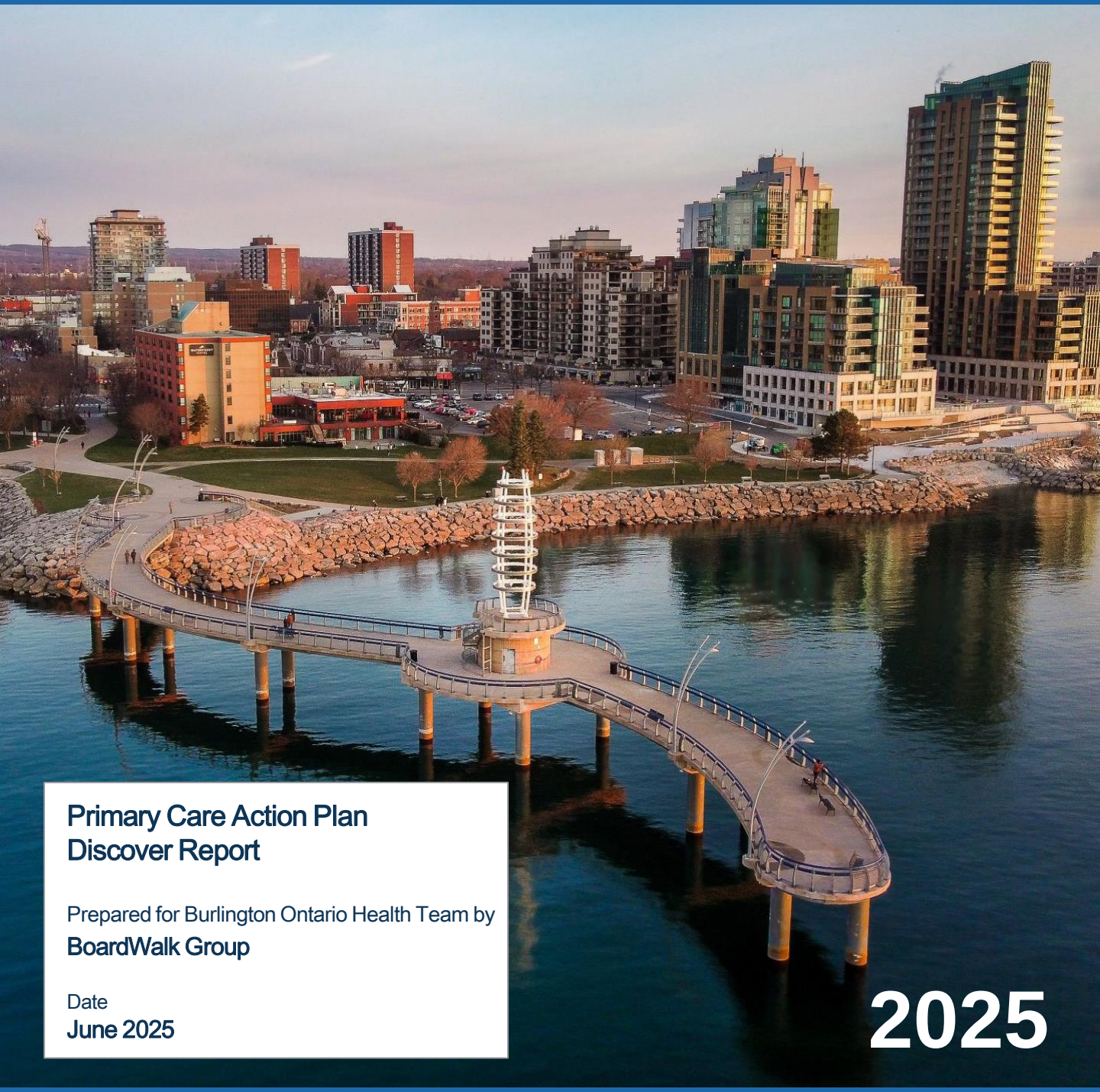
BURLINGTON
ONTARIO HEALTH TEAM

DISCOVER REPORT
EXECUTIVE SUMMARY



Primary Care Action Plan
Discover Report

Prepared for Burlington Ontario Health Team by
BoardWalk Group

Date
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2025

ACKNOWLEDGEMENTS

The development of this work was informed by the contributions of a diverse group of knowledge holders representing clinical, operational, academic, and community perspectives. Their input has supported the identification of key issues and opportunities related to access and attachment in primary care. Together, these voices have shaped the broader dialogue and direction of this work, and we recognize the cumulative value of their ongoing insights, expertise, and commitment throughout the process.

Councils and Committees

We wish to formally thank the BOHT councils and committees, whose members have offered thoughtful guidance and expert perspectives throughout this process that were instrumental in shaping the direction and priorities of this work. These include the BOHT Community Wellness Council, the Burlington Primary Care Network Leadership Council, and the BOHT Mental Health & Addictions Integrated Care Committee. Alongside these contributions, we also extend our thanks to the BOHT Chronic Disease Integrated Care Committee for their work in developing the Chronic Disease Prevention and Management Model Blueprint, which played an important role in informing and guiding this report.

Patients and Partners

We are grateful for the voices of patients, caregivers, and system partners who generously shared insights and reflections with our team during community engagement events and focus groups. Thank you to our system partners and organizations, their leadership, and representatives for ensuring our efforts remained grounded in the realities of service delivery and responsive to the diverse needs of the communities we serve, including Acclaim Health, Alzheimer's Society (Haldimand, Norfolk, Hamilton, Burlington), Carpenter Hospice, Community Development Halton, Grandmother's Voice, Halton Equity Diversity Roundtable, Halton Multicultural Council, Our Kids Network, and Thrive Group.

EXECUTIVE SUMMARY

"We should see attachment as access to a system of care—not just a doctor." – BOHT engagement participant

The Burlington Ontario Health Team (BOHT) Discover Report 2025 reflects BOHT's commitment to aligning with provincial priorities while driving locally tailored solutions that meet the unique needs of the Burlington community. Developed through community engagement, best practice review, and asset mapping, the report informs the BOHT Primary Care Action Plan by capturing local perspectives and identifying actionable opportunities across three interconnected priorities: **Attachment, Access, and Comprehensive Care**.

This report emphasizes that while Burlington benefits from strong attachment rates and an established Primary Care Network, knowledge holders identified opportunities to improve equity gaps, system fragmentation, and emerging population needs, underscoring the importance of coordinated local action and planning.

BUILDING ON STRONG FOUNDATIONS

Burlington is a growing, diverse, and evolving community. It is characterized by strong overall socioeconomic conditions, but also by an aging population, increasing cultural diversity, and complex health and social needs. Seniors represent a growing share of residents, many of whom live in high-density urban neighbourhoods or Naturally Occurring Retirement Communities (NORCs). At the same time, Burlington's population is projected to grow significantly over the coming decades, with many new households in higher-density housing.

BOHT is well-positioned to lead this work. The team has demonstrated system readiness and organizational maturity, with a history of strong local collaboration and inclusive engagement processes. The Burlington Primary Care Network (PCN) is well-established, with high levels of clinician engagement. BOHT's strong foundation includes successful initiatives like Community Wellness Hubs, HealthPathways, a Mobile Primary Health Team, and digital innovations such as AI Scribe, Online Appointment Booking and ConnectMyHealth—all of which underscore the capacity to deliver integrated, patient-centred care.

KNOWLEDGE HOLDER INSIGHTS & OPPORTUNITIES

Knowledge holders, including patients, primary care providers, system partners, and community organizations, offered deep, grounded insights into the realities of attachment, access, and comprehensive care in Burlington. Their perspectives illuminated not just the barriers people face, but also the practical, locally informed opportunities to create more equitable, connected, and patient-centred primary care.

PRIORITIZING PRIMARY CARE

THE ROLE OF ONTARIO HEALTH TEAMS

Ontario Health Teams (OHTs) are undergoing a strategic recalibration under the province's 2025–2026 Primary Care Action Plan, driven by the Ministry of Health and Ontario Health. This includes a prioritization and focus on Primary Care over the next year, with particular attention on increasing attachment.

ATTACHMENT FIRST MANDATE

- **Prioritize Primary Care Attachment**
  Working with Ontario Health and PCNs to connect patients—especially those on the Health Care Connect waitlist—with local clinicians.
- **Strengthen Primary Care Networks (PCNs)**
  These networks are now central to delivering interprofessional care and coordinating physician engagement.
- **Proposal Submissions for New/Expanded IPCTs**
  OHTs are expected to help local clinicians apply for Interprofessional Primary Care Teams (IPCTs), focused on areas of greatest need.

WHAT THIS MEANS FOR BURLINGTON

- **High Attachment**
  Burlington's high primary care attachment rates position the community as a leader in the province.
- **Strong Primary Care Networks (PCN)**
  The Burlington Primary Care Network (PCN) is already well-established and collaborative, with strong clinician engagement.
- **System Readiness & Maturity**
  Burlington OHT has demonstrated organizational maturity and innovation readiness, including inclusive community engagement processes.

1) https://www.ontario.ca/page/ontarios-primary-care-action-plan-january-2025

KNOWLEDGE HOLDER INSIGHTS & OPPORTUNITIES

This section presents a synthesis of what was heard from diverse knowledge holders about the challenges and opportunities facing Burlington's primary care system. The insights shared here have been thoughtfully analyzed and organized into three key thematic groupings that reflect the core priorities of this work: **Primary Care Attachment, Access, and Comprehensive Care**.

ATTACHMENT

Primary Care Attachment explores perspectives on what is needed to ensure every person in Burlington has an ongoing, meaningful relationship with primary care.

It highlights knowledge holder thoughts and suggestions for closing attachment gaps, strengthening continuity of care, and supporting the collective goal of achieving 100% attachment.

ACCESS

Primary Care Access focuses on the barriers and enablers of timely, equitable entry into primary care.

It reflects knowledge holder input on how to improve first-contact care, reduce wait times, and better connect patients to the services they need when they need them.

COMPREHENSIVE CARE

Comprehensive Care addresses the importance of providing a broad scope of services that meet the full range of patient needs, including preventive, chronic, mental health, and social care.

It captures opportunities to enhance comprehensive and integrated care, supporting culturally safe, patient-centred models.

By organizing knowledge holder insights and identified opportunities into these three groupings, this section aims to provide a clear, actionable foundation for planning and prioritization. It reflects a shared understanding that while attachment, access, and comprehensive care are deeply interconnected, each represents a critical dimension of strengthening Burlington's primary care system to better serve all residents.

SUMMARY INSIGHTS & OPPORTUNITIES

Improving primary care attachment in Burlington means more than increasing roster numbers. It needs a shared commitment to building trusting, continuous, and culturally safe relationships between patients and care teams. While many opportunities were identified—some practical, others more aspirational—a key starting point is developing shared perspective and empathy across providers, patients, and partners.

PATIENTS

Importance of Fit, Trust, and Continuity
Patients emphasize that attachment is more than being rostered—it's about having a good personal fit and a trusting, continuous relationship. Disruptions (like retirements) undermine connection, and previous experiences can create reluctance to reattach.

Equity and Navigation Challenges
Marginalized groups face greater gaps in culturally safe care, language barriers, and system complexity. Unattached patients often feel "adrift," without clear, accessible mechanisms to find providers or navigate the system.

OPPORTUNITIES

1. Create clear, equity-based navigable pathways
- Develop centralized systems to match patients to providers.
- Define attachment locally around trust, continuity, and cultural safety.
- Offer multilingual, non-digital, and low-barrier options.

2. Plan equity-focused outreach
- Target underserved groups with tailored approaches.
- Use mobile clinics, embedded services, and community partnerships.

3. Strengthen comprehensive integrated primary care
- Support models with wraparound services in one place.
- Enable continuity even when providers change.

4. Invest in relationship-building and cultural safety
- Train providers in trauma-informed, culturally responsive care.
- Encourage fit-based, trust-building approaches in patient matching.

SYSTEM PARTNERS

Equity-Focused Solutions
Partners stress that local planning must go beyond roster counts to address equity, complexity, and culturally safe care. They call for alternative, assertive outreach models to connect with high-need populations.

Need for Integrated, Community-Based Supports
System partners highlight the value of wraparound, community-based care settings to build trust and engagement. They emphasize integrated approaches that combine primary care with mental health, social services, and navigation supports

PRIMARY CARE PROVIDERS

Need for Coordinated, Centralized Access - Providers highlight the lack of a clear, navigable system for unattached patients, leading people to walk-ins even when same-day bookings exist. There's a strong call for centralized, transparent pathways to help match patients to appropriate providers and support continuity of care.

Barriers from System Design and Policy - Funding models (like negation penalties) and administrative burdens drive fragmentation and discourage collaboration. Providers want better-integrated systems and local flexibility to respond to Burlington's needs, resisting one-size-fits-all provincial metrics.

ATTACHMENT

Attachment is more than simply being rostered to a provider. It means having an ongoing, trusting relationship with a primary care provider that understands and responds to health needs over time.

Provider/System factors:
Approachability, acceptability, funding models, practice changes, cultural safety.

Patient factors:
Health literacy, trust, social determinants, ability to seek care, autonomy, personal values.

INSIGHTS

- Equity-deserving populations, such as newcomers, Indigenous residents, and unhoused people, face persistent attachment gaps.
- Provider retirements and practice changes disrupt continuity.
- Patients often bypass existing attachment (walk-ins, ED) when perceived access barriers arise.
- System partners call for redefining attachment to include quality, safety, and culturally safe care.

OPPORTUNITIES

- Reconsider how attachment and access are defined from an equity-centred lens
- Strengthen patient-provider matching, planning for retirements and prioritizing fit.
- Develop targeted strategies for underserved groups with local data.
- Expand flexible, assertive outreach models (mobile, embedded, drop-in).
- Increase public awareness, health literacy, and navigation support.

ACCESS

Access means more than having a clinic to go to. It requires the ability to obtain timely, equitable, and appropriate care when needed.

Provider/System factors:
Availability (hours, staff), booking systems, funding models, technology supports.

Patient factors:
Transportation, mobility, digital literacy, language, trust, living environment.

INSIGHTS

- Variable, fragmented appointment systems create barriers, particularly for seniors, newcomers, and low-income residents.
- Patients face complex, poorly navigable systems with limited centralized guidance.
- Digital-first systems risk excluding those without devices or literacy.
- Providers note fragmented incentives and funding rules (negation penalties) that discourage collaboration.

OPPORTUNITIES

- Reduce variability in appointment booking while maintaining accessible non-digital options.
- Enhance equity with multilingual, plain-language resources and in-person/phone support.
- Advocate for policy changes to enable shared after-hours coverage and seamless referrals.
- Implement community-based navigation supports to guide and assist patients..

COMPREHENSIVE CARE

Comprehensive care addresses the full range of patient needs over time, including prevention, chronic disease management, mental health, and social supports.

Provider/System factors:
Funding models, geographic access, virtual care, language supports, allied health availability.

Patient factors:
Ability to pay (travel costs, uninsured services), ability to engage (health literacy, cultural values, complexity of need), continuity of information.

INSIGHTS

- Fragmented systems and poor communication weaken continuity of care.
- Administrative burden and funding incentives discourage team-based, holistic care.
- Access to allied health and mental health services is limited and uneven.
- Patients want time for comprehensive discussions, not rushed single-issue visits.
- System partners highlight overlooked caregiver roles, cultural safety gaps, and the need for wraparound supports in familiar community settings.

OPPORTUNITIES

- Expand access to integrated comprehensive care, including co-located services, and longer-visit, relationship-based care models.
- Promote trauma-informed, culturally responsive care through training and frameworks like the Urban Indigenous Action Plan.
- Expand access to peer support and lived experience roles.
- Integrate mental health, addictions, and primary care through shared governance.
- Improve provider communication with shared digital platforms and standardized referral protocols.
- Strengthen navigation and language supports tailored to Burlington's diverse communities.

OPPORTUNITY PRIORITIZATION MATRIX

A framework was developed to support BOHT and System Partners to review and evaluate key opportunities to help inform the development of a tailored BOHT Primary Care Action Plan. The matrix considers both feasibility and impact within Burlington's context and capabilities, while recognizing the limits of its direct influence over provincial policy and funding decisions.

ACCESS

1	BOHT to Redefine and Measure Attachment More Meaningfully	**Do Now**
2	Streamline and Strengthen Patient-Provider Matching	**Do Now**
3	Target Attachment Strategies for Equity-Deserving Populations	**Do Now**
4	Expand Assertive and Flexible Attachment Models	**Plan**
5	Increase Public Awareness and System Literacy	**Do Now**

ATTACHMENT

1	Reduce Variability in Appointment Access	**Build Capacity**
2	Enhance Equity and Access for Vulnerable Populations	**Plan**
3	Expand Same-Day or Walk-In Access while Advocating for Policy Changes	**Plan**

COMPREHENSIVE

1	Expand Access to Comprehensive Care Models for Priority Populations	**Plan**
2	Promote Holistic, Trauma-Informed and Culturally Responsive Care	**Do Now**
3	Implement Community-Based System Navigation Supports	**Plan**
4	Strengthen Provider Communication and Shared Accountability	**Plan**

Each of the recommendations were considered against a framework exploring (low, med, high) of the following:

- Local Influence/Control
- Potential Impact
- Feasibility
- Equity, Diversity & Inclusion (EDI)

Priority Level	Definition	Typical Characteristics
Priority 1 – Do Now	Recommendations that can and should be acted on immediately by local partners. Highly feasible, locally controllable, with strong impact and EDI value.	High local control/influence, high feasibility, high impact, strong equity alignment.
Priority 2 – Plan / Consider	Recommendations worth pursuing soon but needing further planning, alignment, or modest new resources. These are next in line for action.	Moderate local control or feasibility, clear impact, at least some equity benefit.
Priority 3 – Build Capacity / Advocate	Recommendations that address important gaps but require significant new resources, system changes, or provincial policy support. Local partners should prepare for them and advocate jointly.	Low local control or feasibility, potentially high impact or equity value but dependent on external enablers.
Defer / Monitor	Recommendations that are low priority for now, due to limited impact, low feasibility, or misalignment with current local goals and capacity.	Low across multiple domains; may revisit in future planning cycles as context changes.

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BOARDWALK

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