Community of Practice for New and Expanded IPCTs

Session 3: Health Human Resources (HHR)

June 10, 2026

Agenda

Agenda Item	Lead(s)	Time
Land Acknowledgement	Jennifer Rayner	8:00 – 8:02
Welcome & Opening Remarks	Brian McKenna	8:02 – 8:07
HHR: Recruitment & Retention Challenges	Will Lakusta	8:07 – 8:12
Success Factors for Recruitment & Retention	Noah Ivers	8:12 – 8:18
Panel Presentations	1. Ralph Ganter, CEO, Grand Bend Area CHC 2. Kayla Michaud, Manager, Mattawa FHT	8:18 – 8:28
Panel Discussion and Q&A	Jennifer Rayner	8:28 – 8:58
Closing Remarks	Jennifer Rayner & Brian McKenna	8:28 – 8:58

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

Ontario Health, the Primary Care Collaborative, and DFCM recognize the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. Ontario Health, the Primary Care Collaborative, and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

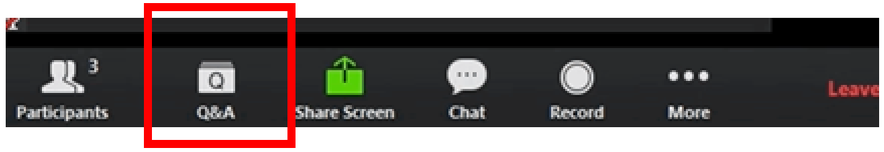
Brian McKenna, MD
Provincial Primary Care Clinical Lead
Ontario Health

Jennifer Rayner, PhD
Primary Care Collaborative
Alliance, Director of Research and Policy
INSPIRE Co-Lead

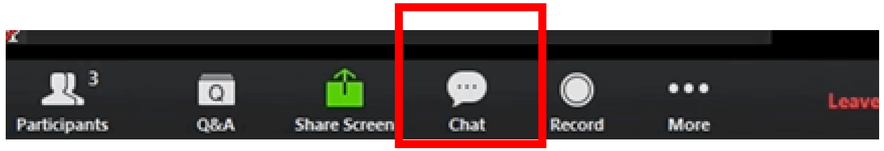
IPCT Community of Practice Co-Chairs

How to Participate

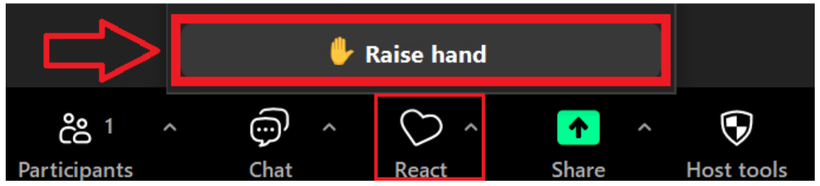
- Questions can be asked using the Q&A function at the bottom of your screen.



- Please use the chat box for general engagement and networking purposes only. Questions posted in the chat may be missed.



- Please keep your microphone muted until the discussion period. If you have comments or questions during the discussion period, please raise your hand to signal to our facilitators that you would like to contribute, and they will invite you to unmute your mic.



IPCT Community of Practice Guest Speaker

Will Lakusta
Director, Health and Workforce Integration, Ontario Health

Primary Care Recruitment Challenges

Will Lakusta,
Director, Health Workforce Integration
Ontario Health

June 2026

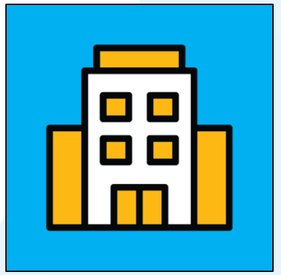
Ontario Health

Primary Care Recruitment Challenges

Historically unclear responsibility for family physician recruitment

Increasing community incentives / reliance on out-of-province recruitment

Variability in municipal physician recruitment program funding



Significant number of non-comprehensive primary care practice model opportunities

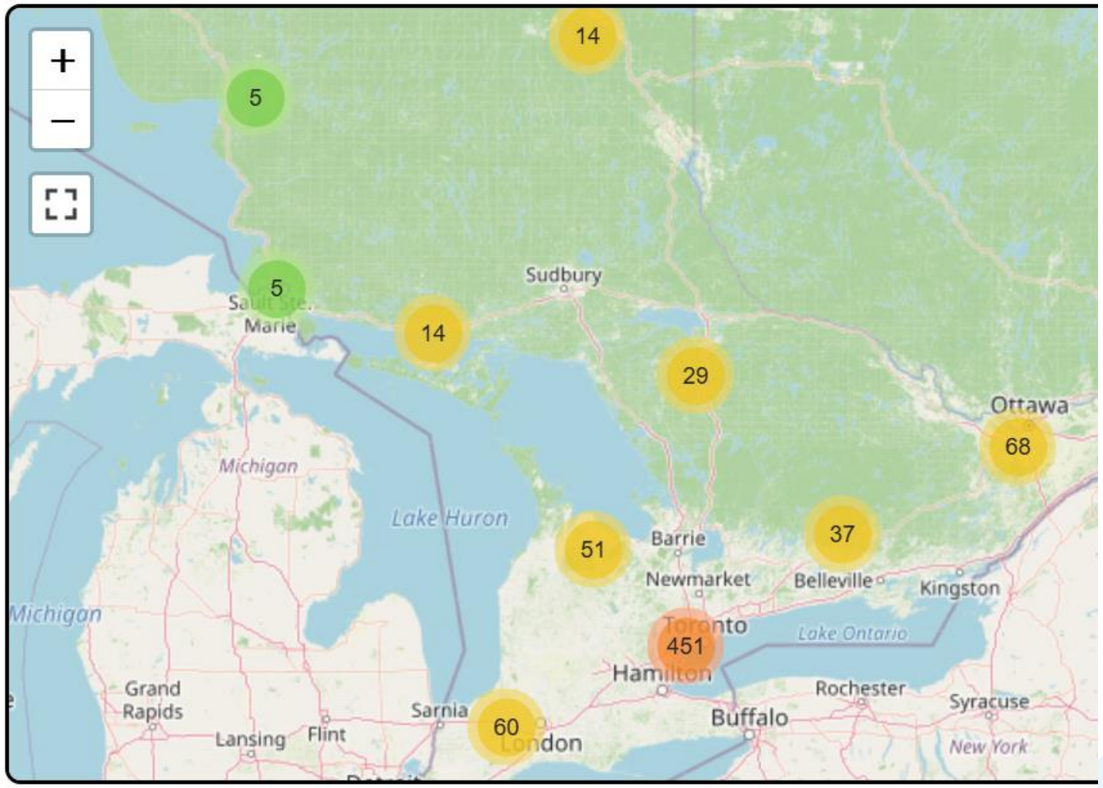
Complexities with medical clinic space availability / investment

… and more

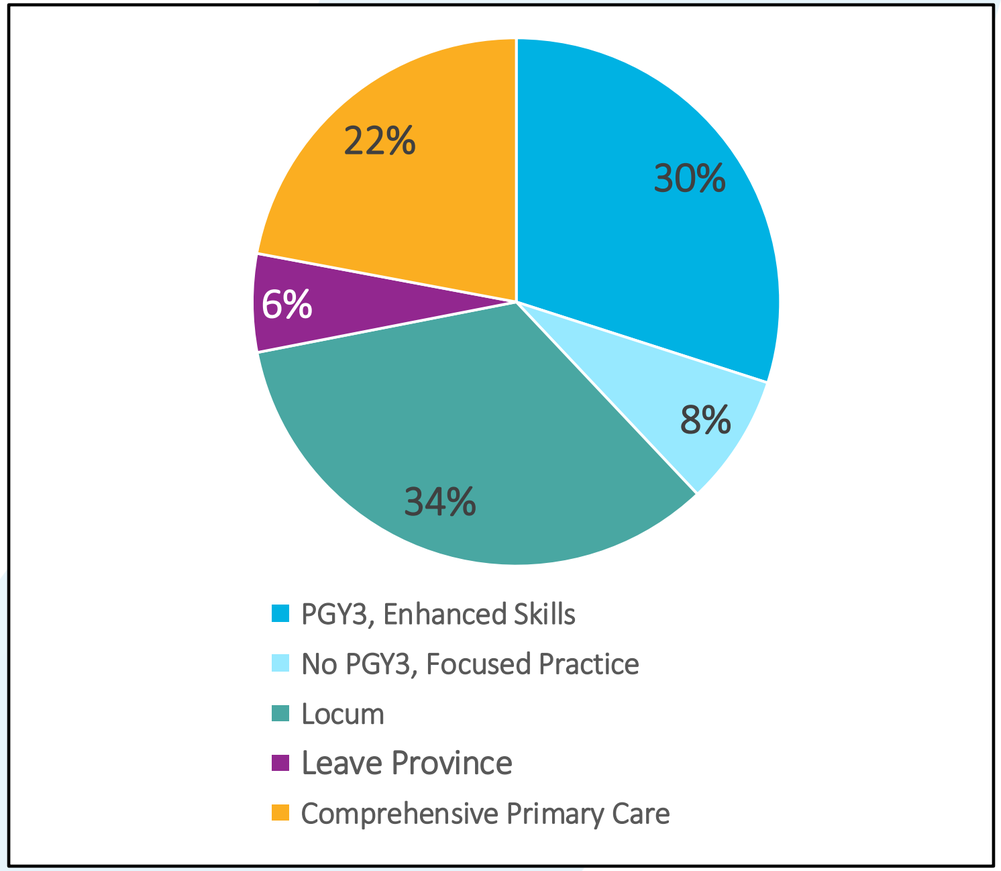
Impacts of new funding (eg, FHO+), intersectoral wage pressure, broader NP labor marker

Complex Demand & Complex Supply

Ontario Health About us Search jobs Register



782 family physician career opportunities currently posted on HFOJobs.ca.



Survey of PGY2 Family Medicine residents on career plans.

Introduction – Health Human Resources (HHR)

HHR shortages are a real and persistent challenge for IPCTs.

- The simultaneous expansion of new teams across Ontario has intensified competition for the same limited pool of allied health, nursing, and administrative professionals.
- Some IPCTs focus on increasing total panel size by hiring new nurse practitioners (NPs) or by bringing on more family physicians (FPs), but this is **not always possible.**
- Many IPCTs are **struggling with recruitment and retention of all types** of health human resources (HHR) due to competition for roles and sectoral wage gaps.

What can IPCTs do to recruit and retain team members to maximize the number of patients they can attach?

Recruitment and Retention: What Is Actually Working?

Though large wage-gaps can be difficult to overcome, some IPCTs have achieved success using promising innovative strategies including:

Values Fit & Purpose Alignment	• Clearly articulating the team mission attracted candidates who really wanted to do that work and were more likely to stay.
Targeted Recruitment	• Targeting through channels aligned with team values (e.g., equity-focused networks, francophone, Indigenous health organizations).
Regional Coordination	• Recruitment across multiple organizations (CHCs, hospitals, municipalities) such as coordinated job fairs and marketing campaigns.
International & Out-of-Province Outreach	• Particularly for physician and NP recruitment in underserved regions.
Student Placement Pipelines	• Training students in the team environment and hiring graduates who already knew the culture and model.
Retiree and Near-Retiree Engagement	• Offering flexible, part-time roles to experienced professionals looking to remain active in meaningful work.

Recruitment and Retention: What Is Actually Working?

For **retention**, the factors most consistently cited by staff who stayed, even when wages were lower than elsewhere, included:

- Collegial relationships and a genuinely supportive team culture
- The ability to work in areas of personal interest and professional strength
- Meaningful leadership and autonomy in their role
- Flexible scheduling and respect for work-life balance
- Access to professional development, mentorship, and educational funds
- Leadership that listened, communicated openly, and actively protected staff from burnout

Recruitment and Retention: What Is Actually Working?

Vacancy management was a persistent challenge.
Teams that fared best maintained a few core strategies:

Cross-training existing staff so critical functions can be covered during vacancies

Maintaining relationships with locums & retired staff who could step in temporarily

Being transparent with FP/NPs about staffing gaps and plans to address them

Moderating rate of patient attachment during extended vacancies

What Are Some Roles That Are Helping Increase Attachment?

Registered Nurses (RNs)

- RNs in an expanded chronic disease management and care coordination role significantly increased FP/NP capacity by taking on pre-visit preparation, chronic disease monitoring, immunizations, wound care, and follow-up calls.
- Micro-credentialing courses exist to support RNs to maximize this role.

Non-Clinical Practice Support Staff

(e.g., Medical Office Assistants, Administrative Coordinators)

- Intake of patients, scheduling, and less time lost by FP/NPs to admin tasks.
- Research in Ontario explicitly identifies clerical and administrative support as one of the top organizational factors in serving more patients.

The Dedicated Attachment Coordinator /

Patient Outreach Role

- Small "attachment teams" that work through Health Care Connect waitlists, connect with hospital emergency departments, food banks, and/or shelters, and perform warm handoffs into the clinic.
- Might be a temporary role until attachment targets are hit; may then shift focus to navigation and partnerships.

What Are Some Roles That Are Helping Increase Attachment?

The Link Worker / Social Prescribing Navigator

- Particularly helpful for teams serving complex or equity-deserving populations.
- Aims to address the social and practical barriers that prevent patients from accessing or staying connected to care, such as housing, benefits, transportation, and peer support.

Community Health Worker (CHW) / Community Ambassador (CA)

- Trusted community members with lived experience who fill non-clinical, supportive roles.
- Complement clinical care as flexible, cost-effective roles that can support task shifting of non-clinical activities, such as outreach, navigation, education, and follow-up, while building trust with patients.

The Key Role of IPCT Leadership

Running through all the above themes is leadership and team culture.

- Every team in the Bright Spots evaluation had remarkable leaders who were **creative problem-solvers, communicators, and culture-builders**.
- These leaders **navigated policy ambiguity**, **built team cohesion under pressure**, and **created environments where staff felt supported enough to go above and beyond**.
- **They also, in many cases, carried an unsustainable load**. They were making up for gaps in administrative capacity, mediating between provincial targets and organizational missions, and personally sustaining the culture and momentum of the team.

The conversation about HHR is not just about how many people we have on our teams, but also whether the people we have are **set up to do their best work,** and **whether IPCT leaders are set up to lead sustainably**.

IPCT Community of Practice Guest Speakers

Ralph Ganter
CEO, Grand Bend Area Community Health Centre

Kayla Michaud, RN
Manager, Mattawa Family Health Team

Enabling Recruitment and Retention

Expanded IPCT Experience with the Grand Bend CHC and its Partners

June 10, 2026

Grand Bend Community Health Centre Context

Grand Bend CHC Main Site

Hensall Satellite Site

Grand Bend Community Health Centre Context

Observations

- Rural Sites (Grand Bend and Hensall)
- Beaches in summer, snow squalls in the winter
- Growing retirement destination
- Approximately one hour travel to London

Services at Both Sites

- Primary Care
- Allied Health
- Food Pantry
- Other Supports for disadvantaged populations

HR Operational Enablers

- Integrated Primary Care Practice Environment
- HOOPP
- Updated Benefits
- Adjusted Vacation Banks
- Incremental Salary Increases in Fiscal 2025-26

HR Retention Enablers

- AI Scribe Integration
- PDF Readers Pilot
- Agentic Reception Pilot
- New Equipment, Exam Rooms, Workflow improvements, etc.
- Monthly staff meetings, collective learning opportunities and culture
- Monthly staff lunch followed by program meetings
- Prioritized education and competency development

Elements Enabling Culture

- Psychological safety
- Embrace failure (try!)
- Activated Leadership
- Collaborative Learning
- A discipline for follow-up

Failures

- IPCT expansion patients found as complex
  - Placed intake responsibilities with our least experienced staff
  - Rostered with inexperienced NPs and Physicians
- Mixed messages about the required rate of enrollment (caused stress)

Regional Approach to Planning

- Shared submission amongst partner organizations
- Disseminated limited approved resources in a transparent manner
- Developed a plan so all partners could benefit to some degree
- CHC is currently acting as lead organization for FHT and FHO NP allocation
- Looking to advance greater sharing with FHO
- MOU utilized as a tool to guide the initiative
- Provided in kind leadership support to FHO (e.g. purchasing)

Benefits of an Integrated Approach

- Assist with HR issues (scaling expertise)
- Less HR cannibalization
- Common Orientation
  - Sharing of policies, experiences, and peer support
- Regional data review created (to eliminate Doctor Shopping)
- Sharing of AI best practices

Next Steps

- Create better data experiences for evaluation (e.g., high user ED visits)
- Group purchasing opportunities
- Shared protocols
- Back-office sharing (e.g. Finance, HR, Privacy, IT)

Mattawa Family Health Team

Community of Practice for New and Expanded IPCT's

June 10th , 2026

Purpose of the Presentation

- Provide a summary brief summary of what the Family Health Team offers to the community and surrounding area.

Who we are

The Mattawa Family Health Team (FHT) provides interdisciplinary primary care services to support the health and well-being of our community members. We are patient centered and provide team based care, with a focus on prevention, chronic disease management and mental health support.

The FHT supports our Family Health Organization (FHO), family physician group. The patients of our Dr's have access to our FHT team professionals.

The FHT also works with different agencies to provide different specialties to our patients, these agencies will come in the clinic and work alongside our team.

The one advantage our FHT has compared to numerous FHT in the province is we are based out of our Mattawa Hospital, we are a one stop health care facility. This has allowed us to be remain fully staffed throughout these challenging retention and recruitment times.

Our Interdisciplinary Team

FHT Team

- 2 Nurse Practitioners (NPs); Mattawa Hospital supported a RN while obtaining her NP registration with LOA's and flexibility with scheduling. Once she was near the end of her program we luckily had been accepted for the 1st round of IPCT funding and we were able to offer her a conditional offer based on the successful completion of her course.
- 1 RPN
- 1 Registered Dietitian
- 1 Registered Social Worker
- 1 Part time physiotherapist
- 1 Part time Administrative Assistant
- 1 Manager of the Family Health Team and Patient Services

Patient Services Team

- Social Worker (RAAM Clinic and Safe Bed)
- Diabetes Educator (Diabetes education centre)
- Respiratory Therapist (Best Care)

Services we provide

Key services available to our patients include the following:

- Primary care and chronic disease management for the Mattawa FHT and the Thorne Nursing Station. Small rural community that only has a nursing station. It is located 63km away from Mattawa and 65km away from North Bay ON.
- Mental health counselling and support
- Nutrition counselling and healthy lifestyle education
- Preventative care, screenings and health promotion
- Support for unattached and vulnerable patients
- Provide access to rapid access addiction medicine
- Help patients who are in need of our safe bed
- Episodic visits; trying to reduce ED visits that could be dealt with by a NP. These would be patients who call to book with their physician but can not be seen for some time. If patient meets a certain criteria a NP can see them same day or following day
- Foot care for diabetic patients
- Immunizations
- Best Care RT will see patients suffering from COPD, CHF and Asthma who are referred by NP, physicians and ED.

Discussion

Post-Session Survey

- Please take a few minutes to complete this optional, anonymous survey to share your feedback on today's session.
- Your input will help inform future IPCT CoP sessions and support ongoing improvements to their relevance and usefulness.
- The link will also be shared in the chat.

IPCT CoP Post-Session Survey: Health Human Resources (HHR) (June 10)

Connecting Members

Interested in connecting with other IPCT teams and peer-to-peer learning?

- We are exploring opportunities to connect teams working on similar challenges, priorities, and implementation approaches.
- If you are interested in connecting with another team to share learnings, challenges, or explore solutions, **please indicate this in the post-session survey.**

IPCT CoP Post-Session Survey: Health Human Resources (HHR) (June 10)

Upcoming Sessions

- **Finding Unattached Patients** - Wednesday, July 8, 8:00-9:00am
- **Partnerships** - Wednesday, August 12, 8:00-9:00am
- **Teamwork** - Wednesday, September 23, 8:00-9:00am

Open Dialogue Sessions

- Friday, June 19, 12:00-1:00pm
- Friday, July 24, 12:00-1:00pm
- Friday, August 28, 12:00-1:00pm

Thank You!

Next Session: Wednesday, July 8, 2026 – Finding Unattached Patients

Feel free to contact us if you have questions:

Provincial Primary Care Program
primarycareexpansion@ontariohealth.ca

Jennifer Rayner
jennifer.rayner@allianceon.org

Brian McKenna
brian.mckenna@ontariohealth.ca