Have you experienced challenges accessing consistent primary care services?

Looking For Individuals Who:

- Who don't have a regular family doctor or nurse practitioner
- Have a primary care provider but have trouble accessing their care

Eligibility Criteria:

- At least 18 years of age or older
- Able to communicate in English
- Live in Canada
- Willing to participate in interview by phone, videoconference, or in-person

The goal of this research study is to understand how patients who have limited access to primary care meet their health needs.

Participate in an interview, receive $25

IF INTERESTED:

- Scan This QR Code

OR

- Email fmstudy@mcmaster.ca

OR

https://redcap.link/piecingcare

Primary Care in 2026

What has brought us to this point and where do we go from here?

Meredith Vanstone, PhD
Professor, Department of Family Medicine, McMaster University
David Braley & Nancy Gordon Chair in Family Medicine
Canada Research Chair in Ethical Complexity in Primary Care

Land Acknowledgement

McMaster University recognizes and acknowledges that it is located on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the Dish With One Spoon wampum agreement.

Road Map

What is primary care?

Why is a well-functioning primary care system important?

What is the state of our primary care system in 2026?

How did we get here?

What solutions are being tried? How are they working?

What is primary care?

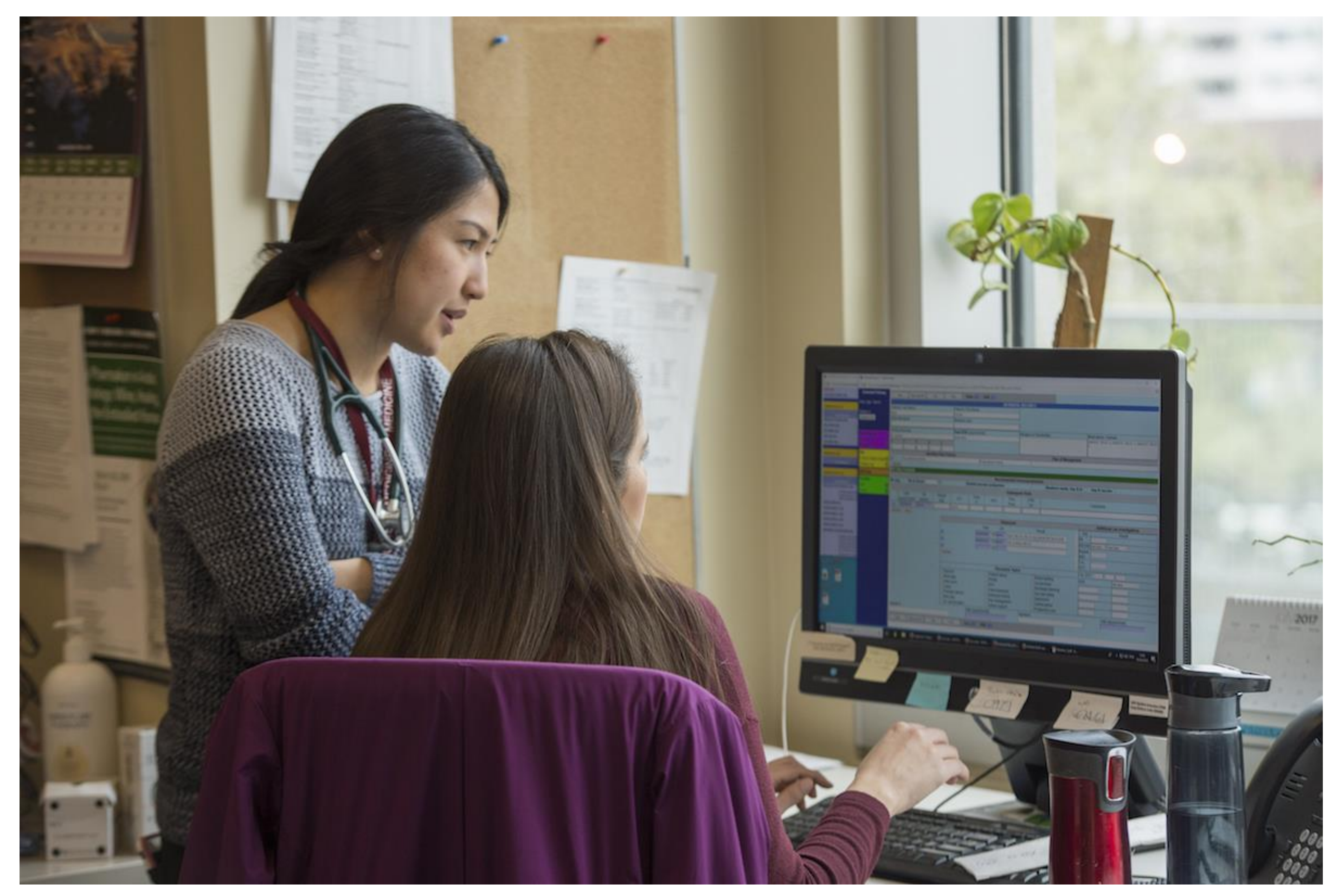
What is primary care?

- First-contact, accessible care
- Continuous, longitudinal care over time with the same provider team
- Comprehensive care for all needs
- Person-Centered and family-Centered care
- Coordination with the wider system
- Team-based, equity-focused approaches

Who provides primary care?

- Family doctors
- Nurse practitioners
- Midwives
- Pharmacists
- Other professionals working within an FP or NP-led team (psychologist, dietician, RN, LPN, Physiotherapist etc)

- Other community-based practitioners you can see without referral from another care provider

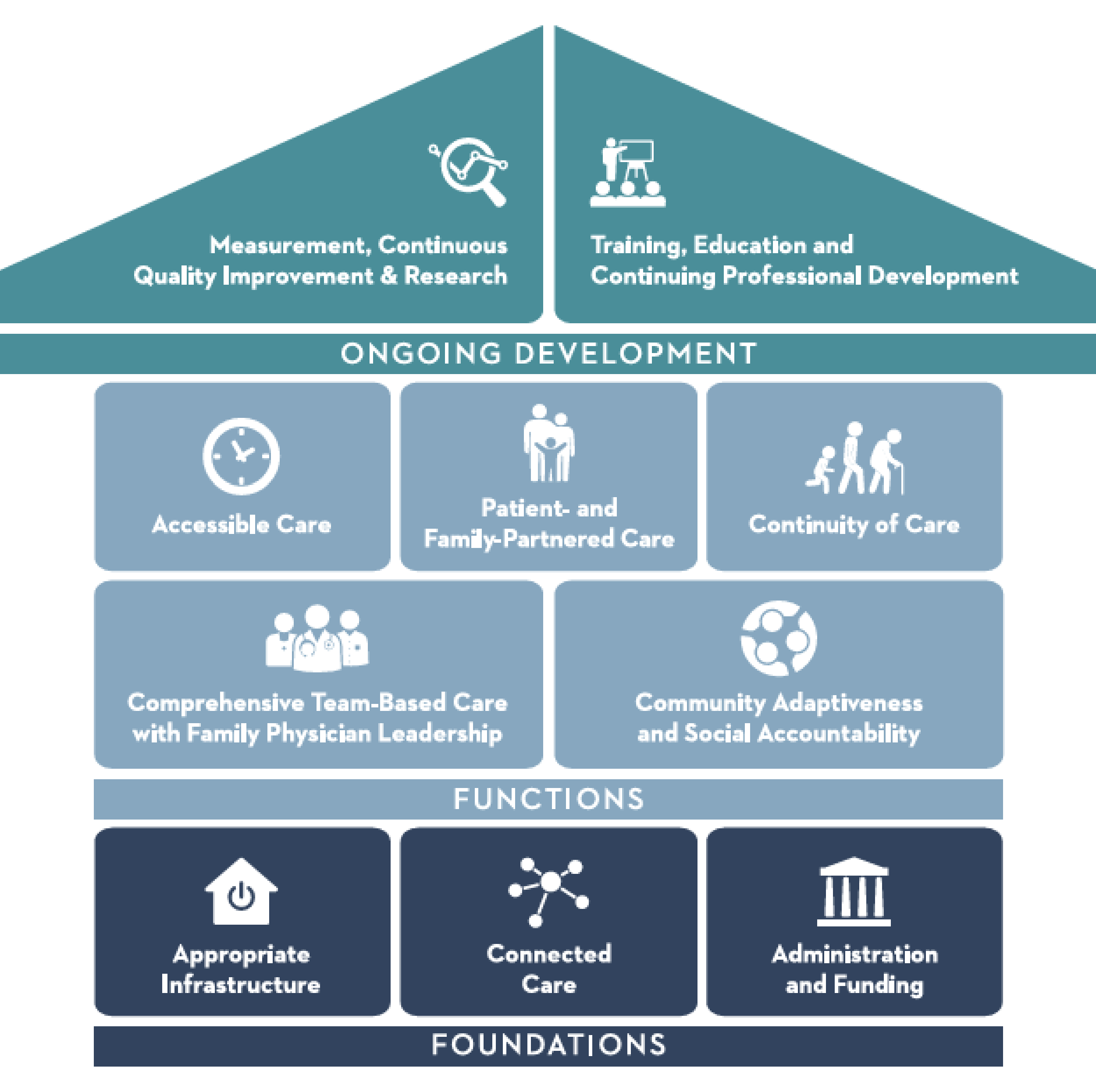


When I say “primary care”

I mean community-based, comprehensive care from a family doctor or NP

Care which:

- Is accessible when you need it
- Attends to all primary needs, from cradle to grave (comprehensive)
- Coordinates care from other health professionals when needed
- Is relational, and patient or family centered
- Is continuous: you see the same person most of the time, they have access to your records



The 4Cs of Primary Care

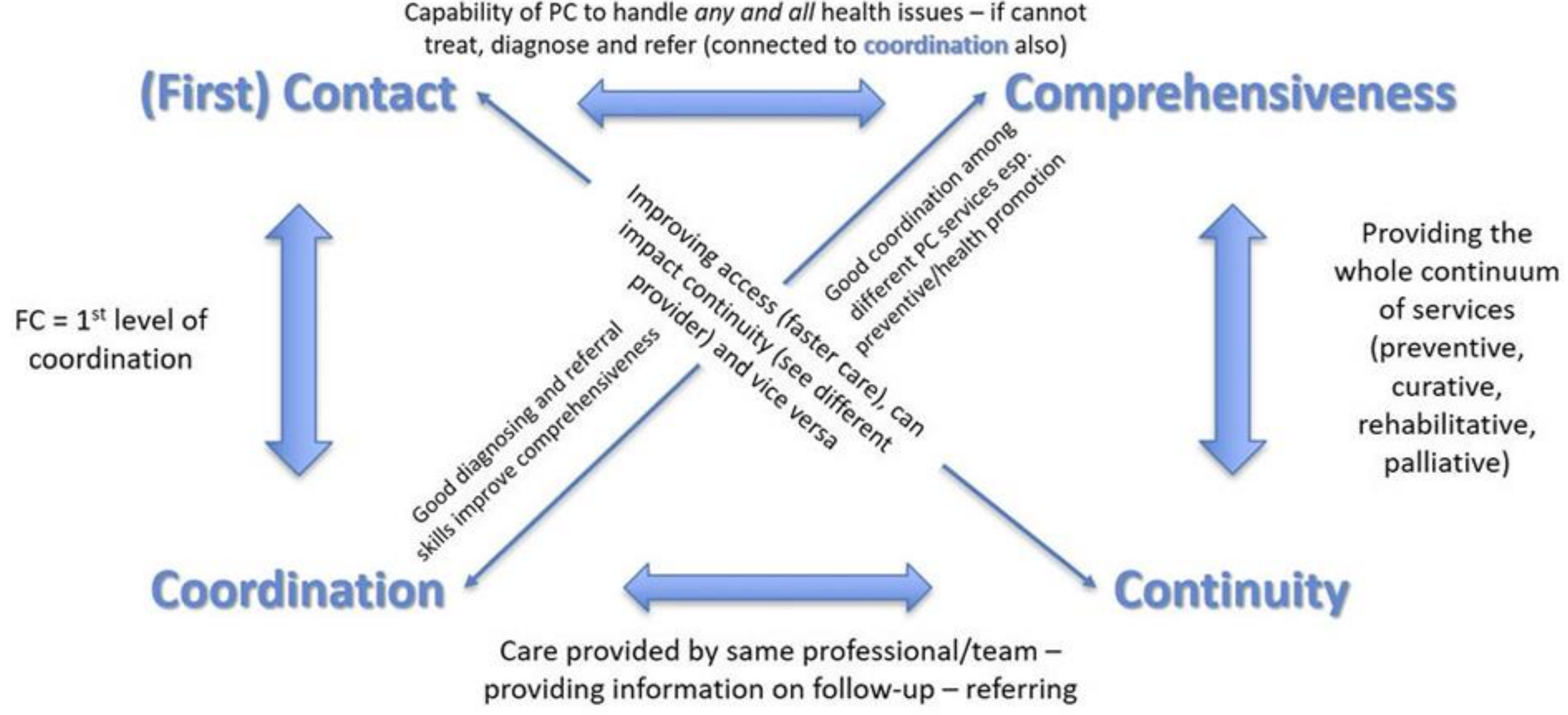


Figure 1. Illustration of (some of) the interrelations and complexities among the 4Cs.

Figure from G. Jimenez et al, 2021 "Revisiting the four core functions (4Cs) of primary care: operational definitions and complexities"

Why is primary care important?

For the wellness of the patient

For the wellness of the system

Good primary care means better health outcomes for patients

- Across multiple international comparisons and US state and country level analyses, Starfield demonstrated that stronger primary care systems are associated with:
  - Lower all-cause mortality
  - Lower infant mortality
  - Fewer deaths from heart disease and stroke
  - Better life expectancy
  - Better self-rated health
  - Fewer low-birth-weight births

Dr. Barbara Starfield, 1932-2011

Macinko, Starfield & Shi 2007, Int J Health Services; Basu et al 2019 JAMA Internal Medicine 179(4)

Good primary care means better health outcomes for patients

- Building on Starfield's research, others have shown good primary care to be associated with:
  - Lower all-cause mortality
  - Lower infant mortality
  - Fewer deaths from heart disease and stroke
  - Better life expectancy
  - Better self-rated health
  - Fewer low-birth-weight births
  - Lower cardiovascular mortality
  - Lower cancer mortality
  - Lower premature mortality from asthma, COPD, some infectious diseases
  - Better control of chronic conditions like diabetes, hypertension, heart failure.

Dr. Barbara Starfield, 1932-2011

Macinko, Starfield & Shi 2003, Health Serv Res;

Good primary care means better health outcomes for patients & system

- Fewer admissions for asthma,
- Fewer admissions for diabetes complications
- Fewer admissions for hypertension
- Fewer admissions for congestive heart failures
- Fewer emergency department visits
- Fewer hospitalizations overall, especially for people with chronic illnesses
- Fewer avoidable (“ambulatory-care sensitive”) hospitalizations
- Shorter length of stay when admitted to hospital

Fleming, 1995

Hospital Care is expensive, to the patient and the system

Costs to system:

- $7800 per stay, $1500-$2000 per day (CIHI)
- $900-2000+ per day in Ontario (Gov Ont)

Costs to person:

- Declines in strength, endurance, mobility
- Measurable functional decline in activities of daily living
- “demoralizing”, “frustrating”
- Risk of delirium, associated with cognitive decline

A. Samarzjia

How does primary care achieve these results?

T. Barbhuiya

How does primary care achieve these results?

Ongoing trusting relationships

- Health promotion counselling and advice
  - Identify the beginning, make changes
- Prevention and screening
- Ask questions, get help, start addressing issues before they grow harder to address

What is the state of Canadian (Ontarian) primary care in 2026?

Primary Care in Canada

13 + 1 systems

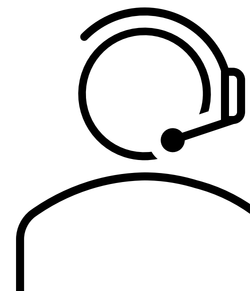
- Primary Care is a provincial/territorial responsibility
  - Additional federally funded services for First Nations and Inuit, who may also access provincial/territorial systems
- Federal government transfers funding to provinces.
- Provinces hold primary responsibility for organizing, funding, regulating primary care.

Maja Vujic

Family Physician or Nurse Practitioner

Registered nurse

Family Physician or Nurse Practitioner



Medical office assistant

London

'We're seeing a Hunger Games' across Ontario: Hundreds in this town line up for a chance at a family doctor

People in Walkerton showed up to register after word went out Dr. Mitchell Currie was taking patients

Andrew Lupton · CBC News · Posted: Jan 15, 2025 6:04 PM EST | Last Updated: January 16

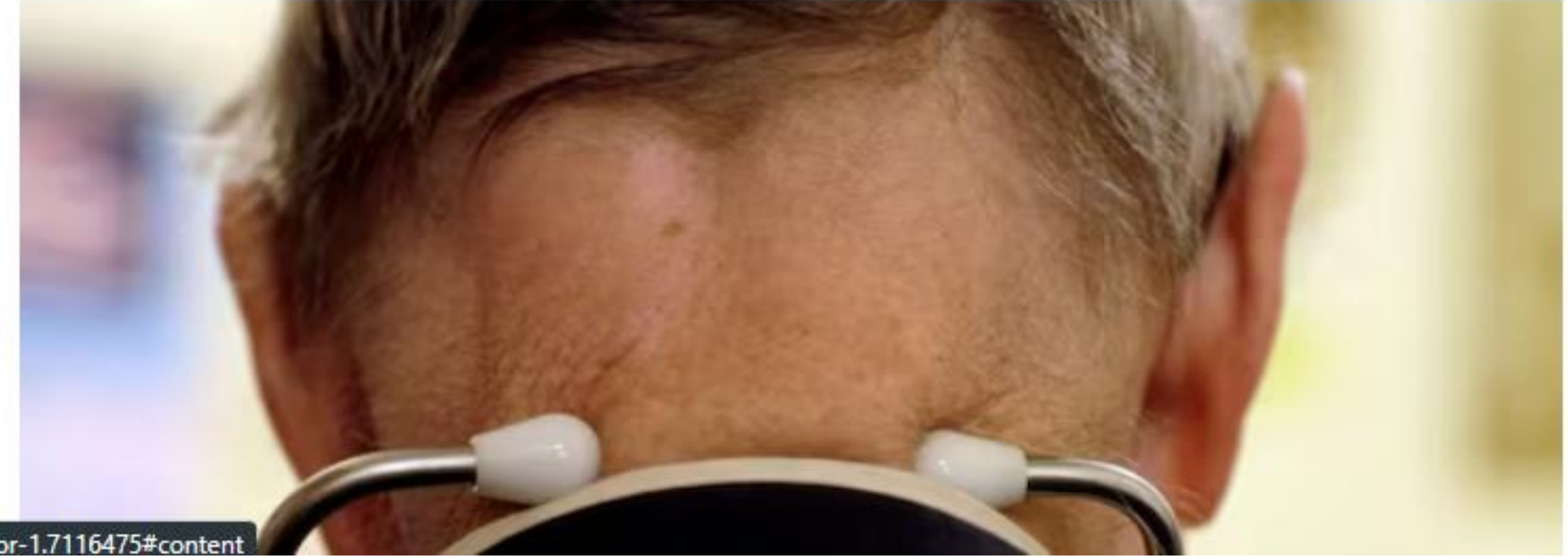
People arrived early and endured bone-chilling cold in an attempt to secure one of 500 spots on the patient list for Dr. Mitchell Currie, who's setting up a new family medicine practice in Walkerton, Ont. (Evan Mitsui/CBC)

Politics

Meet some of the 6 million Canadians who don't have a family doctor

Family doctors play a crucial gatekeeper role in the health system — and too many Canadians don't have one

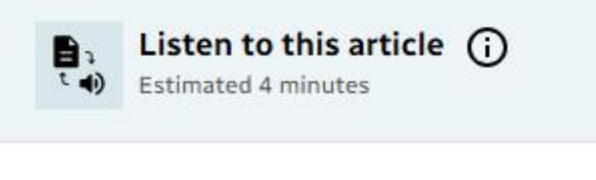
John Paul Tasker · CBC News · Posted: Feb 18, 2024 4:00 AM EST | Last Updated: February 19, 2024



Health

More Canadians have a family doctor, but 'concerning gaps' found

Satisfaction remains low, a comprehensive new survey suggests



nina Zafar · CBC News · Posted: Dec 08, 2025 2:54 PM EST | Last Updated: December 8, 2025

Listen to this article
Estimated 4 minutes

Canadians have family doctors, but accessing care remai

CANADA

Ontario has a family doctor crisis. Here's one reason why it's hard to find one

A study published Tuesday found that while there are now more family doctors practising here, fewer are providing full-service family medicine.

Updated Jan. 10, 2026 at 10:02 p.m. | May 28, 2025 | 3 min read (2)

FOR SUBSCRIBERS ONTARIO

Opinion | I dedicated my life to being a family doctor. I just can't do it anymore

Burnout, disrespect, and even violence made it too hard to continue doing the thing I love.

Updated Oct. 7, 2025 at 6:34 p.m. | Dec. 20, 2024 | 6 min read

“I haven’t been able to see my family doctor since the pandemic started.”
The pandemic has created a backlog of 21 million healthcare services.
LIFE WITHOUT A DOCTOR
Ontario College of Family Physicians
Authorized by The Ontario College of Family Physicians.

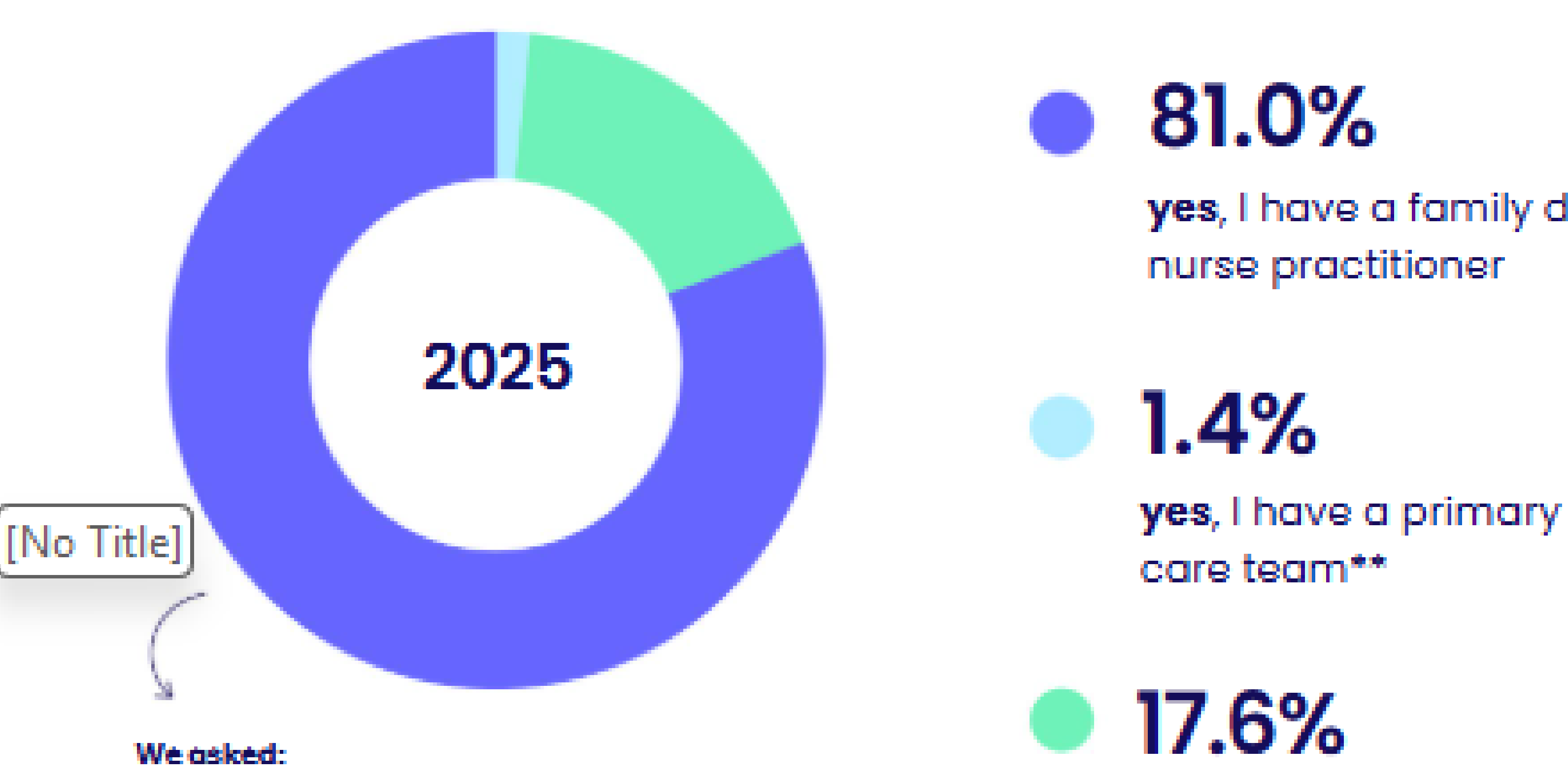
“I’m scared of losing my family doctor.”
1-in-5 family doctors plan on retiring in the next 5 years.
LIFE WITHOUT A DOCTOR
Ontario College of Family Physicians
Authorized by The Ontario College of Family Physicians.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

We're all sick of waiting.

Unless we act now,
our health care system will only get worse.
Join the fight for change.

cfpc.ca/stopwaiting



81.0%
yes, I have a family doctor or nurse practitioner

1.4%
yes, I have a primary care team**

17.6%
no, I don't have a family doctor or nurse practitioner or primary care team*

We asked:
Do you currently have a regular family doctor or nurse practitioner who can give you care or advice about your health? If no, do you have a regular place of care where you can go when you need care or advice about your health? If yes, where do you usually go to receive care?

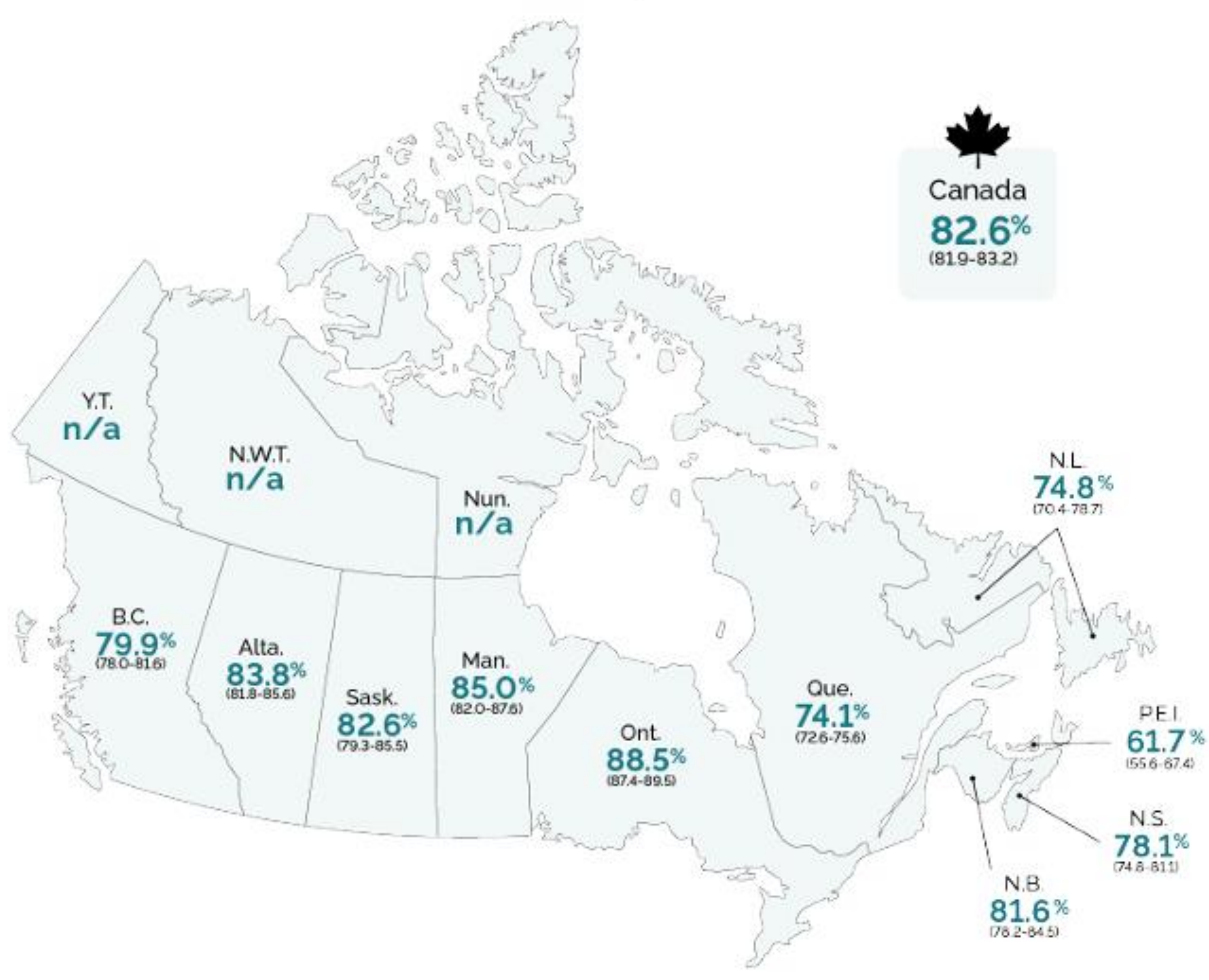
* includes those who didn't know if they had a family doctor or nurse practitioner

**includes Community Health Centre, Local Community Service Centre/ Centre local de services communautaires, Indigenous Primary Health Care Organization, Nurse Practitioner Led Clinic, Nursing Station, or Other type of family practice (e.g. Family Health Team, Groupe de médecine de famille)

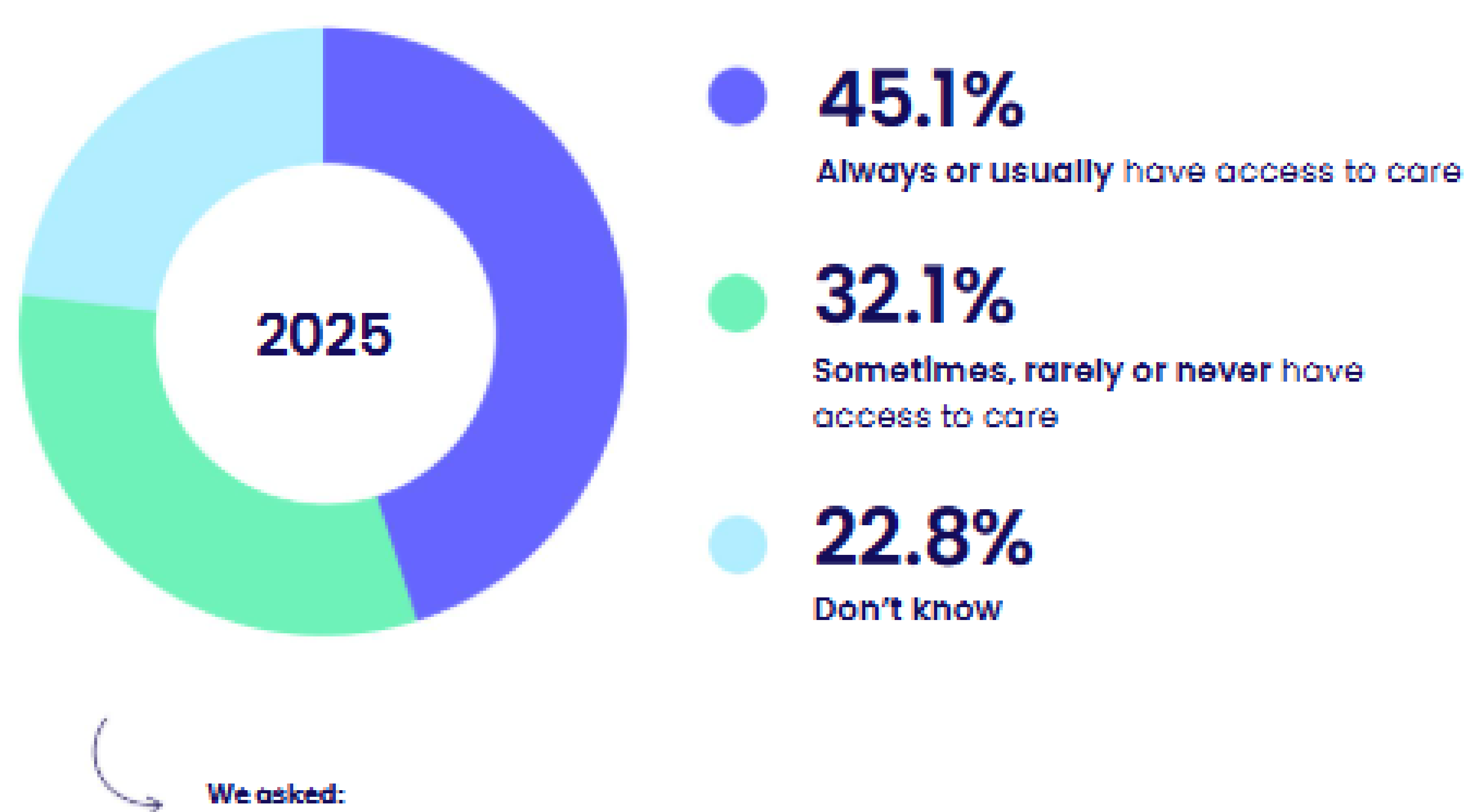
Kiran et al (2025) Our Care Survey

Percentage of Canadian adults who report having access to a regular health provider

Source: Canadian Institute for Health Information (CIHI), 2023 to 2024

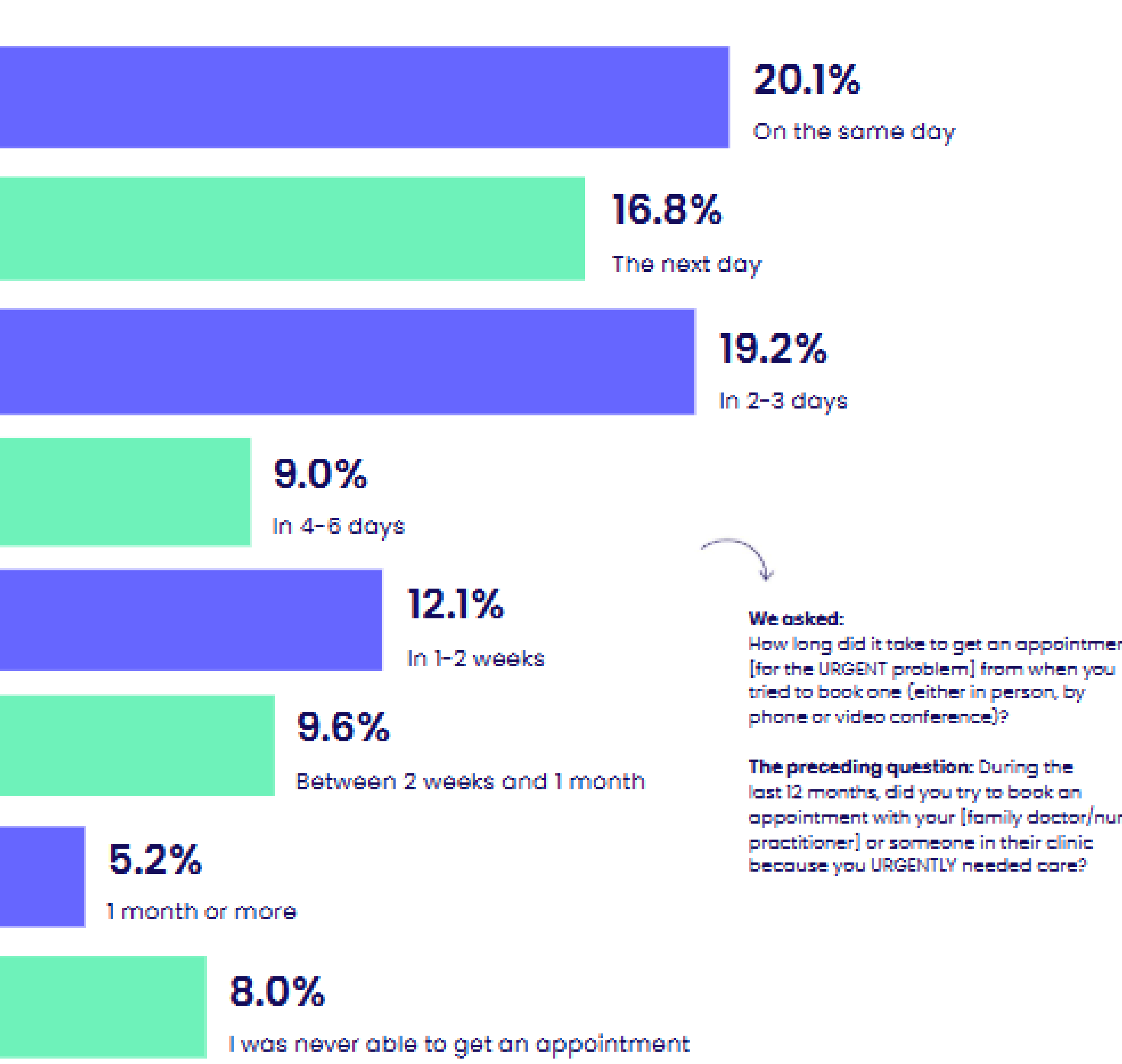


Ontario



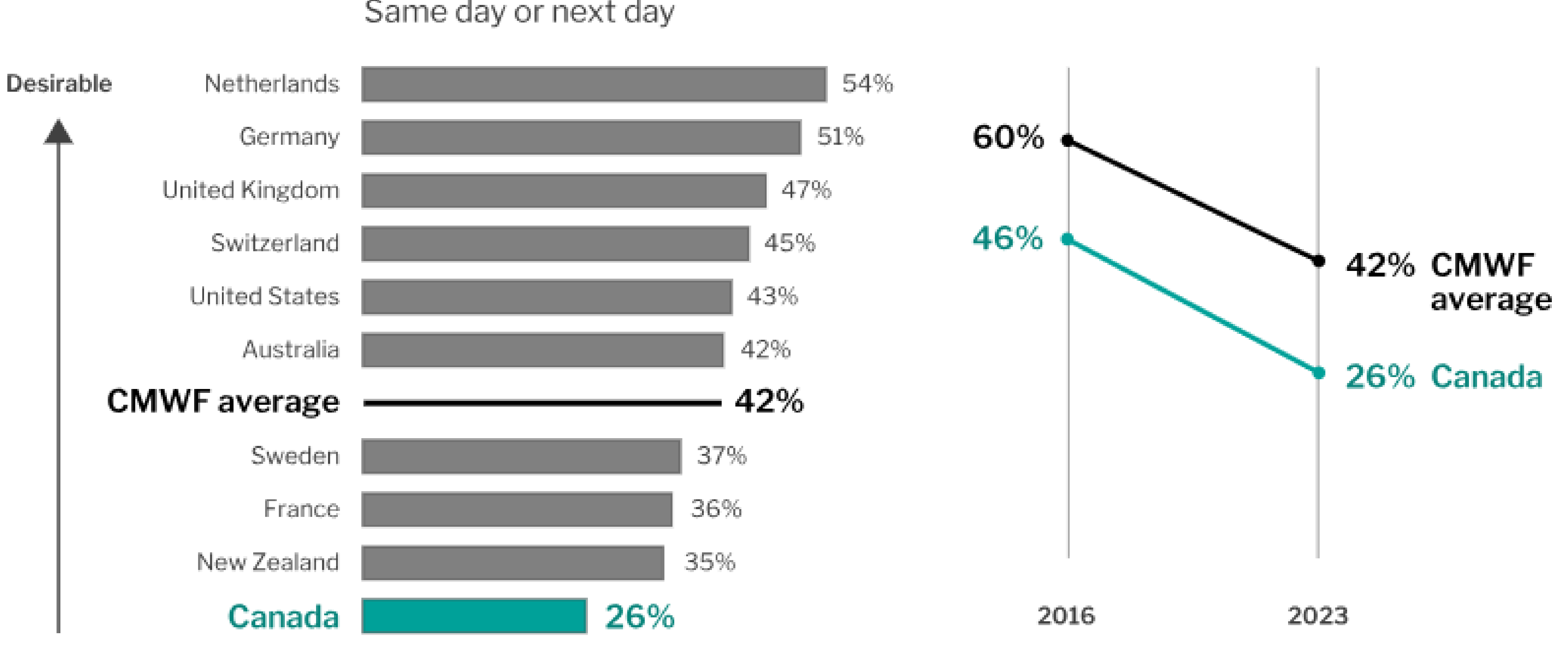
We asked:
If your family doctor or nurse practitioner is away, how often can you get care from another health professional from the same clinic?

Kiran et al (2025) Our Care Survey



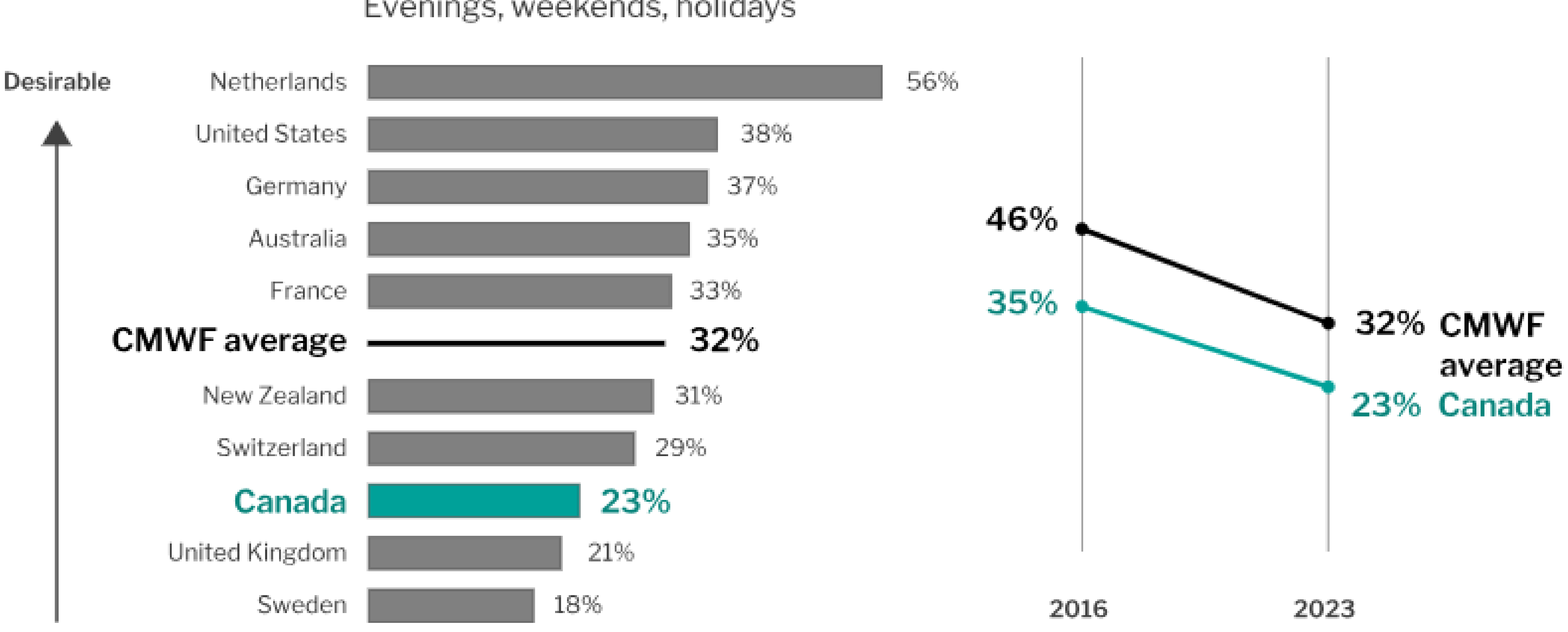
Kiran et al (2025) Our Care Survey

Same- or next-day appointment to see a doctor or nurse



Commonwealth Fund, CIHI

Evening, weekend and holiday appointments



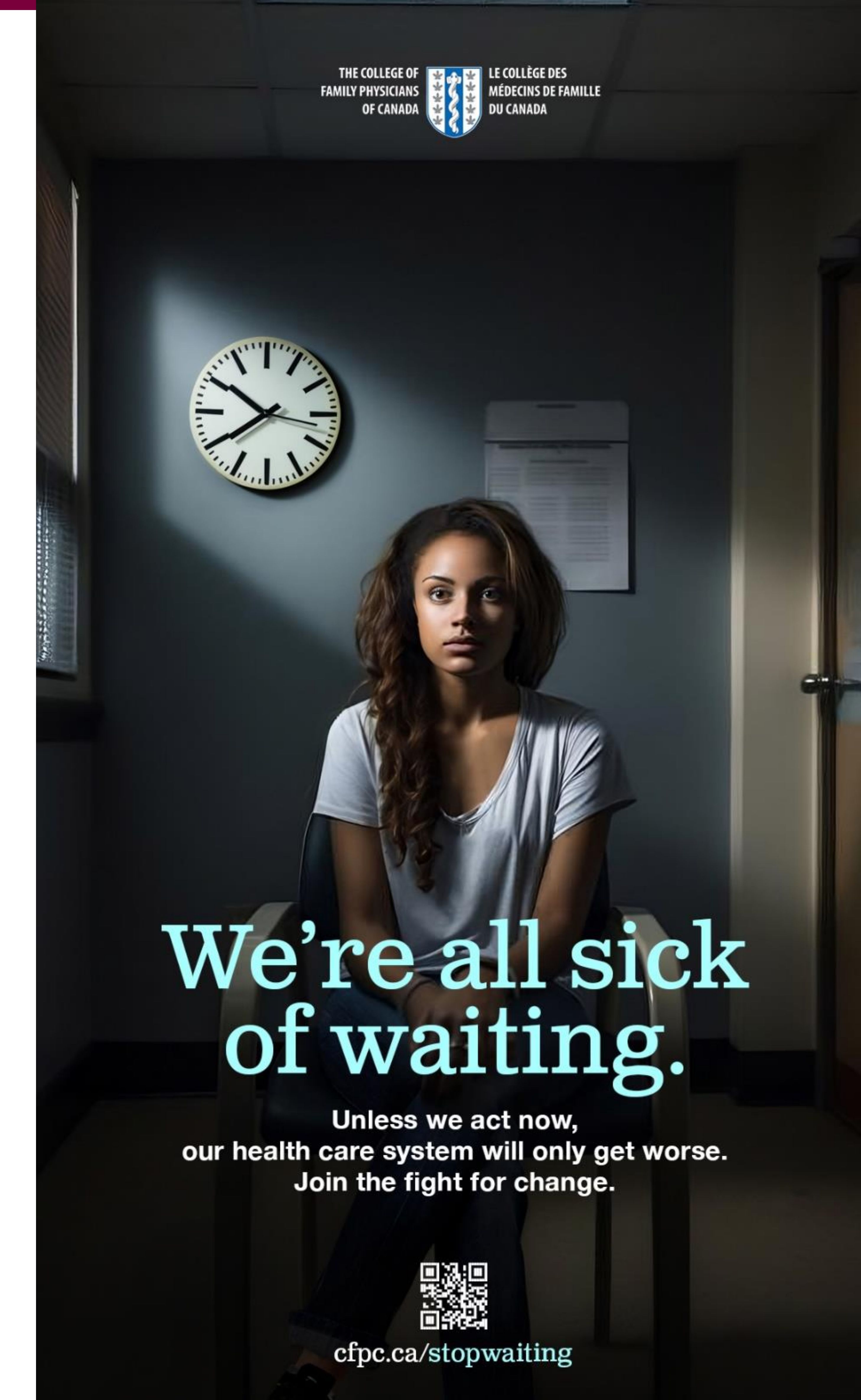
Commonwealth Fund, CIHI

How did we end up here?

- More Family Physicians per capita than ever before

BUT:

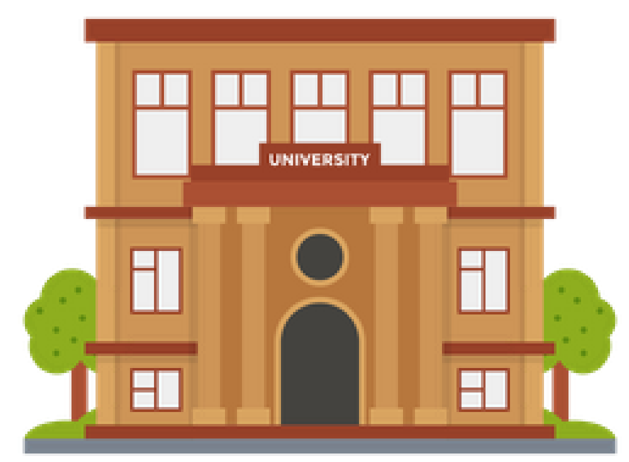
- Lower access to primary care
- Lower attachment to primary care
  - Nearly 20% Canadians not attached to a PC provider



Why more FPs/capita but less access?

- Fewer FPs providing comprehensive care
- Those who are, working less days/week, seeing fewer patients/day
- More complex patients
- More complex paperwork

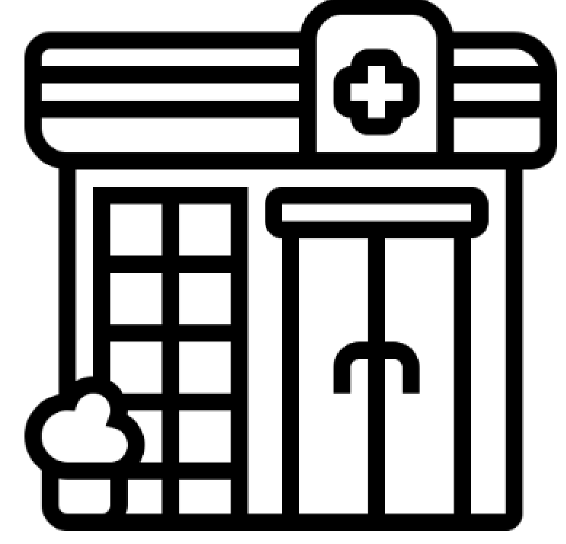
A little bit about Family Medicine training in Canada….



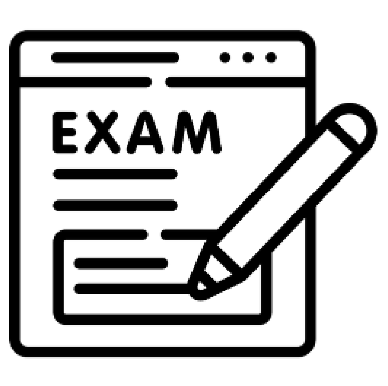
3-4 years undergraduate training

3-4 years for medical doctorate

General medical exam



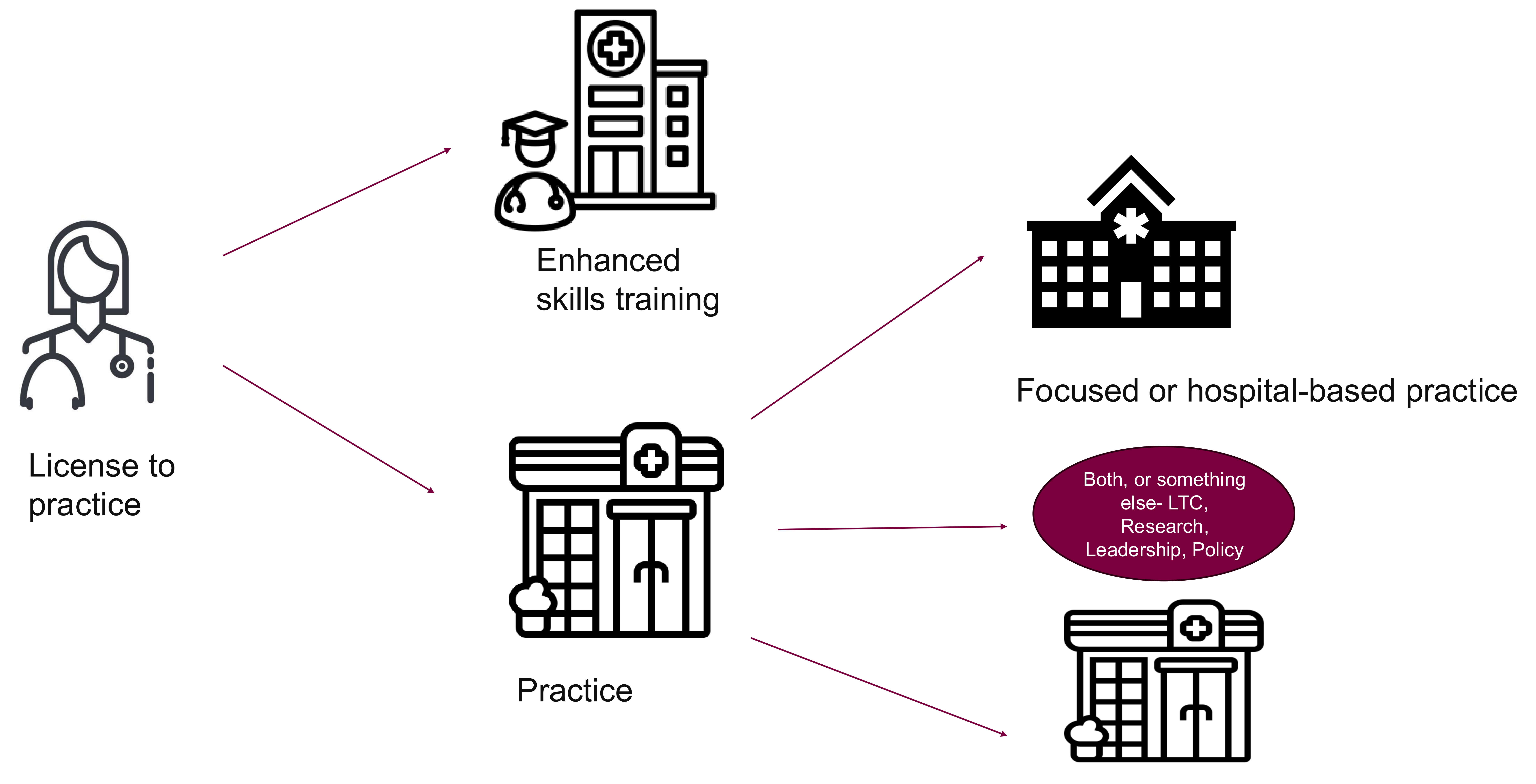
Specialty training (FM = 2 years)



Board certification exam

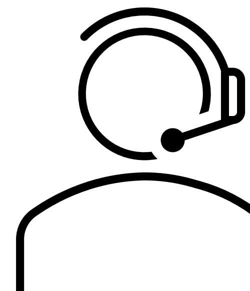
License to practice

After licensure….

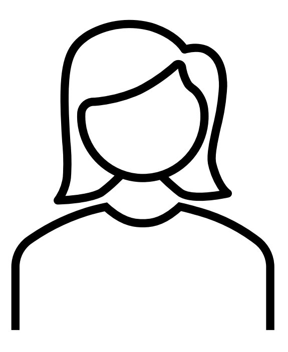


Registered nurse

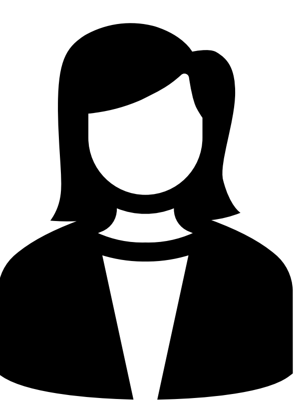
Family Physician or Nurse Practitioner



Medical office assistant



Community health worker

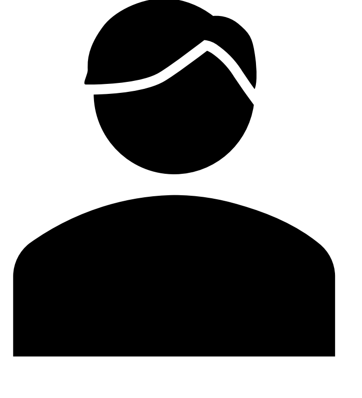


Physician Assistant

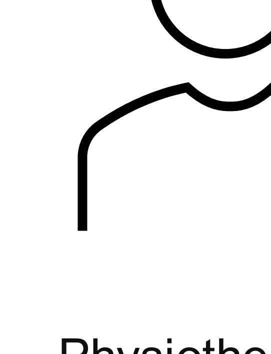
Registered nurse

Dietician

Family Physician <u>and</u> Nurse Practitioner

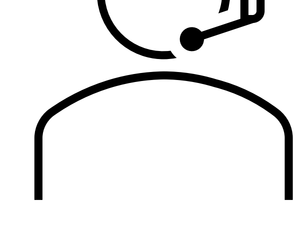


Occupational therapist

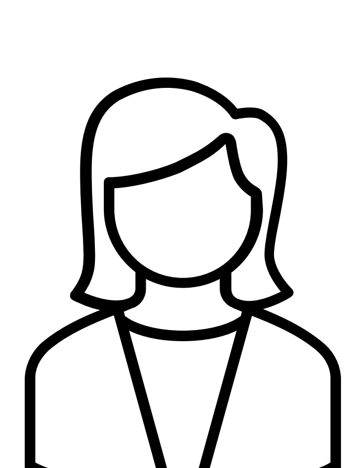


Physiotherapist

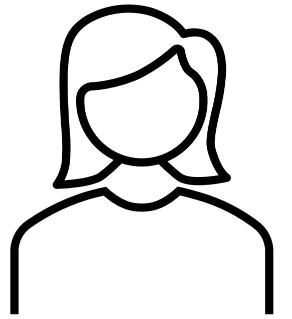
Pharmacist



Medical office assistant

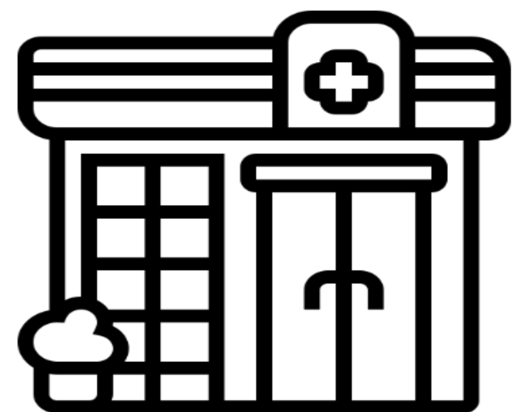


Psychologist or mental health counsellor



Midwife

System Navigator



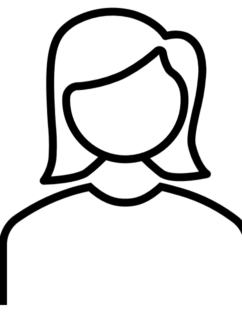
Community-based practice

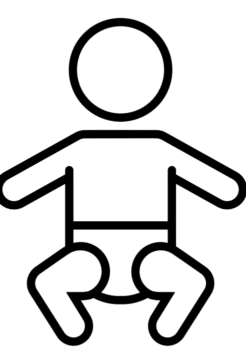
Acronym Soup: Fits, FHOs, F-H-Gs

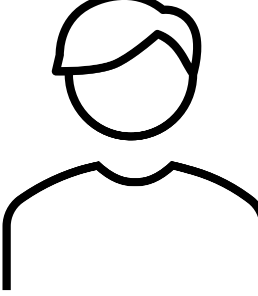
Remuneration Model	Core payment	Ontario name
Classic fee for service (FFS)	Per visit/procedure	Fee for Service
Enhanced FFS + light rostering	FFS + small bonus per patient rostered	Family Health Group, Comprehensive Care Model
Blended capitation	Per patient rostered + shadow billing and incentives	FH Network, FH Organization, FH Organization+
Team-based	Often Blended capitation + team funding	Family Health Team
Salaried	Time/role based	Community Health Clinic

Pay-per-procedure

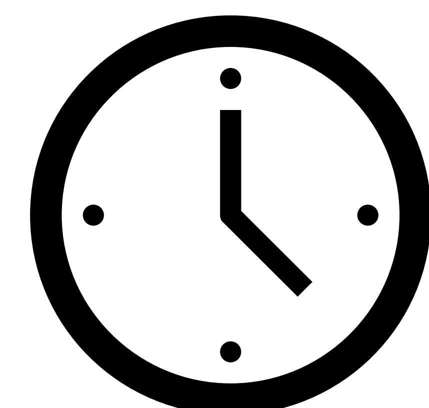
Pay-per-patient







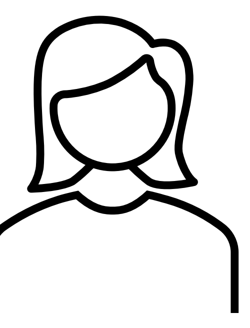
Pay-per-hour

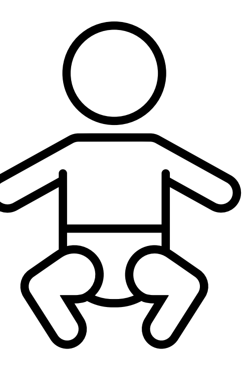


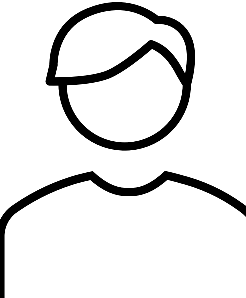
Pay-per-procedure

Incentivizes Volume

Pay-per-patient

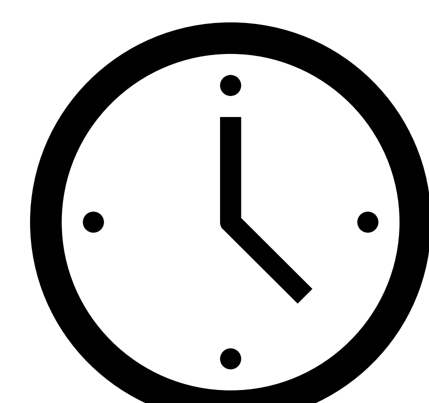






Incentivizes Efficiency

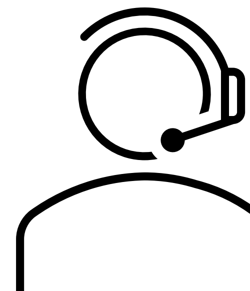
Pay-per-hour



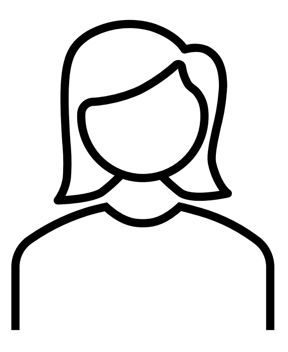
Incentivizes Depth

Registered nurse

Family Physician or Nurse Practitioner

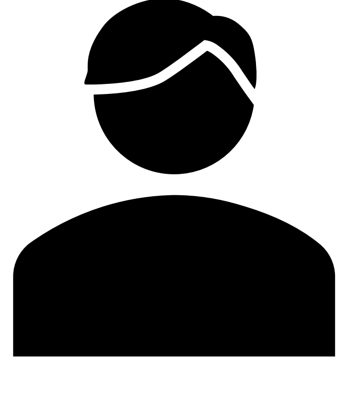


Medical office assistant



Community health worker

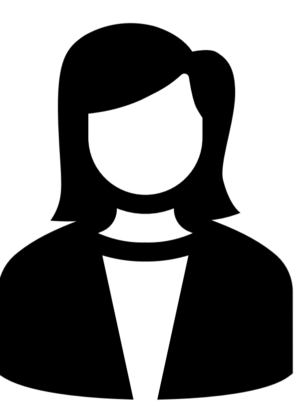
Registered nurse



Occupational therapist

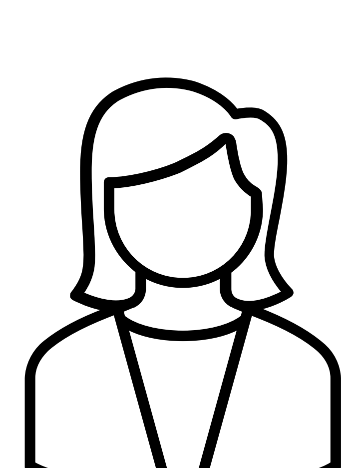
Pharmacist

System Navigator



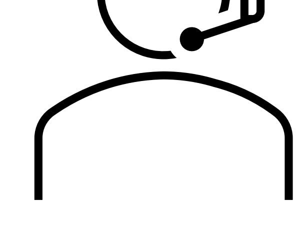
Physician Assistant

Family Physician <u>and</u> Nurse Practitioner

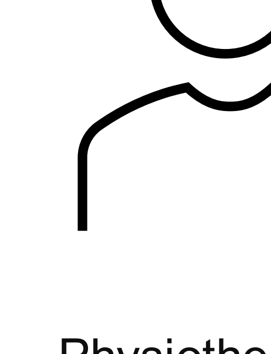


Psychologist or mental health counsellor

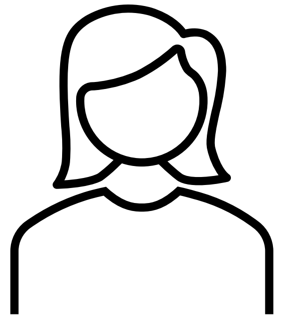
Dietician



Medical office assistant



Physiotherapist



Midwife

How do new FPs choose what kind of practice they will work in?

- Geography
- Availability of space in a team, or to take over or join a smaller practice
- Preference

Benefits of the Interprofessional Team

- Complementary expertise
- Access to publicly-insured services not typically covered outside of hospital
- Cost-effective for health care system to have services provided by non-physician clinicians/staff.
- More human resource availability- takes a long time to train new doctors.

The interprofessional primary care team
WelchAllyn

How did we get here? History of primary care in Ontario

Check for updates

Original Research

Building High-Performing Primary Care Systems: After a Decade of Policy Change, Is Canada "Walking the Talk?"

MONICA AGGARWAL,* BRIAN HUTCHISON,† REHAM ABDELHALIM,‡ and G. ROSS BAKER*,‡

*Dalla Lana School of Public HealthUniversity of Toronto; †Centre for Health Economics and Policy AnalysisMcMaster University; ‡Institute of Health PolicyManagement and EvaluationUniversity of Toronto

PRIMARY CARE

Primary Care In Canada: So Much Innovation, So Little Change

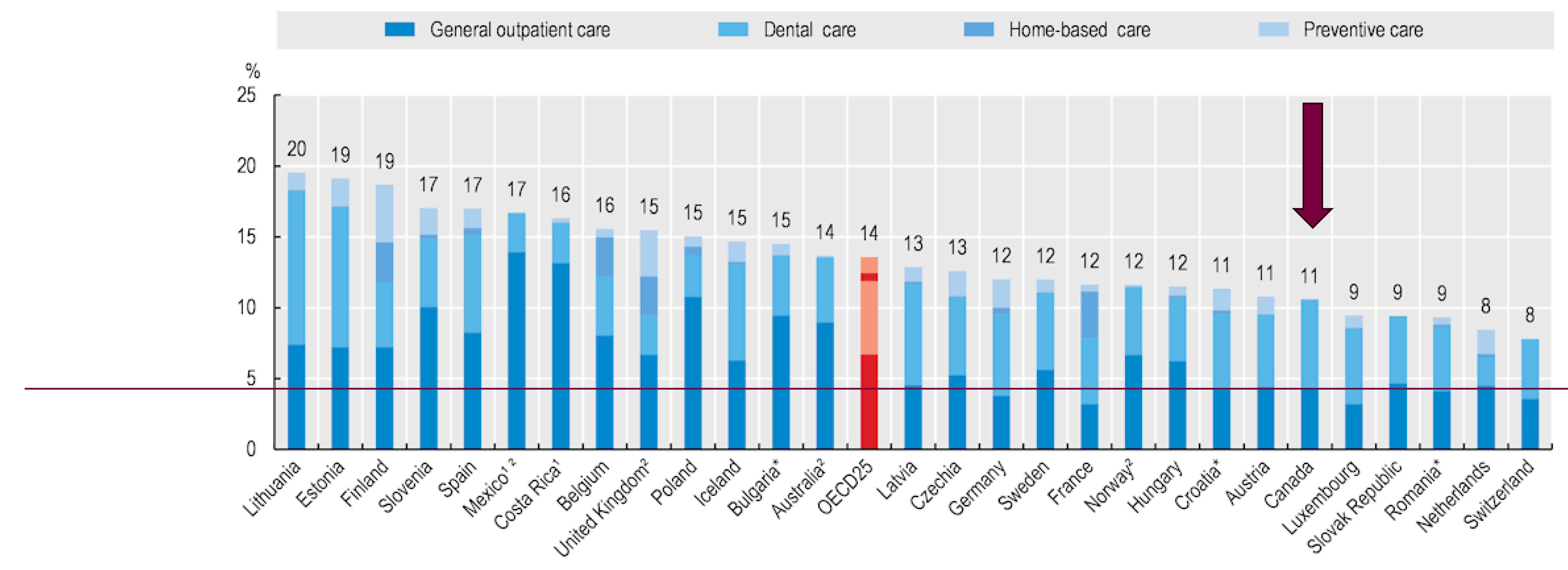
Policymakers, in pursuit of a "big bang," may have missed crucial opportunities to improve primary care in Canada.

by Brian Hutchison, Julia Abelson, and John Lavis

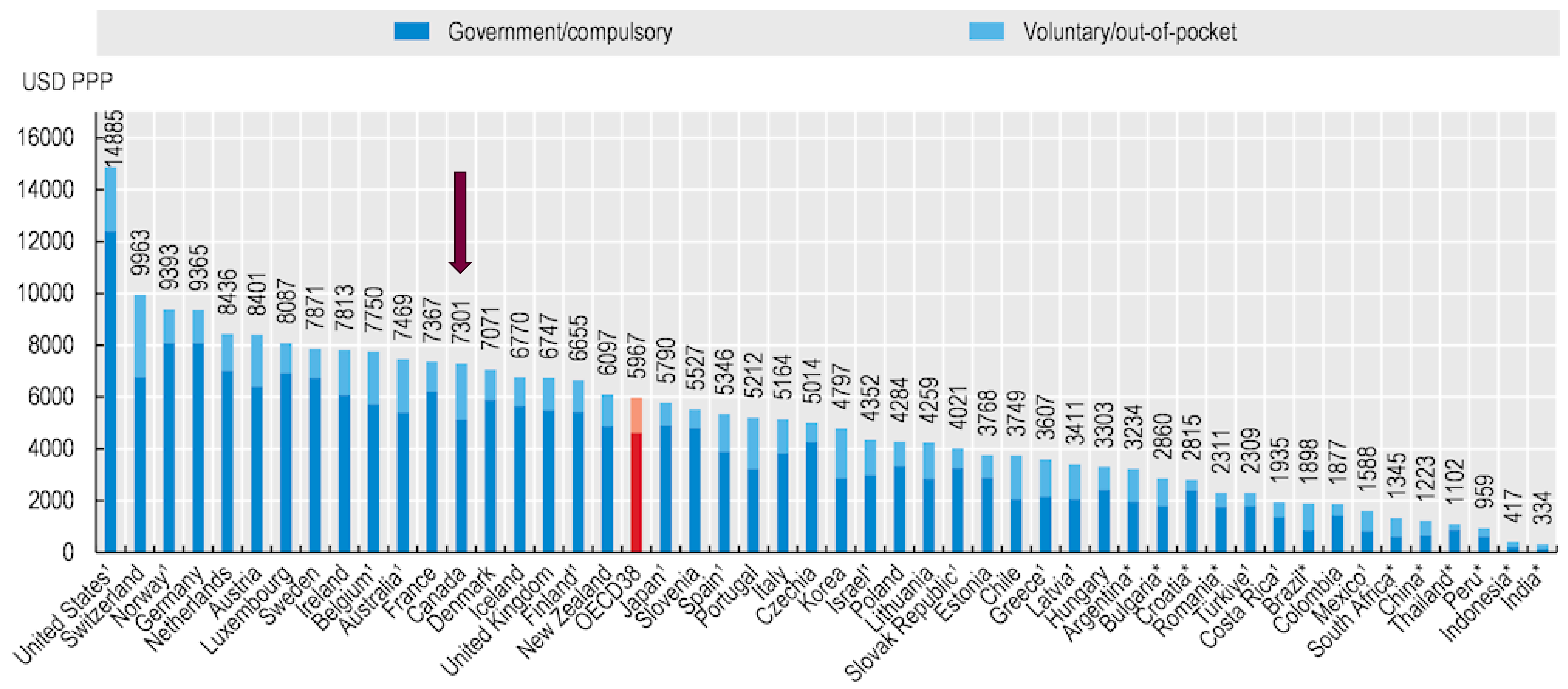
ABSTRACT: The development of Canadian primary care has been shaped by a series of policy legacies that continue to affect the possibilities for change in primary care through their cumulative effects on the health care system and the process of health policy development. The pursuit of radical systemwide change in the face of unfavorable circumstances (created in large part by those legacies) has resulted in missed opportunities for cumulative incremental change. While major changes in primary care policy seem unlikely in the near future, significant incremental change is possible, but it will require a reorientation of the policy development process.

116 CANADA

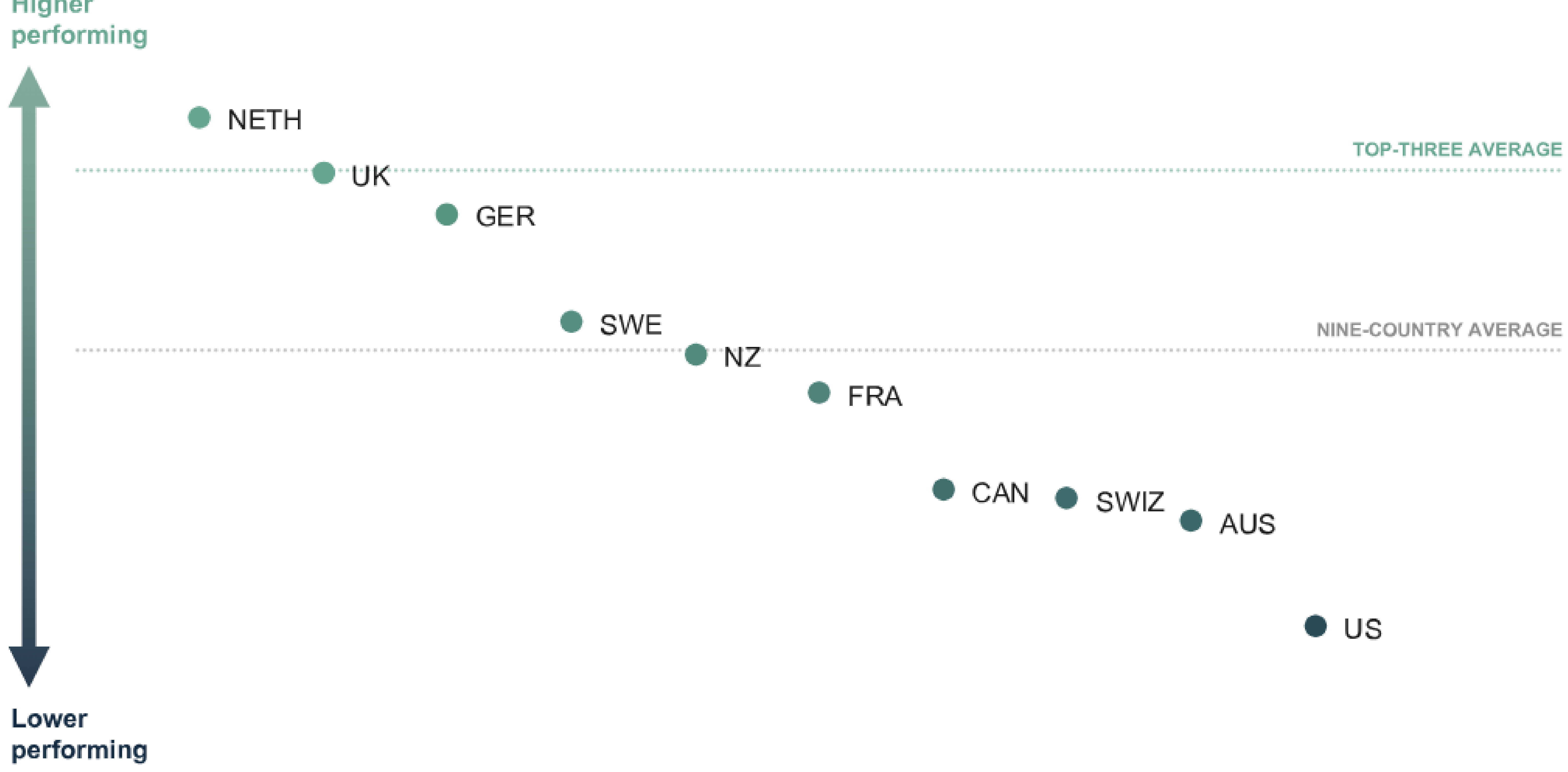
igure 7.16. Spending on primary healthcare services as a share of current health expenditure, 2023 (or nearest year)



OECD, “Health at a Glance 2025”



OECD, “Health at a Glance 2025”

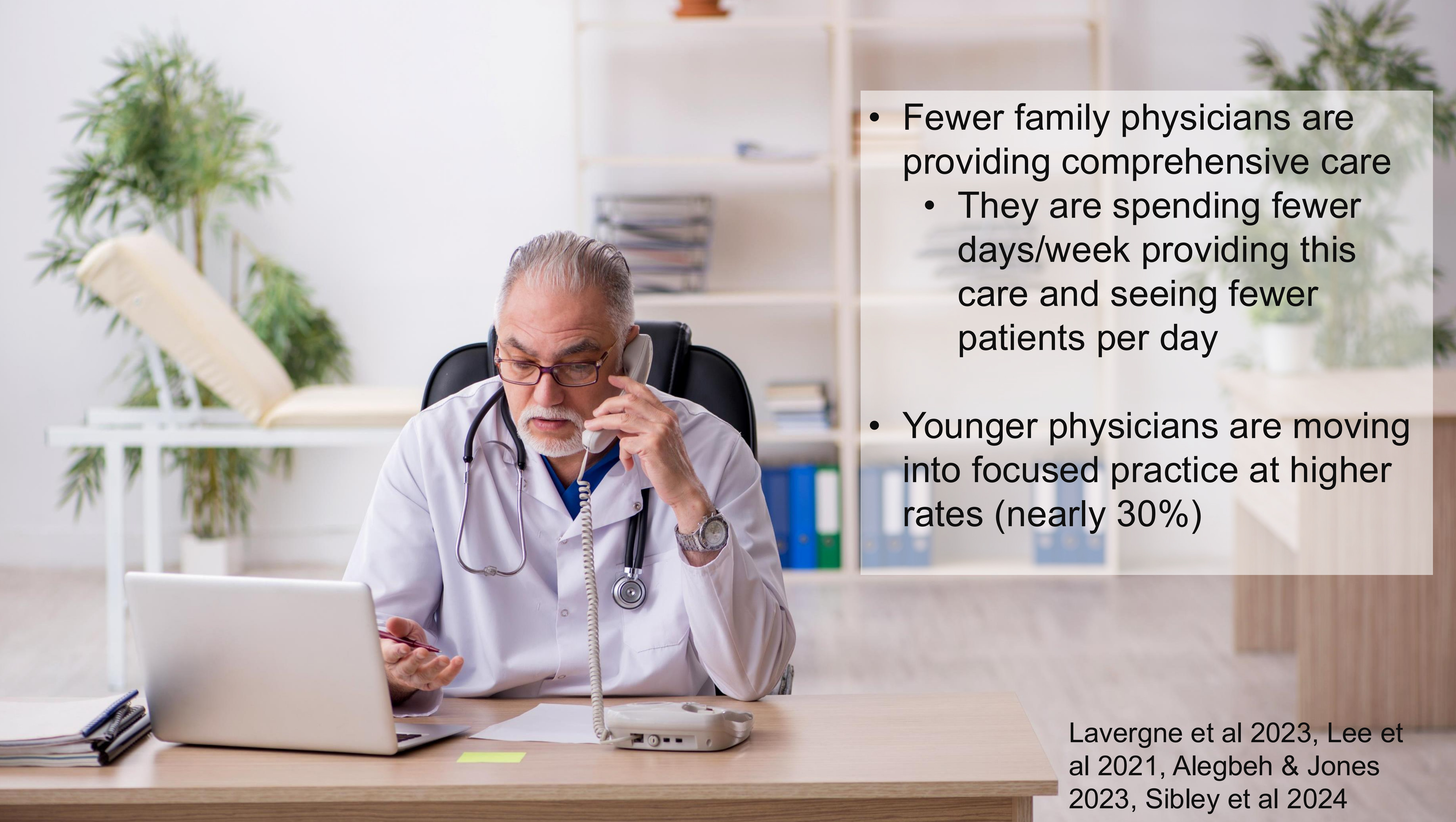


Note: To normalize performance scores across countries, each score is the calculated standard deviation from a nine-country average that excludes the US. See "How We Conducted This Study" for more detail.

Data: Commonwealth Fund analysis.

Source: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024). https://doi.org/10.26099/ta0g-zp66

• Record high number of FPs per capita
• Nearly 20% do not have a regular primary care provider
• Less access to same-day, next-day, after-hours care than in comparable countries
TUE 20
Lavergne et al 2023, Duong & Vogel 2023, CIHI 2021



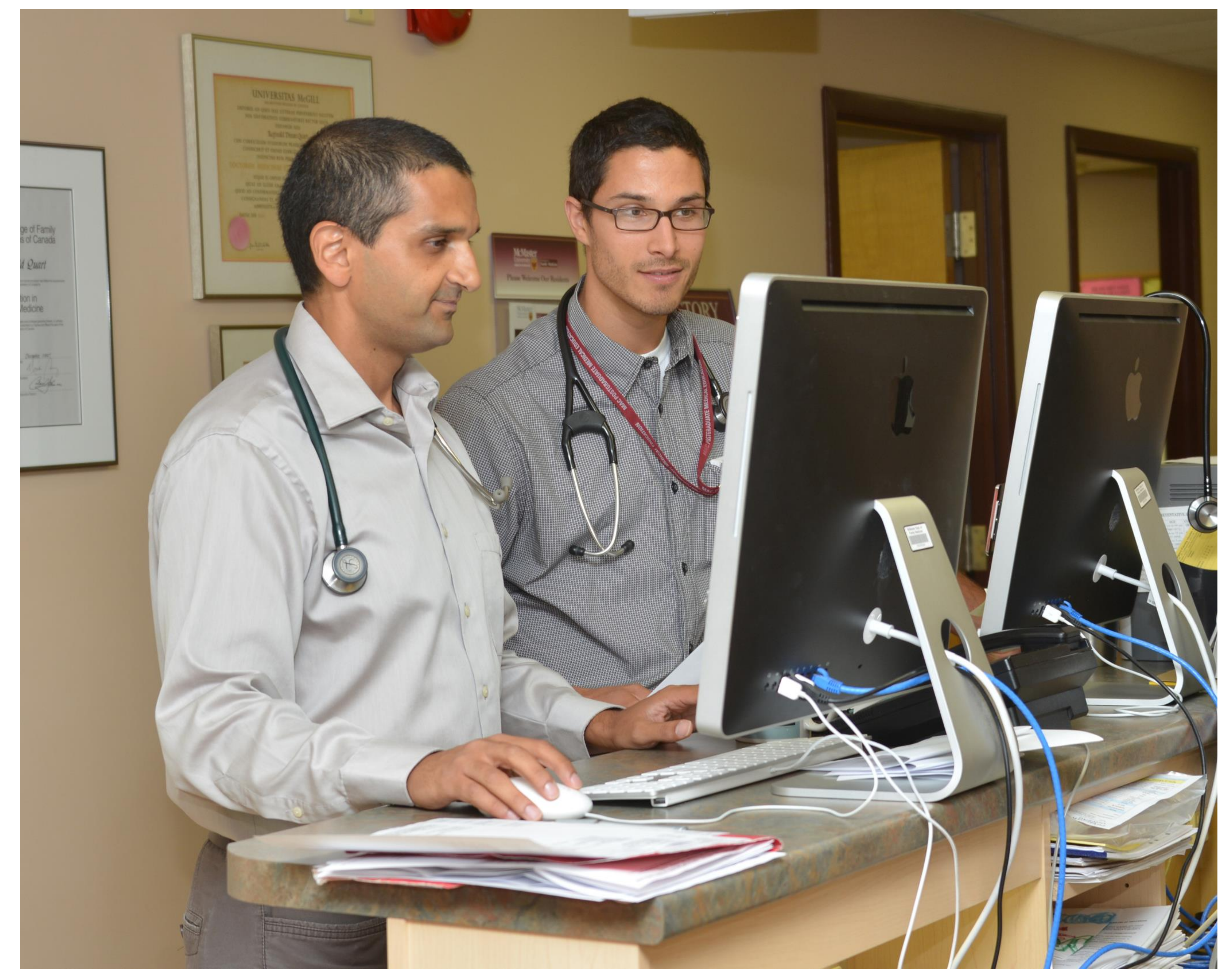
- Fewer family physicians are providing comprehensive care
  - They are spending fewer days/week providing this care and seeing fewer patients per day
- Younger physicians are moving into focused practice at higher rates (nearly 30%)

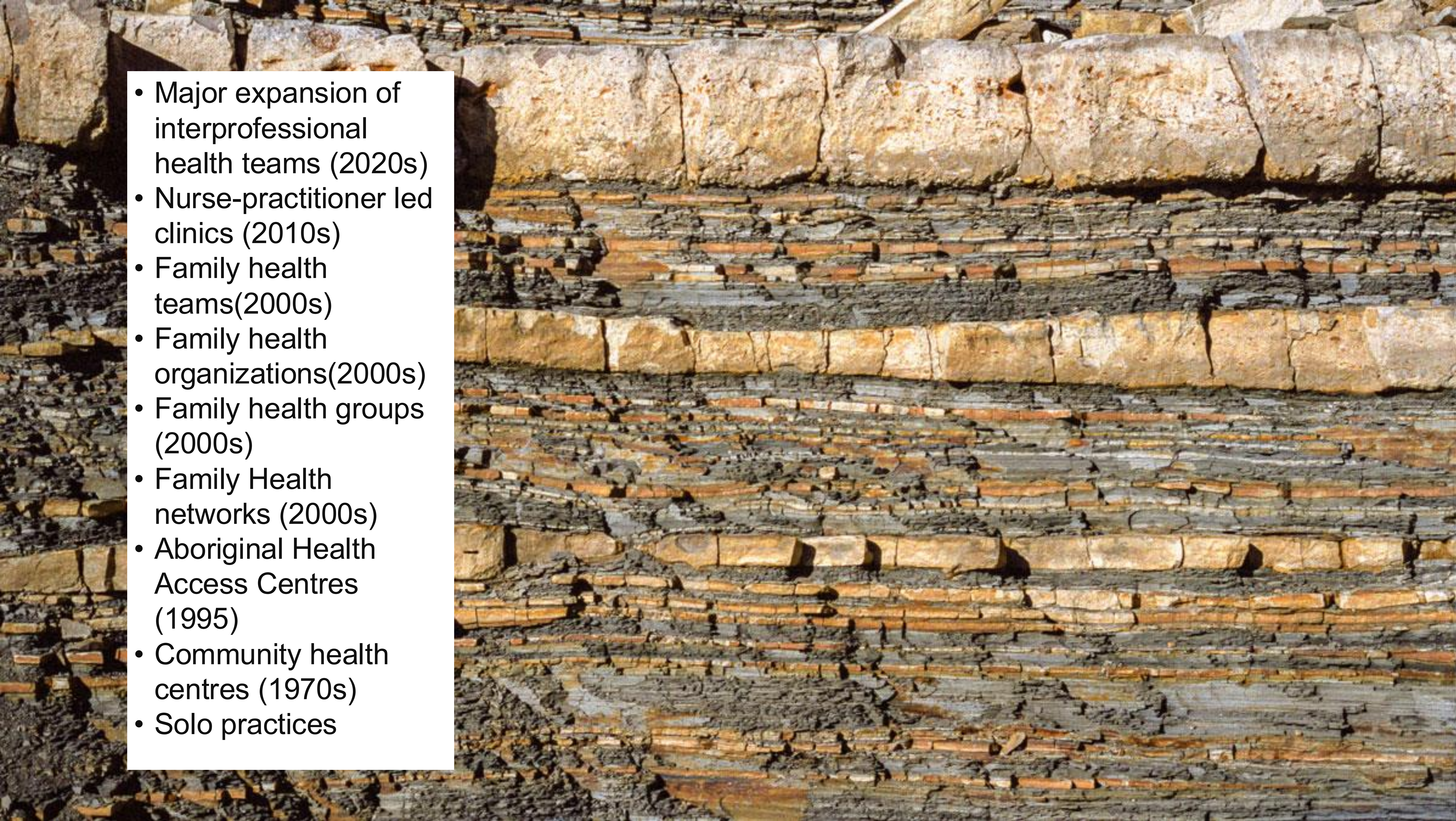
Lavergne et al 2023, Lee et al 2021, Alegbeh & Jones 2023, Sibley et al 2024

Two policy concepts to explain our current state of challenge:

- Policy Legacy: *Enduring influence of past policies on present institutions.*

- Policy Layering: *Adding new policy goals, instruments or rules on top of existing ones without removing or fundamentally replacing the earlier arrangements.*





- Major expansion of interprofessional health teams (2020s)
- Nurse-practitioner led clinics (2010s)
- Family health teams(2000s)
- Family health organizations(2000s)
- Family health groups (2000s)
- Family Health networks (2000s)
- Aboriginal Health Access Centres (1995)
- Community health centres (1970s)
- Solo practices

- Community physician as small business owner, having autonomy over when/where/how they work
- Public insurance only for physician care, or care in hospital
- Physician as most-responsible-clinician (holding medico-legal responsibility)
- Typical corporate accountability mechanisms as irrelevant/undesirable
- “Physicians at the heart of the decision-making system at all levels” (Tuohy)

Health for All
A DOCTOR'S PRESCRIPTION FOR A HEALTHIER CANADA
Jane Philpott

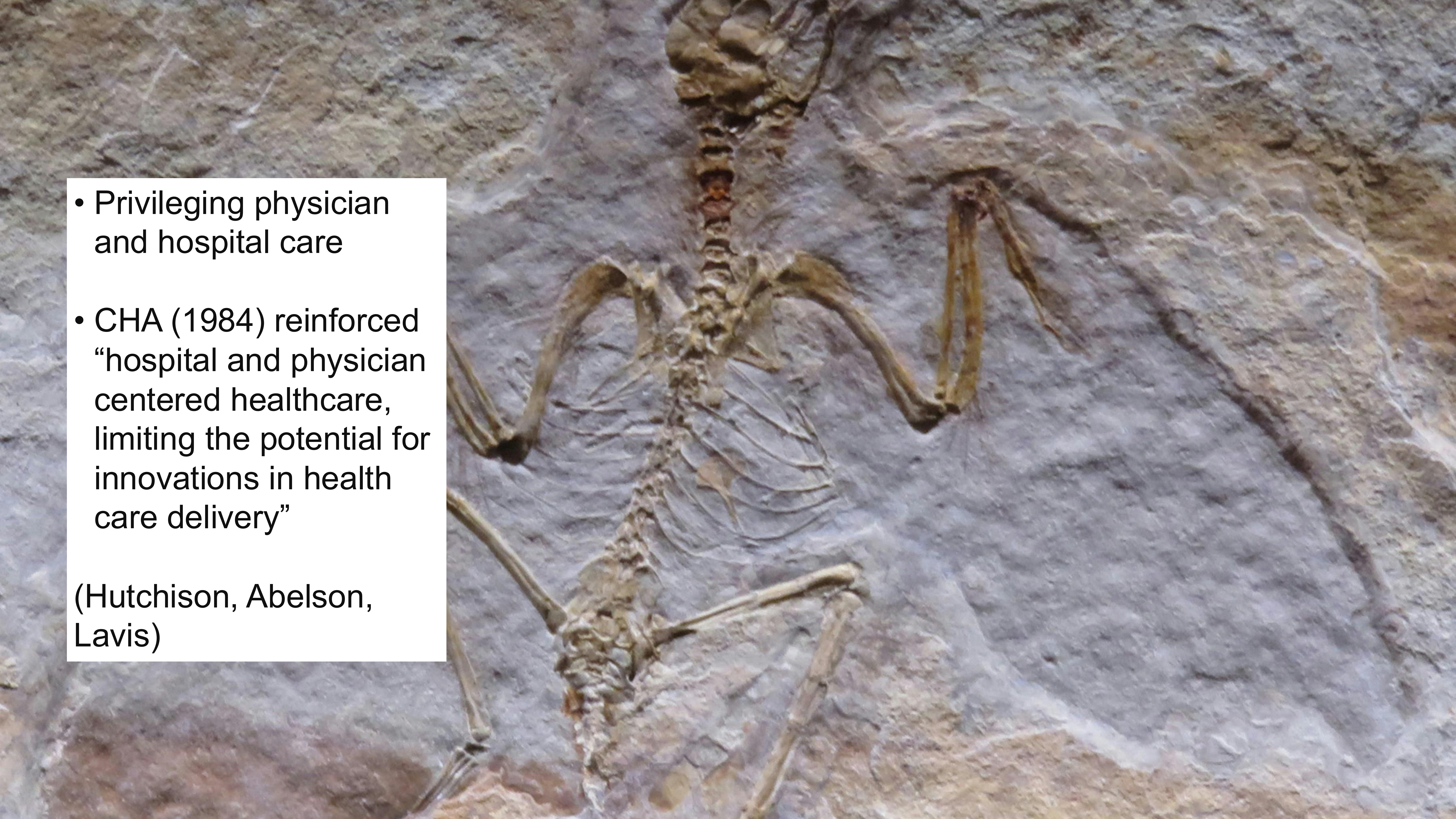
McMaster
University

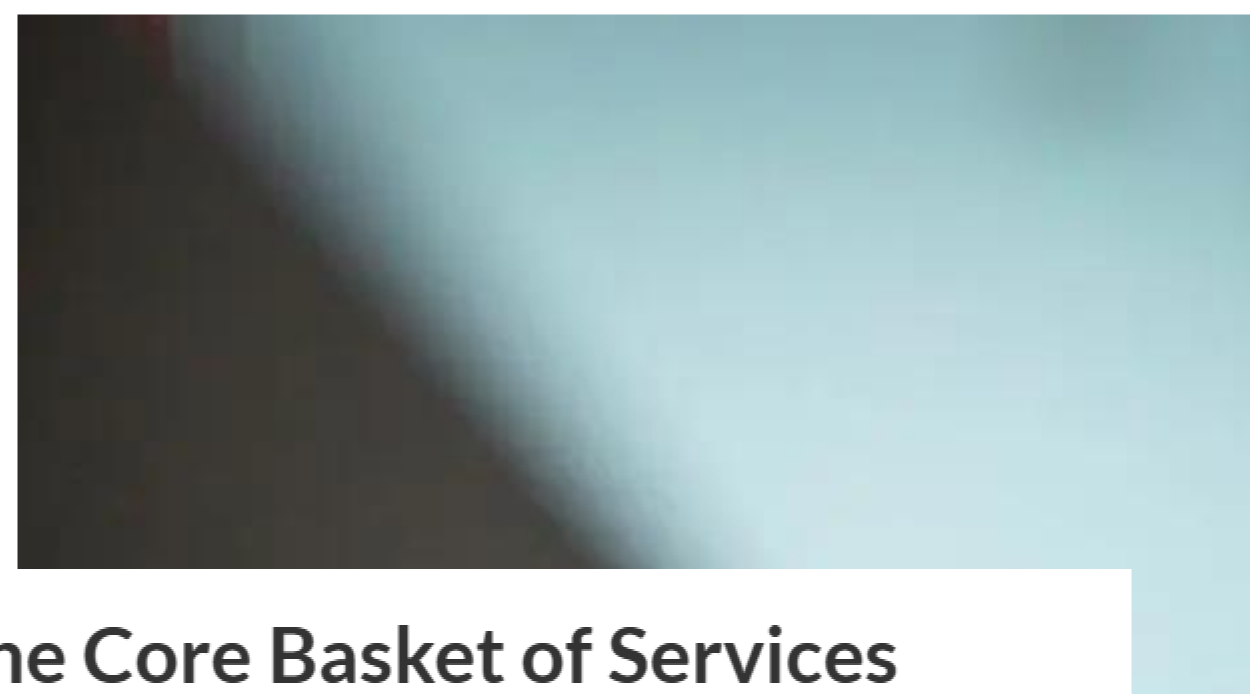
Brighter
World

Broader Health Home Neighbourhood
Interdisciplinary Team
Indigenous cultural safety
Language accessibility services
Primary Care Clinician
Acute care diagnosis and treatment
Navigation & referral support
Person-Centred Health Home
Social determinants of health support
Mental health & substance use care
Hospitals/ Acute Care
Specialists
Person
Home & community care coordination
Preventive care, screening, health promotion
Chronic conditions management

FLAOHT
Frontenac Lennox & Addington
Ontario Health Team

ÉSOFLA
Équipe Santé Ontario de
Frontenac, Lennox et Addington


• Privileging physician and hospital care
• CHA (1984) reinforced "hospital and physician centered healthcare, limiting the potential for innovations in health care delivery"
(Hutchison, Abelson, Lavis)



Physician-Equivalent Services and the Core Basket of Services

There has been an expansion in scopes of practice for many regulated health care professionals (e.g. nurse practitioners, pharmacists, midwives) to better utilize the full extent of their competencies, knowledge and skills to increase access to needed care. This now permits these professionals to deliver some of the same services that would normally be insured if provided by a physician. In no area has this been more evident than in team-based primary care where nurse practitioners, in particular, are being integrated more fully into the primary care system, greatly increasing access for Canadians while helping to relieve pressure.

Nurse practitioners are now able to practise autonomously—diagnosing, treating, prescribing and referring patients—mirroring many of the tasks of a primary care physician, and in some cases, becoming the sole primary care provider for many Canadians, particularly in rural and remote communities. These developments support the CHA's objective of reasonable access to medically necessary care.

However, increasingly, there are reports of the growth of patient charges arising from health care professionals offering medically necessary services to Canadians on a private pay basis. If left unchecked, more and more Canadians could be required to pay to access care services that would otherwise be insured if delivered by a physician.

CHA Services Policy

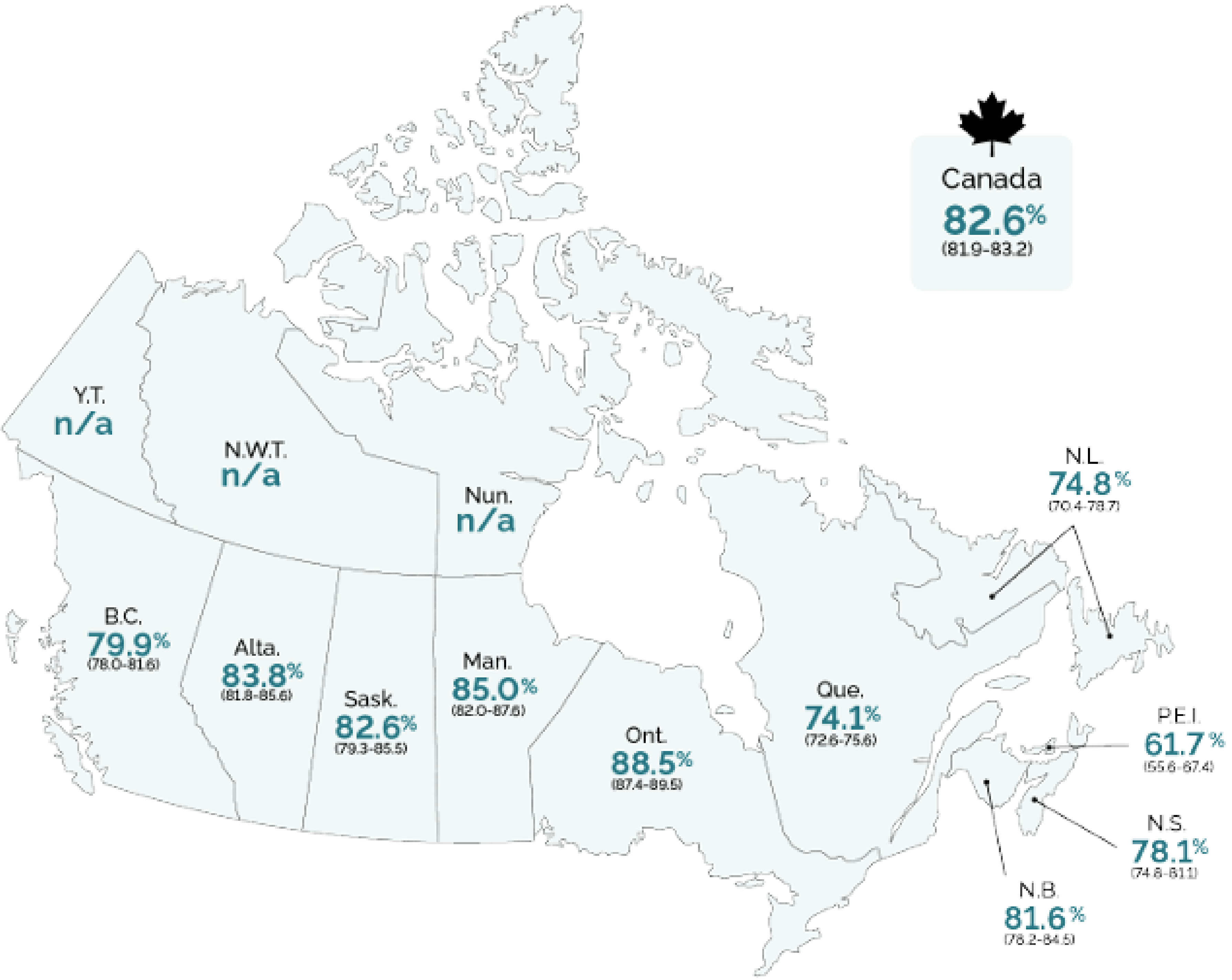
I want to acknowledge the work of the provinces and territories in increasing patients' access to care through expanding the scope of practice of health care professionals, such as pharmacists and nurse practitioners. I also want to ensure access to these services remains based on medical need, and not a patient's ability or willingness to pay.

As such, when the CHA Services Policy is implemented, patient charges for medically necessary services, whether provided by a physician or other health care professional providing physician-equivalent services, will be considered extra-billing and user charges under the CHA.

What does this mean for the interprofessional primary care team
WelchAllyn

Closing the Gap

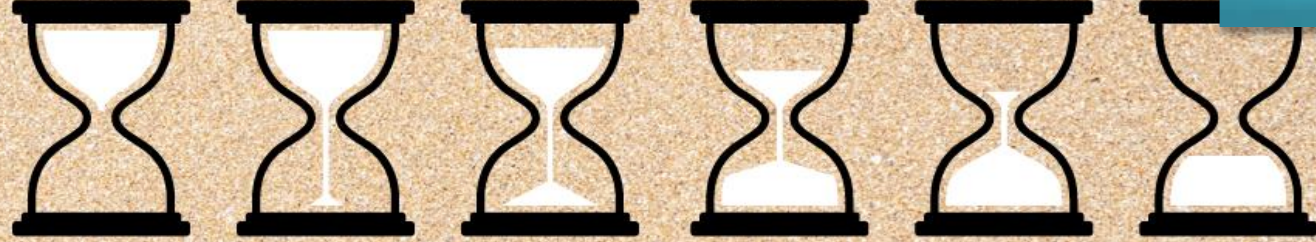
- According to the Canadian Institute for Health Information, **Ontario leads the country** with access to a regular health-care provider.
- To support the Primary Care Action Team's mandate, the Ministry of Health worked with **INSPIRE-PHC**, a network of primary care researchers, to develop an **updated methodology** for determining how many patients are attached to primary care.
- Based on the updated methodology, as of September 2025, there were **approximately 1.98 million people** not attached to primary care in the province.
- Initiatives through the Primary Care Action Plan will **close the gap** for the remaining two million Ontarians who want to connect to primary care, achieving the goal of connecting every person in Ontario to primary care.



Ontario Primary Care Action Team. (2026). 1 year progress update

Administrative burden

Unnecessary administrative work is driving physician burnout and impacting access to care.



18.5 million hours

Time spent on unnecessary administrative tasks by physicians each year

Administrative burden is driving physician burnout, and puts access to care at risk

Canadian physicians spend **18.5 million hours/year** on avoidable administrative tasks - equivalent to 55.6 million patient visits.

(Alegbeh and Jones 2023)

Primary care physicians spend approximately 50% of their time on indirect patient care activities (IPCAs) [1-3]

Examples of indirect patient care activities in Family Medicine

Reviewing and Processing Results	Reviewing lab and diagnostic test results (e.g., bloodwork, imaging)
	Coordinating appropriate next steps (e.g., referrals, repeat tests)
Medication Management	Authorizing or denying refills, with or without changes
	Reconciling medication lists based on pharmacy communication
Administrative and System-related Tasks	Inbox triage and prioritization (e.g., urgent vs routine)
	Filing documents and messages into the correct patient charts

Research Article | Education and training

Pajama Time: The Association of EHR Documentation Time with Family Medicine Resident Outcomes

Wendy Barr, Lars Peterson and Sarah Fleischer

The Annals of Family Medicine November 2024, 22 (Supplement 1) 6628; DOI: https://doi.org/10.1370/afm.22.s1.6628

Article | eLetters | Info & Metrics | PDF

Abstract

Context: Multiple studies have identified that working on the electronic health record (EHR) after clinic hours ("pajama time") is a source of burnout and decreasing professional satisfaction. No study has looked at its association with resident outcomes during training.

Objective: Compare the demographics of residents who report three or more hours per night of "pajama time" (high EHR use) to those who report fewer hours. Investigate if there are associations between high EHR use and resident outcomes.

Study Design and Analysis: Survey of US family medicine (FM) residents. Bivariate analysis of outcomes by high EHR use and regression predicting satisfaction and burnout.

In this issue

The Annals of Family Medicine: 22 (Supplement 1)

Vol. 22, Issue Supplement 1
20 Nov 2024

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Escalating Indirect Patient Care Activities

⇧ More time on the administrative, billing, and regulatory aspects of practice

⇩ Less time spent with patients

Family physicians shift away from comprehensive family practice to areas with less admin burden

→

Those practicing comprehensive family medicine reduce patient volume

Primary Care Crisis in Canada

⇧ Record high number of licensed family doctors

⇩ Low attachment rates for Canadians

4,5,6

Negative Impacts

- Stress
- Burnout
- Dissatisfaction
- Lower professional quality of life
- Detracts from patient care

EMERGENCY

Movement away from community-based, comprehensive care

- 20-50% of physicians trained as family physicians do not provide ongoing, community-based longitudinal care
- Instead, they practice exclusively or partly in roles such as:
  - Emergency medicine
  - Hospitalist care
  - Palliative care
  - Substance use disorder care
  - Elective/cosmetic services

- Younger physicians are less likely to be practicing comprehensive family medicine

Sibley & Balderrama, 2024

British Columbia and The Longitudinal Family Physician Payment Model

Equal time payment for direct, indirect care, and administrative tasks with a simplified FFS structure + panel payment

708 family physicians added in 2023
243,000 patients connected to care

Two years of progress

Celeb
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Your Specialists i

HEALTH

As emergency room closures continue in B.C., paramedics struggle to fill the gap

By Andrea Macpherson & Amy Judd • Global News
Posted January 2, 2026 4:04 pm · 2 min read

STRENGTHENING PRIMARY CARE IN BC

PRELIMINARY ANALYSIS – JULY 2025
IN RESPONSE TO
SPONSIBLE
D 2025

Is ER Open?
Northern BC Hospital ER Status

⚠ 1 hospital with alerts

Search hospitals...

Information displayed is based on community reports and may not be accurate. Always call the hospital directly to verify status before traveling. Terms of Use

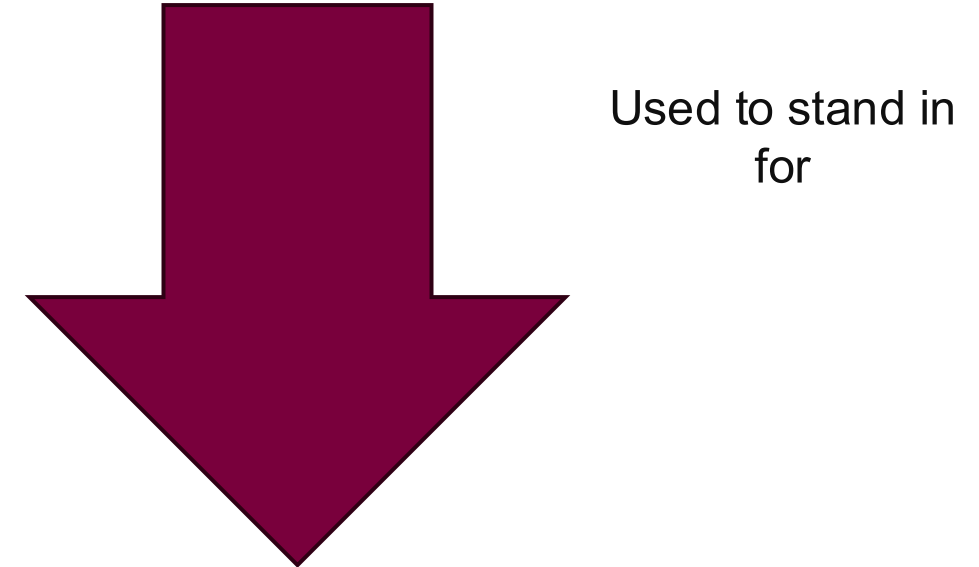
Peace Region — 1 alert

Hospital	Location	Status
Fort St. John Hospital & Peace Villa	Fort St. John	Operational
Dawson Creek and District Hospital	Dawson Creek	Operational
Chetwynd Hospital and Health Centre	Chetwynd	Operational
Fort Nelson General Hospital	Fort Nelson	Operational
Tumbler Ridge Health Centre	Tumbler Ridge	Diversion

ER Open Daytime Hours Only - Call 911 After Hours
The ER is open during regular daytime hours. If you need emergency care after hours, call 911. EHS ambulances are available 24/7 to transport patients to higher levels of care. An advanced care paramedi...

Attachment does not equal access, so why are we so focused on attachment?

Attachment: administrative record of a patient's ongoing affiliation with a primary care provider (family physician or nurse practitioner)



Used to stand in for

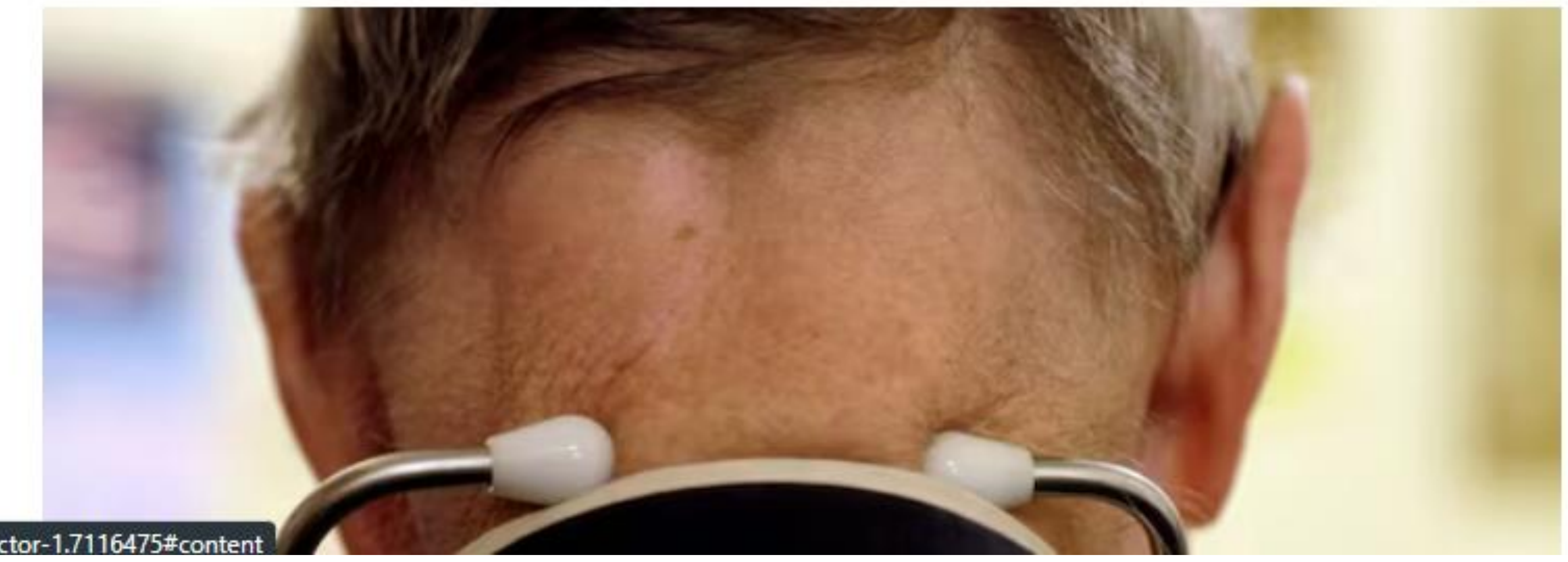
Access: Ability of patients to obtain care when needed, equitably and comprehensively

Politics

Meet some of the 6 million Canadians who don't have a family doctor

Family doctors play a crucial gatekeeper role in the health system — and too many Canadians don't have one

John Paul Tasker · CBC News · Posted: Feb 18, 2024 4:00 AM EST | Last Updated: February 19, 2024



Research Access to health care

Distance to primary care and its association with health care use and quality of care in Ontario: a cross-sectional study

Archna Gupta MD PhD, Tara Kiran MD MSc, Lesley Anne Pablo MSc, Andrew Pinto MD MSc, Eliot Frymire MA, Peter Gozdyra MA, Shahriar Khan MSc, Michael E. Green MD MPH, Richard H. Glazier MD MPH

■ Cite as: *CMAJ* 2025 November 3;197:E1214-23. doi: 10.1503/cmaj.250265

Abstract

Background: In Canada, patients who move may choose to stay on their original family physician's roster, creating long distances to seek primary care. We sought to explore how distance to primary care affected health care use and quality of care.

Methods: We conducted a population-based study in Ontario, Canada, including urban and suburban patients enrolled with a family physician as of Mar. 31, 2023. The primary exposure was patients' travel distance to their physician. Outcomes included emergency department visits, primary care visits, continuity of care, and cancer screening rates.

Results: We included 9 967 955 patients. Of these, 1 261 112 (12.7%) patients lived farther than 30 km from their family physician. These patients had greater odds of having nonurgent emergency department visits in the past year (odds ratio [OR] 1.43, 95% confidence interval [CI] 1.42 to 1.44); having no visits with any family physician in the previous 2 years (OR 1.28, 95% CI 1.27 to 1.28); and not having had screening for colon cancer (OR 1.17, 95% CI 1.16 to 1.18), breast cancer (OR 1.24, 95% CI 1.23 to 1.25), and cervical cancer (OR 1.17, 95% CI 1.16 to 1.18).

Interpretation: Among Ontario patients living in urban or suburban areas and rostered to a family physician within a patient enrolment model, more than 10% of patients resided farther than 30 km from their family physician. Proximity to primary care was associated with higher use of primary care, reduced emergency department use, and increased uptake of recommended cancer screening, underscoring the importance of reforms that enhance access to care close to home.

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GTA

These patients have a family doctor, but they're hours away. The hidden health-care struggle for thousands in Ontario

A study of 10 million Ontarians measured how geographical distance between family doctors and their patients might affect quality of care.

Nov. 3, 2025 | 3 min read

NEWS RELEASE

Ontario Marks One Year Milestone in Primary Care Action Plan

Province on track to attach every Ontario resident to primary care by 2029

January 12, 2026
Health

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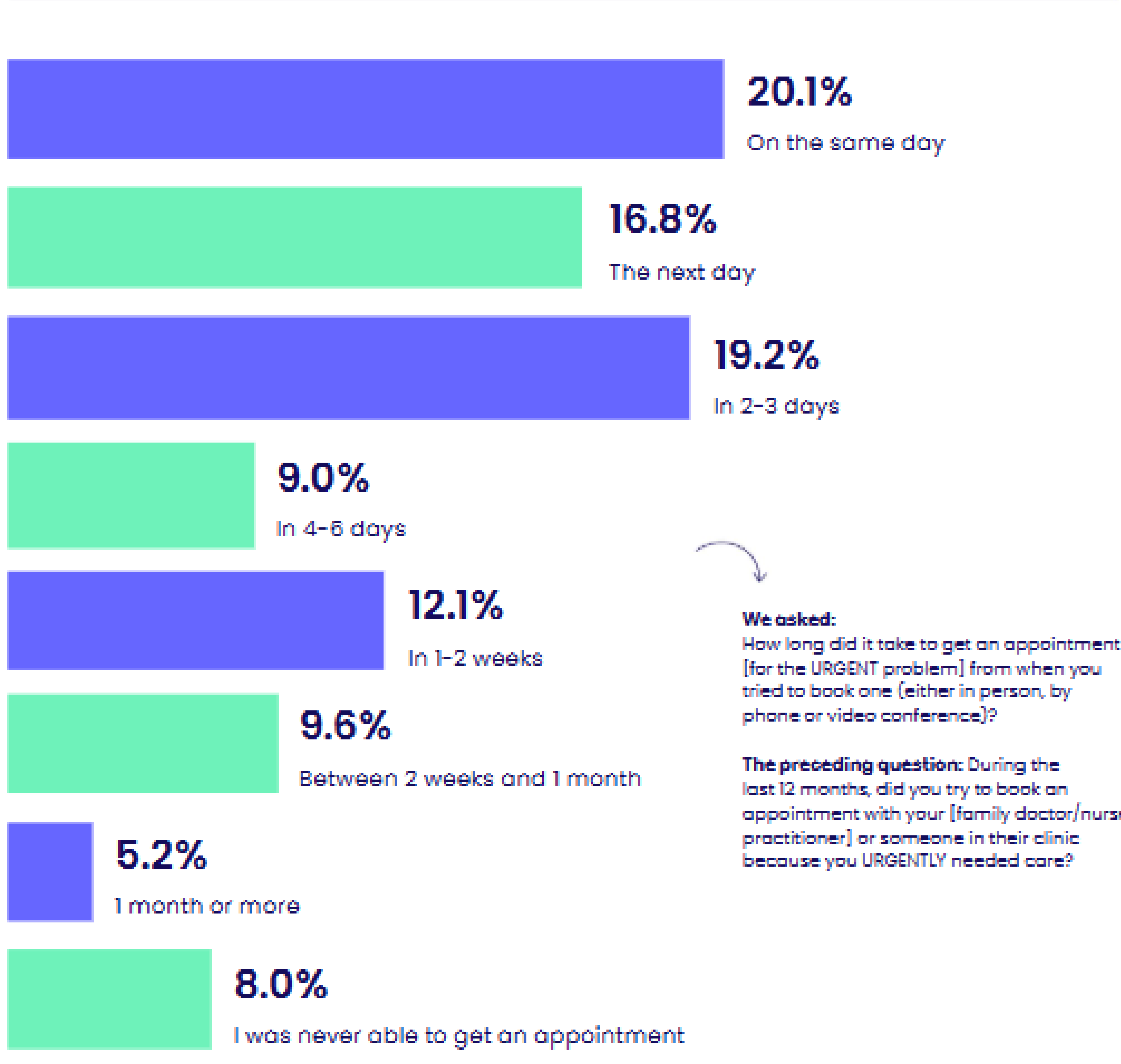
1. Content
2. Quick Facts
3. Additional Resources
4. Related Topics

TORONTO — Ontario is marking one year of progress on its $2.1 billion Primary Care Action Plan, which is already delivering results and connecting more people to convenient care as part of the government's plan to protect Ontario's health-care system. Since the initiative began, Ontario has already attached over 275,000 new patients to a primary care provider, putting the province on track to meet or exceed its target of connecting 300,000 new people to care in 2025-26 and every Ontarian to a primary care provider by 2029.



Kiran et al (2025) Our Care Survey

Where does this leave us?

Reasons for hope

- Unprecedented financial investments in primary care
- Acknowledgement that the way forward is not “more of the same”
- Political, education, research attention to identifying, implementing and evaluating potential solutions

Still work to be done

- Fragmented systems of care still make this kind of practice frustrating
- Public (and physician focus) on the frustrations of this kind of work, rather than the joy and meaning of this kind of work.
- Long trajectory for getting new family doctors into practice
- Patience: Inertia of existing systems and infrastructure make meaningful change slow

WelchAllyn
McMaster
University

Thank you

Meredith.Vanstone@mcmaster.ca

Have you experienced challenges accessing consistent primary care services?

Looking For Individuals Who:

- Who don't have a regular family doctor or nurse practitioner
- Have a primary care provider but have trouble accessing their care

Eligibility Criteria:

- At least 18 years of age or older
- Able to communicate in English
- Live in Canada
- Willing to participate in interview by phone, videoconference, or in-person

The goal of this research study is to understand how patients who have limited access to primary care meet their health needs.

Participate in an interview, receive $25

IF INTERESTED:

- Scan This QR Code

OR

- Email fmstudy@mcmaster.ca

OR

https://redcap.link/piecingcare

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