

Community of Practice for New and Expanded IPCTs

Session # 1: Introduction & Reporting
Requirements

April 8, 2026



Agenda

Agenda Item	Lead(s)	Time
Welcome & Introductions	Brian McKenna & Jennifer Rayner	8:00 - 8:02 am
Land Acknowledgement	Jennifer Rayner	8:02 – 8:05 am
Opening/Framing Comments	Zahra Ismail & Sarah Hobbs	8:05 – 8:10 am
Session 1 Approach & Logistics	Brian McKenna & Jennifer Rayner	8:10 – 8:15 am
Feature Presentation: Reporting Requirements	Zahra Ismail	8:15 – 8:40 am
Group Feedback	All	8:40 – 8:55 am
Closing Remarks	Brian McKenna & Jennifer Rayner	8:55 – 9:00 am



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



Land Acknowledgement



Zahra Ismail

Vice President, Primary Care and Person
Reported Measurement
Primary and Community-Based Care
Ontario Health



Sarah Hobbs

Chair, Primary Care Collaborative

IPCT Community of Practice Overview

Approach & Logistics



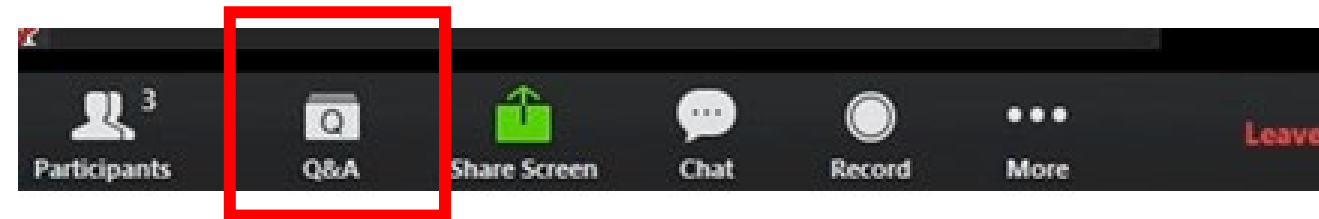
Ground-up approach



Engagement via Q&A, chat, polls and Mentimeter

How to Participate

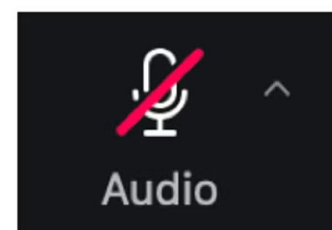
- All questions should be asked using the Q&A function at the bottom of your screen.



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

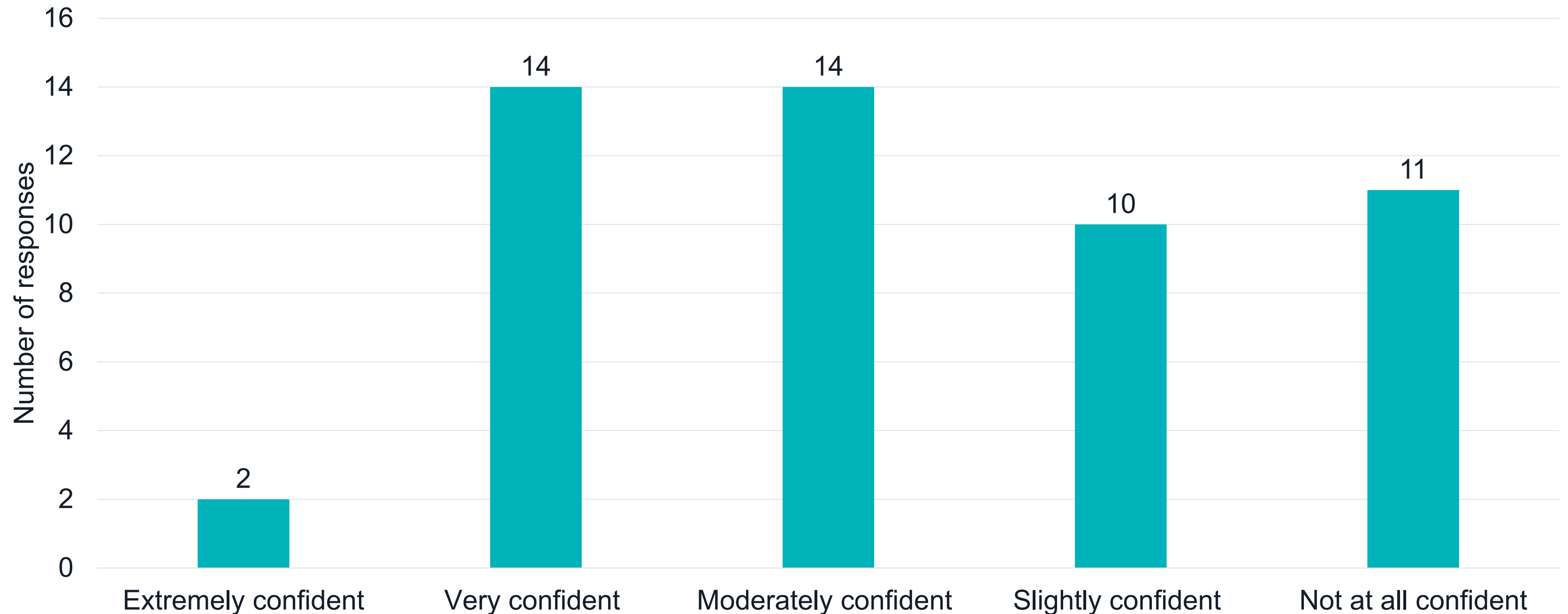


- Please keep your microphone muted for the duration of the meeting.



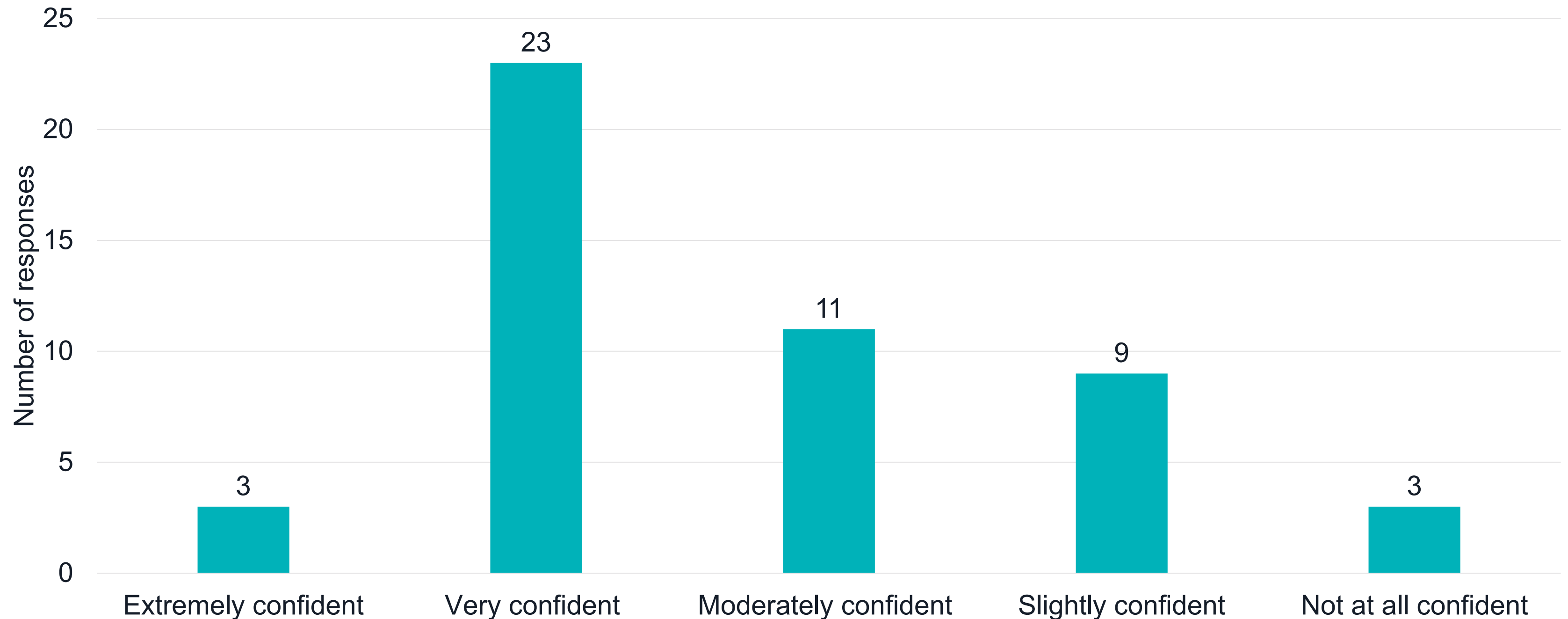
POLL: How much do you agree with the following statement: I feel confident about my organizations ability to meet our stated attachment targets (Results)

Respondent confidence in their organizations ability to meet the stated attachment targets (N=51)



POLL: How much do you agree with the following statement: I feel confident in my organization's ability to meet its reporting requirements in the next 3 months (Results)

Respondent confidence in their organizations ability to meet its reporting requirements in the next 3 months (N=49)



Maximizing patient attachment from the data submission and analysis perspective

April 8, 2026



**Ontario
Health**

Data is an essential part of demonstrating impact

- Collecting data is a meaningful way to demonstrate the impact of IPCT expansion funding to show how it benefits patients, communities, and the health care system.
- The data you submit is used to:
 - Track progress towards funding targets such as patient attachment
 - Maintain support for the 4-year investment in primary care teams' expansion
- As we collect more detailed data, we will also be able to:
 - Highlight the broad impact of increased attachment to primary care, such as reducing ED visits
 - Support evidence-based planning and performance improvement within the health system

Each team has a patient attachment target and HCC sub-target



- The goal of the 2025-26 IPCT expansion is to attach 300,000 new patients to ongoing primary care **by July 31, 2026**
- Each 2025-26 IPCT expansion team was provided a patient attachment target (and range) and a Health Care Connect (HCC) sub-target in their funding agreement
- Patient attachment targets must be achieved by July 31, 2026, *except* for net-new teams which must achieved their target by December 31, 2026
 - Patient attachment targets were calculated based on the full-time equivalents (FTEs) funded
 - HCC targets were calculated based on the size of the HCC waitlist in the area served

Patient Attachment

Patient attachment:

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

Examples for when a patient is attached and you should include it in your reporting:

- Patient has signed documentation (or intends to sign documentation at first visit), but an intake appointment hasn't happened yet
- Patient has been rostered to a FHO physician that is affiliated with your FHT which received IPCT funding
- Patient being attached has come from HCC but outside of your target FSA

Teams submit progress toward their targets via the monthly milestone report

- Lead organizations for each 2025-26 team submit a monthly Milestone Report via Microsoft Forms on the 15th day of the following month (e.g., March reports will be submitted April 15th)

15. Please estimate the number of **new, unique patients/clients** attached to a family physician, nurse practitioner or a team at your organization and your partner organizations from February 1 to February 28, 2026 (If you need to revise any of your previous reporting numbers, please email primarycareexpansion@ontariohealth.ca for assistance) *

The value must be a number

16. Please estimate the **total net increase** in the number of attached patients/clients that your organization and partner organizations have realized from August 1, 2025 to February 28, 2026. (A net increase is the number of new patients attached minus any patients no longer attached because they moved to another provider, are now deceased, etc.) *

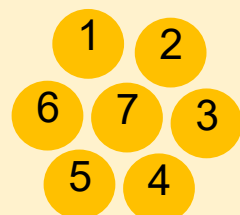
The value must be a number

This question has been collected monthly since fall 2025 – it is asking teams about the number of **patients attached**

This is a new addition in the February 2026 report – it helps us to understand the **TOTAL NET INCREASE in patients attached**

*there are also questions about HCC – not pictured

Example:



New patients attached

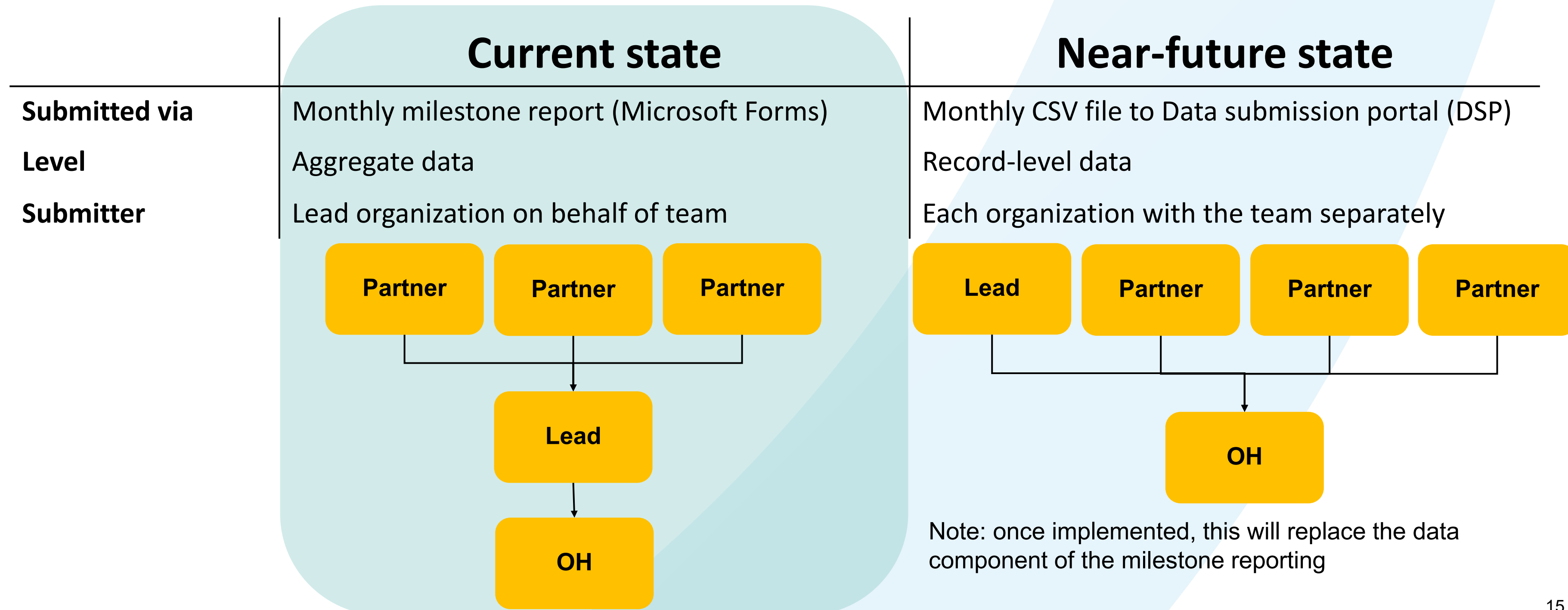


Previous patients unattached

- For question 15, this team would report 7 new patients attached this month
- For question 16, this team would report a total net increase of 5 patients this month (though note this question is cumulative!)

The data collection approach for 2025-26 expansion teams is changing

We are in the process of establishing data sharing agreements with all lead and partner organizations to enable the sharing of record-level data on patients, and providers.



Tips for accurately reporting your patient attachment

Do ✓

- Do count new patients as attached as soon as an ongoing, documented relationship is established
- Do count new patients attached from all partner organizations
- Do count new patients attached from all providers within the lead and partner organizations
- Do count all your attachments dating back to August 1, 2025

Don't ✗

- Don't necessarily wait for the first visit
- Don't only report on patient attachment from the lead organization
- Don't only count new patients attached to IPCT expansion funded positions

If you have questions or would like to update your data, contact
IPCTsubmission@ontariohealth.ca

Group Feedback

POLL: Which topics are of greatest interest to you? (Results)

Priority Rank	Topic	Number of Responses	Weighted Score
1	Onboarding and supported attachment	32	78
2	Community outreach to “find” the unattached	32	77
3	Recruitment of residents and recent graduates into comprehensive, longitudinal practice with a roster	30	65
4	Building relationships with FFS and walk-in docs to encourage transition to a PEM	30	61
5	Working with cultural communities to promote ongoing primary care relationships	30	61
6	Working with hospital partners to transition unattached patients from ED, discharge, and newborn pathways	32	60
7	Building relationships with FHOs to identify capacity to grow rosters	30	57
8	Role of the “Unattached Clinic” in converting episodic care into documented attachment	30	54
9	How to promote an effective and engaging PCN	30	54

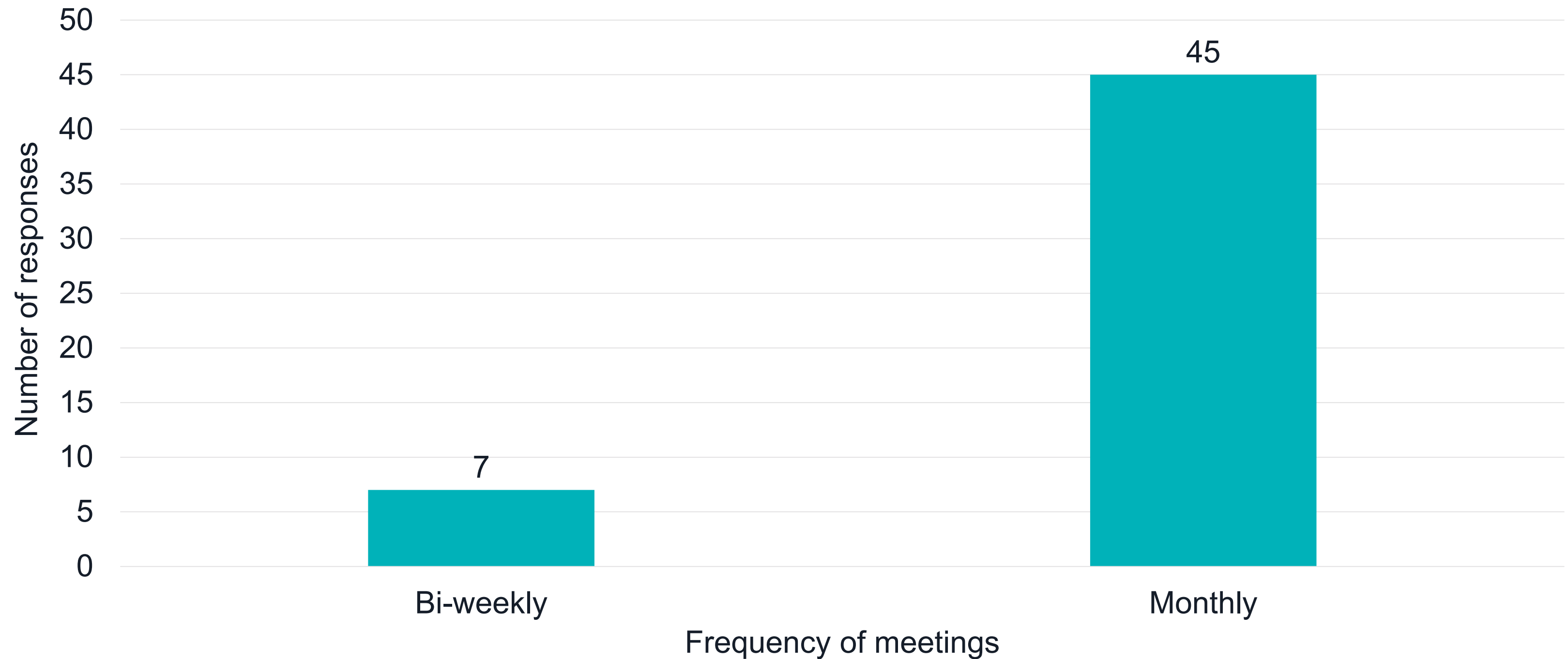
Weighted scoring: Rank 1 = 3 points, Rank 2 = 2 points, Rank 3 = 1 point. Results reflect aggregated preferences across all session participants.

What additional topics should we cover in future sessions? (Results)

- Governance of IPCT teams
- HCC list issues (including attached patients and how OH intends to market/use the list)
- Strategies to “find” unattached patients
- Continued data collection and sharing
- Role of the Quality Improvement Specialist
- Staffing and structure evolution when expanding to new FHOs
- Patient-to-provider ratios in high-needs areas (including rationale for the 800-per-PCP expectation across MDs and NPs)
- Recruitment and retention challenges across all HHR
- Hiring experienced FHO MDs without patient attachment
- Strategies to reduce funding red tape and maximize funding utilization
- Intake process streamlining, including use of digital health solutions
- What is being funded in other communities (provincial picture)
- Best practices for working with partner clinics
- Engaging difficult-to-serve clients
- Addressing MD shopping in areas with many providers taking new patients
- Interdisciplinary teams vs. medical teams and how these can evolve
- Local FHO collaboration with IPCTs
- Supporting PCPs with first-visit structure to manage high volumes of new patients

POLL: How often should we have these meetings? (Results)

Preferred frequency for future IPCT CoP meetings (N=52)



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



Thank You!

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