, TIC recognizes the impact on health care providers who work with traumatized patients. This presentation will describe the steps our FHT has taken to assess the clinic's needs with respect to becoming trauma-informed, the successes we have had, the barriers we have faced and our future plans. Our presentation will include case examples, a description of our mental health pathway, a summary of the benefits of this approach with respect to staff retention and wellbeing, and a list of the trauma-related education and training our physicians, IHPs and admin staff have done over the past 8 years. We believe that TIC is an approach that can be applied and adapted to any clinical setting to the benefit of patients, clinicians and FHT as a whole.

Presenters/Authors:

- Nancy Mcquaid, Psychologist, Plantagenet FHT
- Nathalie Bourgon, Social Worker, Plantagenet FHT
- Caroline Prévost, Executive Director, Plantagenet FHT
- Adam Prieur, Social Worker, Plantagenet FHT
- Marie-Josée Forgues, Family Physician, Plantagenet FHT

A6: Strengthening the Core: Ethical Governance for Collaborative Primary Care

Theme: 2. Governing with Integrity: Navigating Conflict, Power, and Accountability

- **Date:** Thursday, October 23, 2025
- **Time:** 10:30am-11:15am
- **Style:** Concurrent Presentation

Learning Objectives:

Governance in primary care goes beyond bylaws; it affects power dynamics, trust, and decision-making reflecting a shared purpose. This session will critically evaluate the tensions within primary care governance, particularly in Family Health Teams (FHTs). At the end of the session, participants will be able to:

- Outline primary care governance best practices that improve key initiatives and patient care.
- Assess governance frameworks for integrated care and suggest improvements to enhance patient outcomes.
- Develop strategies to reduce conflicts of interest in Family Health Team (FHT) board decisions and build trust for better patient care.
- Identify common challenges in accountability for interprofessional primary care teams.
- Differentiate organizational and clinical leadership roles in governance for collaborative patient care.

Summary/Abstract:

This session will offer an in-depth examination of the significant tensions within primary care governance, particularly within Family Health Teams (FHTs). Beyond bylaws, governance profoundly influences power dynamics, trust, transparency, and the collective ability to make decisions that truly reflect a shared purpose. We aim to tackle critical challenges such as pervasive conflicts of interest on most FHT boards, ambiguous accountabilities in interprofessional teams, and outdated governance frameworks that hinder integrated, team-based care. The emphasis will be on fostering open dialogue and clarifying the vital distinction between general organizational leadership and clinical leadership. This session will also serve as an essential appeal for honest conversation to reveal the often-overlooked "cracks" in our governance structures. Participants will collaboratively pinpoint shared obstacles and shift towards creative, integrity-focused strategies. We will share tangible examples, models, and insights illustrating governance that is values-driven, legally compliant, and thoroughly equipped for future challenges. This includes methods for effectively overseeing governance across various professions, multiple stakeholders, and different organizational settings, along with required adjustments for primary care teams involved in Ontario Health Teams (OHTs), emerging primary care networks, or other intricate business collaborations. By participating in this crucial dialogue, attendees will actively contribute to strengthening the ethical foundations of primary care governance, setting the stage for greater transparency, accountability, and ultimately more effective collaborative care within the system.

Presenters/Authors:

- Rod Ward, Mayor – Township of Armour
- Dinny Mathew MD, MPH, MBA, Executive Director, Prescott Family Health Team

B1: Gravenhurst Health Hub – A Community-Wide Solution to a Local Primary Health Care Crisis

Theme: 1. The Constellation of Primary Care

Date: Thursday, October 23, 2025
Time: 11:15am-12:00pm
Style: Concurrent Presentation

Learning Objectives:

- Participants will learn about how a community can come together to address a growing primary care access problem in a small rural geography.
- Learn how through community mobilization and outreach diverse partners can work together to plan and develop a solution to improve access, facilitate recruitment, and build a comprehensive, integrated health care hub.
- Attendees will understand how careful planning and collaborative design can be used to realize a unique vision to create a health care home for all residents that not only addresses the current primary care access crisis but builds a comprehensive solution for decades to come.
- Gain insights and information on how municipalities, volunteer organizations, primary care providers, Family Health Teams and Ontario Health Teams can support each other and build on each others knowledge, assets and skills to address what seems like an insurmountable obstacle.

Summary/Abstract:

The presenters will discuss the Gravenhurst Health Hub project that has brought together partners and stakeholders with the community to develop a vision for locally based, community driven care in one convenient location that encompasses expanding an existing interprofessional primary care team and co-locating complementary health and social care services in a purpose-built facility. The Family Health Team in Gravenhurst (Cottage Country FHT) owns its own building that has a second floor with 12,000 square feet of vacant space. The Town's population has grown and expanded significantly but neither the facility nor the number of primary care providers has increased. Today, 50% of residents are without a local primary care provider. The Rotary Club of Gravenhurst joined with the CCFHT to propel the vision of ensuring every resident has a local primary care provider supported by an interprofessional care team. The lack of affordable space was identified as the main barrier to recruitment. Working together we plan to double the space for primary care providers and work with the OHT HHR recruiter to bring providers to the community. Our plans are ambitious and include expanded space for a full laboratory service on site, completion of a diagnostic imaging suite for xray and ultrasound, expanding space for the onsite home care clinic, creating a "fast track" unattached/urgent care clinic, implementing a unique visiting specialist program, bringing expanded services to address the growing senior population, co-locating with other local services (e.g hospice) and establishing a teaching clinic with NOSM). We have invited all three levels of government and the community to join with us to bring the vision to reality. The Hub development and its services are being designed with community and provider ongoing input and consultation and is informed by population health data to ensure the facility is able to meet current and future needs as the population continues to grow and age.

Presenters/Authors:

- Mayor, Town of Gravenhurst
- Marsha Barnes, Strategic Advisor, Muskoka Almaguin OHT, Board Member CCFHT, Board Member, Rotary Club of Gravenhurst
- Bruce Hemphill, Chair, Gravenhurst Health Hub, Steering Committee, Board Member, Rotary Club of Gravenhurst
- Tom Long, President, Rotary Club of Gravenhurst
- Keith Cross, Vice Chair, Cottage Country Family Health Team, Co-Chair, Alliance Council, Muskoka Almaguin OHT, Co-Chair, MAOHT Primary Care Network

B2: Team Primary Care Nurse: A Collaborative Training Initiative to Strengthen Registered Nurse Capacity in Primary Care

Theme: 6. Training for Team Based Transformation: Learning, Coaching and Capacity Building

- **Date:** Thursday, October 23, 2025
- **Time:** 11:15am-12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Participants will learn how to design and implement collaborative, scalable educational programs for interprofessional primary care providers.
- They will gain insights into co-design methodologies involving nurses, patients, and decision-makers, and explore how asynchronous, bilingual learning can support capacity building across diverse settings.
- Attendees will leave with practical strategies to enhance role clarity, foster interprofessional collaboration, and sustain communities of practice that support continuous learning and team development.

Summary/Abstract:

The Team Primary Care Nurse (TPCN) initiative addresses a critical gap in primary care: the need for accessible, relevant education for registered nurses (RNs) working in team-based primary care environments. Developed as part of the federally funded Team Primary Care initiative, TPCN developed TPCN Post-licensure Educational Program; a national, bilingual, asynchronous educational program co-led by the Canadian Family Practice Nurses Association and academic partners from Memorial University and Université de Sherbrooke. A unique feature of TPCN is its innovative co-design methodology. Nurses, patient partners, and decision-makers were engaged throughout the development process, ensuring the curriculum reflect real-world practice and the needs of both providers and patients. The program includes six interactive modules covering topics such as scope of practice, role clarity, patient engagement, and interprofessional collaboration. Delivered online with expert facilitation and peer support, the program is designed to be flexible, scalable, and accessible across Canada's diverse linguistic and regional contexts. This session will share lessons from the development, early implementation, and evaluation of TPCN, highlighting how collaborative design and asynchronous delivery can strengthen provider capacity in primary care. Participants will explore how to adapt similar models within their own organizations and reflect on strategies to integrate patient voices and sustain communities of practice. The presentation aims to inspire new approaches to team-based education that are inclusive, evidence-informed, and grounded in the realities of primary care.

Presenters/Authors:

- Crystal Vaughan, PhD(c), RN, Memorial University of Newfoundland
- Dana Ryan, MA, Memorial University of Newfoundland
- Deanne Curnew, PhD (c), RN, Memorial University of Newfoundland
- Treena Klassen, DBA, RN, Palliser Primary Care Network
- Mireille Guerin, MSc, Universite de Sherbrooke
- Suzanne Braithwaite, PhD, RN, CCHN(C), Trent University
- Marie-Eve Poitras, inf PhD, Universite de Sherbrooke
- Monica McGraw, M.Sc.inf, B.Sc.inf, II, CCNE.,PhD(c), Universite de Sherbrooke
- Julia Lukewich, PhD, RN, Memorial University of Newfoundland

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

B3: What is the Physician Assistant Role in Primary Care Teams and what needs to be done to recruit and keep them?

- **Date:** Thursday, October 23, 2025
- **Time:** 11:15am – 12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Describe the scope of practice and contributions of Physician Assistants (PAs) within primary care teams in Canada.
- Explain how PAs support patient attachment to primary care, including improving access and continuity of care.
- Identify key enablers and barriers to the recruitment and retention of PAs in primary care settings.
- Discuss strategies and policy considerations that can strengthen the integration and sustainability of PAs in primary care teams
- Reflect on opportunities within their own organizations or systems to optimize the role of PAs in addressing primary care access challenges.

Presenters/Authors:

- Shari-Lynne Yasin, CCPA, MSc, Physician Assistant, Family Medicine, Canadian Association of Physician Assistants, Ontario chapter
- Chris LeBouthillier, Executive Director, West Carleton FHT

B4: Building a foundation for New Brunswick's Family Health Teams: Lessons learned in dyad leadership and engagement

Theme: 2. Governing with Integrity: Navigating Conflict, Power, and Accountability

- **Date:** Thursday, October 23, 2025
- **Time:** 11:15am-12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Establishing a vision and strategy for the future of team-based care to gain the confidence and endorsement of executive leadership.
- Implementing successful leadership and executive dyad (medical and administrative) structures to initiate and lead the change.
- Mobilizing internal health system partners to enable the change, and the challenges associated to learning as we transform.
- Primary care provider engagement – strategies and tactics to engage and with primary care providers, to build trust and create a sense a desire to join the RHA-supported model (Regional Health Authority).
- Stakeholder engagement – strategies to identify engage with key community leaders and stakeholders, to create impactful relationships and partnerships.

Summary/Abstract:

The province of New Brunswick has experienced exponential population growth in the past recent years with its total population now representing near 835 000 residents. This growth, paired with an increasingly aging population – one of the highest proportions of seniors in Canada – has created a significant challenge for its health care system, in meeting the primary health care needs and demands of its patients, resulting in compromised patient care and unnecessary reliance on our acute system. With a current landscape of 118 000 unattached patients, an aging primary care provider demographic – with approximately 86 000 of New Brunswickers currently being cared for by a provider who is over the age 65 years and aging primary health care infrastructure, has fueled an impetus for our health care system to rethink how it delivers primary health care, and how it can build a sustainable future for generations to come. Horizon's Primary Health Care has embarked on an ambitious transformation journey, required to build the foundation to deliver team-based interdisciplinary collaborative care, across New Brunswick. We will highlight key lessons learned throughout this journey, from a system and primary care provider lens, and what we hope will enable meaningful exchange among learners.

Presenters/Authors:

- Sara Jane Vermette, Regional Director of Primary Health Care Engagement, BA, MHA, Horizon Health Network, New Brunswick
- Maily Lockhart, Executive Director, Primary Health Care, MPH, Horizon Health Network, New Brunswick

B5: We Took Primary Care Back: An Indigenous-Led Model for Equity and Access

Theme: 7. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

- **Date:** Thursday, October 23, 2025
- **Time:** 11:15am-12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

Participants will learn how an Indigenous-led Pod model restores trust in healthcare by centering relationships, culture, and community voice. This presentation will share how treating patients as whole people — not just diagnoses — creates space to navigate both traditional and Western approaches, address socioeconomic barriers, and build long-term continuity. Attendees will understand how this model redefines primary care through culturally safe, team-based roles, internal medicine access, and prevention-focused care, offering replicable strategies for advancing equity and rebuilding trust in other communities.

Summary/Abstract:

What if primary care wasn't something done to communities, but by them? At Six Nations of the Grand River FHT, we built a model that reclaims healthcare from the systems that once excluded us. Our Integrated Primary Care Pod Model is led by Indigenous professionals, grounded in Haudenosaunee values, and designed to restore trust in medicine by building relationships, not just managing appointments. Each Pod includes a dedicated physician, RN Case Manager, RPN, and Medical Admin Clerk — allowing for longer visits, wholistic wraparound support, and true team-based care. Administrative burden is lifted off physicians, so they can focus on medicine. Patients receive care that reflects their full selves: physical, emotional, spiritual, and social. A cornerstone of our innovation is the Internal Medicine Rapid Access Clinic (IMRAC) — embedded within our primary care space — offering expedited, culturally safe specialist care without external referral delays. Since launch, IMRAC utilization has grown by 305%, while appointment capacity across Pods rose 51%. This model addresses more than healthcare gaps — it rebuilds what colonization tried to erase: trust, culture, and sovereignty. Over 80% of our workforce is Indigenous. We're not just delivering care; we're building the next generation of providers from within our own community. This presentation will show how culture, equity, and innovation can co-exist — and how this model offers a replicable blueprint for transforming care delivery across the province. Because the future of primary care is here — and it starts by giving it back.

Presenters/Authors:

- Jennifer B Smith , Senior Manager-Primary and Clinical Care Services , Six Nations Department of Wellbeing
- Zahira Khalid , Internal Medicine Physician , Six Nations Internal Medicine Clinic
- Tina Jamieson, Primary care Manager , Six Nations Family Health Team
- Eric Sault MD, Six Nations Family Health Team
- Jason Zacks MD, Six Nations Family Health Team

B6: Call the midwife: enablers and barriers to successful midwifery integration in interprofessional primary care teams

Theme: 1. The Constellation of Primary Care

- **Date:** Thursday, October 23, 2025
- **Time:** 11:15am-12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

Participants in this concurrent session will come away with:

- Increased awareness of midwifery integration in interprofessional primary care teams;
- Learnings from successful models of midwifery integration and lessons learned from challenges;
- Ideas for the integration of midwives into existing primary care teams;
- New perspectives on midwives' ability to increase access and attachment to primary sexual, reproductive and infant care;
- Inspiration for community-responsive, client-centred primary care that includes midwifery

Summary/Abstract:

This 45-60-minute interactive presentation, panel discussion and Q&A session will explore the enablers of successful integration of midwives into primary care teams through existing innovative interprofessional models, lessons learned about barriers to success and tips on scaling these models to maximize the benefits of midwifery integration into primary care teams. Drawing on experiences of the past eight years of ministry-funded Expanded Midwifery Care Models and Indigenous Midwifery Programs in interprofessional teams, and in today's context of Ontario's Primary Care Action Plan, this engaging session will highlight examples of well-integrated midwifery services in Community Health Centres, Aboriginal Health Access Centres and Family Health Teams and describe the benefits of integrating the midwifery model of care to optimize primary care access. The presentation will provide background on the profession (Midwifery 101), a description of the evidence-based drivers to successful midwifery integration in interprofessional teams as well as the challenges that have been encountered and how to overcome them. The session will then include a panel of three midwives working in various models of interprofessional primary care teams who will each provide details of their work, the outcome measures their programs use to demonstrate success, and reflections on how to scale their programs to other contexts. The participants will be invited to bring questions and ideas to the interactive session.

Presenters/Authors:

- Association of Ontario Midwives, Manager, Government, Labour & Public Relations
- Indigenous Registered Midwife, Dilico Anishnabek Family Care
- Midwife, Norfolk Family Health Team
- Association of Ontario Midwives, Policy Analyst, Government, Labour & Public Relations
- Midwife, MATCH program, South Riverdale Community Health Centre
- Elizabeth Brandeis, Director, Government, Labour & Public Relations, Association of Ontario Midwives

C1: The Governance & Oversight Model for POPLAR, the Primary Care Ontario Practice-based Learning and Research Network

Theme: 2. Governing with Integrity: Navigating Conflict, Power, and Accountability

- **Date:** Thursday, October 23, 2025
- **Time:** 1:50pm-2:35pm
- **Style:** Concurrent Presentation

Learning Objectives:

The future of primary care can be shaped through collaborations between health care providers, academics, decision makers, and the communities they serve. Practice-Based Learning and Research Networks (PBLRNs) are a key component to bridge the gap between primary care research and the implementation of quality healthcare. PBLRNs use electronic medical record (EMR) data and evidence-based strategies to improve care as part of Learning Health Systems. However, in Ontario, an appropriate framework for the governance and oversight of primary care EMR data holdings to support PBLRNs in research and quality improvement is unclear.

Summary/Abstract:

In 2021, Ontario's seven PBLRNs (six affiliated with a University Department of Family Medicine and one in the Alliance for Healthier Communities) coalesced to form the Primary Care Ontario Practice-based Learning and Research Network, POPLAR. Originally, POPLAR was proposed as a research project and approval for POPLAR's operations was sought through Clinical Trials Ontario with Queen's University's Health Sciences Research Ethics Board (REB) as the board of record. After further review, it was deemed that large data holdings, such as POPLAR, should have a more robust oversight structure and that REB approval alone is insufficient and/or inappropriate. In response, POPLAR has worked collaboratively with Queen's University's Vice-Principal of Research (VPR) office to develop a governance structure that would be sufficiently responsible and accountable for overseeing the collection, processing, de-identification, and storage of full-chart EMR data from primary care sites across Ontario in line with the Personal Health Information Protection Act, 2004. Sitting within the Queen's VPR, this newly developed oversight body includes representatives from legal, privacy, human rights and equity, REB, information and technology services, health information custodians, Indigenous data sovereignty, patient advisors, and others.

Presenters/Authors:

- Jennifer Rayner, Director of Research & Policy, Alliance for Healthier Communities
- Liisa Jaakkimainen, Program Lead, Primary Care & Health Systems Research Program, IC/ES
- Kimberley McFadden, POPLAR Program Manager, Queen's University
- Rebecca Theal, EON Project Manager, Queen's University

C2: The Art of Attachment through Community and Health Care Collaboration

Theme: 1. The Constellation of Primary Care

- **Date:** Thursday, October 23, 2025
- **Time:** 1:50pm-2:35pm
- **Style:** Concurrent Presentation

Learning Objectives:
Participants will learn how relationships with health and community partners can support the attachment of patients to primary care, particularly those struggling with social determinants of health. They will explore strategies for collaborating to prioritize relationship building and matching patients to best serve their needs within their communities. The session will highlight the iterative nature of the work, key lessons learned and how the Hamilton Family Health team has gone to where those who need the care most are gathering to build trust, answer questions and refer patients for attachment.

Summary/Abstract:
Everyone deserves access to primary care, yet many individuals — especially those facing barriers related to the social determinants of health — remain unattached. At the Hamilton Family Health Team (HFHT), we've adopted an iterative, community-based approach to patient attachment that centers on relationships, trust, and cross-sector collaboration. Working closely with the Primary Care Network and partners across the Greater Hamilton Health Network, we have successfully connected 6,799 individuals to primary care. Rather than waiting for patients to find us, we meet them where they are — in libraries, food banks, thrift stores, shelters, and on the streets. Through grassroots outreach, including walking food lines and serving coffee, we build trust one interaction at a time. By prioritizing matching patients with providers within a 3 km radius of their homes, we improve continuity and access while reducing barriers. This work is not linear. It has required ongoing learning, creativity, and adaptation. Through strong referral partnerships and a "snowball" approach to relationship-building — always asking, "Who else do we need to connect with?" — we've grown a constellation of care rooted in shared purpose. This presentation will share real-world insights into what works, what doesn't, and how to move forward. We invite participants to reflect on how primary care can lead system integration and how we can reimagine attachment as a collective responsibility.

Presenters/Authors:
- Susan Gibson, RN, BHADM, MA LEAD; Manager, Integration and Strategic Projects, Hamilton FHT
- Jacob Pigorsch, BA; Attachment, Engagement and Outreach Coordinator, Hamilton Family Health Team
- Catherine Bougram

C3: Using AI to route patients towards the right appointment : learnings from the Ruby Clinic, Hawkesbury.

Theme: 4. Digital Tools, Human Care: Innovation with Purpose

- **Date:** Thursday, October 23, 2025
- **Time:** 1:50pm-2:35pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Identify what needs to be done prior to deploying an AI-based navigation system, both from a patient and a care team perspective;
- Use the information provided by a navigation system to improve care trajectories and to make sure care team members are working at their full stope of practice;
- Interact with community-based care providers using data from a navigation system to extend the care team approach.

Summary/Abstract:

In 2022, Quebec started deploying an AI-based navigation system called Navig.ai. Even if, today, this system is mandatory for all family medicine groups across this province, no family health team from Ontario was using this system. Ruby Clinic, in Hawkesbury, decided to deploy this system in Spring 2025, after making sure that the navigation system can differentiate between current Ontario-based care team members' scope of practice. This presentation covers the deployment process and the first few months of use through the scope of Quality Improvement (QI), from how the patient population was informed of this new system impacts on care seeking to how the care team has leveraged the information exiting the system on a daily basis to react to gaps in current care trajectories.

Presenters/Authors:

- Marc-Antoine Roy, Physician, Roby Clinic
- Alexandre Chagnon, Founder and CEO, Vitrai

C4: Building a Culture of Caregiver Support in Primary Care

Theme: 7. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

- **Date:** Thursday, October 23, 2025
- **Time:** 1:50pm-2:35pm
- **Style:** Concurrent Presentation

Learning Objectives:
Participants will learn how to identify, include, and support caregivers within primary care teams. They will gain practical tips and strategies, tools, and insights to implement caregiver-inclusive practices that improve care coordination, enhance patient outcomes, and support equity in team-based care.

Summary/Abstract:
The 2024 Spotlight report from The Ontario Caregiver Organization shows that 75% of caregivers feel burned out and unsure if they can continue. This is concerning as caregiver wellbeing impacts patient health outcomes, including quality of care and reduced hospital re-admission. The Ontario Caregiver Organization's Essential Care Partner Support Hub was created to equip healthcare organizations to include caregivers as essential members of the care team in a meaningful way. In this session, the Ontario Caregiver Organization and Couchiching Family Health Team (FHT) will share how caregiver-inclusive practices have been embedded at the organizational level within primary care. Couchiching FHT has taken a proactive approach by integrating caregiver inclusion into quality improvement efforts, internal working groups, and the development of dedicated tools and resources to assist at the point of care that support both caregivers and providers. Participants will hear real-world examples and learn how primary care teams can adopt similar approaches to identify, include, and support caregivers at both the point of care and across the organization. The session will also feature the lived experience of a caregiver navigating Ontario's health system, with a particular focus on primary care interactions. Through storytelling and facilitated discussion, we will examine common barriers and explore actionable solutions. Attendees will leave with concrete strategies, tools, and inspiration to promote caregiver inclusion, help prevent caregiver burn-out and build a culture of partnership that strengthens team-based care and improves patient outcomes.

Presenters/Authors:
- Fardowsa Halane
- Alison Kilbourn, Ontario Caregiver Organization
- Janine Noorloos, Implementation Lead, Primary Care, Ontario Caregiver Organization
- Taisha Twiss, nterim Director of Clinical Programs| Couchiching Family Health Team
- Erin Tshuma, Caregiver

C5: A Summer of QI: Hot Takes from a Cool Multi-FHT Collaboration

Theme: 3. Rebuilding the QI Muscle: Data, Action & Impact

- **Date:** Thursday, October 23, 2025
- **Time:** 1:50pm-2:35pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Gain insights from a real-world experiment involving multiple Ontario Family Health Teams that utilized Clinic Orchestration Technology to achieve measurable QI outcomes.
- Identify practical strategies for leveraging multi-team collaboration to drive impactful QI beyond traditional reporting mechanisms.
- Learn about novel opportunities for QI in real-world primary care settings.

Summary/Abstract:

Clinic Orchestration Technology represents a pioneering category of digital solutions designed specifically for primary care operations. These solutions deeply integrate internal clinic workflows, automate tasks, enhance team communications, and act as an "air traffic controller" for patient flow within clinics. Created in direct response to operational gaps identified at Ontario-based clinics and Family Health Teams, Clinic Orchestration Technology enables healthcare teams to manage patient movement effectively, to optimize the use of clinic resources, and to improve both patient and provider experience. Recently, several Ontario Family Health Teams joined forces in a summer experiment designed to explore the QI potential of Clinic Orchestration Technology. What data, insights, and changes could be achieved that couldn't previously? This panel discussion will share key learnings, insights, and outcomes from this collaborative project. Panelists will provide firsthand accounts of how their collaborative approach accelerated improvements in patient experience, provider satisfaction, and overall operational efficiency. A case study funded by the Ontario Ministry of Health (MOH) at an Ontario Family Health Team clinic is part of the foundation for this work. The panel will also include the Managing Director of the clinic that developed an early in-house version of the technology and continues to support its spread and scale across the province.

Presenters/Authors:

- Danielle Lalande, Executive Director, Greenbelt Family Health Team
- Jeff Poll, Executive Director, Grandview Medical Centre Family Health Team
- Keith Chung, Managing Director, Magenta Health & CHIME Technology
- Steve Sheldrick, CEO, Queens Square Family Health Team
- Kimberly Lang, Executive Director, Happy Valley Family Health Team

C6: Teaching Medical learners at Community Health Centers; Creating the team members for the future.

Theme: 6. Training for Team Based Transformation: Learning, Coaching and Capacity Building

- **Date:** Thursday, October 23, 2025
- **Time:** 1:50pm-2:35pm
- **Style:** Concurrent Presentation

Learning Objectives:

- To review the benefits of teaching at Community Health Centres and in large team models: recruitment, retention, exposing learners to our populations and to team based care.
- To explore structures that support teaching in a Community Health Centre or large team
- To explore how participants can incorporate teaching into their settings

Summary/Abstract:

Ontario, and Canada, are in a primary care crisis. We do not have enough trained staff to provide the care needed. In such a crisis, Community Health Centres and other large team models need to understand how to train, attract and keep staff who can work in team based models with all populations, including the most vulnerable in our regions Centretown Community Health Centre (CCHC) has had a successful teaching program for over 20 years. Many of our learners come to work in our centre after and we have a stable staffing model. To better understand this success, CCHC conducted a program review of its teaching placements in Primary Care. The scope of this program review included CCHC's teaching placements for medical students, NP students, and residents from the University of Ottawa (UOttawa). The focus of this review is on both the process (how the program is working) and the outcomes (what the program is achieving). Data was collected through a combination of focus groups, key informant interviews and surveys. All members of the team were involved as well as past learners and key stakeholders such as the University and other area Community Health Centers. The review was done by One World INC, lead by Ken Hoffman and a team from Centertown CHC including 2 family doctors, one Nurse practitioner and a manager. The University of Ottawa offered evaluation and research guidance as well as conductiing an extensive scoping review of teaching in Community Health Centers.

Presenters/Authors:

- Doug Archibald, Ph.D. Department of Family Medicine, University of Ottawa
- Carol Geller, MD, CCFP Centretown Community Health Centre
- Manon Bouchard, NP Centretown Community Health Centre
- Lara Kent , MD, CCFP Centretown Community Health Centre
- Primary Care Director, Centretown Community Health Centre
- Alison Eyre, MDCM, CCFP Centretown
- Ken Hoffman One World INC

D1: The evolving role of Primary Care Networks: How PCNs Are Leading Patient Attachment through Engagement, Collaboration, and System Change

Theme: 2. Governing with Integrity: Navigating Conflict, Power, and Accountability

- **Date:** Thursday, October 23, 2025
- **Time:** 4:00pm-4:45pm
- **Style:** Concurrent Presentation

Learning Objectives:

By the end of this session, participants will:

- Understand how Primary Care Networks can unify a regional voice to effectively respond to proposals and directives. - Learn about governance structures that enable diverse stakeholder engagement and support rapid, coordinated action.
- Explore practical strategies for engaging frontline providers and maintaining alignment during system-level change.
- Gain insights into how regional collaboration can enhance system readiness, improve primary care attachment, and support equity across a population.

Summary/Abstract:

In response to the provincial call for action to attach 100% of Ontarians to primary care by 2029, Primary Care Networks (PCNs) have emerged as a critical force driving this transformation. Rooted in local leadership and deep community relationships, PCNs are helping to align diverse stakeholders around a shared vision for integrated, patient-centred care. Drawing on the experiences of the North York Toronto Health Partners (NYTHP) and the Greater Hamilton Health Network (GHHN), this presentation will explore the leadership strategies, policy frameworks, and relationship-building efforts that have enabled PCNs to mobilize a coordinated response — even in the face of a growing primary care workforce crisis, complex system fragmentation, and competing priorities. Through honest reflection on lessons learned, including challenges navigating conflicts of interest and sustaining engagement, we will share insights on how PCNs are working to strengthen attachment, improve continuity, and lay the groundwork for a more resilient and equitable primary care system.

Presenters/Authors:

- Marijke Ljogar, Manager, Primary Care, GHHN, GHHN OHT and PCN
- Barb Klassen, Executive Director, Haldimand Family Health Team
- Rebecca Stoller, Family Physician Co-Chair, NYTHP PCN, NYTHP OHT and PCN
- Jennifer Winter Di Cola, Director, Primary Care Transformation, NYTHP, NYTHP OHT and PCN
- Maria Muraca, Family Physician Co-Chair, NYTHP PCN, NYTHP OHT and PCN
- Jill Berridge BA (Hons) PE, BHSc PT, Clinic Director McMaster Family Health Team and Assistant Clinical Professor (Adjunct)

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

The Power of Primary Care powered by AFHTO
Session Summary

D2: Clinically Driven, Digitally Inspired. Amplifying Quality Improvement in Clinical Spaces through Digital Health Innovations.

Theme: 3. Rebuilding the QI Muscle: Data, Action & Impact

- **Date:** Thursday, October 23, 2025
- **Time:** 4:00pm-4:45pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Attendees will gain insights on strategies to integrate Quality Improvement (QI) with change management and practice facilitation, in order to enable scalable and sustainable improvements across clinics of all sizes and types.
- Attendees will also learn from real-world examples to show how they can apply QI best practices to their own practice environments – in alignment with the Quintuple Aim.
- They will be empowered to think about what incremental (but measurable) changes they could implement to drive meaningful improvements.

Summary/Abstract:

Amplify Care (formerly the eHealth Centre of Excellence) is a non-profit digital health organization that partners with primary care to foster the sustainable adoption of various enabling technologies through change management, practice facilitation, and quality improvement approaches. Our presentation will share how work rooted in co-design, relationship-building, and continuous learning – has supported clinics across the province to integrate digital tools in ways that reduce administrative burden, create practice efficiencies, enable proactive care interventions, and improve both clinician and patient experiences. Our presentation will explore how our human-centered change management and practice facilitation model supports clinicians and their teams to identify, implement, and scale incremental changes that help them meet their goals. Our support is guided by evidence and tailored to the unique needs of each clinic – it is never a one-size-fits-all approach and it's never as simple as "turning something on" and leaving – rather, we provide hands-on guidance to help clinics apply QI methods that have a real impact. Attendees will hear examples from our team that demonstrate how even small workflow adjustments can be meaningful in terms of building QI capacity and fostering long-term improvements. From tool implementation tips and tricks to techniques for interpreting data to inform decision-making and measuring success (i.e., generating reports to track progress and outcomes), our session will provide practical takeaways that can be used and adapted to diverse care settings.

Presenters/Authors:

- Wendy Lang, Clinical Change Managment Lead, Amplify Care
- Lisa Harman, Manager, Knowledge Translation and Evaluation, Amplify Care

D3: Extending Team-Based Care Through Hospital–Primary Care Collaboration

Theme: 1. The Constellation of Primary Care

- **Date:** Thursday, October 23, 2025
- **Time:** 4:00pm-4:45pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Learn how an MSK pilot in support of primary care patients developed in collaboration with a local sub-acute hospital
- Key enablers to the work will be reviewed to help team administrators understand the context
- Next steps for the program will be highlighted, including how the OHT can leverage this program to support new primary care expansion

Summary/Abstract:

In many parts of Ontario, primary care groups outside of funded team models face challenges in delivering team-based care due to limited access to allied health professionals. Greenwood Family Health Organization (FHO) in Kingston, Ontario has (2024-25) and continues to undertake rostering initiatives to attach people to primary care close to home. They were experiencing challenges with referral pathways and timely access for patients and the clinic became limited by space and capacity constraints. Musculoskeletal (MSK) issues were identified as a high-impact area, accounting for nearly 40 percent of visits and straining provider availability.

To address this, Providence Care Hospital (PCH), a regional leader in rehabilitative services, trialed a time-limited allocation of MSK assessment capacity from February to August 2025 using existing resources. Primary care patients were diverted to hospital-based physiotherapy for initial assessments, reducing demand on Greenwood's already limited clinic space and creating capacity.

The pilot also highlighted the value of physiotherapy as a first point of contact for MSK concerns, improving access and supporting more coordinated care without requiring new infrastructure or funding. Central to this work was the strong relationship between PCH and Greenwood, which enabled trust, shared goals, and the evolution of a new model of care. If scaled, additional funding could expand this model to support underserved populations without private insurance, offering two to three therapy sessions beyond initial assessment and further reducing system pressures. The model is currently being extended to support the Frontenac, Lennox and Addington Ontario Health Team's (FLA OHT) expanded primary care team from the PCAT proposals. This initiative highlights how regional collaboration within the FLA OHT is advancing people-centered Health Homes by transcending traditional model barriers.

Presenters/Authors:

- Connor Kemp, PhD, Population Health, Performance, and Evaluation Lead, Frontenac Lennox and Addington OHT
- Liz Garfin, MPL (Strategic Implementation Lead), Frontenac Lennox and Addington OHT
- Kim Morrison, MD (Executive Lead), Frontenac Lennox and Addington OHT
- Allison Philpot, Director, Providence Care Hospital
- Damiano Loricchio, Executive Director, Greenwood Medical Centre
- Jennifer Lapeer, Quality Integration Specialist, Providence Care Hospital

E1: The Best Kept Secret for Arthritis Care in Ontario: The Arthritis Rehabilitation and Education Program (AREP)

Theme: 7. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

- **Date:** Thursday, October 23, 2025
- **Time:** 4:45pm-5:30 pm
- **Style:** Concurrent Presentation

Learning Objectives:

By the end of this presentation, participants will:

- Understand how to better support their patients who have arthritis by utilizing Ontario's publicly funded Arthritis Rehabilitation and Education Program (AREP).
- Learn about referral pathways and AREP's Rheumatology Rapid Access Clinic (RHEUM-RAC) model that leverages the unique role of extended-role practitioners (PT/OT) in supporting primary care and improving access and equity in rheumatological care.
- Be inspired to formulate ideas and potential partnerships with AREP to better support individuals requiring arthritis care into the future.

Summary/Abstract:

Over 20% of Ontarians suffer from arthritis and up to 30% of primary care visits are related to musculoskeletal and arthritis conditions. This significant population impact and health system burden underscores the need for primary-care-integrated interventions to support self-management, rehabilitation, and enable access to specialty rheumatological care for Ontarians with arthritis. This presentation highlights a solution for primary care that currently exists to support these arthritis needs - The Arthritis Rehabilitation and Education Program (AREP). AREP is delivered province-wide through Arthritis Society Canada and is funded by the Ontario Ministry of Health. The program provides community-based, interprofessional arthritis care to Ontarians through a team of specially trained, physiotherapists, occupational therapists, social workers and Advanced Clinician Practitioners in Arthritis Care (ACPAC). The program focuses on early intervention, self-management education, functional rehabilitation, and system navigation, supporting individuals across the continuum of arthritis care. AREP represents a scalable model of chronic disease self-management that enhances access to specialized rehabilitation services without requiring a rheumatologist referral. In addition, an emerging model is being implemented with key primary care and rheumatology partners in Ontario to improve access to specialty rheumatological care. AREP's Rheumatology Rapid Access Clinic (RHEUM-RAC) model fosters early identification and enables streamlined referrals to rheumatology, helping to reduce wait times, improve patient outcomes, and ease pressure on the broader healthcare system. Participants will leave with an understanding of how AREP supports primary care to deliver timely, cost-effective arthritis services contributing to a more accessible, equitable, sustainable, and patient-centered healthcare system in Ontario.

Presenters/Authors:

- Anna Marie Sneath, Senior Director, Arthritis Rehabilitation and Education Program (AREP), Arthritis Society Canada
- Shawn Brady, Vice President, Arthritis Rehabilitation and Education Program (AREP), Arthritis Society Canada

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

E2: Data challenges and opportunities in a resource constrained system

- **Date:** Thursday, October 23, 2025
- **Time:** 4:45pm-5:30 pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Recognize the current data reporting requirements and standards that primary care teams in Ontario are accountable to.
- Understand Ontario's Primary Care Data Strategy and current reporting requirements and the roadmap toward a comprehensive primary care dataset.
- Explore opportunities to leverage data for quality improvement and patient outcomes.
- Debunk myths about data sharing and privacy in primary care.
- Common data challenges in resource-constrained environments - Feedback from the Primary Care Teams

Presenters/Authors:

- Sahba Eftekhary MD, MPH, MHA, CHE, PMP, M.Sc., Director, Health System Data, Research and Quality Improvement, AFHTO
- Cory Russel MSc, MPA, Director, Population Health Data Strategy and Implementation Primary and Community-Based Care, Ontario Health

E3: Care Forward with Impact

Theme: 3. Rebuilding the QI Muscle: Data, Action & Impact

- **Date:** Thursday, October 23, 2025
- **Time:** 4:45pm-5:30 pm
- **Style:** Concurrent Presentation

Learning Objectives:

Participants to this session will:

- Learn about past outcomes and impacts from Healthcare Excellence's programs connected to primary care that are driving lasting change;
- Learn about how Healthcare Excellence Canada is measuring the impact of quality improvement in Primary Health Care at the team (meso) and system (macro) level Expand understanding that system improvement towards quintuple aim requires foundational capacity in key areas of healthcare excellence (cultural safety, equity, patient safety and engagement); and
- Build a sense of evidence-informed hope towards change

Summary/Abstract:

Healthcare Excellence Canada (HEC) has been working with partners across the country to drive meaningful change towards improved quality and safety of care closer to home. HEC's improvement programs such as primary care in Northern, Rural and Remote regions, cultural safety collaboratives, and appropriate virtual care have demonstrated positive results for safer, high-quality care, and the policy levers necessary for improvement. Building on these successes and with input from people across the country, HEC launched Care Forward in May 2025, as a pan-Canadian movement of people sharing knowledge and applying proven approaches to improve care for at least one million people across Canada based on the quintuple aim. Care Forward offers resources and tools to build organizational capacity for improvement, with underlying core foundations of cultural safety, equity, engagement and patient safety. We know that it is through safe and meaningful engagement practices that we can understand the experiences of patients, caregivers, and communities. Only patients, families and caregivers can decide whether their experiences are culturally safe and equitable. They also have knowledge, skills and resources that can help improve how their care is delivered. Care Forward has also launched a series of offerings to address primary care needs across the country, that provides different opportunities for teams to participate based on their needs. Improvement teams are supported to measure the impact of their innovations with an overarching measurement and evaluation plan designed to demonstrate local level improvements and impact at scale as of 2026.

Presenters/Authors:

- Nicole Robinson, Director, Northern and Indigenous Health, Healthcare Excellence Canada
- Carol Fancott, Director Patient Safety, Equity and Engagement, Healthcare Excellence Canada

F1: Rapid Access to Primary Care: Harnessing the Power of Your Partners to Create Capacity and Improve Patient Experience

Theme: 7. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

- **Date:** Friday, October 24, 2025
- **Time:** 10:15am-11:00am
- **Style:** Concurrent Presentation

Learning Objectives:

Practical experience and advice to address three big system challenges:

- Increasing access and flow in hospitals by reducing unnecessary emergency department visits Creating system efficiencies as hospitals enter a time of fiscal constraint
- Addressing primary care capacity constraints while working towards achieving 100% primary care attachment to comprehensive primary care.
- We will educate our audience on how to use non-traditional models to leverage the strengths of healthcare partners across the system and work together in a way that builds knowledge and awareness of patient realities together.

Summary/Abstract:

In February 2024, KW4 OHT launched a RAP Clinic proof of concept. The clinic is a collaboration between primary care, hospitals, settlement and community agencies, Public Health, and the School of Pharmacy at the University of Waterloo. The clinic provides access to episodic primary care for unattached patients who frequently use the Emergency Department as their first point of care and facilitates connections and attachment within the broader health system. Referrals target unattached patients from priority neighbourhoods with chronic conditions who have had a recent emergency department visit for non-urgent conditions (CTAS score of 4 and 5). By taking a population health management approach to our work, and by looking at our health data at the neighbourho od level, we determined that four neighbourhoods were disproportionately impacted. This information helped guide us on where we should focus our improvement initiatives. For example, we have 4 neighbourhoods that make up less than 20% of our population however they account for over 30% of our ALC Days, and 35% of our Ambulatory Care Conditions Best Managed Elsewhere Cases, and over 40% of our frequent ED visits for MHA care. These neighbourhoods also have the lowest cancer screening rates and higher unattachment rates. Our aim with this project was to connect patients with frequent ED visits, who did not have a primary care provider to services. This initiative was led by the KW4 OHT to identify partners and garnered support for funding and resource sharing.

Presenters/Authors:

- Tara Groves-Taylor, CEO, Community Healthcaring Kitchener Waterloo
- Wajma Attayi, Director of Primary Care (MPH, MHSc., CHE), Community Healthcaring Kitchener Waterloo

F2: Beyond the Numbers: Reimagining Hospital Reporting Management to Improve Discharge Follow-Up

Theme: 3. Rebuilding the QI Muscle: Data, Action & Impact

- **Date:** Friday, October 24, 2025
- **Time:** 10:15am-11:00am
- **Style:** Concurrent Presentation

Learning Objectives:

Participants will learn how to:

- Look beyond surface-level data to identify underlying process issues
- Use reporting insights to uncover barriers impacting care transitions
- Reframe problems in Hospital Reporting Management (HRM) or other areas, as opportunities for innovation and improved care delivery

Summary/Abstract:

This presentation explores a Hospital Reporting Management (HRM) initiative that reexamines hospital discharge and follow-up practices. Prompted by concerning gaps in follow-up care, our team investigated what was happening post-discharge—and more importantly, what wasn't. Early data pointed to surface-level delays, but deeper analysis uncovered a disconnect between reported metrics and frontline realities. By engaging nursing staff and observing clinical workflows, we identified friction points that were obscured by routine reporting processes. What emerged was a surprising insight: human connection, not just process metrics, was the missing link. This project reframed the role of HRM as more than just compliance—it became a tool for meaningful improvement. This session will demonstrate how primary care teams can use HRM data more purposefully to design better follow-up systems, foster team engagement, and ultimately enhance patient outcomes. The lessons apply broadly to primary care settings across the province and underscore the need to realign measurement systems with human-centered care.

Presenters/Authors:

- Katie McDonald RN, Medical Directives Coordinator & Clinical Support, Thames Valley Family Health Team
- Jillian Leslie, Quality Improvement Data Analyst, Thames Valley Family Health Team

F3: Bridging Knowledge and Practice: Family Health Team Pharmacists Advancing Care through Academic Detailing (AD)

Theme: 6. Training for Team Based Transformation: Learning, Coaching and Capacity Building

- **Date:** Friday, October 24, 2025
- **Time:** 10:15am-11:00am
- **Style:** Concurrent Presentation

Learning Objectives:

By the end of the presentation, participants will be able to:

- Understand how academic detailing was implemented across 4 family health teams, in partnership with the Centre for Effective Practice (CEP).
- Identify the benefits of delivering academic detailing to interprofessional care teams, and the additional opportunities to enhance implementation when provided by an integrated pharmacist.
- Interpret outcome data and feedback demonstrating the impact of the academic detailing program in Ontario.
- Explore practical approaches to bringing academic detailing to family health teams, whether via integrated pharmacists or those supporting the surrounding region.

Summary/Abstract:

This presentation will highlight an academic detailing (AD) program delivered across four Ontario family health teams (FHTs) in partnership with the Centre for Effective Practice (CEP). AD is a tailored, evidence-informed educational outreach model designed to support bringing evidence to practice. We will begin with a brief overview of the AD model, its core components, and the evidence supporting its effectiveness in primary care. Participants will learn how CEP's Academic Detailing Service was implemented in four FHTs, including training, delivery timelines, clinical topic areas, and clinician engagement. A key feature of this partnership was the role of integrated clinical pharmacists as academic detailers. Their existing relationships and contextual knowledge enabled a trusted, responsive and collaborative approach, benefiting not only individual prescribers but the broader interprofessional team through shared learning and strengthened care coordination. We will also present evaluation data, including survey feedback, clinician reflections, and prescribing trends comparing AD participants with matched controls. Finally, we will outline how other FHTs can adopt academic detailing – whether through integrated team members or CEP's team of regional academic detailers – to build internal capacity and advance evidence-informed, team-based care.

Presenters/Authors:

- Margaret Jin, BSc(Pharm), ACPR, PharmD, MSc, Clinical Pharmacist, Health For All Family Health Team
- Payal Patel, BSc(Pharm), ACPR, PharmD, Interprofessional Clinical Lead, Thames Valley Family Health Team
- Leslie Bhardwaj, BScPhm, PharmD, Professional Practice Lead, Pharmacy, Hamilton Family Health Team
- Janice Hall, BScPhm, Pharmacist, Prince Edward Family Health Team
- Victoria Burton, BMOS, Manager, Centre for Effective Practice

G1: Cultivating Thriving Teams: A Longitudinal Systems Approach to Organizational Well-being in Healthcare

Theme: 5. Growing Great Teams: Interprofessional Learning, Culture & Retention

- **Date:** Friday, October 24, 2025
- **Time:** 11:15am-12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

Upon completion of this presentation, participants will be able to:

- Reframe their perspective from individual-focused interventions to comprehensive organizational strategies for employee well-being.
- Identify innovative methods for enhancing employee engagement and strengthening connections in modern healthcare environments.
- Implement a strong systems-based framework, supported by a multi-year program evaluation, aimed at creating a deeply supportive and inclusive work environment that benefits both individual professionals and the larger organizational ecosystem.

Summary/Abstract:

Healthcare professionals regularly find themselves in incredibly demanding environments, especially in light of recent global challenges. The widespread issue of burnout, which affects more than 40% of the healthcare workforce (2022 data), creates significant challenges for organizations: this includes compromised patient care quality, rising health benefit costs, higher staff turnover rates, and serious difficulties in recruitment. Sadly, traditional wellness approaches often miss the mark, concentrating mainly on individual resilience rather than addressing the broader systemic issues at play. Drawing upon a comprehensive periodic review of the workplace wellness program at Prescott FHT over the last three years, this presentation reveals an innovative systems-based approach to employee wellness. Our organizational interventions are carefully designed to equip teams with increased resilience, steadfast courage, and assured confidence, strategically addressing essential aspects such as effective time management, prioritized responsibilities, and enhanced inter-professional communication. This paradigm shift, from merely improving individual coping strategies to embedding systemic support, ensures sustained employee well-being, thereby directly enhancing the quality and lasting sustainability of primary care provision across the province. Our unwavering commitment lies in cultivating a continuous learning culture ready to significantly change the lives of both our dedicated employees and the patients they serve.

Presenters/Authors:

- Dinny Mathew MD, MPH, MBA, Executive Director, Prescott Family Health Team
- Tim Mack, MSW, BSW; Social Worker, Prescott Family Health Team

G2: Interprofessional Educators: The Missing Link in Primary Care Training

Theme: 6. Training for Team Based Transformation: Learning, Coaching and Capacity Building

- **Date:** Friday, October 24, 2025
- **Time:** 11:15am-12:00pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Describe the roles and contributions of Health Professional Educators in Family Medicine (HPEs-FM) in interprofessional clinical education and team-based care.
- Identify practical strategies to engage HPEs-FM in curriculum delivery, co-teaching, and team development within primary care settings.
- Explore models of collaboration and coaching that enhance interdisciplinary education, particularly within Ontario's Family Health Teams. 4.Apply tools and techniques to support and integrate HPEs-FM as core members of clinical teaching teams, strengthening interprofessional learning and care delivery.

Summary/Abstract:

Health Professional Educators in Family Medicine (HPEs-FM) are vital contributors to interprofessional education and team-based care across Canada, including within Ontario's Family Health Teams (FHTs). These regulated health professionals—who are not physicians—come from disciplines such as nursing, pharmacy, physiotherapy, psychology, occupational therapy, and social work. They teach and support undergraduate and postgraduate learners across all 17 Canadian Family Medicine programs. Their expertise enriches clinical learning by fostering collaboration, broadening disciplinary perspectives (part of the Residency Training Profile), and advancing CanMEDS-FM competencies, particularly the Collaborator and Scholar roles required as part of the family medicine curriculum. This session is presented by the College of Family Physicians of Canada's (CFPC) Health Professional Educators in Family Medicine Group (HPEG-FM). Our national network represents and supports HPEs-FM working in academic family medicine. We aim to elevate and integrate HPEs-FM as essential educators within Canada's evolving primary care landscape—where interprofessional and medical learners are increasingly taught side by side to prepare for collaborative, team-based practice. Through interactive discussions and case-based learning, this session will explore educational strategies that help teams work better together. We will highlight national examples of coaching models, academic partnerships, and hands-on interprofessional teaching approaches. Attendees will gain practical insights into how HPEs-FM teach, how co-teaching with physicians enhances learning, and how HPEs-FM can build educational and clinical capacity. Participants will leave with actionable tools to identify, engage, and support HPEs-FM in their local settings—ultimately strengthening both education and care through meaningful interprofessional collaboration.

Presenters/Authors:

- Jill Berridge, coExecutive Director McMaster Family Health Team & Program Director, Health Services, McMaster University
- Payal Patel, BSc(Pharm), ACPR, PharmD; Interprofessional Clinical Lead, Thames Valley Family Health Team
- Louis-François Dallaire, MSW, Clinical Professor, HPEG-CFPC Department Representative (Faculty of Medicine, Université Laval)
- Bethany Rolfe, RN, BN, Primary Care Nurse. University of Saskatchewan, Department of Academic Family Medicine
- Sheila Renton, MPH OT Reg.(Ont.), Health Sciences Section Chair, Assistant Professor, Division of Clinical Sciences, NOSM University
- Todd Hill, PhD, R.Psyc Professor - University of Calgary, HPEG-CFPC Department Representative (Cumming School of Medicine, Family Medicine)

G3: A Remote Pharmacist Medication Management Program in Collaboration with Patients, Prescribers and Community Pharmacists to Support the Care of People with Diabetes in an Indigenous Community

Theme: 7. Meeting Needs, Advancing Equity: The Power of Comprehensive, Patient-Partnered Care

- **Date:** Friday, October 24, 2025
- **Time:** 11:00am-11:45am
- **Style:** Concurrent Presentation

Learning Objectives:

- Understand the rationale for implementing pharmacist-led services in underserved settings, particularly those facing high chronic disease burdens and healthcare access barriers.
- Explain the structure and collaborative approach of a remote pharmacist-led program aimed at optimizing medication use for patients with diabetes in a rural community.
- Describe program outcomes such as patient satisfaction and characterization of drug-related problems Highlight anticipated benefits for patients, healthcare providers, and the broader system—such as improved medication safety, better chronic disease management, and reduced healthcare disparities.
- Encourage discussion on scalability, sustainability, and opportunities for future collaboration and research in similar communities across Canada

Summary/Abstract:

Diabetes is a leading cause of morbidity and mortality in Canada, affecting approximately 17% of First Nations adults; nearly 3 times the national average of 6.1%.Indigenous communities in Northern and remote regions, who often carry a high burden of chronic disease face systemic barriers to chronic disease management. . Medication-related problems in patients with diabetes are common, particularly when follow-up is inconsistent and pharmacists are not actively involved in their care. Pharmacists have demonstrated a positive impact on health and economic outcomes in the care of patients with chronic disease. However, complex medication regimens present challenges for pharmacists to provide much needed medication management (MM) in the community setting as community pharmacies in remote locations in Canada often serve a broad geographic region. Remote pharmacist MM, in a collaborative patient-centred care model to support patients, physicians/prescribers and community pharmacists may be a strategy to overcome barriers in communities were health care disparities exist. The feasibility and effect of a remote pharmacist providing medication management for patients with diabetes prior to their upcoming prescriber appointment was explored.

Presenters/Authors:

- Paula Newman, Clinical Pharmacist and Research Lead, Northwest Telepharmacy Solutions
- Glenys Vanstone

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

H1: Community-based Primary Care teaching Clinics: Partnerships, Capacity and Impact

- **Date:** Friday, October 24, 2025
- **Time:** 1:15pm – 2:00pm
- **Style:** AFHTO Led Session

Learning Objectives:

- Describe the current efforts of Ontario's medical schools and primary care teams to expand community-based teaching clinics for family medicine residents.
- Identify key requirements and resources needed to support effective partnerships between departments of family medicine and primary care organizations.
- Discuss what works well and what challenges arise from a primary care team perspective in creating and sustaining capacity for resident programs.
- Analyze the potential impact of expanded teaching capacity on patient attachment—both benefits and unintended consequences.
- Explore opportunities for greater consistency and sustainability in community teaching clinic models across the province.

Presenters/Authors:

- TBC

H2: Anchoring Transformation: How Family Health Teams and Cross-Sector Partners Drove Governance and Evidence-Based Practice in the CKOHT BPSO Journey

Theme: 1. The Constellation of Primary Care

- **Date:** Friday, October 24, 2025
- **Time:** 1:00pm-1:45pm
- **Style:** Concurrent Presentation

Learning Objectives:
Participants will explore how Family Health Teams (FHTs) can lead evidence-based implementation through collaborative governance within Ontario Health Teams (OHTs). Using the Chatham-Kent OHT (CKOHT) as a case study, participants will learn how the BPSO Working Group aligned with CKOHT's system-level projects (e.g., BridgeCare, MobileCare, Palliative Care Modernization) to apply Best Practice Guidelines (BPGs). Co-chaired by an FHT Executive Director and the local hospital VP/CNE, this initiative exemplifies primary care's leadership in cross-sector integration. Attendees will gain strategies for embedding evidence into practice and understand the value of shared decision-making structures in advancing health system transformation.

Summary/Abstract:
This presentation highlights how Family Health Teams (FHTs) can lead and shape system transformation through collective governance and evidence-based action. From 2021–2025, the Chatham-Kent OHT (CKOHT) implemented the Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) as an OHT. The initiative was co-chaired by an FHT Executive Director and the Vice President, Transformation and Chief Nursing Executive of the Chatham-Kent Health Alliance. Thirteen health and social service organizations—including three FHTs, CHC, social service agencies, the local hospice, and EMS—contributed to a shared implementation framework for four RNAO Best Practice Guidelines (BPGs). What set this initiative apart was its alignment with broader CKOHT system transformation projects, including BridgeCare (for unattached patients), MobileCare (mobile clinic for rural outreach), Pathway2Care (transitional care for individuals experiencing houselessness), and Home Care Modernization (enhanced palliative support). These projects provided real-world platforms for embedding BPGs into care and informed system redesign efforts grounded in equity and community need. Governance included strong patient and provider engagement through formal advisory councils, collaborative planning groups, and action teams. The collective governance approach ensured clinical and community perspectives were reflected in decisions, while social service partners helped address the social determinants of health often missed in traditional care models. This presentation will offer FHTs practical lessons on leading transformation through evidence, partnership, and shared accountability—positioning primary care not just as a participant, but as an architect of integrated, person-centred systems.

Presenters/Authors:
- Jason Bartell, Executive Director/RN(EC), MN, B.ScN, NP-PHC, Chatham-Kent Family Health Team
- Meredith Whitehead, Vice President Transformation and Chief Nursing Executive/RN, MScN, CMP, Chatham-Kent Health Alliance
- Mallory Nowakowski - Chatham-Kent Community Health Centres
- Melissa Sharpe-Harrigan , Executive Transformation Lead, Chatham-Kent Ontario Health Team
- Tiffany Gartner-Duff - Chatham-Kent Ontario Health Team

H3: From Crisis to Prevention: Building Equitable Primary Care for Adults with IDD Through Teams

Theme: 5. Growing Great Teams: Interprofessional Learning, Culture & Retention

- **Date:** Friday, October 24, 2025
- **Time:** 1:00pm-1:45pm
- **Style:** Concurrent Presentation

Learning Objectives:

- Participants will gain insights into health disparities faced by adults with intellectual and developmental disabilities (IDD) and the systemic issues contributing to these inequities.
- They will explore how team-based primary care models can address gaps in prevention, mental health, and chronic disease management.
- Attendees will learn concrete, evidence-based strategies for fully integrating caregivers and support staff into care planning and delivery, and how to implement cross-sector collaboration between primary care, developmental services, and community supports.

Summary/Abstract:

Adults with intellectual and developmental disabilities (IDD) experience severe health inequities, including lower rates of preventive care and higher rates of emergency department use and early mortality. These disparities are not inevitable — they reflect systemic barriers such as fragmented care, provider bias, and under-resourced coordination between health and social sectors. This panel brings together providers, researchers, caregivers, and individuals with lived experience to highlight practical and evidence-based strategies that shift primary care for adults with IDD from crisis response to prevention. Drawing on findings from the Health Care Access Research and Developmental Disabilities (H-CARDD) Program and innovations in Community Health Centres, we explore how team-based care — when inclusive of support workers and caregivers — improves health outcomes and addresses structural discrimination. Through real-world examples and emerging research, this session will highlight how collaboration across health and developmental sectors can deliver more inclusive, person-centered care. Attendees will leave with actionable strategies to improve prevention and equity in their own settings.

Presenters/Authors:

- Heidi Diepstra, PhD, Scientist, Surrey Place
- Ullanda Niel, Physician , Surrey Place
- Haniah Shaikh, MD, physician, Surrey Place
- Anupam Thakur, psychiatrist, CAMH
- Ivona Berger, MD, physician, Surrey Place
- Liz Grier, Physician , Maple Family Health Team
- Anna Durbin, PhD, scientist, CAMH
- Avra Selick, PhD, Scientist, CAMH
- Yona Lunsky, Scientist, psychologist, Head of Azrieli Neurodevelopment Centre , CAMH

H4: Right Provider, Right Patient: Examining Team Composition and Patient Complexity in Ontario Community Health Centres

Theme: 1. The Constellation of Primary Care
Date: Friday, October 24, 2025
Time: 1:00pm-1:45pm
Style: Concurrent Presentation

Learning Objectives:
By the end of this presentation, participants will be able to:

- describe the structure and scope of team-based primary health care (TBPHC) in Community Health Centres (CHCs) across Ontario;
- understand the distribution of patient complexity and its relationship to different types of healthcare providers;
- interpret key findings from a large-scale administrative data analysis examining provider-patient encounters; and
- apply insights to inform the design and composition of interprofessional teams in similar settings. These objectives aim to support evidence-informed decision-making to improve care delivery, particularly for patients with complex health and social needs in primary care contexts.

Summary/Abstract:
Team-based primary health care (TBPHC) has gained momentum in recent years due to its benefits in improving patient outcomes, enhancing provider satisfaction, and increasing healthcare system efficiency. In Ontario, Community Health Centres (CHCs) have been at the forefront of implementing TBPHC, particularly in serving vulnerable populations such as low-income individuals and newcomers. Since their inception over 40 years ago, 75 CHCs have expanded access to care through collaborative, team-based approaches, including virtual and peer-supported services. Despite these advances, there is limited research on the composition of interprofessional teams in CHCs and how they serve patients with varying levels of complexity. This study examines the association between the types of healthcare providers involved in TBPHC and the complexity of the patients they encounter. Using administrative data from the ICES repository, a cross-sectional analysis was conducted on patient visits to CHCs across Ontario between April 1, 2023, and March 31, 2024. Providers were grouped into five categories: (1) primary care, (2) allied health, (3) health promotion/coordinators, (4) mental health, and (5) wellness/other services. Patient complexity was measured on a scale from 0 to 4, based on factors such as chronic illness, mental health or substance use issues, socioeconomic challenges, and recent immigration. Descriptive statistics and correlation analyses were used to profile the cohort, and a multivariate linear regression model examined associations between provider categories and patient complexity. Findings from this study aim to inform future team composition and care planning in CHCs and similar TBPHC settings.

Presenters/Authors:

- Li-Anne Audet, Postdoctoral Fellow, University of Toronto, Institute of Health Policy, Management and Evaluation
- Walter Wodchis, PhD, University of Toronto
- Ruth Martin-Misener, RN, PhD, Dalhousie University
- Pablo Galvez Hernandez, RN, PhD, University of Toronto
- Jennifer Rayner, PhD, Alliance for Healthier Communities

H5: Quality Improvement Decision Support Specialists Role: Challenges and Opportunities

- **Date:** Friday, October 24, 2025
- **Time:** 1:15pm-2:00pm
- **Style:** AFHTO Led Session

Learning Objectives:

- Understand the evolving role of QIDSS in supporting team-based primary care and its impact on quality improvement across Ontario.
- Identify core functions and competencies required for QIDSS to add value and thrive in their roles.
- Explore strategies and supports from Ontario Health, AFHTO, and other stakeholders to enable QIDSS to focus on system priorities.
- Examine practical challenges and opportunities in leveraging data and EMRs for continuous improvement.
- Discuss ways to strengthen the QIDSS role and enhance its contribution to primary care transformation.

Presenters/Authors:

- Sahba Eftekhary MD, MPH, MHA, CHE, PMP, M.Sc., Director, Health System Data, Research and Quality Improvement, AFHTO
- Denis Tsang, MSc, MAN, RD, CHE, CDE, Woodbridge Medical Centre FHT
- Bathilde Gautier, MSc, LSSGB, Primary Care Collaboration Quality Improvement Lead, Maple Family Health Team
- Andrew Wong MD, BHSc , Ontario Health
- Desa Marin, Quality Improvement Decision Support
  Village Family Health Team |
  Taddle Creek Family Health Team |
  Sunnybrook Academic Family Health Team|
  South East Toronto Family Health Team |
  Women's College Academic Family Health Team |
  Mount Sinai Academic Family Health Team

ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

M1: Building high-performing primary care systems and teams - a reflection from research and cross-Canada policy

- **Date:** Friday, October 24, 2025
- **Time:** 9:30am-10:15am
- **Style:** Concurrent Presentation

Learning Objectives:

- Understand primary care reform in Ontario and across Canada
- Explore the importance of Primary Care Strategy to guide policy reform
- Get oriented to a Framework of Attributes for high-performing teams
- Understand the processes still needed for high-performing teams.

Presenters/Authors:

- Monica Aggarwal MPA, Ph.D, University of Toronto

M2: Official Launch of AFHTO's Leadershipand Advocacy School

- **Date:** Friday, October 24, 2025
- **Time:** 9:30am-10:15am
- **Style:** Concurrent Presentation

Learning Objectives:

- Explain the purpose and vision of AFHTO's Leadership and Advocacy School in enhacing leadership and shaping the future of primary care.
- Recognize the importance of building trust, influence, and collaborative relationships with decision-makers to strengthen primary care as the foundation of the health system.
- Differentiate between transactional and relationship-based approaches and relationship-based advocacy, and advocacy and organizing and analyze why the latter is essential for sustainable system change.
- Reflect on the concrete, leadership skills and team-based competencies needed across primary care teams to engage effectively in advocacy and leadership at within FHTs and at local, regional, and provincial levels.
- Commit to exploring how they participants, as leaders or emerging leaders, can contribute to a unified and constructive primary care voice in Ontario.

Presenters/Authors:

- Mike Perry, City of Kawartha Lakes Family Health Team

M3: Untangling Attachment: What Really Increases Patient Attachment in Primary Care Teams

- **Date:** Friday, October 24, 2025
- **Time:** 9:30am-10:15am
- **Style:** Concurrent Presentation

Learning Objectives:

1. Hear concrete examples from primary care teams across Ontario who are reconfiguring roles, workflows, and structures to improve patient attachment.
2. Explore how workforce planning, team culture, and role optimization contribute to increased attachment capacity.
3. Understand the application of quality improvement (QI) principles to improve access, scheduling, and program design in support of attachment.
4. Learn how to balance family physician or nurse practitioner (MRP) capacity with interdisciplinary team supports to ensure sustainable and equitable patient attachment.
5. Contribute perspectives and insights to inform AFHTO's policy recommendations to Ontario Health and government on attachment strategies.

Summary/Abstract:

"Attachment" has become the buzzword of the year….but what does it *actually* take to increase it? This rapid-fire panel brings together AFHTO members who are rolling up their sleeves to tackle the complexity behind patient attachment in primary care. From recruiting most responsible providers (physicians and NPs), to how teams are organized, scheduled, and supported—panelists will surface the real-world enablers and barriers shaping access and continuity. Together, we'll unpack how factors like co-location, space planning, digital tools, HHR funding, and contract restrictions influence attachment—and what team culture has to do with it all. This is your opportunity to help shape AFHTO's perspective and policy advice to government on what works, what doesn't, and what's needed next.

Presenters/Authors:

- Key Champions from across AFHTO member organizations.

W1: What Does it Mean (and What Will it Take) for Primary Care to be Accountable to the Communities it Serves?

Theme: 2. Governing with Integrity: Navigating Conflict, Power, and Accountability

- **Date:** Thursday, October 23, 2025
- **Time:** 4:00pm-5:30pm
- **Style:** Workshop

Learning Objectives:

Building on work including the Our Care Standards, Health for All, and the Price Baker report, this participatory workshop will explore the concept of accountability to communities within Primary Care. Dialogue will center on concepts including definitions of 'Primary Care', 'community', and 'attachment', what does accountability to a community mean, and how do we empower patient choice within an accountable system. Participants will be asked to reflect on what accountability means to patients and providers (ie. how will we know when we get it right).

Summary/Abstract:

Ontario's healthcare system is at a turning point. Despite the best efforts of passionate primary care providers across the province, over 2 million Ontarians are unattached to primary care, and millions more are unable to access timely care from the providers they have. Ultimately, these challenges stem from systemic, structural issues that have not been addressed and are now reaching a crisis point. However, there is hope. A newly renewed focus on building team-based primary care as the true foundation of Ontario's healthcare system is taking shape. This workshop will explore one of the most critical challenges underpinning today's issues in Primary Care: accountability. As stated in the Primary Care Our Care Standards, primary care systems should be "accountable to the communities it serves". In Ontario's healthcare system today, Emergency Departments (EDs) and Emergency Medical Services (EMS) are the only healthcare entities legally mandated to provide care; meaning that no one can be denied service. This workshop will explore how this level of accountability is met within Primary Care in other systems and what it would take to enable Primary Care to support the same level of accountability to Ontarians.

Presenters/Authors:

- Matthew Meyer, Executive Director, Population Health , Southlake Health
- Gordon Schacter, Clinical Lead, Middlesex London Ontario Health Team
- David Makary, Vice President, Medical Affairs; Primary Care Physician , Southlake Health; Southlake Academic Family Health Team

W2: Leading the Power of Primary Care: Public Narrative Story-Telling as Leadership Practice

Date: Thursday, October 23, 2025
Time: 4:00pm-5:30pm
Style: Workshop

Summary/Abstract:
Working in health care, we are often so busy and working to care for others that we "sleep walk" though our own stories of why we do what we do.

Based on the work of Marshall Ganz at Harvard, participants in this workshop will:

- learn and apply the public narrative framework to tell their stories of self a way that enhances credibility and inspires people to take action for shared prtpose;
- understand and apply the role of loss, values, empathy, and vulnerability and hope in leadership storytelling;
- further develop their relational skills through authentic, values based, purposeful communication;
- see how to integrate storytelling into their everyday work including with clients/patients;
- cultivate reflective engagement and practice rooted in self-awareness and their values, and the stories, values, and vulnerabilities of others; and
- leave the session with a first draft of their own public narrative story of self.

This intensive workshop entails self-examination and the choice of sharing vulnerabilities and will enhance participants' abilities to speak with enhanced credibility and increased relatability to inspire common action and change.

Presenters/Authors:
Mike Perry, City of Kawartha Lakes Family Health Team

W3: Beyond the Checkbox: Turning Indigenous Cultural Safety Knowledge into Meaningful Action

- **Date:** Friday, October 24, 2025
- **Time:** 4:00pm-5:30pm
- **Style:** Workshop

Learning Objectives:

- Identify the barriers that mainstream organizations face in engaging with Indigenous communities
- Develop strategies to overcome these barriers and build respectful, equal partnerships with Indigenous organizations
- Recognize the importance of integrating Indigenous perspectives into policy and program decisions that affect Indigenous populations
- Apply culturally safe and trauma-informed practices in relationship-building efforts
- Understand the significance of Indigenous sovereignty and the role of Indigenous-led organizations in serving their communities

Summary/Abstract:
Indigenous Cultural Safety (ICS) is too often reduced to a one-time training requirement, treated as a box to check rather than a sustained commitment. This presentation will explore how healthcare providers and organizations can move beyond awareness into meaningful action that addresses systemic inequities and improves care for Indigenous peoples.

Drawing on the principles of Anishinaabe MinoAyaawin – People in Good Health, the session highlights how health teams can embed ICS into daily practice, organizational culture, and policy development. Through real-world examples and evidence-informed strategies, participants will learn how to:

- Move from awareness to accountability
- Identify system barriers that limit culturally safe care
- Apply reflexive tools that support long-term organizational change

By the end, participants will leave with a deeper understanding of how to take ICS beyond the checkbox and toward tangible improvements in patient experience, trust, and health outcomes for Indigenous peoples.

Presenters/Authors:

- Dakota Recollet
- Rebekah Clause

W4: Bright Spots in Interprofessional Primary Care: Learning from High-Performing Teams to Optimize Access, Attachment, and Equity

Theme: 1. The Constellation of Primary Care

- **Date:** Friday, October 24, 2025
- **Time:** 10:15am-11:45am
- **Style:** Workshop

Learning Objectives:

By the end of this workshop, participants will be able to:

- Describe key characteristics and strategies of early high-performing interprofessional primary care teams (IPCTs) in Ontario.
- Reflect on enablers and barriers that influence equitable access and attachment in primary care.
- Share site-specific approaches that support effective team functioning, resourcefulness, and patient-centred care.
- Contribute to a broader understanding of best practices that can inform future expansion of primary care teams across the province.
- Participants will leave with actionable insights and strategies that can be applied or adapted to improve team-based care in their own settings.

Summary/Abstract:

Ontario's recent investment in interprofessional primary care teams (IPCT) aims to strengthen access, attachment, and equity across the province. While many teams are still early in their implementation journey, some have emerged as "bright spots"—demonstrating strong progress, innovation, and impact in the initial phases of their expansion. Our research team is conducting a series of case studies to understand how and why these high-performing teams are achieving early success. This project involves developing both a generalized and a series of context-specific logic models to explain implementation processes and outcomes across diverse team settings in Ontario. Our ongoing, in-depth case studies so far include five IPCTs, selected based on early indicators of success such as staff recruitment progress, roster and service utilization growth, and innovative care models and health system partnerships. Data collection includes site observations, document analysis, focus groups, and interviews with executive directors, clinicians, medical office assistants, and other health professionals. Emerging themes include responsive leadership, proactive problem solving, strong team culture, creative funding strategies, supportive partnerships, and strategic hiring practices. These teams report high engagement and adaptability, often emphasizing collaboration, inclusive decision-making, and a shared sense of purpose. This workshop will present early findings and invite participants to reflect on how these insights align with their own experiences. Attendees will share what enables their teams to improve access, attachment, and equity, helping to build a shared understanding of best practices that can inform future growth and scale-up of IPC teams across Ontario.

Presenters/Authors:

- Jennifer Shuldiner PhD, Scientist, Womens College Hospital
- Rebecca Starkman
- Sydney Pearce, PhD, Post Doctoral Fellow, University of Toronto
- Noah Ivers MD, PhD, CCFP Women's College Hospital
- Khalida Nasir Women's College Hospital

W5: Integrating Social Health into the Primary Care Home: An Exploratory Workshop

Theme: 1. The Constellation of Primary Care

- **Date:** Friday, October 24, 2025
- **Time:** 10:15am-11:45am
- **Style:** Workshop

Learning Objectives:

- To examine the implementation of family health team-based programs that directly target social risks to health and health inequities.
- To explore the possibility of designing and implementing social interventions programs in diverse primary care teams in Ontario.
- To understand the barriers and enablers to incorporating a community-guided approach to addressing individual and community social needs and health inequities into the future of primary care practice.

Summary/Abstract:

Over the past 12 years, the St. Michael's Academic Family Health Team (SMHAFHT) has instituted a series of programs designed to address the social determinants of health and health inequities, and to ground these programs in the needs of the communities it serves. These interventions, in addition to excellent interdisciplinary medical care, represent a strong step toward realizing the type of holistic, community-focused, approach to health envisioned for the future of primary care practice in Ontario. In this workshop, interdisciplinary members of the SMHAFHT will share learnings from their experiences developing programs targeting social risks to health, including income security health promotion, health justice medical-legal partnerships, Reach Out and Read literacy interventions, and a social prescribing program for older adults. They will discuss their attempts to challenge racism, colonialism and ableism in team structures and program development and evaluation. Finally, they will offer lessons from efforts to understand and address community health needs, through community partnership and social data collection and analysis, and to incorporate community leadership in their program planning and development. Workshop participants will consider the integration of these ideas in their own settings and examine barriers and enablers to reorienting their teams and their practice resources towards addressing social risks to health and orienting their care towards community needs. Through the application of these learnings, participants will outline the change processes required to realize a vision of a community-grounded primary care home that addresses social risks to health alongside traditional medical care.

Presenters/Authors:

- Katie Dorman, Physician Champion, Health Justice Program, SMHAFHT
- Gary Bloch, Physician Lead, Equity and Social Interventions, Team, SMHAFHT
- Orit Adose, Community Health Promoter, SMHAFHT
- Nassim Vahidi-Williams, Manager, Patient and Community Engagement, SMHAFHT

All from St. Michael's Hospital Academic Family Health

W6: Planning Session with Ontario Health: Reporting and Performance Supports

- **Date:** Friday, October 24, 2025
- **Time:** 10:30am – 12:00pm
- **Style:** Workshop

Learning Objectives:

- Clarify Ontario Health's role, expectations, and priorities within the primary care landscape.
- Engage participants in open dialogue to share feedback on current reporting processes (AOPs, Schedule A's, quarterly reporting) and opportunities for improvement.
- Explore performance-related issues, including escalation pathways, measurement, and the supports Family Health Teams would like to see.
- Collect input through breakout group discussions to inform future directions and strengthen collaboration between Ontario Health and primary care teams.

Presenters/Authors:

- Phoebe Smith-Chen, CHE, MHA, Ontario Health
- Andrew Wong MD, BHSc, Ontario Health

Sponsored Session:
Docnote: AI Scribe & Beyond: The Agentic Uninsured Experience

- **Date:** Thursday, October 23, 2025
- **Time:** 8:00am-8:50am
- **Style:** Sponsored Session

Summary/Abstract:
What if the entire uninsured service encounter were just as easy as scribing? AI Scribes capture and document. Agentic systems go further – they facilitate the encounter. With agentification, documentation doesn't stop at the note. It automatically triggers every uninsured step – carrying itself through to completion while you move on to the next patient. This is AI scribe and beyond.

Presenters/Authors:
- John O'Mahony MRCS, CCFP

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Sponsored Session:
Merck: Latest Data on Adult Pneumococcal Disease: Practical Applications and Guideline Integration at Point of care

- **Date:** Thursday, October 23, 2025
- **Time:** 8:00am-8:50am
- **Style:** Sponsored Session

Learning Objectives:
- Discuss the risk of pneumococcal disease and its complications in adults, emphasizing the need for preventive measures.
- Explore the differences in pneumococcal serotype prevalence among various sociodemographic groups to underscore the necessity for age-specific prevention strategies.
- Review The current guidelines for pneumococcal vaccinations including recommended schedules, and the vaccination of specific populations.
- Review practical strategies and approaches for healthcare providers to strengthen communication regarding pneumococcal vaccination.

Presenters/Authors:
- Alan Kaplan, MD, CCFP(EM), FCFP, Family Physician and Chairperson, Family Physician Airways Group of Canada; Clinical Lecturer, Department of Family and Community Medicine, University of Toronto.

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Sponsored Session:
Merck: Enhancing Cervical Cancer Screening: Integrating HPV testing, Vaccination, and Family Health Team Strategies

- **Date:** Friday, October 24, 2025
- **Time:** 7:40am-8:30am
- **Style:** Sponsored Session

Learning Objectives:

- Discuss recent data regarding the increasing of HPV-related cancers in men and women
  - Rise of Cervical Cancers in Women
  - Rise of Head & Neck Cancers in Men
- Discuss the differences between Pap tests and HPV tests for cervical cancer screening.
  - Update on how cervical cancer screening program is going
  - Tips for Family Health Teams and strategies for better uptake
- Review current recommendations and discuss patient counselling on HPV diseases and prevention
  - The importance of every member and the role they play of the family health team.
- Highlight Strategies for eliminating HPV-related cancers and protecting patients through prevention and early detection
  - Emphasize the critical role of vaccination, screening, and education in cancer prevention
  - Encourage coordinated efforts within healthcare teams to reduce HPV-related cancer burden

Presenters/Authors:

- Dr. Kim Alexander, MD FRCSC
- Amber White, NP, Woodbridge Medical Centre FHT
- Denis Tsang ,MSc, MAN, RD, CHE, CDE, Woodbridge Medical Centre FHT

Sponsored Session:

Pfizer: How to help ensure patients receive the recommended adult vaccines to prevent respiratory illness within a Family Health Team setting

- **Date:** Thursday, October 23, 2025
- **Time:** 2:45pm-3:35pm
- **Style:** Sponsored Session

Learning Objectives:

- Discuss BOD (RSV & Pneumococcal)
  - Incidence of disease
  - Reducing hospitalization
- Differentiating currently recommended vaccines (RSV & Pneumococcal)
  - Serotype covered by vaccines (Pneumococcal)
  - Subgroups covered by vaccine (RSV)
- Recommendations / Public Funding (RSV & Pneumococcal)
  - NACI
  - ACIP
  - Provincial Funding

Summary/Abstract:

Best practice sharing from FHT's involved in vaccination optimization improvement quality improvement projects: Connexion FHT

Presenters/Authors:

- Alexander Wong, MD, FRCPC, Associate Professor, Division of Infectious Diseases, University of Saskatchewan
- Vanessa Labrecque, Executive Director, Connexion Family Health Team

Plenary: FHTs for the Future - Family Health Teams Are Poised To Meet the PCAT Vision

Theme: 1. The Constellation of Primary Care

- **Date:** Friday, October 24, 2025
- **Time:** 8:40am-9:20am
- **Style:** Plenary

Learning Objectives:

Family Health Teams can add structure that meets the PCAT vision, and provide every Ontarian immediate access to team-based primary care in their community. To do this we must move away from the current thinking that to receive family physician and FHT support – you're either in or you're out. With a new way of thinking about FHT attachment, FHTs can efficiently support all residents to have access to family physician care and team-based services and expedite their attachment to a primary care home. The session, given by a former Deputy Premier and Minister of Health and a former Director at MOH, will explain the historical development of FHTs from the political and Ministry perspective, analyze the reasoning behind key government/policy decisions, highlight elements lost over time, and evaluate why FHTs are in the best position to address the current primary care crisis.

Summary/Abstract:

As the number of unattached patients in a community nears fifty percent and the primary care crisis discourages physicians from entering family medicine, we must take decisive action. Every Ontarian deserves the right to equitable access to healthcare. This is far from the case. The existing tiers may include patients with a local family doctor, patients with a doctor far outside the borders of their residing community, or residents with no clinician or access to primary care. Even Ontarians who currently have a primary care provider are anxious about their long term access. Reframing physician rostering and FHT access away from the current "you're in or you're out" model can be the safety net that reduces that anxiety. Whether an Ontarian has been years without a provider for years or days, rethinking the levels of FHT attachment can reduce anxiety by ensuring that access to FHT care and physician care is accessible immediately until a longer term relationship with a family physician and FHT can be established. We can reach the PCAT goal that every Ontarian has primary care close to home by leveraging Ontario's existing health human resources with appropriate support and funding. The presentation will explore the opportunity to maximize Ontario's family physician workforce and current technology to ensure that every Ontarian has a FHT connection beginning from the first time they book an appointment with what we call a "FHT Connection Clinic". The presentation will identify the actionable opportunities that exist to immediately implement these clinics with FHTs, while aligning with PCAT's goals and addressing the urgent need for effective primary health care.

Presenters/Authors:

- Duff Sprague, Peterborough Family Health Team
- George Smitherman, Health Workforce Innovations

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Sponsored Session:
Tali: Beyond AI Scribes: What's Next for Primary Care in Canada

- **Date:** Thursday, October 23, 2025
- **Time:** 2:45pm-3:35pm
- **Style:** Sponsored Session

Learning Objectives:
- Understand the technology behind an AI platform such as Scribe
- Assess the real-world impact of AI scribes on clinic efficiency, costs, and patient experience.
- Differentiate between market hype and genuine medical-grade AI capabilities.
- Plan next steps for adopting AI beyond documentation in their own practice or health system.

Summary/Abstract:
The first wave of AI adoption in Canadian primary care, AI medical scribes, has proven its value in saving time and reducing clinician burnout. But automated documentation is only the beginning. In this session, Tali AI founders Mahshid Yassaei and Hesam Dadafarin share adoption data and measured outcomes from clinics nationwide, then look ahead to the next generation of AI tools poised to reshape primary care. From workflow automation to patient-facing intelligence, they'll outline what's technically possible today, what remains aspirational, and how clinics can prepare.

Presenters/Authors:
- Mahshid Yassaei, Co-Founder & CEO, Tali AI
- Hesam Dadafarin, Co-Founder & CTPO, Tali AI
- Kevin Samson, MD, CCFP, East Wellington Family Health Team