

MEDIA BRIEFING

Budget 2026: Next Steps in Ontario's Primary Care Action Plan



**PROTECT
ONTARIO**

Ministry of Health

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Ontario

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1. Overview: Primary Care Action Team

- According to the Canadian Institute for Health Information, **Ontario leads the country** with access to a regular health-care provider.
- Following the success of recent primary care team expansions, in December 2024 Ontario established the **Primary Care Action Team (PCAT), led by Dr. Jane Philpott**, with a mandate to connect every Ontarian to primary care by 2029.
- In January 2025, the government launched the **Primary Care Action Plan**, with the goal of **attaching everyone in Ontario to a publicly funded primary care clinician or team by 2029**.
- Through the **2026 Ontario Budget**, the government is investing an additional \$325 million to further expand primary care and connect everyone in Ontario to a family doctor or primary care team by 2029. When combined with ongoing funding, this brings the four-year investment in the Primary Care Action Plan to **\$3.4 billion**.
- Initiatives through the Primary Care Action Plan will **close the gap** for the approximately **1.9 million Ontarians** who want to connect to primary care, achieving the goal of connecting every person in Ontario to primary care.

2. Status Update: Primary Care Action Plan Exceeding Targets

Commitment	Since the Launch of the Primary Care Action Plan (January 2025)
Attach 300,000 people to primary care in 2025-26	Ontario has attached approximately 330,000* people to ongoing primary care.
Clear the Health Care Connect waitlist (as of January 1, 2025) by Spring (June) 2026	Ontario has reduced the Health Care Connect waitlist (as of January 1, 2025) by over 87% (~204,800 people)

*Attachment numbers represent the time period of Jan 1 2025-Dec 31 2025 and are based on an interim estimate with incomplete data.

3. Ontario Budget 2026: Primary Care Investment Grows to \$3.4 Billion

Through the 2026 Ontario Budget, the government is investing an **additional \$325 million** to further expand primary care and connect everyone in Ontario to a family doctor or primary care team by 2029, bringing the four-year investment to **\$3.4 billion**.

	2025-26	2026-27	2027-28	2028-29	Total
Supporting primary care teams*	\$237 million	\$604 million	\$959 million	\$1.3 billion	\$3.1 billion
Building primary care teaching clinics	\$300 million				\$300 million
					\$3.4 billion
New people to be attached	300,000	+500,000	+600,000	+600,000	2,000,000

*Including but not limited to funding to establish and sustain new and expanded primary care teams and expanding the primary care workforce.

4. Successful Applicants for the 2026-27 Call for Proposals Selected

Delivering on the 2025-26 Call for Proposals

- In June 2025, **75 proposals representing over 130 new and expanded primary care teams** were announced through the Primary Care Action Plan.
 - These teams continue to attach thousands of patients across the province, with the goal of attaching 300,000 patients by **July 2026**.

2026-27 Call for Proposals

- Announced in September 2025, the 2026-27 call for proposals will invest over **\$250 million** in new and expanded primary care teams to connect 500,000 more people to ongoing care.
 - **124 successful proposals** will be notified of their application status in the coming weeks.

5. Next Steps: Primary Care Action Plan



Connecting You to a Primary Care Team

- Create and expand **305** additional teams to attach approximately **2 million people** to primary care.
- Invest more than **\$235 million** in 2025-26 to establish and expand **80** additional primary care teams across the province, attaching 300,000 more people to primary care this year.
- Establish **standards** for what every Ontarian can expect when accessing primary care services.
- Provide **regular public updates** on progress and performance in achieving the Primary Care Action Team's mandate.



Making Primary Care More Connected and Convenient

- **Modernize Health Care Connect** to improve the user and provider experience, with the goal of establishing a wait time target of no more than 12 months.
- Attach everyone (as of January 1, 2025) on the Health Care Connect waitlist to a primary care team by Spring 2026.
- Enhance **digital tools** for clinicians and patients, improving patient navigation, reducing administrative burden and improving the **referral process**.
- Leverage Health811 to view **online health records, book an appointment** with a primary care provider and discover care options.
- Set **regular performance indicators** of primary care teams.



Supporting Primary Care Providers

- Introduce targeted strategies to **recruit and retain** the workforce needed to support primary care clinicians and teams, including family doctors, nurse practitioners and other allied health professionals.
- **Address administrative burden** with digital tools, targeted recruitment and retention strategies for northern and rural communities and ensure all of Ontario's highly qualified health-care professionals can work to their full scope of practice.
- Add and expand community-based **primary care teaching clinics** in collaboration with academic institutions and other partners.

6. Current State: Electronic Medical Records in Primary Care

- Electronic medical records (EMR) are a **digital version of a patient's medical chart**. Primary care clinicians use it to capture a patient's comprehensive medical history, diagnoses, medications, test results and more.
- Approximately **12,000 (or ~90%)** of Ontario's family physicians currently use an EMR to support patient care and practice management.
- Each physician practice or group independently **purchases their own EMR licence** as individual customers.
- Each of these clinics creates a separate version of the EMR, **with thousands of separate disconnected versions** being used across the province.
- As a result, there is little to no data exchange between these EMRs, resulting in **silos that can't effectively share patient information** with hospitals, specialists, pharmacies and within primary care – and patients may struggle to access their personal information.

Rayo has a new clinician

Rayo moves to a new city and registers with a new family doctor. The doctor doesn't have access to Rayo's previous primary care records, so Rayo must repeat his health history and diagnoses to the best of his recollection or pay for a transfer of his records. The doctor is frustrated that she does not have a clear picture of Rayo's health and worries something might be missed from Rayo's recollection.

What this means

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Patients
 - Patients and their caregivers are often forced to repeat their health history to different clinicians.
 - Incomplete or missing medical history can result in unnecessary and costly tests or impact quality of care.
 - Patients often have to pay out of pocket to transfer their medical records from primary care. Costs vary widely, typically ranging from \$30 to more than \$100 depending on the size of the file.
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Clinicians
 - Incomplete picture of a patient's medical history, which can result in unnecessary and costly tests. It is estimated up to 20% of tests may be unnecessary, some of which may be the result of previous tests not being accessible.
 - Individual clinicians may have limited resources to manage and update their EMRs.
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Health System
 - Hinders effective data sharing and results in data silos across the health-care system.
 - Limited ability to connect directly to provincial digital tools, such as e-referral and electronic lab ordering.

7. Ontario's Primary Care Medical Record System

- As part of Ontario's Primary Care Action Plan, the government is making primary care more connected and convenient by advancing work on a **provincewide electronic medical record system for primary care** ("Primary Care Medical Record system").
- The Primary Care Medical Record system will form the foundation of a modern digital platform for primary care, **replacing thousands of isolated chart systems** with an interoperable, secure system that supports both patients and clinicians.
- Recognizing the important role that access to a regular primary care provider plays in helping injured workers return to work faster, the **Workplace Safety and Insurance Board (WSIB)** is partnering with the Ministry of Health on this initiative to support more connected and convenient primary care for all Ontarians.

Supporting Ontario Workers

Preliminary analysis from WSIB shows that individuals with access to a family physician needed an average of 70 days off work, compared to 92 days for those without access – a 23% reduction in time away from work.

HOW IT WILL WORK

- The government will undertake **procurement activities** to establish a **Vendor of Record** for an integrated and enhanced Electronic Medical Record system for primary care.
- Family physicians will have the **choice** to transition to the Primary Care Medical Record system
- The government is exploring options to support the costs of the Primary Care Medical Record system for family physicians who choose to migrate, in addition to providing technical support, adoption assistance, and clinical practice assistance, allowing them to **focus on delivering care rather than maintaining IT system.**
- For the first time, **Ontario will have a seamless, interoperable Primary Care Medical Record system** that will keep an accurate and comprehensive account of a patient's health information over their lifetime.

8. Benefits of the Primary Care Medical Record System



Patients

- Care will feel more **coordinated and seamless**.
- Patients won't have to **repeat their medical history** or receive **unnecessary, costly, and duplicative tests**.
- A more comprehensive and up-to-date source of health information - including lab results and medications - will help **improve the quality of care patients receive and better support caregivers in coordinating care**.
- Better data flow means **quicker referrals, fewer delays** caused by missing information and **smoother transitions** between clinicians.



Clinicians

- Primary care clinicians and other partners can see a **single integrated patient record** (with patient consent) from anywhere in the province.
- Reduces paperwork, allowing **more time for patient care**.
- Clinicians across the system will have the information they need – such **as medical history, allergies, and past treatments** – right at their fingertips, reducing care gaps and improving patient safety.



Health-Care System

- **Care integration and interoperability** across the health-care system.
- Access to data for **health system planning** and analytics.
- Better **population health management** such as cancer screening and diabetes care.
- **Provincewide approach** to updating with the latest tools (e.g., electronic referrals).
- Access to state-of-the-art technology, including **strengthened cybersecurity**, that is updated system-wide.

9. Next Steps

- The Ministry, in collaboration with Ontario Health and Supply Ontario will conduct an **open competitive procurement** process to establish a **Vendor of Record** arrangement.
- As a next step, prior to issuing a Request for Bids, Supply Ontario will conduct a **Market Sounding**, inviting vendors to participate in informal, non-binding discussions to better understand:
 - The current **market landscape**, including the range of available digital solutions
 - Overall **market capacity and capability** and organizational readiness
 - **The number of vendors interested** in supporting a Primary Care Medical Record system