Advancing OHT and PCN Leadership: Opportunities and Challenges

FRIDAY
6 November 2026

TIME
12:00–1:00 pm

FORMAT
Virtual (Zoom)

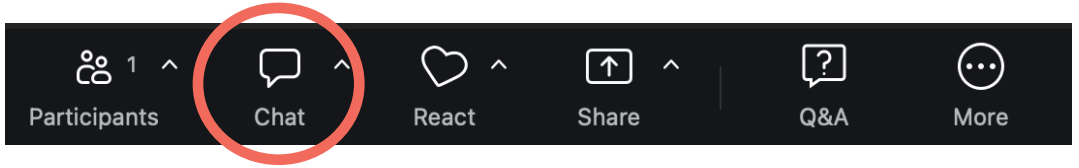
Welcome!

Introduce yourself in the chat:

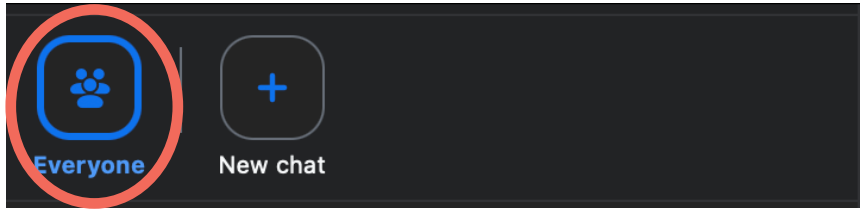
- Name
- Role
- OHT/PCN/Organization

How to use the chat function

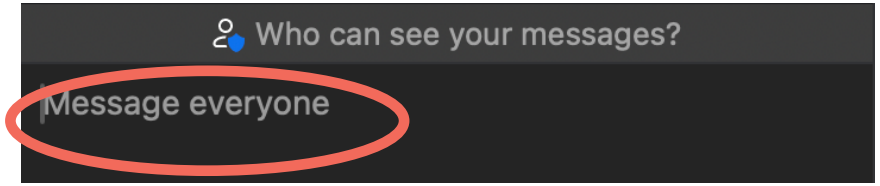
1. Open **Chat** in the Zoom toolbar



2. Set the recipient to **Everyone**



3. Type your **name and organization** and send



Land Acknowledgement

Before lo our session objectives, in the spirit of collaboration and equity, we would like to make space to acknowledge that the land upon which we all live and work (regardless of where we are calling in from) are the traditional unceded territories of First Nations communities.

Today, it is still home to many Indigenous people. We are grateful to have the opportunity to work on this land, and we look forward to supporting you in ways that respect inter-cultural differences as we partner in this important work.

ALIGN | ADVANCING LEADERSHIP AND INTEGRATED GOVERNANCE NETWORKS

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

Free education and support on Collaborative Leadership

For PCN Clinical Leads, OHT Leadership Council members and OHT Executive Directors

2026-27 FOCUS

Strengthening leadership and collaboration between OHTs and PCNs

LED BY

Dr. Ross Baker, University of Toronto
Dr. Michelle Nelson, University of Ottawa

Workshops

Coaching

Resources

Speakers



Dr. Ross Baker

Professor Emeritus
University of Toronto



Dr. Michelle Nelson

Full Professor
University of Ottawa

Senior Research Investigator
Bruyere Research Institute



Dr. Susan Joyce

Clinical Lead
North Toronto
Primary Care Network



Danyal Martin

Director
North Toronto
Ontario Health Team

Introduction to the Collaborative Leadership Series

ALIGN 2026–2027

The ALIGN Collaborative Leadership Workshop Series

Informed by evidence-based frameworks, grounded in PCN and OHT realities



*Joint session with RISE (Rapid Improvement Support and Exchange), a complementary technical assistance partner who provides PCN enablement supports with a focus on clinical leadership development

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The Leadership Context for OHTs and PCNs

Session Objectives

1. Define collaborative leadership and decision-making in OHT and PCN contexts
2. Identify tensions that commonly emerge when leading collaboratively across organizations and the network of independent primary care providers
3. Understand the five conditions of Collective Impact and their application to OHT development, PCN formation, and OHT-PCN relationship
4. Explore a real-world example of how an OHT-PCN structured their partnerships and ways of working
5. Explore the factors and lessons learned that enabled success in the featured OHT-PCN relationship

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The Challenges of Collaborative Decision Making

- Collaborative leadership is grounded in the belief that a shared model of leadership is more creative and effective than a leader or group of staff working alone….A true collaboration values differences and prevents any one organisation or group from dominating. *Walsh and de Sarandy 2023*
- Collaborative decision making is challenging when stakes are high, relationships are not fully developed, and trust is limited
- "The leadership task within integration is … complicated as it requires new forms of collaboration across professions, moves beyond existing governance and accountabilities and involves the sharing of workforce and financial resources There is no "rule book" for engaging followers from diverse professional backgrounds and limited experience of such collaboration." *Robin Miller 2023 and 2026*

PCN Guidance and OHT/PCN TPA Deliverables

- PCN Vision
  - PCNs will connect, integrate, and support primary care providers within OHTs to improve the delivery and coordination of care for patients

  Objectives: Within the OHT, PCNs will have two core objectives:
  - To organize the local primary care sector in OHT planning and provide a voice in OHT decision-making;
  - To serve as a vehicle to support OHTs in the implementation of local and provincial priorities.

- TPA Deliverables
  - Primary Care Attachment
  - PCN Clinician Engagement
  - Provincial Digital Priorities
  - Relationships with Regional Cancer Centers
  - Expanded CDPM expectations
  - Focus on data driven improvement

Challenges for PCN and OHT leaders: A Discussion

Challenges faced by OHT and PCN Leaders



PCNs were established after the OHTs, and PCN leads found many **OHT strategic priorities and structures were already determined**.



Some OHTs already had primary care representation on Collaborative Councils, making it difficult to add PCN leads to these governance structures and creating **challenges for PCN participation in discussion and decision-making**



PCN leads are often **stretched between their PCN responsibilities and their existing clinical roles**, which may make the role difficult to sustain over time.



Many PCN leads have had **limited leadership development and executive experience**, which may limit their contributions to OHT-level discussions and decisions.



Existing **information** about unattached patients and other primary care issues can be **dated, incomplete or difficult to use for local decision-making**



The diversity and complexity of primary care models means that approaches to attaching additional patients often need to be developed locally through detailed discussions between PCN leads and individual practices/ professionals



Opportunities for PCN leads to connect with colleagues in other OHTs and broader primary care leadership networks are emerging, but these connections are relatively recent.

- Dialogue on PCN/OHT relationships and problem solving on issues identified by a panel of OHT and PCN leaders
  - Dr. Susan Joyce, PCN lead, North Toronto PCN
  - Danyal Martin, OHT Director, North Toronto OHT
- Questions:
  - To what extent are these issues present in your OHT and PCN?
  - What approaches have you taken to address and resolve these issues?
  - Have these worked?

What challenges do you face?

- In the chat describe the challenges faced within and between your OHT and PCN and between these bodies and the primary care practices in your region

The Balcony and the Dance Floor



"The only way you can gain both a clearer view of reality and some perspective on the bigger picture is by distancing yourself from the fray. . . .[But] if you want to affect what is happening, you must return to the dance floor"

Ron Heifetz and Martin Lipsky, Leadership on the Line

Collective Impact Framework

A different approach to framing these challenges and identifying solutions

The Five Conditions of Collective Impact

Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

Diverse Voices * Responsive * Community Aspiration

Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

Exploring * Alignment * Tracking Progress * Results

Mutually Reinforcing Activities

Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

Weaving * System * Supportive * Centered

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

Trust * Transparency * Ongoing * Engagement

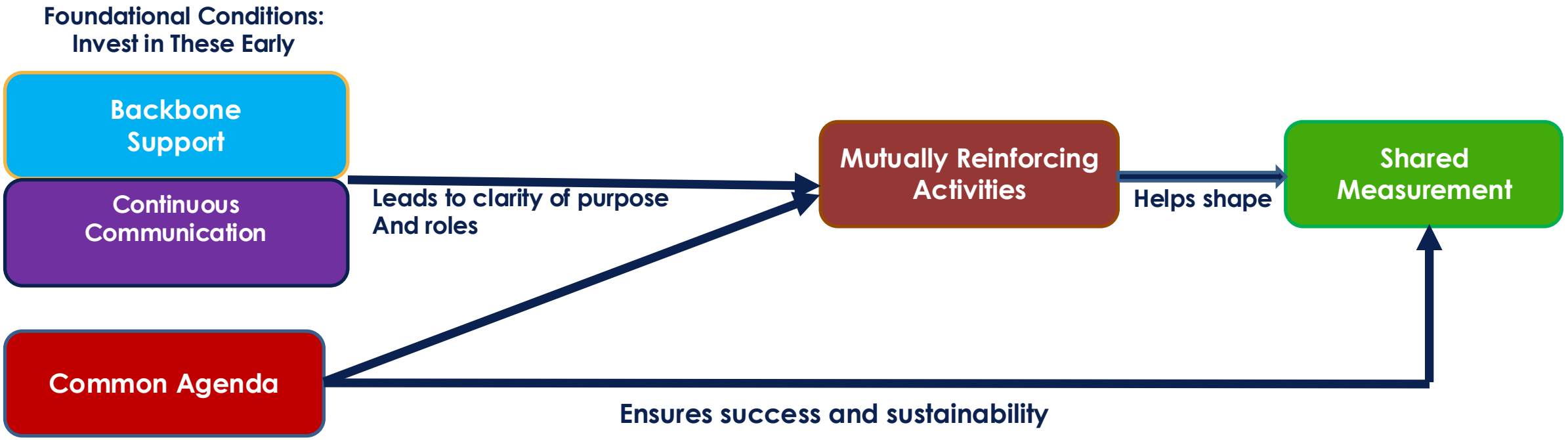
Backbone Support

Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

Facilitate * Convener * Coordinate * Movement

Source: FSG

Effective Implementation:
Understanding the Relationship Between the 5 Conditions



NOTE: These conditions are inter-connected and bidirectional (e.g. shared measurement will inform the identification of new goals and different supports as the collaboration matures/develops).

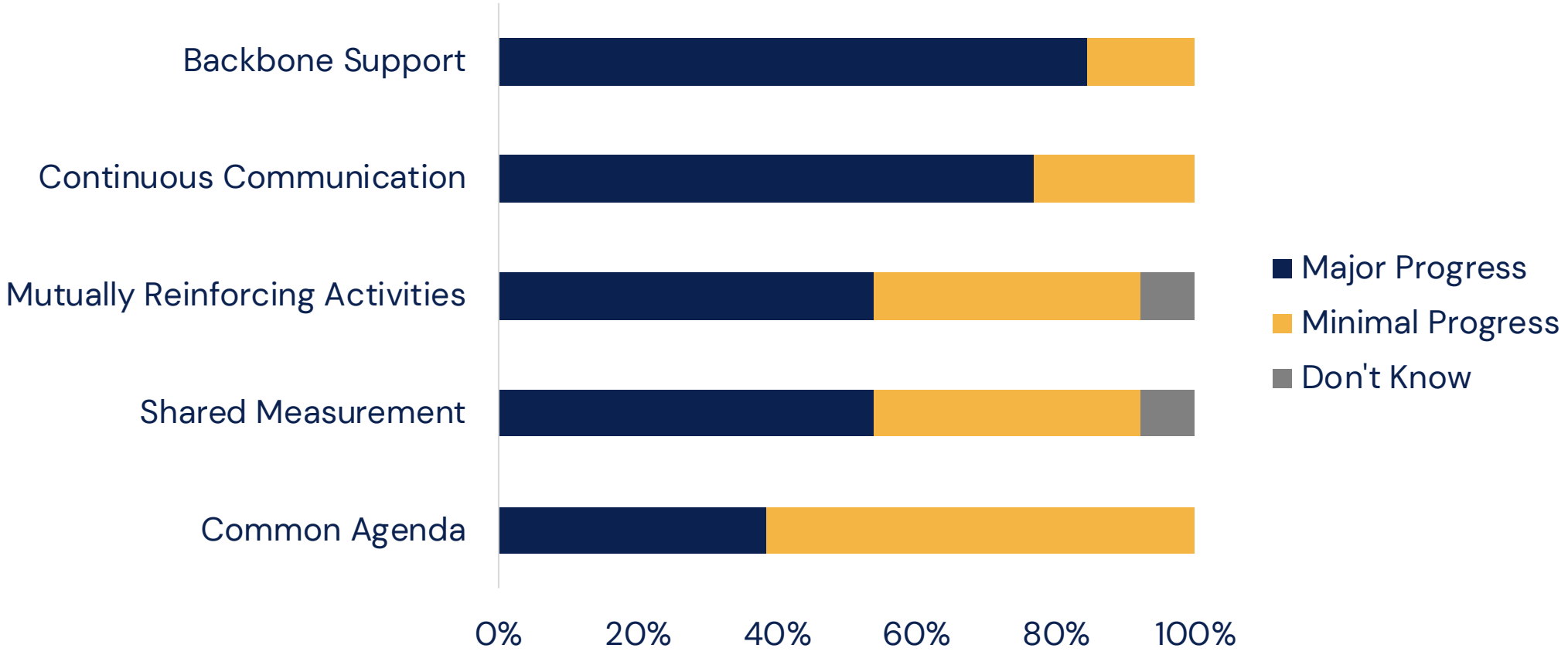
POLL: Reflections on the Capability of OHTs and PCNs to build the Conditions needed for Collective Impact

How much work has your OHT and PCN done for each of the 5 conditions of Collective Impact?

(Major Amount, Minimal Amount, Don't Know)

- *Common agenda for PCN and other OHT partners*
- *Continuous communication between PCN leads and other OHT leads*
- *Backbone support dedicated to PCN activities*
- *Mutually reinforcing activities between PCN and other OHT organizations*
- *Shared measurement: Are the PCN goals and measures integrated with the OHT*

Poll Results



Case Discussion

ALIGN Collaborative Leadership Workshop Series

Register for all events:
https://bit.ly/ALIGN26-27

Informed by evidence-based frameworks, grounded in PCN and OHT realities

1
Advancing OHT and PCN Leadership: Opportunities and Challenges
Nov 6, 12:00-1:00pm

2
Leadership in Integrated Care Environments
Nov 23, 12:00-1:00pm

3
Authentic Collaboration and Working Across Organizations
Dec 17, 12:00-1:00pm

4
Managing Competing Interests in Collaborative Decision-making
Jan 13, 12:00-1:00pm

5
Shared and Collaborative Decision-Making
Feb 11, 12:00-1:00pm

6
Accountability and Maturity
Mar 11, 12:00-1:00pm

Foundation

Personal and relational demands of leadership

Partnership structures, decision-making approaches, and ways of working that support sustained collaboration

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Upcoming events

ALIGN WORKSHOP · NOV 23

Effective Leadership Behaviours in Integrated Care

Register:
https://utoronto.zoom.us/meeting/register/koxAemvoQJyhTAEl9a3NFA

Register to be invited to all ALIGN Events:
https://forms.cloud.microsoft/r/6UMEX3YjQG

RISE SESSION · NOV 19 AND DEC 2

How PCN Clinical Leads can Engage other PC Clinicians in the Work of the PCN and OHT

Register:
https://www.mcmasterforum.org/rise/join-events/event-item/peer-sharing-and-learning-session-nov-2026

OHT Supports Calendar

For updates on events and offerings designed to support OHTs and PCNs in achieving their deliverables

https://www.mcmasterforum.org/rise/join-events/oht-supports-events-calendar

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Thank you for joining!

Click here to complete
Evaluation Survey

