



Primary Care For All Lessons from Ontario, Canada

Dr. Jonathan Fitzsimon

Medical Lead, Renfrew County Virtual Triage and Assessment Centre.
Assistant Professor, University of Ottawa Department of Family Medicine.
Clinician Researcher, Institut du Savoir Montfort.

Health Care Renaissance Summit · May 20, 2026

Disclosures



FINANCIAL RELATIONSHIPS

None

FUNDING SOURCES

Salary Support

Medical Lead, Renfrew County VTAC
Community based Family Physician

Research Support

INSPIRE-Primary Health Care (funded by the Ontario Ministry of Health)
University of Ottawa, Department of Family Medicine
Institut du Savoir Montfort

OBJECTIVES · GUIDING QUESTIONS



Better Understand:

1. **WHY** Primary Care is so important.
2. **WHAT** has been done in Ontario?
3. **HOW** can we deliver Primary Care For All?



WHY

do we need
Primary Care For All?

Healthcare System in Ontario, Canada

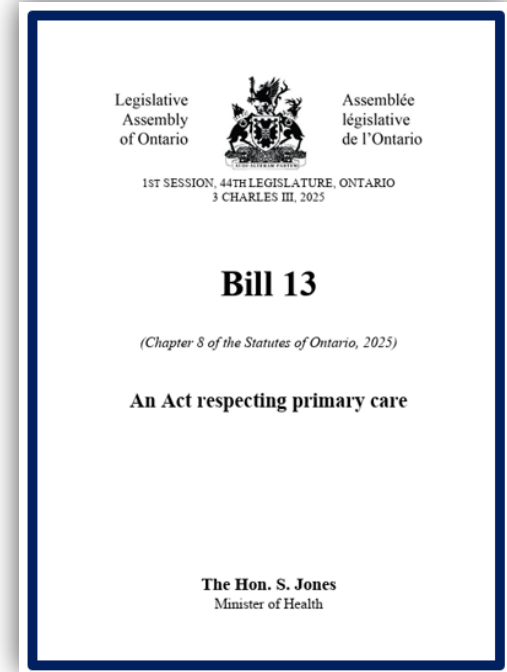


What is Primary Care “Attachment”?



The Ontario *Primary Care Act, 2025*,
defines *attachment* as:

a documented and ongoing relationship
with a family doctor,
primary care nurse practitioner,
or primary care team,
working in a publicly funded system.



The Inverse Care Law



*“The availability
of good medical care
tends to vary inversely
with the need for it
in the population served.”*

The Lancet · Saturday 27 February 1971

THE INVERSE CARE LAW

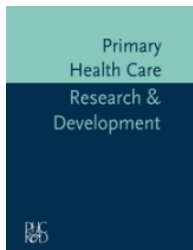
JULIAN TUDOR HART

Glyncorrwg Health Centre, Port Talbot, Glamorgan, Wales

Summary The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources.



Primary Care Attachment



► Prim Health Care Res Dev. 2025 Jan 6;26:e1. doi: [10.1017/S1463423624000677](https://doi.org/10.1017/S1463423624000677)

The healthcare experiences of rural-living Canadians with and without a primary care provider: a qualitative analysis of open-ended cross-sectional survey responses

[Kathy L Rush](#)^{1,ES}, [Cherisse L Seaton](#)¹, [Lindsay Burton](#)¹, [Mindy A Smith](#)², [Eric PH Li](#)³

cmaj jamc
CANADIAN MEDICAL ASSOCIATION JOURNAL / REVUE CANADIENNE DE MÉDECINE GÉNÉRALE

• CMAJ. 2023 Dec; 4:139(47):E1628-E1636. doi: [10.1503/cmaj.221825](https://doi.org/10.1503/cmaj.221825)

Primary care for all: lessons for Canada from peer countries with high primary care attachment

[Hiba Shaheed](#)¹, [Richard H Glazier](#)¹, [Michael Anderson](#)¹, [Erica Barbazza](#)¹, [Victoria LLC Blos](#)¹, [Igor S Savinov](#)¹, [Julia Avonies](#)¹, [Marwen Daneshmandi](#)¹, [Tara Kiran](#)^{1,PP}

CFP MFC
CANADIAN FAMILY PHYSICIAN • LE MÉDECIN DE FAMILLE CANADIEN

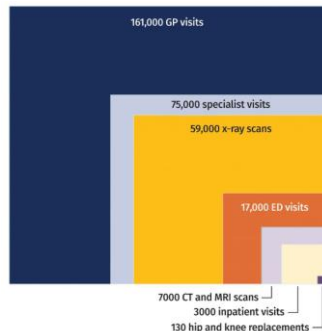
The official journal of the College of Family Physicians of Canada

Primary care in the COVID-19 pandemic and beyond

Lessons from Ontario

Danielle Martin, Fahad Razak, Imaan Bayoumi, Azza Eissa, Michael E. Green, Richard H. Glazier, Allan K. Grill, Noah M. Ivers, Derelie Mangin, Elizabeth Muggah, Sarah Newbery, Onyenyechukwu Nnorom, Dominik Alex Nowak, Kamila Premji, Andrew D. Pinto, Jennifer Rayner, Janet Smylie and Tara Kiran
Canadian Family Physician January 2025; 71 (1) 31-40; DOI: <https://doi.org/10.46747/cfp.710131>

Canada spends less of its total health budget on primary care than the average among Organisation for Economic Cooperation and Development (OECD) countries (5.3% v. 8.1%).



Contribution of Primary Care to Health Systems and Health

BARBARA STARFIELD, LEIYU SHI,
and JAMES MACINKO

Johns Hopkins University; New York University

Evidence of the health-promoting influence of primary care has been accumulating ever since researchers have been able to distinguish primary care from other aspects of the health services delivery system. This evidence shows that primary care helps prevent illness and death, regardless of whether the care is characterized by supply of primary care physicians, a relationship with a source of primary care, or the receipt of important features of primary care. The evidence also shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations, a finding that holds in both cross-national and within-national studies. The means by which



Why Does Stable Attachment Matter?



Primary care attachment improves patient outcomes

(Sandvik et al., 2021)

Unattachment is associated with worse clinical outcomes

(Silwal et al., 2023 ; Sabety & al., 2021; Rush & al., 2022)

The **duration of attachment and unattachment** shapes patient experience, healthcare utilization, costs and clinical outcomes

(Godfrey et al., 2025)



Healthcare Utilization and Costs

Unattachment is associated with higher healthcare utilization and costs

Increases were more pronounced among patients with multimorbidity

*Among patients with high comorbidity, long-term unattached individuals had healthcare costs **>double** those of attached patients (\$8,177 vs \$3,731)*



The Impact on Mortality



Attachment Groups	Duration	Unattachment Groups
Recently attached	<2 years	Recently unattached
Short-term attached	2-5 years	Short-term unattached
Moderate-term attached	5-10 years	Moderate-term unattached
Long-term attached	10-14 years	Long-term unattached
Very-long-term attached	15+ years	Very-long-term unattached

HealthAffairs
Scholar
 EMERGING & GLOBAL HEALTH POLICY

Primary care unattachment: impact on mortality, hospitalizations and costs.

Jonathan Fitzsimon, Antoine St-Amant, Michael E Green, Richard H Glazier, Anastasia Gayowsky, Kamila Premji, Eliot Frymire, Lise M Bjerre **Author Notes**

Health Affairs Scholar, Volume 4, Issue 2, February 2026, qxag030,
<https://doi.org/10.1093/haschl/qxag030>



The Impact on Mortality

Benefit of Stable Attachment

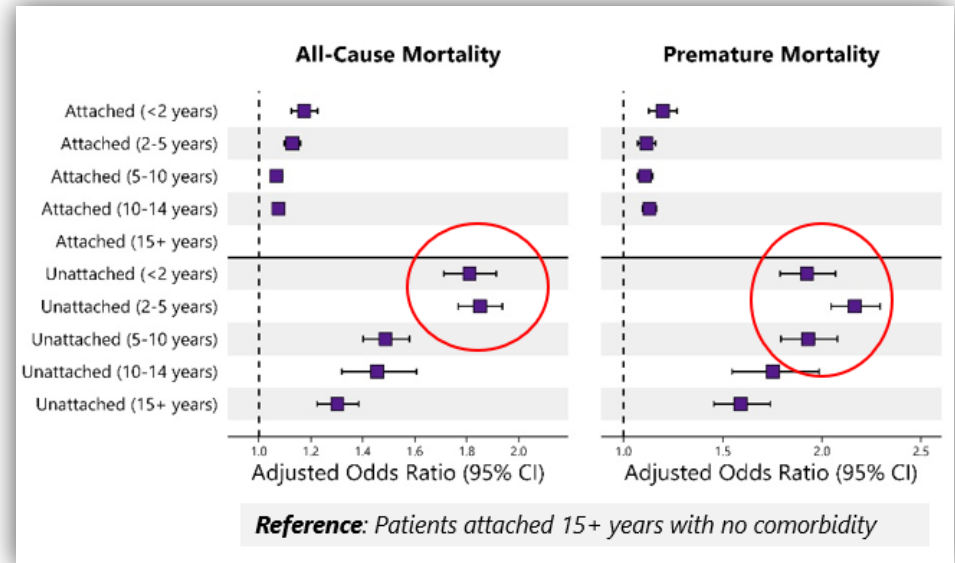
Patients with 15+ years attachment had the lowest rates of mortality

7% higher for 5-10 years attachment
13% higher for 2-5 years attachment
17% higher for <2 years attachment

Risk of Unattachment

Recently unattached patients (<5 years) experienced a marked increase in mortality

85% higher odds of all-cause mortality
117% higher odds premature mortality



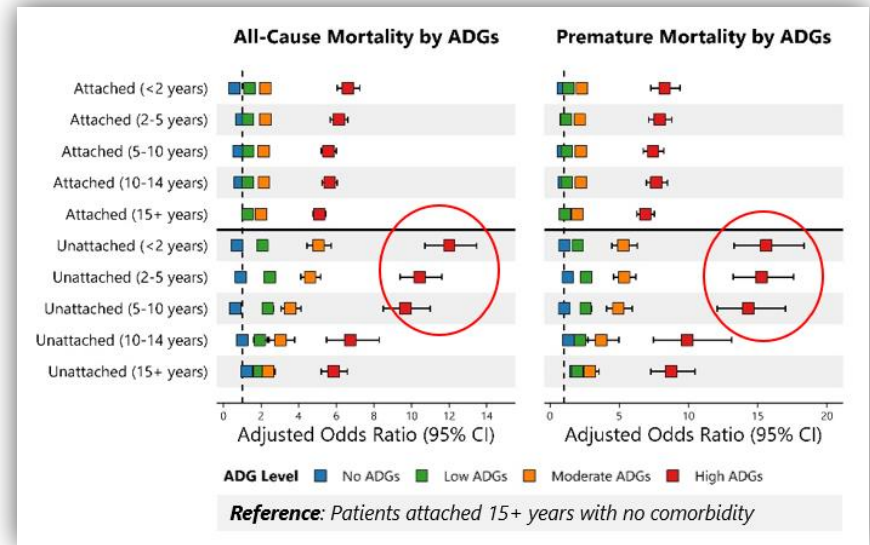
The Impact on Mortality

Those with high comorbidities and unattached for <2 years had:

~12-fold higher odds of all-cause mortality

~16-fold higher odds of premature mortality

Compared to those with no comorbidity and long-term attachment



Quantifying the Burden of Unattachment

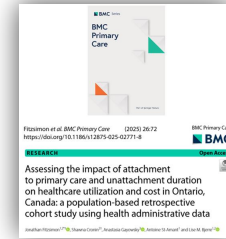


Lessons from Ontario

Reinforces the need for primary care attachment

Critical vulnerability window in the **first five years**,
most markedly for patients with multimorbidity

Prioritizing multimorbid patients will have the greatest impact on clinical outcomes, healthcare system utilization and costs





WHAT

Has Ontario done to move towards Primary Care For All?

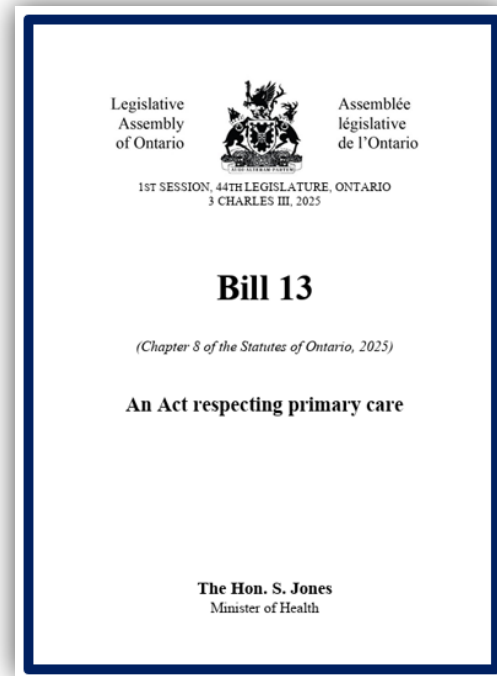
Commitment to Solve the Problem



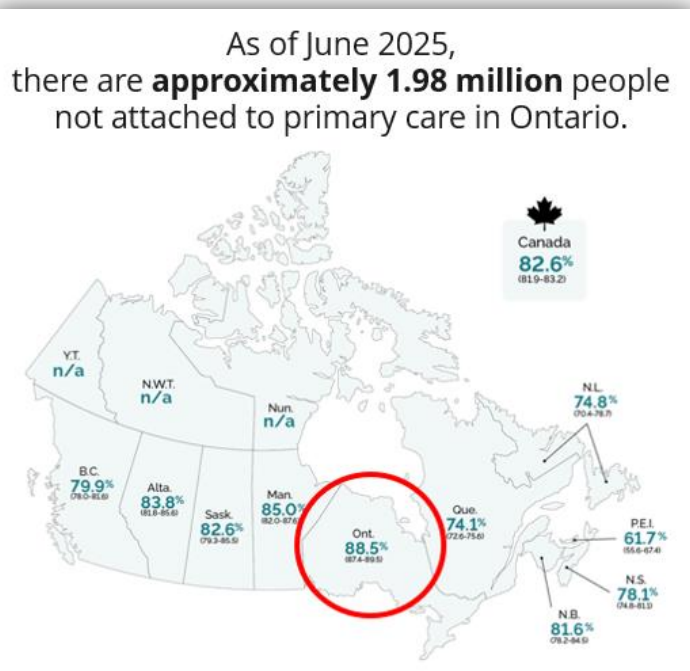
Connecting every person in Ontario to primary care by 2029

Mandate: 100% of people in Ontario are attached to a family doctor or a primary care nurse practitioner working in a publicly funded team, where they receive ongoing, comprehensive, and convenient care.

Ontario is investing **\$2.1 billion** to connect every person in Ontario to primary care.



Responsibility for Solving the Problem



Primary Care For All In Ontario



Connecting every person in Ontario
to primary care

Ontario is investing **\$2.1 billion** to connect every
person in Ontario to primary care.



What has Ontario done?

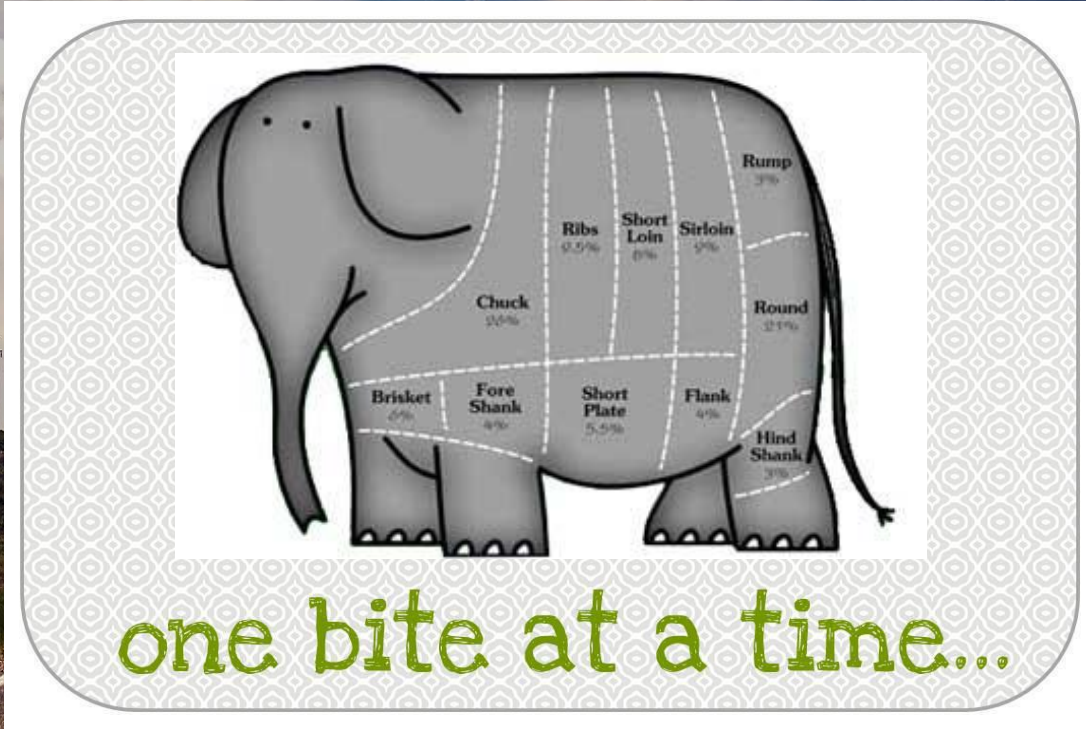


- Quantify the problem
- Commit to solving the problem
- Assign responsibility for solving the problem



HOW

Can we achieve Primary Care For All?





A Hybrid Approach to Primary Care

1. **Leverage underutilized capacity** within the existing primary care workforce and redistributes it to hard-to-serve communities.
2. **Leverage local coordination and resources** that are available.
3. **Blend virtual care options with locally available in-person care resources.**

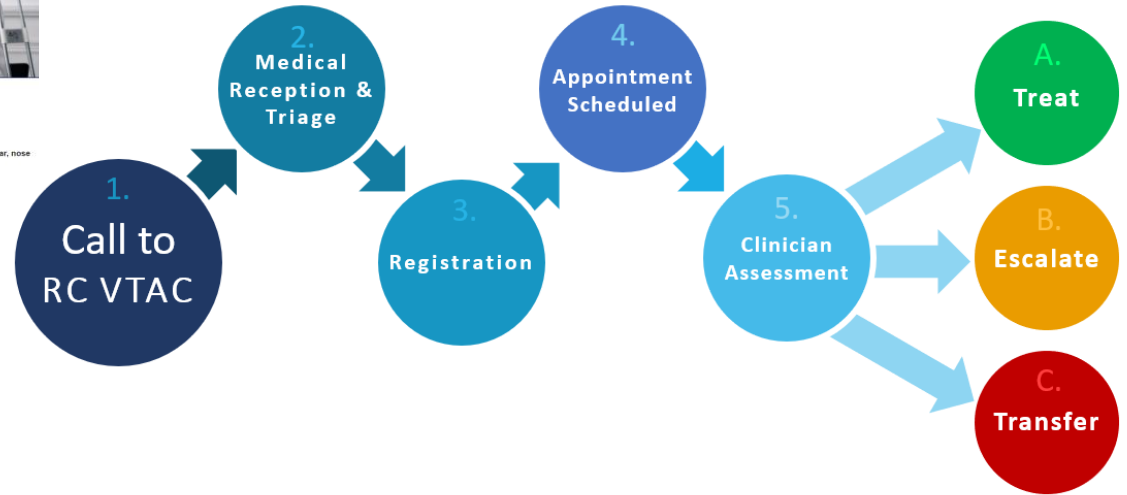
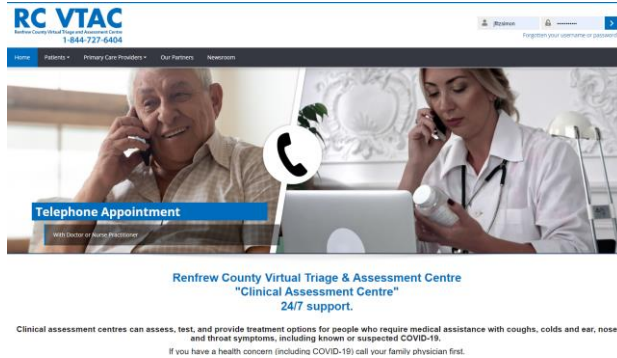
This increases system capacity, delivering more equitable access and attachment to primary care.

A Hybrid Approach to Primary Care



1. Using a hybrid approach to deliver **access to urgent care (VTAC)**.

Hybrid Approach: Access to Urgent Care





Hybrid Approach: Access to Urgent Care

2025
66,655 Calls

40,079
Family Physician
appointments

3,380
Hybrid
appointments

4,283
Paramedic
appointments

69% unattached

71%
Would have gone to ED[#]

<3% Advised to go to ED or call 911

~32,000 ED attendances avoided in 2025

[#]From 6,610 patient experience surveys completed.

Since March 2020

58,789

Unique patients served

213,728

Family Physician Assessments

14,228

Paramedic Assessments

9,225

Hybrid Assessments*

*Hybrid Assessment = Paramedic in-person with the patient, physician present by video or phone.

All metrics accurate as of March 31, 2026.

A Hybrid Approach to Primary Care



1. Using a hybrid approach to deliver **access to urgent care (VTAC)**.
2. Using a hybrid approach to deliver **attachment to comprehensive, team-based primary care (IVC)**.

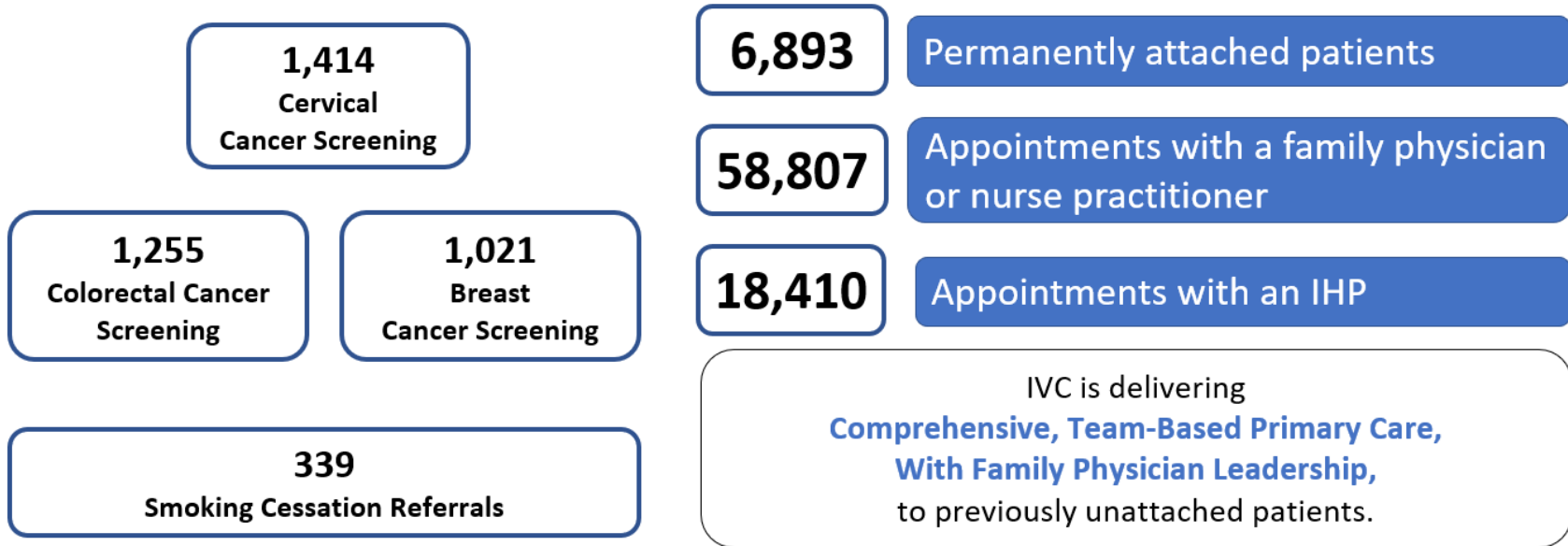
Hybrid Approach: Attachment

Integrated Virtual Care

Attachment to longitudinal, comprehensive, team-based primary care with family physician leadership.



Hybrid Approach: Attachment



All metrics accurate as of March 31, 2026.

Hybrid Approach: Supported by Evidence



BMJ Journals

BMJ Open

Clinical and economic impact of a community-based, hybrid model of in-person and virtual care in a Canadian rural setting: a cross-sectional population-based comparative study.

Fitzsimon JP, Belanger C, Glazier RH, et al
BMJ Open 2023. doi: 10.1136/bmjopen-2022-069699

Canadian Journal

Rural Medicine

Assessing new patient attachment to an integrated virtual care program in rural primary care.

Cayden Peixoto, Lisa Hawkins, Judy Hill, Jonathan Fitzsimon.

Canadian Journal of Rural Medicine

Jan-Mar 2024, DOI: 10.4103/cjrm.cjrm_14_23

JMIR Public Health and Surveillance



COVID-19 Assessment and Testing in Rural Communities During the Pandemic: Cross-sectional Analysis

Jonathan Fitzsimon^{1,2}; Oliver Gervais³; Chelsea Lanos⁴

Investigating Patient Experience, Satisfaction, and Trust in an Integrated Virtual Care (IVC) Model: A Cross-Sectional Survey

Samantha Buchanan, Cayden Peixoto, Christopher Belanger, Douglas Archibald, Lise Bjerre and Jonathan Fitzsimon
The Annals of Family Medicine March 2023, 2798. DOI: <https://doi.org/10.1370/aafm.2978>



BMC BMC Primary Care

Assessing patient experiences with a Virtual Triage and Assessment Centre (VTAC): a mixed-methods study using an online survey and semi-structured interviews in Renfrew County, Ontario

Astoine St-Amant¹, Cayden Peixoto¹, Dez Ibar-Patel², Martha Heidemant³, Kayla Menkhon⁴ and Jonathan Fitzsimon^{1*}

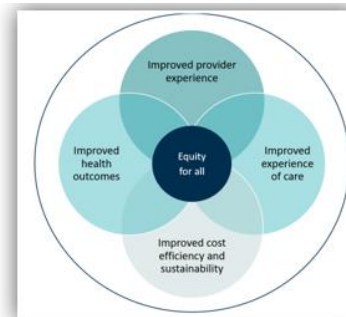


BMC Health Services Research
Family physicians' experiences with an innovative, community-based, hybrid model of in-person and virtual care: a mixed-methods study.

Jonathan Fitzsimon, Kush Patel, Cayden Peixoto and Christopher Belanger

BMC Health Services Research

June 2023 <https://doi.org/10.1186/s12913-023-09599-x>



The Quintuple Aim Framework is a widely recognized model for program evaluation
(Berwick & al., 2008; Bodenheimer & al., 2014; Nundy & al., 2022)

CFP MFC

Canadien Family Physicians • Le Journal de Médecins Familiaux du Canada
The official journal of the College of Family Physicians of Canada

Providing 24/7 healthcare for all during the COVID-19 pandemic

Jonathan Fitzsimon, MD CCFP; Oliver Gervais, MD; Chelsea Lanos and Maureen Sullivan-Bentz

Hybrid Approach: Supported Attachment



1. Administrative onboarding.
2. Pharmacist intake.
3. Designated family doctor intake.
4. Bridging support.
5. Local in-person clinical support.
6. Transition and handover to local attachment.

Hybrid Approach: Supported Attachment



1. Leverage latent capacity in the existing primary care workforce to provide care now to those who need it the most
2. Immediately reduce the burden on emergency departments and hospital in-patient units
3. Avoid overburdening newly recruited primary care clinicians and reduce the risk of clinician burnout.



Hybrid Approach to Primary Care

ENABLERS

- New
- Innovative
- Flexible
- Creative
- Supportive Environment

BARRIERS / CHALLENGES

- New
- Innovative
- Flexible
- Creative
- **New / Adjusted / Additional Roles**

Primary Care For All Americans



Why?

Primary Care Attachment delivers better cost outcomes



Primary Care Attachment delivers better system outcomes



Primary Care Attachment delivers better patient outcomes

Primary Care For All Americans

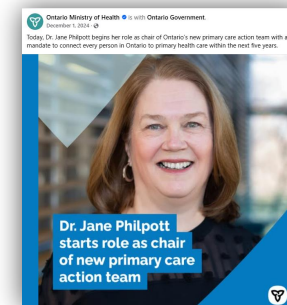
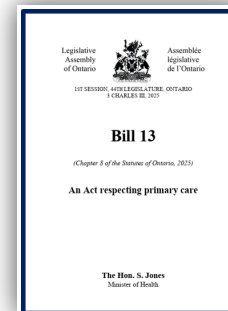


What?

Recognise and Quantify the problem

Commit to solving the problem

Assign responsibility and allocate resources





Primary Care For All Americans

Thank You
Questions?

jfitzsi2@uottawa.ca

 [@Jonathan Fitzsimon](#)

 [@DrFitzsimon](#)