

Equity-oriented Primary Care Attachment

PANELISTS

Dr. Noor Ramji • Dr. Curtis Handford •
Lauren Brouhard-Chuck • Nassim Vahidi-Williams •
Chantal Sorhaindo

*St Michael's Hospital Academic Family
Health Team*

WITH

Dr. Jobin Varughese • Dr. Vanessa Redditt



Ontario College of
Family Physicians



Family & Community Medicine
UNIVERSITY OF TORONTO

October 9, 2025

Health Equity Community of Practice

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The live Health Equity Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to 6 credits. If you provided your CFPC # during registration credits will be entered for you. Otherwise, please enter them manually after receiving the session certificate.

Please introduce yourself in the chat!

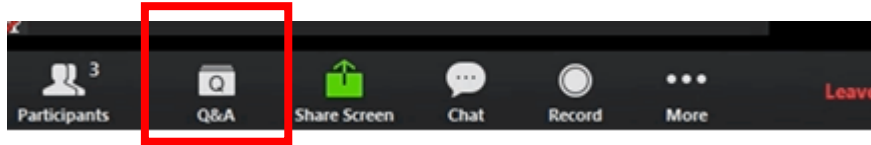


Your name,
Your community,
Your X (Twitter) handle

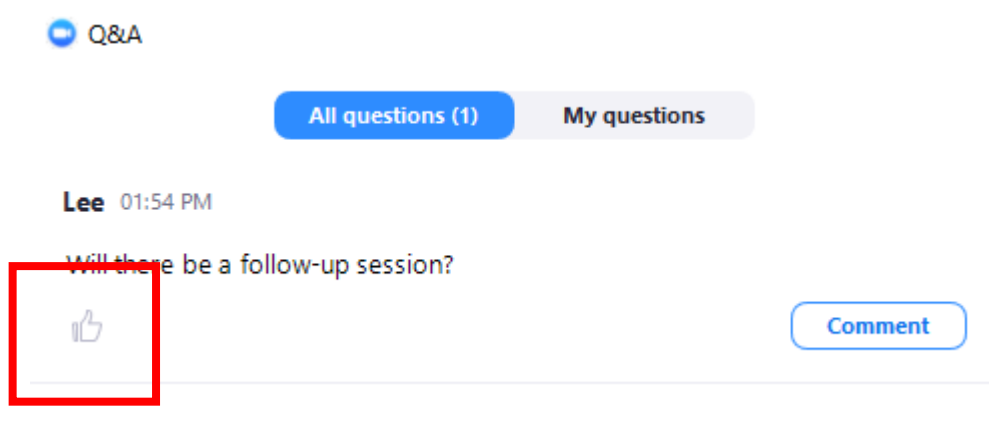
@OntarioCollege
#HealthEquity

How to Participate

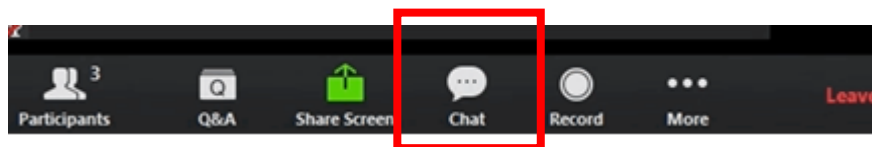
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



Your Panelists: Disclosures

Dr. Jobin Varughese

- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Other: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education)

Dr. Vanessa Redditt

- Relationships with financial sponsors:
- Speakers Bureau/Honoraria: Ontario College of Family Physicians
- Other: Health Commons Solutions Lab (at Sinai Health; non-profit population health lab)

Your Panelists: Disclosures

Noor Ramji, MSc, MD, CCFP

- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Other:
 - Physician at DFCM St Michael's Hospital, QI Director SMH AFHT
 - Practice Improvement Director, DFCM University of Toronto
 - QI Coach, College of Physicians and Surgeons of Ontario
 - Potential for conflict(s) of interest: There are NO conflicts of interest for the speaker

Curtis Handford MD CCFP FCFP MHSc

- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Potential for conflict(s) of interest:
 - Deputy Chief, DFCM, SMH
 - Medical Director, Primary Care Program, SMH
 - Lead, Downtown East Toronto, Family Physician Network

Your Panelists: Disclosures

Chantal Sorhaindo, NP

- Relationships with financial sponsors: N/A

Nassim Vahidi-Williams, MPH

- Relationships with financial sponsors: N/A

Lauren Brouhard-Chuck, MSW

- Relationships with financial sponsors: N/A

Disclosure of Financial Support

This program has received financial and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Program Advisors have control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by program advisors.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

An Equitable Attachment to Primary Care Toolkit:

*A QI approach to primary care attachment based on
equitable access, team-based care and optimization of
patient and provider experience*

OCFP Health Equity Community of Practice
October 9, 2025

*Noor Ramji MSc MD CCFP, Curtis Handford MD CCFP, Chantal
Sorhaindo NP, Nassim Vahidi-Williams MPH, Lauren Brouhard-Chuck
MSW*

St. Michael's Hospital Academic Family Health Team

Objectives:

- 1. Introduce an Equitable Attachment to Primary Care Toolkit**
Share a toolkit summarizing steps and practical tips intended to support **equitable patient attachment** to team-based primary care.

- 2. Share Our Experience in this Journey**
Unpack some **lessons learned and mitigating strategies** from our experience in aiming to reduce inequities in patient attachment to primary care.

- 3. Empower Local Action**
Provide **actionable steps** to help participants tailor attachment approaches to the unique needs of their local populations.

[Home](#) > [Health and wellness](#)

Ontario's Primary Care Action Plan, January 2025

Learn about Ontario's historic investment and action plan to connect every person in Ontario to primary care by 2029.

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On this page

1. [Connecting every person in Ontario to primary care](#)
2. [Primary care: right care, right place, right time](#)
3. [Ontario's Primary Care Action Plan](#)
4. [Primary care team successes](#)
5. [Ontario's Primary Care Action Plan Pillars](#)
6. [Key performance indicators: measuring progress](#)
7. [Implementation Timelines](#)

Why is *equitable attachment* to primary care important?

Review of Canadian public policy documents related to Health Inequities³. One of the overall findings:

- **“Primary care policy responses were rarely targeted to the specific needs of communities experiencing disparities or to primary care structures which produce or exacerbate those inequities”.**

Canada’s Truth and Reconciliation Commission (2015) in their “Calls to Action” references the need to *close the gaps in health outcomes between Aboriginal and Non-Aboriginal communities*.

The Black Health Plan for Ontario (2023) Recommendation 10 includes *Enable the capacity and lines of accountability that can deliver Black Health Equity by developing and implementing processes, policies, and interventions that facilitate equitable access to and outcomes of care for Black populations*.

Recent national guidelines to promote health equity have been published that recommend *“prioritized connection to primary care...for people experiencing disadvantages”*⁴.

3. Spencer, S., Hollingbery, T., Bodner, A., Hedden, L., Rudoler, D., Christian, E., & Lavergne, M. R. (2024a). Evaluating engagement with equity in Canadian provincial and territorial primary care policies: Results of a jurisdictional scan. *Health Policy*, 140, 104994.

4. Persaud N, Sabir A, Woods H et al. Preventive care recommendations to promote health equity. CMAJ 2023 September 25;195:E1250-73. doi: 10.1503/cmaj.230237

CPSO policy (May 2025)

Physicians are permitted to prioritize patients with high or complex care needs, family members of current patients, and those belonging to **priority populations**.

Physicians **must** use their professional judgment to determine whether prioritizing patients is appropriate, taking into account the patient's health-care needs and any known social factors that may influence the patient's health outcomes (e.g., social determinants of health).

<https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Accepting-New-Patients>

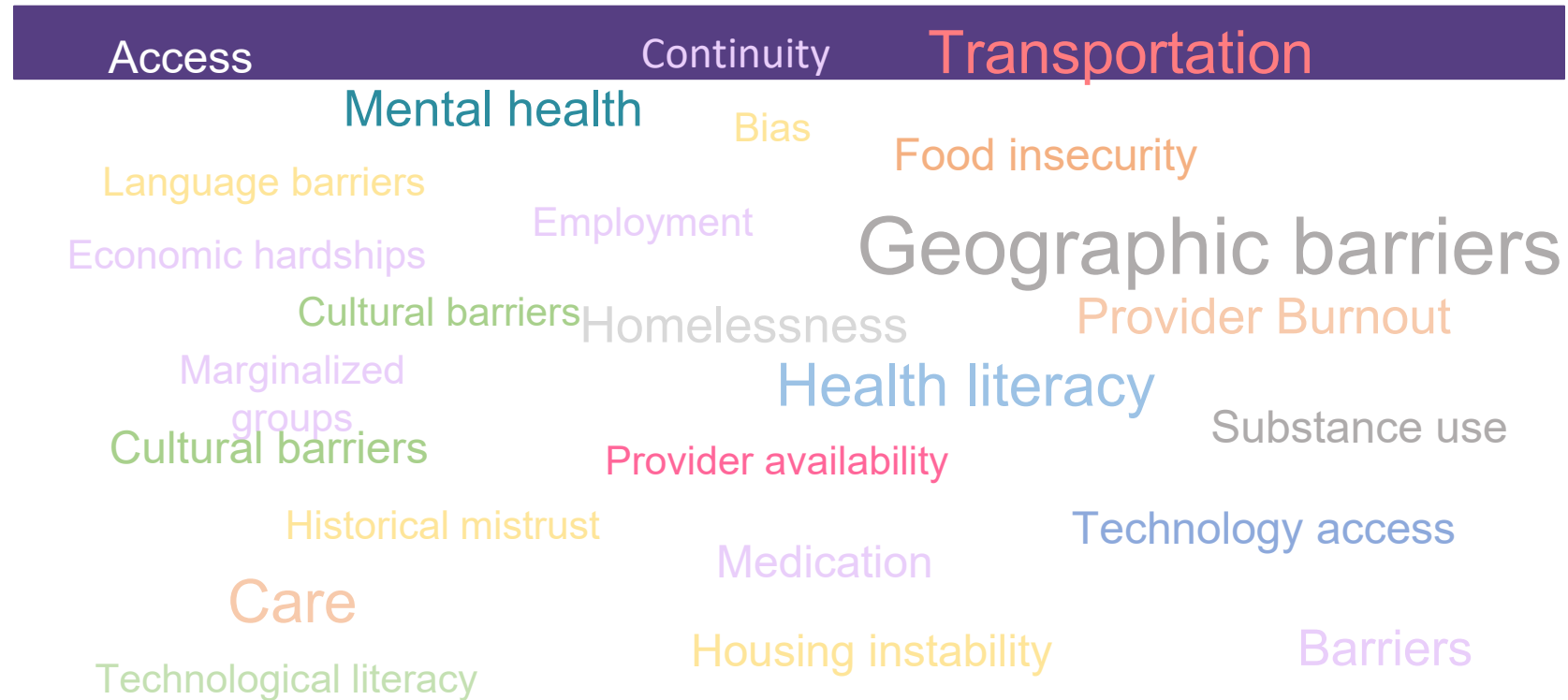
CPSO advice (May 2025)

Priority populations

“Priority populations” refers to any population group that experiences (or is at risk of experiencing) health inequities and/or that would benefit most from health services. While priority populations may differ depending on a physician’s practice type and location, some common examples of priority populations include:

- Pregnant people and newborns;
- Older people;
- People living in rural, remote, or other communities with limited access to care;
- People experiencing homelessness;
- People experiencing severe and persistent mental illness;
- Indigenous people;
- Black, 2SLGBTQI+, and other marginalized people;¹
- Refugees, asylum seekers, and migrants;
- People with substance use disorders; and
- People experiencing poverty.

Understanding inequities in primary care attachment:





***An Equitable Attachment to
Primary Care Toolkit***

Link to Toolkit



Step 1: Environmental Scan – Equitable Attachment

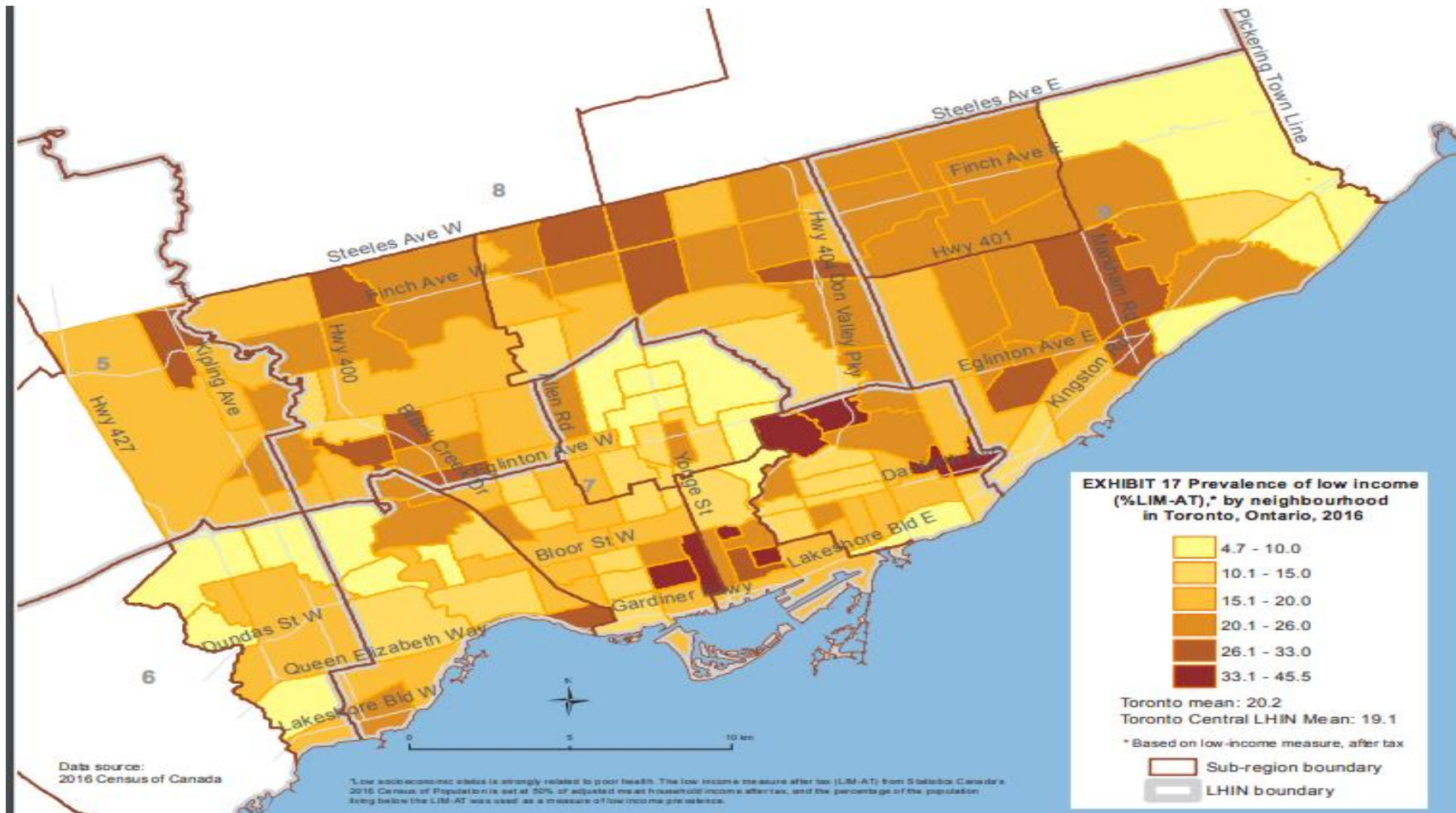
- **Assemble your team**
- **Analyze Your Patient Population**
- **See what is out there**
- **Assess Team Knowledge**

Understanding inequities in primary care attachment: *Current landscape in Ontario*

Individuals Unattached to Primary Care: Uncertainly Attached (Sept 2022)

Characteristic	Ontario	Downtown East Toronto
Lowest Income	20%	18%
Highest Income	12%	14%
Lowest Ethnic Diversity	13.3%	17.4%
Highest Ethnic Diversity	16.8%	17.1%
New Arrival to Ontario	34.3%	23.3%

Greater Toronto Area by Income



SMH FHT definition of an “unattached” patient:

- Does not current have a family physician or NP (or family practice clinic) that they see for ongoing primary care needs
 - This does not include walk in clinics
- Does have an existing family physician or NP but distance to their office is too great to travel based on where patient is currently residing (More than 1 hour one-way)
 - If patient will only be transiently living at a distance from their existing clinician they should be directed to use walk in clinics
- If patient, family, other clinician or case worker is of the opinion that an attached patient “needs a new doctor” this alone does not meet eligibility.

TIPS: Environmental Scan – Equitable Attachment

- **Start Small**
- **Set Clear Goals**
- **Communicate Clearly**
- **Facilitate Tracking**



Assemble your team and analyze your population: Choosing a starting point

Our AIM:

By December 31, 2027, 50% of new patients at the SMH Family Health Team will be from the following equity deserving populations:

- Indigenous, or
- African, Caribbean or Black, or
- experiencing homelessness or poverty

Other project milestones

- Attaching 30 NEWR patients per month
- 20% of total new patients coming from NEWR pathway
- 30 participating providers by end of 2025
- 60 by end of 2026
- Complete new patient and provider surveys
- Complete patient focus groups
- Promoting training in providing care to equity-deserving populations.

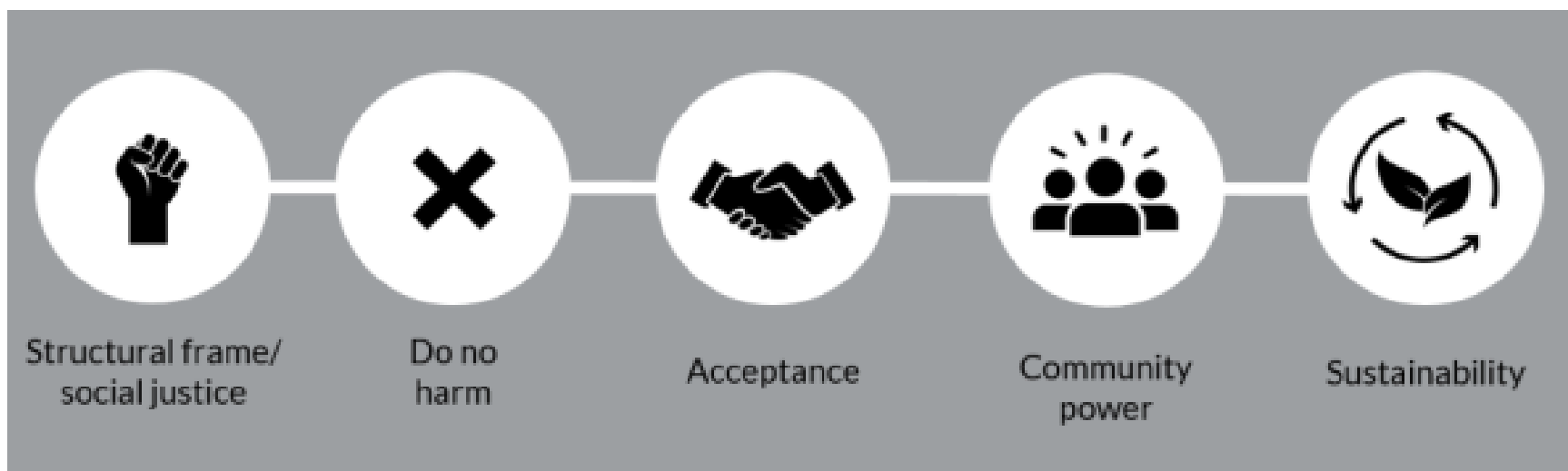
Step 2: Patient and Community Engagement

- **Engage Community Partners**
- **Build Team Capacity Foster Relationships**
- **Understand Patient Experience**

How do you relate to the populations we work with?

FIGURE 3

Principles of the Trauma-Informed Community Building and Engagement

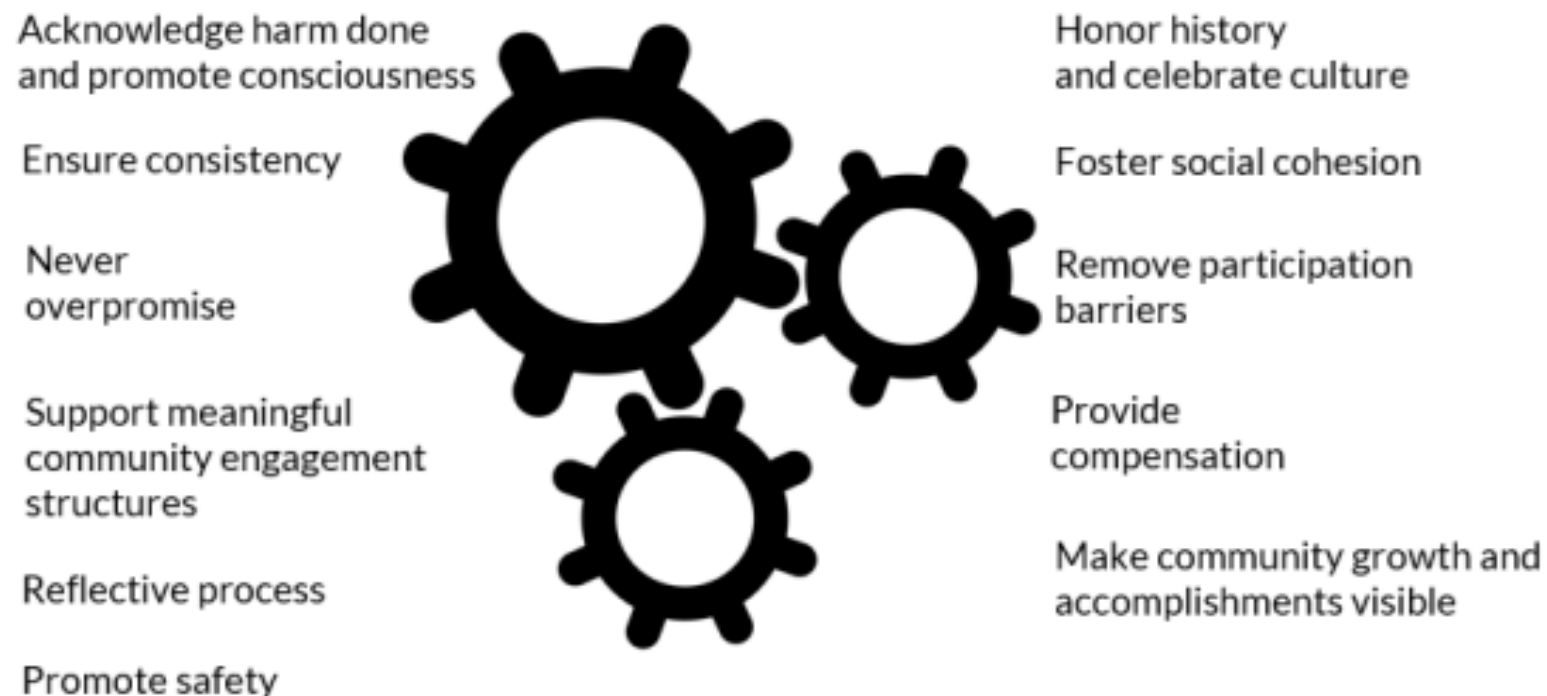


Note: Icons courtesy of the Noun Project.

https://www.urban.org/sites/default/files/publication/98296/trauma-informed_community_building_and_engagement.pdf

FIGURE 5

Practices of Trauma-Informed Community Building and Engagement



Note: Icon courtesy of the Noun Project.

https://www.urban.org/sites/default/files/publication/98296/trauma-informed_community_building_and_engagement.pdf

TIPS: Patient and Community Engagement

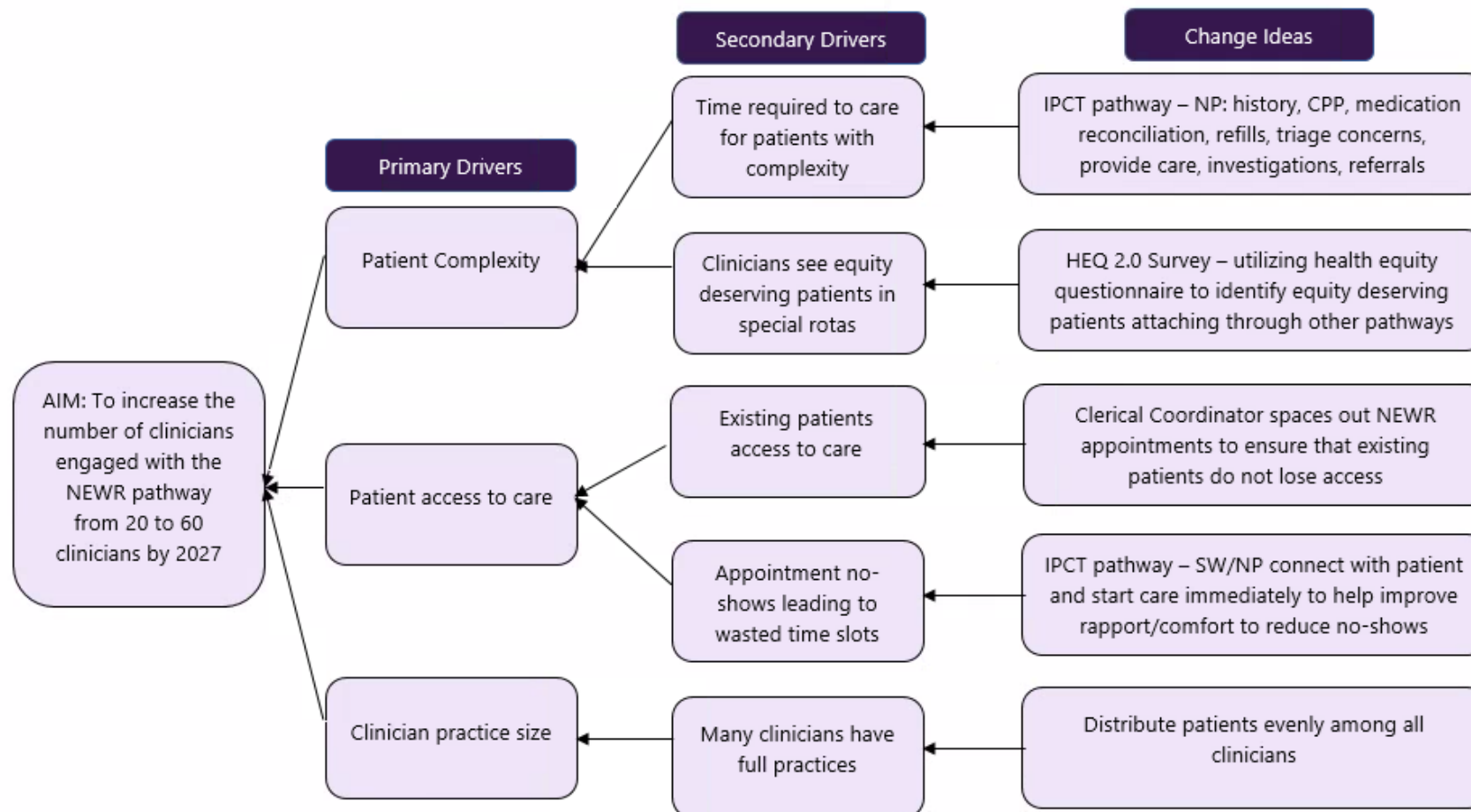
- **Speak directly with patients**
- **Empower patients**
- **Be Flexible**
- **Try once more**



Step 3: Clinician Engagement

- **Gather Feedback**
- **Empower clinicians**
- **Protect new patient appointment times**
- **Share Progress**

Gathering Feedback: Understanding Clinician experience with new patient attachment



TIPS: Clinician Engagement

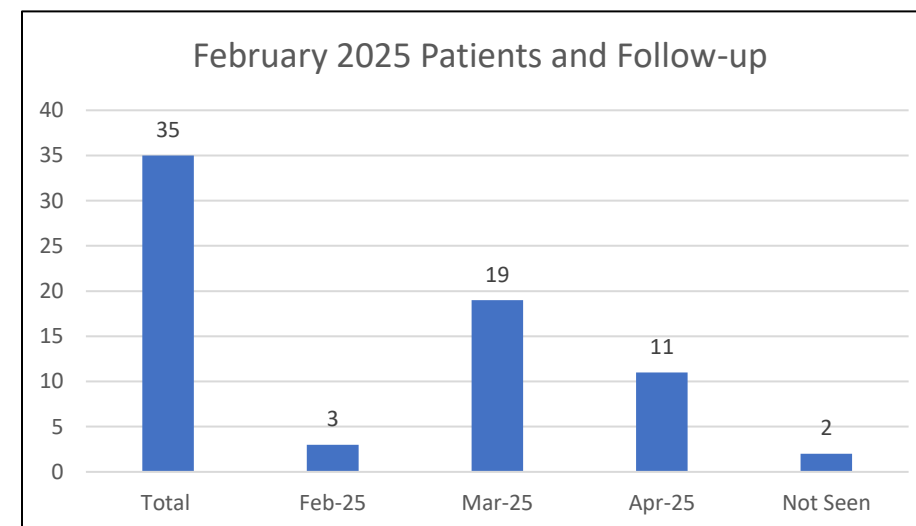
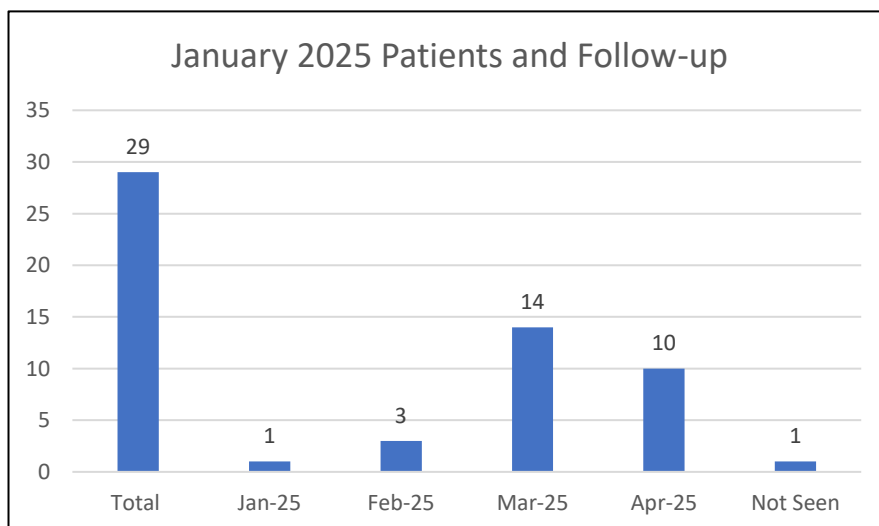
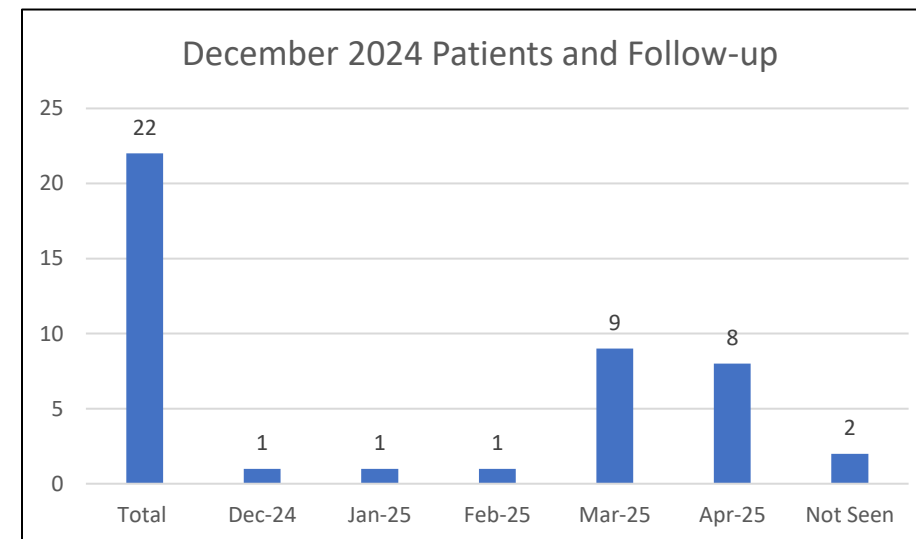
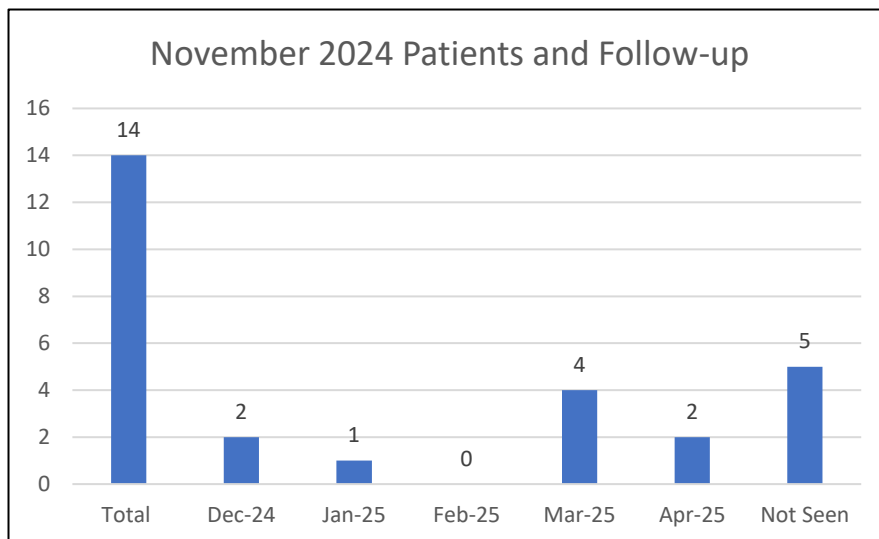
- **Myth Busting**
- **One out, one in**
- **Monitor Seasonal Access**
- **Release Unused Slots**



Myth Busting: Patient populations (Jan 2025)

	New Patients from Routine pathways (233 Patients)	New Patients from Equity Deserving pathway (23 Patients)
Avg No of Medical Conditions	2.8	3.6
Avg No of Medications	3.5	4.4
Avg No of Past Health concerns	2.6	2.7

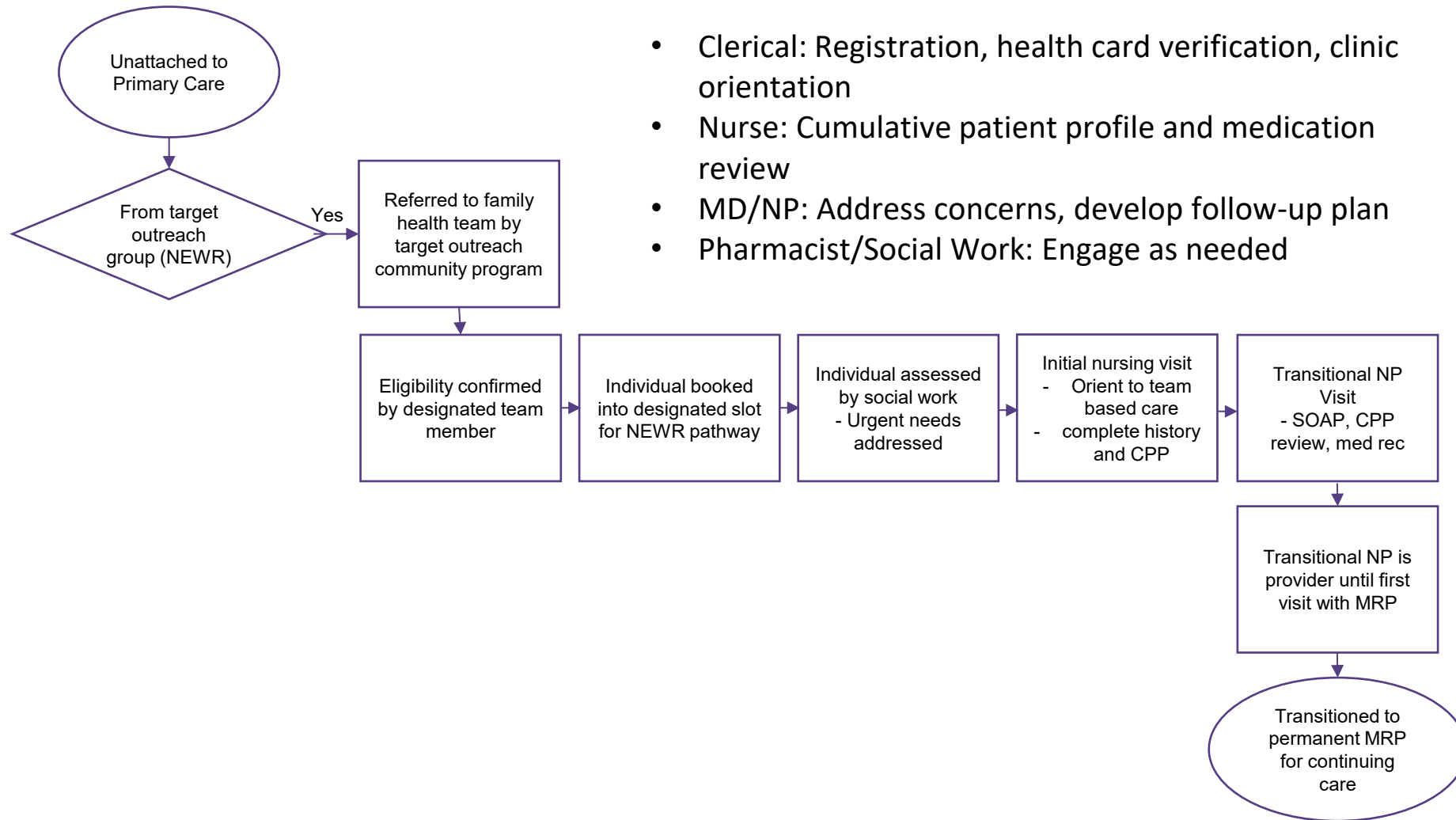
Sharing Progress: New patient follow-up rates



Step 4: Team Based Care

- **Onboarding Support**
- **Team-Based Approach to New Patient Intake**

Team Based Approach: Defining roles in the new patient onboarding process



TIPS: Team Based Care

- **Interprofessional Collaboration**
- **Streamlined Onboarding**
- **A Warm Welcome**
- **Adapt to Change**

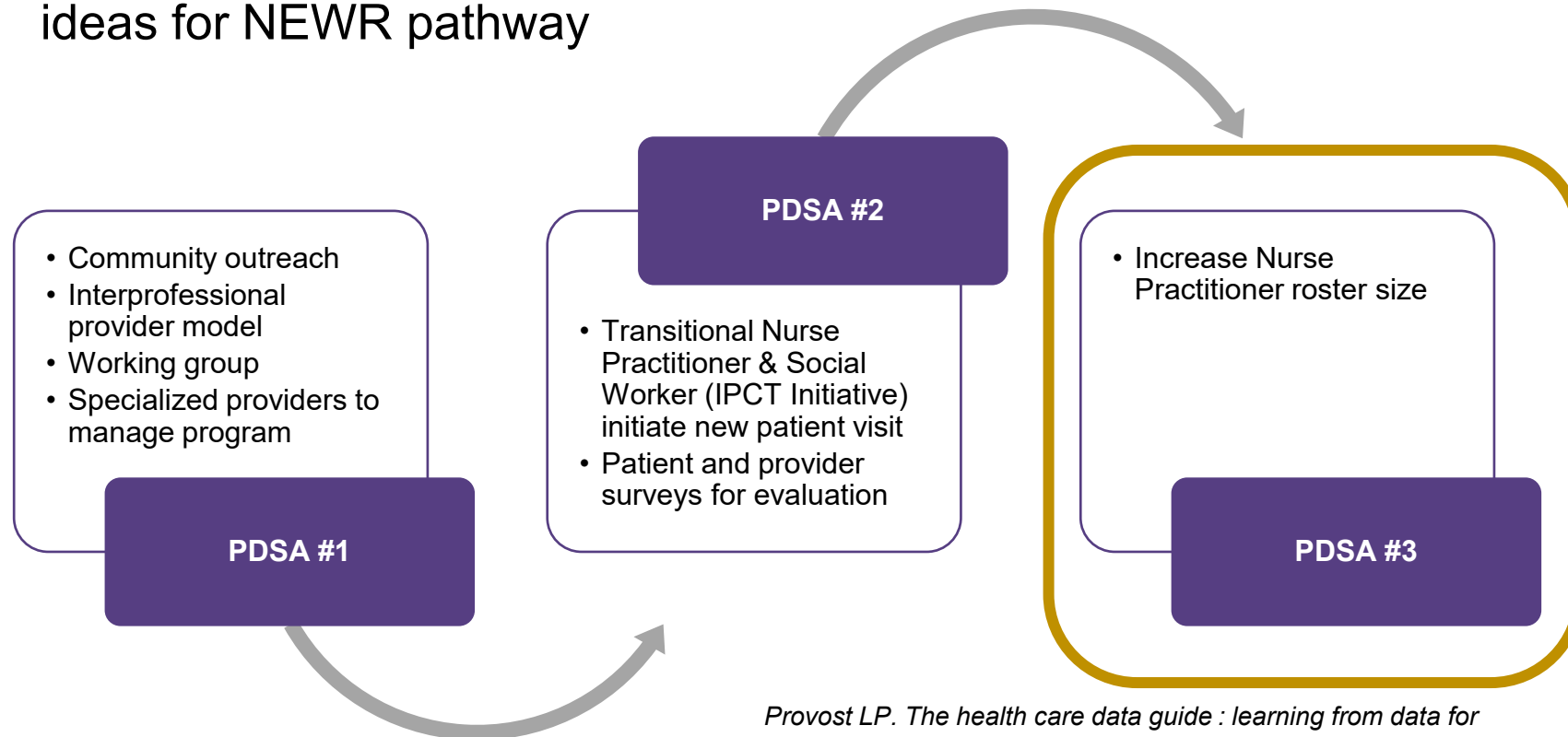


Step 5: Regular Feedback – Measuring Success

- **Team Tracking**
- **Choose meaningful measures**
- **Plan for Sustainability**

Team Tracking: Reflecting on data to make changes

- Using the IHI Model for Improvement, Plan-Do-Study-Act (PDSA) cycles were undertaken to design, test, measure and refine change ideas for NEWR pathway



Provost LP. *The health care data guide : learning from data for improvement* [Internet]. San Francisco, CA : Jossey-Bass; 2011 [cited 2024 Dec 5]. 484 p. Available from: <http://archive.org/details/healthcaredatagu0000prov>

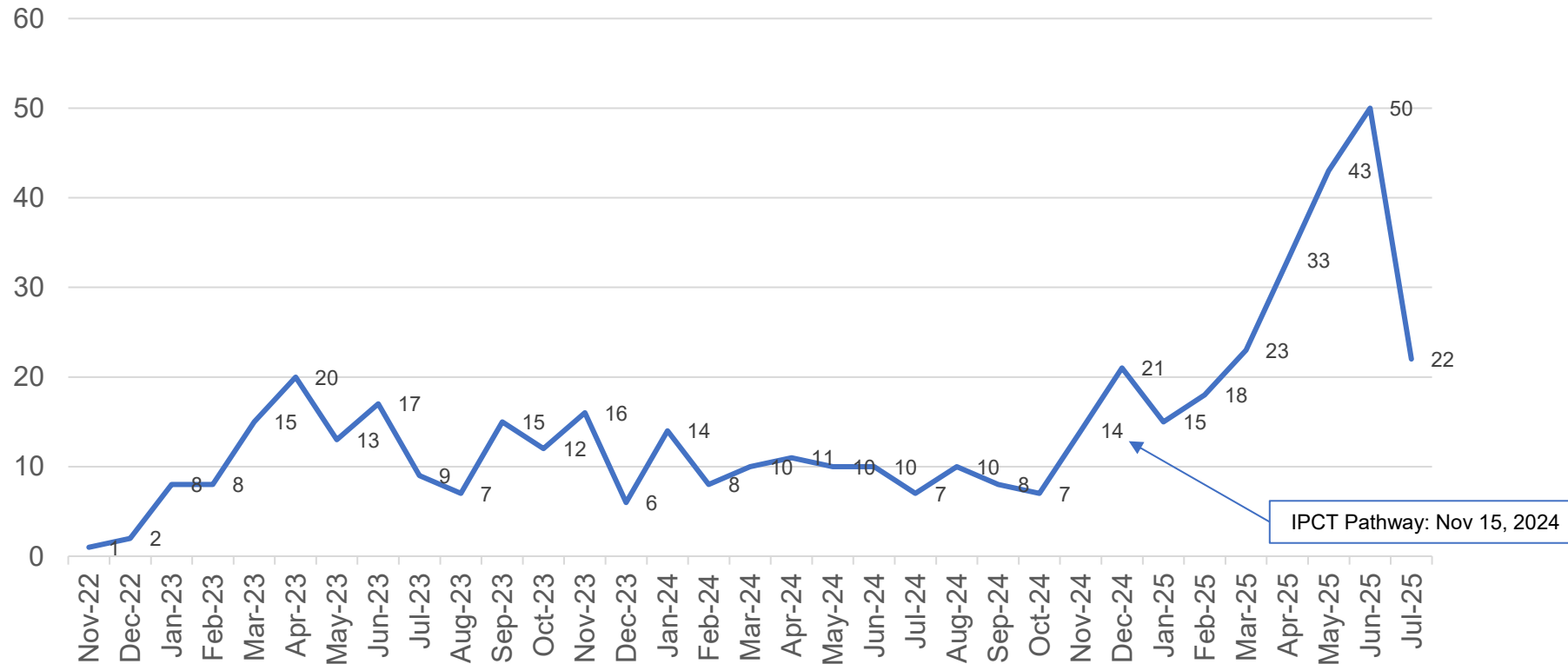
TIPS: Regular Feedback – Measuring Success

- **Consider How you Count**
- **Simple, Frequent Tracking**
- **Consider your Balance measures**



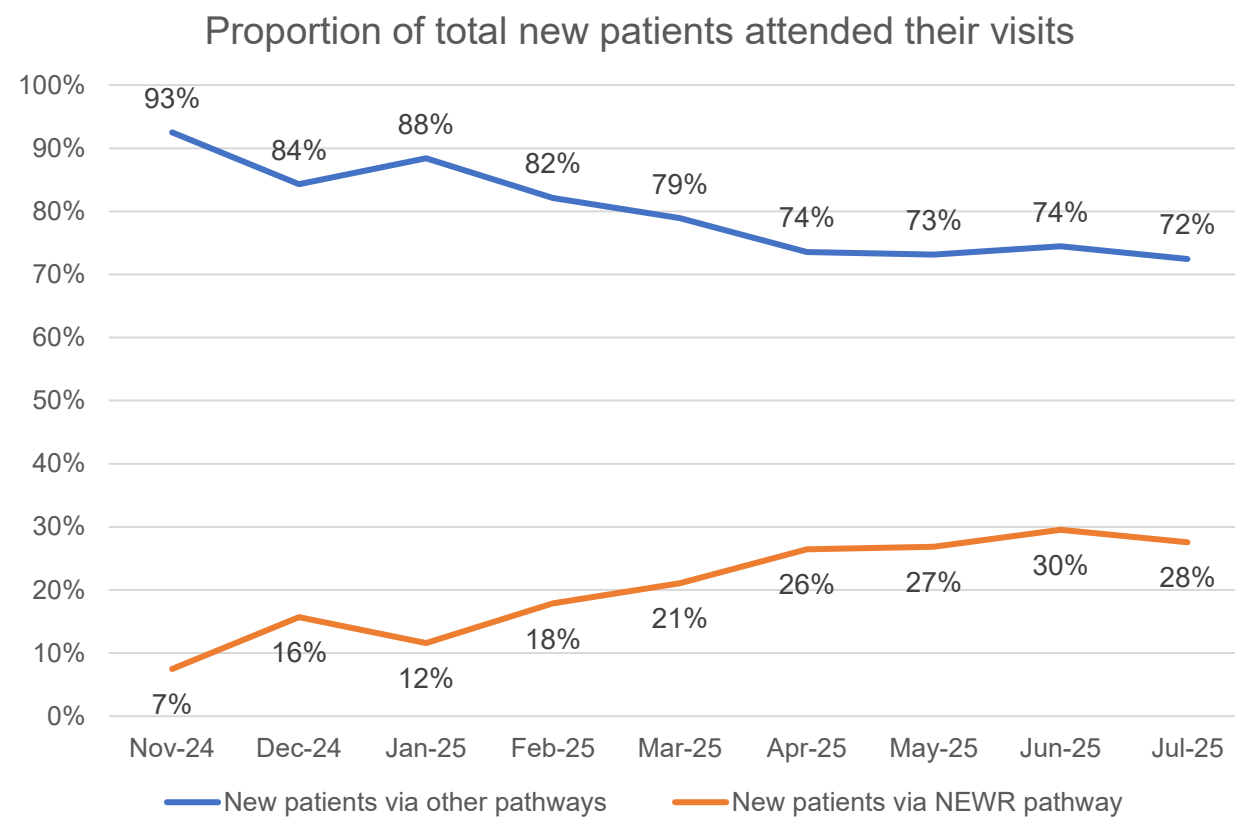
NEWR/IPCT Pathway

Number of unique patients who have a first visit scheduled with a clinician (SW, NP or MD) each month



417 unique patients scheduled through NEWR/IPCT pathway on PSS from November 1, 2022 to July 31, 2025

Meaningful Measures: Tracking progress over time (Updated)



Consider how you Count: Using a Health Equity Questionnaire to support measurement of patient attachment from equity deserving groups

	Sep-24	Oct-24	Nov-24	Dec-24
Number of NEWR/IPCT Pathway Patients	8	7	14	21
Number of NEWR Pathway Patients completing HEQ survey	6	0	4	4
Number of New Patients (not NEWR Pathway)	213	213	157	120
Number of New Patients (not NEWR pathway) Patients completing HEQ survey	54	28	26	20

Encouraging completion of the HEQ so patients can advocate for services/supports they may need & to know how we're doing with attachment to equity-deserving groups



Wrap up

Summary and Next Steps:

- Equitable attachment to primary care is needed **now**
- Begin with your **first step**...
 - Get to know your community
 - Identify the need
 - Set your aim
 - Engage your team
 - Learn from your journey
- Resources that can help you get started:
 - 5 Step Toolkit
 - Email us!

Link to Toolkit:
[Equitable Attachment](#)
[Infographic.png](#)



Thank you!

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*and the **New Patient Strategic Working Group at St Michael's
Hospital Family Health Team***

Health Equity CoP



In this session, we will explore how Family Physicians and Primary Care Providers can better support the health needs of newly arrived refugees in Canada. We will review global and Canadian refugee migration trends to understand the populations you may encounter, discuss appropriate screening tests and clinical considerations for newly arrived refugees and examine the benefits and limitations of the health insurance available to refugees in Canada.

Session Date: November 27, 2025

Topic: Supporting the Health of Newly Arrived Refugees in Primary Care

[Register](#)

Upcoming Changing the Way We Work Community of Practice

Infectious Disease & Managing Nutrition

with Drs. Gerald Evans & Mary Sco

October 17, 2025
8:00am – 9:00am

[Register Now](#)



The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.



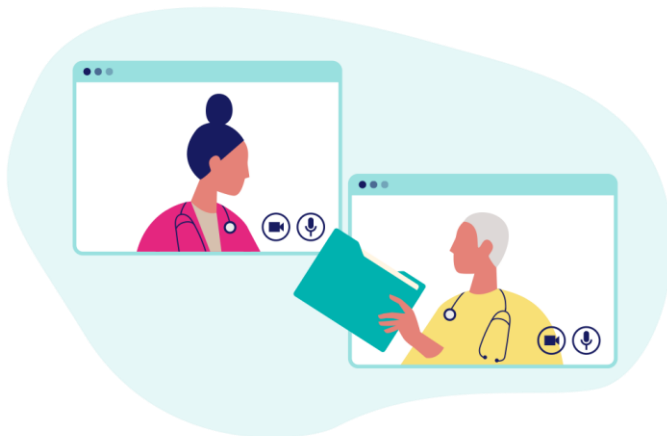
Community of Practice

Join upcoming sessions:

[Authorizing Cannabis](#)
(Oct 22)

[Caring for Patients during the
Pandemic](#) (Nov 26)

[Psychedelics and the Use in
Treatment of Mental Health](#)
(Dec 10)



Peer Connect Mentorship

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- A **collaborative learning experience** designed specifically for family physicians.

October 21st, 2025 | 9 a.m. – 12 p.m.
\$195 + HST

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Questions?