Interprofessional Primary Care Team (IPCT) Expansion - 2026-2027 Call for Proposals

A Guide for Indigenous-Led Organizations

SEPTEMBER 2025

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Contact information

For any questions about the submission of proposals, please e-mail primarycareexpansion@ontariohealth.ca or reach out to the Ontario Health Regional Representative listed in Appendix A.

The Ministry of Health and Ontario Health will be hosting a technical webinar for Indigenous Primary Health Care Organizations on Friday, September 26th at 12:00 pm Eastern Daylight Time to share more information about the Call for Proposals and to answer any questions. An invitation for the technical webinar will be sent to current Indigenous-led IPCTs.

1. Background

On September 22, 2025, the Ministry of Health ('ministry'), in collaboration with Ontario Health, launched the 2026-2027 Call for Proposals ('Call') to create or expand approximately 75 primary care teams that will attach 500,000 more people to primary care.

The is part of the Government's $2.1 billion investment towards Ontario's Primary Care Action Plan which will create or expand over 300 new and expanded primary care teams across the province to attach two million more people to a primary care clinician or team by 2029.

The goal is to ensure that every person in Ontario has the opportunity to be attached to primary care that is comprehensive, connected, convenient, inclusive, empowered and responsive. Primary care should be provided close to where Ontarians live or where it is most convenient for them and recognize and respond to the needs of the local population.

The 2026-2027 Call for Proposals builds on the momentum and successes of both the 2024 Primary Care Expression of Interest and the 2025-2026 Call for Proposals, both of which demonstrated the strength of local primary care planning, collaboration and innovation across the province.

Overview of 2026-2027 Call for Proposals

Through the 2026-2027 Call for Proposals, the Government will invest more than $250 million to create or expand approximately 75 primary care teams that will attach 500,000 more people to primary care.

Approach and Eligibility

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

All interested Indigenous-led organizations may submit a proposal independent of an Ontario Health Team (OHT) and their Primary Care Network (PCN). Alternatively, Indigenous-led organizations may choose to submit through an OHT.

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

Proposals can be submitted to create or expand one of the existing team-based models:

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

Proposals must include a completed form and budget template and demonstrate alignment with strategic evaluation priorities.

Strategic Evaluation Priorities of the Call for Proposals

The Ministry and Ontario Health are inviting collaborative proposals that demonstrate alignment with the following three 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 by spring 2026. This includes demonstrating how your proposed new or expanded team can leverage existing infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs.

C. **Meeting Primary Care Objectives:** Commitment and demonstrated ability to meet the following primary care objectives, as noted below, over time.

   1. **Province-Wide:** Ontarians across the Province 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.
   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.

2. Instructions for Completing the Proposal Form

This section outlines instructions to support the development of strong, informed, and impactful proposals that align with the strategic evaluation priorities for the Call for Proposals. For illustrative examples of how these priorities may be applied in practice, refer to the case studies in Appendix C.

Collaboration for Expanded or New Teams

The Ministry and Ontario Health strongly encourage collaborative and partnership-based proposals that prioritize ongoing attachment, specifically in communities with high rates of unattachment.

Proposals for new and expanded teams will be accepted. For team expansions into new communities, proponents are encouraged to consider hub-and-spoke or similar collaborative models, where local populations are served by satellite teams operating under a centralized governance structure.

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

Collaborative models promote scalability, sharing of resources, and better connection across the care continuum.

Data Informed

All Indigenous-led organizations can request access to data packages, organized by OHT, that include provincial attachment data filterable by various geographic units such as Forward Sortation Areas (FSAs), Aggregate Dissemination Areas (ADAs), and Census Subdivisions (CSDs). This data should guide planning for team expansions or new teams. Supplementary local data may be used to support the case for a new or expanded IPCTs.

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

The ministry recognizes that some Indigenous populations may live across different OHTs and may therefore request additional data packages from Ontario Health to inform proposal development.

Indigenous-led proponents are also recommended to use sociodemographic data from their geographies to tailor their proposals. The ministry recognizes that census data may undercount Indigenous populations. As such, Indigenous-led applicants are also encouraged to reflect on their knowledge of the needs in the community/ies they serve.

In-scope Health Human Resources (HHR)

Primary care teams are interprofessional groups made up of individuals with health, wellness and social care expertise, working together to support patients' unique health and wellness needs. Interprofessional primary care teams connect people to a range of health professionals that work together under one roof, including family physicians, nurse practitioners, registered nurses, registered practical nurses, physician assistants, physiotherapists, social workers, dieticians, midwives and pharmacists, working to their full scope of practice. Depending on the population served, teams may also collaborate with additional experts to meet patient needs, such as Traditional Healers.

The Ministry and Ontario Health recognize that Indigenous-led primary care service providers operate under a wholistic model of care that focuses on the provision of culturally safe and responsive care to uphold the physical, mental, emotional and spiritual health of patients. Proponents are encouraged to align proposed staffing with this broader model of care.

The allied HHR should be hired with the intention to maximize attachment for family physicians in patient-enrolled models that could be affiliated with a FHT, or with family physicians or nurse practitioners employed by IPHCOs, CHCs or NPLCs.

3. Completing and Submitting the Proposal

Proposal Completion Process

Ontario Health will provide the proposal package to primary care clinicians and teams interested in submitting a proposal.

Completing the proposal and budget templates is a requirement to be considered. Please follow the instructions as provided on the proposal template and please refer to Section 2 of this guidance document for more details on roles and responsibilities.

Proposal Package Components

The proposal package includes:

- Proposal form (fillable PDF) with the following sections:
    - Section A: Proponent Information
    - Section B: Team Model
    - Section C: Primary Care Teaching Clinic
    - Section D: Proposal Summary and Rationale for Need
    - Section E: Geographic Zones and Team Attachment
    - Section F: Team Composition
    - Section G: Plan to Meet Primary Care Objectives
    - Section H: Implementation Plan and Readiness
    - Section I: Risks and Mitigations
- The following appendices are also a part of the proposal package:
    - Appendix A: Proposal Signature and Acknowledgement
    - Appendix B: Budget Template
    - Appendix C: Description of Existing Interprofessional Primary Care Teams (IPCTs) and How Physicians and Nurse Practitioners Can Participate
    - Appendix D: Proposal Checklist

Note: Proposal packages with blank or missing sections will be considered incomplete and not be evaluated. Only letters of commitment may be submitted as supplementary materials. All other attachments or documents not explicitly requested as part of the application will not be reviewed.

Proposal Submission Process

The deadline for Indigenous-led organizations and OHTs to submit proposals to Ontario Health is **5:00 pm Eastern Daylight Time, November 14, 2025.**

All proposals must be submitted to primarycareexpansion@ontariohealth.ca and include in the email subject line.

Attached documents must use file names that include the applicant's name.

Only completed proposals and supplementary materials submitted directly to the email address above by the deadline will be accepted.

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. Existing IPHCOs may reach out to their ministry contact(s) for additional support or guidance.

Please reach out to your Ontario Health regional contacts for support with proposal completion (see Appendix A for the contact list).

Important Dates

September 26th, 2025: Technical webinar to walk through the forms and answer questions.

November 14, 2025, at 5pm: Deadline for proposals to be submitted to Ontario Health.

Spring 2026: Communication of successful proposals and funding letters issued.

Fall 2026: The process for Call for Proposals 2027-2028 will be announced.

FAQs

Please refer to the 'Frequently Asked Questions' (FAQs) document on the Ministry of Health website.

Appendix A: Ontario Health Regional Contacts

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

Region	Primary Care Contacts	OHT Contacts
North East	kelsey.shaw@ontariohealth.ca	lynne.kinuthia@ontariohealth.ca laura.boston@ontariohealth.ca
North West	OH-NW-Submissions@OntarioHealth.ca	kiirsti.stilla@ontariohealth.ca
East	OH_East_Clinical_Submissions@ontariohealth.ca	laurel.hoard@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: IPCT Model Overview

Proponents can submit a proposal to create or expand one of the existing team-based models:

DESCRIPTION OF INTERPROFESSIONAL PRIMARY CARE TEAM MODELS			
Community Health Centre (CHC)	**Family Health Team (FHT)**	**Indigenous Primary Health Care Organization (IPHCO)**	**Nurse Practitioner-Led Clinic (NPLC)**
CHCs provide comprehensive, interprofessional primary health care services with an emphasis on health promotion, disease prevention and addressing the social determinants of health. They serve general and priority populations who face barriers to care such as people living on low income, newcomers, individuals with complex mental health needs and the uninsured 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 a mandate to	FHTs are community-centred 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 affiliate with physicians in eligible funding models. The Blended Salary Model (BSM) compensates physicians primarily through a salary and non-BSM models, which compensate physicians under a	IPHCOs are Indigenous-governed, community-led health organizations that provide culturally safe, holistic and integrated primary care services to First Nations, Inuit, Métis, 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 programming, system navigation and maternal and child health programming. Salaried physicians are employees of the IPHCO.	NPLCs are interprofessional teams led by NPs, designed to provide comprehensive primary care services. They support those 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.

improve health equity and access. Salaried physicians are employees of the CHC.	blended capitation-based model. Family Health Network (FHN), Family Health Organization (FHO), and Rural and North Physician Group Agreement (RNPGA) are examples of blended capitation models. Solo fee-for-service physicians are not eligible to affiliate with a FHT.	IPHCOs were formally known as Aboriginal Health Access Centres.	

Appendix C: Case Scenarios and Examples

This section presents illustrative examples designed to support IPCTs, in enhancing patient attachment and advancing the objectives of the Primary Care Action Plan.

They are intended to inspire proponents to design innovative, collaborative, equitable and context-responsive models that reflect the principles of health home and neighbourhood-based care and contribute meaningfully to connecting more Ontarians to comprehensive primary care.

1. Team Optimization

Optimizing IPCTs is a key strategy to increase primary care capacity for access and attachment. This includes both maximizing the scope and impact of individual team members and refining team structures to enhance efficiency and responsiveness.

URBAN IPHCO WITH INTEGRATED TRADITIONAL HEALING

An IPHCO in a large urban centre serves a diverse population of First Nations, Inuit, and Métis clients, including those experiencing homelessness or housing insecurity. The team operates under the Model of Wholistic Health and Wellbeing (MWHW), delivering a blend of Western and Indigenous approaches, with a strong emphasis on cultural safety and trauma-informed care.

Other key features include:

- Integrated care team includes Indigenous nurse practitioners, mental health workers, traditional healers and Elders
- On-site access to ceremony, land-based healing, and cultural programming
- EMR tools adapted to capture cultural identity, preferred healing modalities and indicators of wholistic wellbeing
- Partnerships with culturally safe housing, food security, and youth supports
- Community governance through a Board with 75% Indigenous representation
- Ongoing evaluation using Indigenous-led frameworks and Two-Eyed Seeing principles

As a result of their approach, there has been increased uptake of primary care services among local urban Indigenous clients; improved trust and continuity of care, especially for clients with complex trauma histories; and reduced ED visits.

REMOTE IPHCO EXPANDING SERVICES

A newly formed IPHCO is co-developed with a Northern Indigenous community. The region includes fly-in communities with limited access to culturally safe care.

Key Features of the new IPHCO model include:

- Mobile and virtual care services co-delivered by Indigenous nurse practitioners, community health workers, and traditional knowledge keepers

- Seasonal land-based clinics aligned with cultural calendars and community events
- Collaboration with local hospitals and community partners to support culturally safe transitions and mobile clinics
- Data sovereignty protocols and Indigenous-led evaluation of service impact

Outcomes have been expanded access to culturally safe care in previously underserved communities; improved coordination between hospital and community-based services; and increased satisfaction among clients.

This model improves access to comprehensive care for patients, reduces physician burnout, and provides better integration of services across the community.