



Interprofessional Primary Care Team (IPCT) Expansion - 2027-2028 Call Instructions

Instructions for Indigenous-led Providers and Teams
SEPTEMBER 2026



**Ontario
Health**

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For any questions or more information about the proposal process, please contact the Ministry of Health at pcoinquiries@ontario.ca, or your designated ministry contact.

Please note all proposals must be submitted to primarycareexpansion@ontariohealth.ca.

The Ministry of Health and Ontario Health will be hosting a technical webinar for proponents interested in applying through the Indigenous-led proposal.

Background

In January 2025, the Government of Ontario (government) [announced](#) its Primary Care Action Plan, with the goal of attaching everyone in Ontario to a family doctor or primary care team by 2029. This plan is supported by a \$3.4 billion investment.

Through the 2027-2028 Call for Proposals, the Government will invest more than \$250 million to attach 600,000 more people to primary care. The 2027-2028 Call for Proposals builds on the momentum and successes of the 2024 Primary Care Expression of Interest and the 2025-2026 and 2026-2027 Call for Proposals, all of which demonstrated the strength of local primary care planning, collaboration and innovation across the province.

The Ministry of Health (Ministry) and Ontario Health will co-manage intake and assessment to allocate multi-year funding for new and expanded interprofessional primary care teams.

Hereafter, “Proponent” refers to the lead organization, together with any partner organizations, that are collaborating to develop and submit the proposal.

Eligibility

The Ministry and Ontario Health are committed to supporting primary care planning and delivery that addresses the well-being of First Nations, Inuit, Métis, and urban Indigenous people.

All interested Indigenous-led proponents may submit a proposal directly to Ontario Health for administrative processing (i.e., independent of an Ontario Health Team (OHT) and their Primary Care Network (PCN)) that will then be forwarded to the Ministry. Alternatively, Indigenous-led proponents may choose to submit through an OHT and their PCN.

Proposals can be submitted to **create** or **expand** one of the following approved interprofessional primary care team models:

- Community Health Centres (CHCs)
- Family Health Teams (FHTs)
- Indigenous Primary Health Care Organizations (IPHCs)
- Nurse Practitioner-Led Clinics (NPLCs)

Approach

Proponents are limited to one application, whether submitted independently, in partnership with other Indigenous-led organizations, or in partnership with an OHT/PCN.

While Indigenous-led proponents are not required to apply in partnership with an OHT/PCN, they are encouraged to connect with relevant OHTs/PCNs to better understand local planning activities, identify areas of alignment, and explore opportunities to support broader attachment.

Strategic Evaluation Priorities of the Call for Proposals

The Ministry and Ontario Health are inviting collaborative proposals that demonstrate alignment with the following four priorities. Proposals will be evaluated against the following:

- A. **Primary Care Attachment:** Provide net-new, ongoing attachment to primary care, prioritizing communities with high rates of unattachment.
- B. **Readiness to Implement:** Demonstrating the ability to be operational and begin to attach people to a primary care clinician or team starting in Spring 2027, and the ability to achieve attachment targets by Spring 2028. Longer implementation timelines may be considered for establishing new teams, particularly in areas with limited or no existing team capacity.
- C. **Supporting Geographic Coverage:** Proposals should identify the Indigenous communities and populations of highest unattachment or areas of high need they intend to serve. Applicants may draw on relevant OHT geographic attachment plans to inform their proposals, while recognizing that Indigenous-led models may serve populations across multiple geographic boundaries.
- D. **Meeting Primary Care Objectives:** Commitment and demonstrated ability to meet the primary care objectives described in the [Primary Care Act, 2025](#) over time:
 - 1. **Province-Wide:** Ontarians should have the opportunity to have a documented and ongoing relationship with a primary care clinician or team.
 - 2. **Connected:** Ontarians should have the opportunity to receive primary care services that are co-ordinated with existing health and social services.
 - 3. **Convenient:** Ontarians should have access to timely primary care services.
 - 4. **Inclusive:** Ontarians should have the opportunity to receive primary care services that are free from barriers and free from discrimination prohibited by the *Human Rights Code* or the *Canadian Charter of Rights and Freedoms*.
 - 5. **Empowered:** Ontarians should have the opportunity to access their personal health information through a digitally integrated primary care system that connects insured persons to primary care clinicians or teams involved in their care.
 - 6. **Responsive:** The primary care system should respond to the needs of the communities it serves, and Ontarians should have access to information about how the system is performing and adapting.

Proposal Development Considerations

Proposals may be submitted to either create a new interprofessional primary care team or expand an existing team (refer to **Appendix C for examples**). Regardless of the approach, proposals should demonstrate alignment with the strategic evaluation priorities of this Call for Proposals.

Expansion of Existing Interprofessional Primary Care Teams (IPCTs)

Proponents whose catchment area includes a high proportion of First Nations, Inuit or Métis populations, should consider partnerships with other locally based Indigenous-governed organizations who represent the local community/ies.

The following are examples of scenarios where expansion of an existing team may be considered, including but not limited to:

- An existing IPHCO would like to expand services to surrounding communities through outreach services at a satellite location. They could apply for an Indigenous midwife, community health worker and family physician to attach more people to primary care.
- An existing Indigenous-led FHT is seeking to expanded access to comprehensive care through the addition of a pharmacist, social worker and community outreach worker, supporting ongoing attachment and continuity of care.

Creation of New Interprofessional Primary Care Teams

To support attachment to primary care across the province, new primary care teams may be established in geographic areas where access to Indigenous-led, culturally safe, comprehensive, and team-based primary care is limited or unavailable.

The following are examples of scenarios where creation of a new team may be considered, including but not limited to:

- A First Nations, Inuit, or Métis community/Band Council/hub is seeking funding to establish a new IPHCO to provide culturally safe primary care services to community members.
- An Indigenous organization seeks to expand interprofessional primary care to the community by applying for funding to create a new Blended Salary Model FHT.

Process to a Create a New Team

Once the need for a new IPCT has been identified, several foundational organizational and operational requirements must be established to support implementation and ongoing operations. New teams will be provided additional time to become operational and begin attaching patients.

Steps	Key Requirements
1. Corporate & Governance	• Establish a legal entity • Create a governance structure (e.g., Board of Directors or Band Council) • Develop bylaws, policies and accountability frameworks
2. Financial Management	• Open bank accounts • Establish financial controls and signing authorities • Secure insurance
3. Human Resources	• Recruit and onboard interdisciplinary team members • Develop employment contracts, job descriptions, and HR policies
4. Operational Infrastructure	• Secure clinical and administrative space • Procure equipment, furniture, and office technology • Establish IT and cybersecurity infrastructure • Implement an Electronic Medical Record (EMR) system and data management processes
5. Clinical Operations	• Develop clinical programs and service delivery models • Create patient attachment processes • Establish quality improvement, risk management, and patient safety frameworks
6. Compliance & Reporting	• Meet Ministry and Ontario Health's funding agreement requirements • Implement privacy and health information management policies • Establish performance measurement and reporting processes

For more information on these requirements, please contact the Ministry of Health at pcoinquiries@ontario.ca, or your designated ministry contact.

Leasehold/Start-Up Costs

A strategic priority of the Call for Proposals is readiness to implement, specifically demonstrating the ability to be operational and begin to attach people to a primary care clinician or team by Spring 2027. This includes how your proposed new or expanded team can leverage existing infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs.

Proposals should clearly articulate any costs related to start-up activities required to support attachment, including **clinical, administrative, and shared** start-up space renovations (qualifying physical improvements to owned premises), **leasehold improvements** (tenant-funded, durable improvements attached to leased premises), and other **non-space readiness costs**, where appropriate. Start-up costs are not guaranteed and must be approved in advance by Ontario Health and/or the Ministry of Health.

Data Informed

All Indigenous-led proponents can request data packages, organized by OHT and various geographic units such as Forward Sortation Areas (FSAs), Aggregate Dissemination Areas (ADAs), and Census Subdivisions (CSDs) including provincial attachment data.

Data requests can be sent to OHTanalytics@ontariohealth.ca.

The Ministry recognizes that census data may undercount Indigenous populations. As such, Indigenous-led proponents are encouraged to use available data, community knowledge, local planning information, health service utilization information and other evidence sources to inform proposal development.

Additional Attachment(s)

- **(Required)** Proponent Signature and Acknowledgment:
- **(Optional)** Letter(s) of Commitment
- **(Optional)** Indigenous-led proponents may submit supplementary materials used in the development of their proposal (e.g., local data and knowledge, governance structures, and cultural approaches to care).

All completed and signed forms must be submitted with the proposal package by the proposal submission deadline.

Proposal Submission Process

- The deadline for Indigenous-led proponents and OHTs to submit proposals to Ontario Health is **November 20th, 2026, at 5PM Eastern Time.**
- Proposals must be submitted to primarycareexpansion@ontariohealth.ca. Existing IPHCOs may reach out to their Ministry contact(s) for additional support or guidance.
- An acknowledgement of receipt will be sent for all proposals submitted by the deadline, from the email above.
- For any questions about the submission of proposals, please contact primarycareexpansion@ontariohealth.ca.

Appendix A: Ontario Health Regional Contacts

Ontario Health contacts will work with proponents throughout the process of submission. See below for the list of contacts for your region.

Region	Primary Care Contacts	OHT Contacts
North East	oh-ne-finance@ontariohealth.ca	lynne.kinuthia@ontariohealth.ca
North West	OH-NW-Submissions@OntarioHealth.ca	kiirsti.stilla@ontariohealth.ca
East	OH_East_Clinical_Submissions@ontariohealth.ca	OHEast-OHTs@ontariohealth.ca
Central	OH-Central_PrimaryCareAdvancement@ontariohealth.ca	OH-CentralOHTs@ontariohealth.ca
Toronto	OHTorontoIPC@ontariohealth.ca	TorontoRegionOHTs@ontariohealth.ca
West	OH-West-PCEOI@ontariohealth.ca	OHWest-OHTs@ontariohealth.ca

If you are unsure of your region, this [Census Subdivision to Ontario Health Look Up Tool](#) may be of assistance.

Appendix B: Overview of Existing Interprofessional Primary Care Teams (IPCTs)

Description of Interprofessional Primary Care Models

<u>Family Health Team (FHT)</u>	<u>Community Health Centre (CHC)</u>	<u>Indigenous Primary Health Care Organizations (IPHCO)</u>	<u>Nurse Practitioner-Led Clinic (NPLC)</u>
FHTs are community-centered primary care organizations that bring together interprofessional teams, including family physicians, nurse practitioners, nurses, social workers, community health workers and other professionals, to provide comprehensive, coordinated care tailored to local population needs. They focus on the delivery of primary care services with a focus on health promotion, disease prevention and chronic disease management. FHTs operate under multiple funding models. The Blended Salary Model (BSM), which compensates physicians primarily through a salary and non-BSM models, compensates physicians under a blended capitation-	CHCs provide comprehensive, Interprofessional primary health care services with an emphasis on health promotion, disease prevention and addressing the social determinants of health. They are often designed to serve priority populations who face barriers to care such as people living on low income, newcomers, individuals with complex mental health needs and the uninsured. Although they are encouraged also to serve the general population in their area. CHCs tailor their programming to local needs and often include services like health education, chronic disease management, mental health supports and community outreach. They are governed by volunteer community boards and operate with	IPHCOs are Indigenous-governed, community-led health organizations that provide culturally safe, holistic and integrated primary care services to First Nations, Métis, Inuit and Urban Indigenous individuals and families. IPHCOs blend traditional Indigenous healing practices with mainstream clinical services, offering care that reflects Indigenous worldviews and values. In addition to primary care provided by family physicians and nurse practitioners, IPHCOs provide services such as traditional healing, cultural	NPLCs are interprofessional teams led by nurse practitioners, designed to provide comprehensive primary care services. They support anyone in need of primary care, including underserved communities. In this model, patients are registered to the clinic where nurse practitioners and nurses work to full scope of practice, in addition to other interprofessional team members. NPLCs offer primary care services and other need-responsive services. NPLCs can receive stipend funding for collaborating physicians.

based model. Family Health Network (FHN), Family Health Organization (FHO), and Rural and North Physician Group Agreement (RNPGA) are examples of blended capitation models. For an overview of the FHT, please refer to Family Health Teams ontario.ca	a mandate to improve health equity and access. Salaried physicians are employees of the CHC. For an overview of the CHC, please refer to Community Health Centres ontario.ca	programming, system navigation and maternal and child health programming. Salaried physicians are employees of the IPHCO. (Note: Teams formerly known as Aboriginal Health Access Centres)	For an overview of the NPLC, please refer to Nurse Practitioner- Led Clinics ontario.ca
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*Please note the compensation rates for physicians working in or collaborating with these models are established through negotiations with the Ontario Medical Association.

Scenarios - Family Health Team

Expansion	New Teams
- An existing FHT that is affiliated with one or more Family Health Organizations (FHOs) or Family Health Networks (FHNs) plans to expand their practice and would like to invite another FHO to affiliate with their team so they can roster more patients. They could apply for more interdisciplinary health providers (IHPs) and administrative staff and become an extension or satellite of the FHT. - An existing FHT that is affiliated with a Blended Salaried Model (BSM) would like to expand and roster more patients. They could apply for an additional salaried physician FTE or IHPs. - An existing FHT would like to expand their services and affiliated physicians plan to roster all unattached patients in a geographic area. They could apply for new IHPs.	- One or more FHOs or FHNs without an affiliation to a FHT would like to expand their practice. They could propose the creation of a new FHT and apply to add IHPs and administrative support to their practice. - A group of physicians who are in a Family Health Group (FHG) could apply to become a FHO which could then be eligible to apply to form a FHT, if there is no FHT in the area. - A group of physicians want to work in a salaried model with interprofessional and administrative support. They could create a new blended salary model (BSM) FHT. - An RNPGA could decide to apply to form a FHT that will provide attachment for people living within the geographic area.

Scenarios - Community Health Centre

Expansion	New Teams
An existing CHC would like to expand their services to a growing population in the catchment area. They could apply for additional salaried physicians or IHPs.	- A group of physicians or nurse practitioners decide to create a team of interprofessional providers and administrative support, creating a new CHC. - Community organizations with an interest in primary care could collaborate with local providers and apply to be a new CHC that would take on all unattached patients in a geographic area.

Scenarios - Nurse Practitioner-Led Clinic

Expansion	New Teams
- An existing NPLC would like to expand their services to a growing population in the area. The team could apply for an additional salaried nurse practitioner to attach more patients. - An existing NPLC would like to expand services for residents of a local community housing unit (satellite or mobile services), where the NPLC provides primary care. The team could apply for additional funding that enable them to attach patients to ongoing primary care.	A group of nurse practitioners decide to apply for funding to create a team of interprofessional providers and administrative support, creating a new NPLC.

Scenarios - Indigenous Primary Health Care Organizations

Expansion	New Teams
An existing IPHCO would like to expand their services for Indigenous peoples. The team could apply for additional salaried physicians or IHPs and demonstrate they will attach more people to ongoing primary care.	An Indigenous organization or Band Council seeks to expand interprofessional primary care to the community. The group can apply for funding to create a new IPHCO.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.

Document disponible en français en contactant info@ontariohealth.ca