

The Importance of Primary Care Network (PCN) Leadership for Ontario Health Teams (OHTs)

A Summary for PCN and OHT Leaders

Primary Care Networks (PCNs) play a unique and crucial role in Ontario Health Teams (OHTs). PCNs are a fundamental component of OHTs, enabling primary care participation in OHT decision-making. Since primary care is not a unified sector, with a variety of organizational configurations (e.g., solo practitioner, FHT, FHO, FHG, etc.), PCN leadership structures will vary across OHTs – there is no single model that will work for all PCNs.

This briefing note explains why leadership structures and processes are foundational elements for all PCNs and outlines some key considerations for PCNs and OHTs as they co-evolve their relationships.

The Role of PCNs

Primary care is the foundation of Ontario's health system. PCNs provide an organized mechanism for primary care to have a meaningful voice and influence in OHT decision-making and leadership. Without effective PCN participation, OHTs risk creating networks that are misaligned with primary care.

PCNs are organizational entities with their own leadership structures, decision-making processes, and strategic priorities. To enable integrated care to advance in Ontario, PCNs need to (1) engage and represent local primary care in their OHTs and (2) mobilize primary care providers in connecting with other providers in OHTs to achieve system priorities. This requires strong leadership within the PCN and the capacity to work effectively with OHT leadership structures. These dual roles require specific competencies in network leadership, boundary spanning, and balancing dual accountabilities. PCN leadership also requires system thinking and a collaborative mindset.

Leadership and Governance are Foundational

PCN leadership and strategic orientation differs substantially from traditional clinical leadership. Questions about *membership* (who is included in primary care?), *leader selection* (how are leaders chosen?), *decision-making* (how do diverse providers engage in collective decision-making?), and *authority* (what power does the PCN have within the OHT?) highlight unique issues. These issues must be addressed locally, in a way that adds value for both the PCN and its corresponding OHT.

PCN leadership and strategy isn't abstract—it determines whether and how primary care providers become engaged with OHT priorities, whether clinical changes supporting integrated care get implemented at the practice level, and whether population health planning incorporates primary care realities. Effective PCN leadership and strategy must translate system-level decisions into frontline practice changes. PCN structures must be designed to enable meaningful participation without overwhelming already-stretched providers.

The Challenge of Collaborative Partnership

OHT leadership councils are designed to operate as collaborative partnerships where no single sector dominates and all partners contribute to collective impact. This collaborative governance model can be challenging for OHT partners, as it differs from traditional single-organization leadership. For primary care, moreover, this model can create additional tensions. As noted earlier, primary care is comprised of a diverse range of professionals working in different practice models, funding arrangements, and priorities. PCNs are meant to aggregate this diversity into a collective voice that can participate effectively in system planning; without them, the voice of primary care will be fragmented (diluting its influence) or a few outspoken voices will claim to represent the whole (leading to a lack of legitimacy). Hospitals, public health units, and even community-based organizations usually have established leadership structures and clear spokespersons, making speaking with a coherent voice easier. This is not always the case with primary care.

Structural Inequality in Collaborative Systems

Collaborative partnership is aspirational, but organizations and practitioners don't start from positions of equality. Hospitals and other health organizations usually have established governance structures, legal entities, dedicated administrative capacity, and clear funding. PCNs are newer, and at various stages of maturity. For a collaborative partnership to be real rather than rhetorical, PCN leadership needs to be sufficiently mature to participate meaningfully.

PCN leaders face a unique challenge. They must govern their own network (maintaining accountability to primary care providers) while also participating in OHT structures (being accountable to the broader network). Key questions reveal this tension: Can PCN leaders make commitments on behalf of their members? How can PCN leaders ensure alignment between primary care perspectives and OHT decisions? This requires sophisticated boundary-spanning leadership. If PCN leadership is weak or unclear, PCN representatives at the OHT table may end up only representing the system's interests back to primary care rather than also bringing primary care's voice to system decisions. PCN leadership must be strong enough to maintain primary care's distinct perspective and priorities while participating collaboratively in system-level decisions, particularly as the sector is striving to act on provincial priorities regarding primary care access and attachment.

OHTs are networks of provider organizations that are coordinating and delivering care to local communities. Network leadership exists at the PCN level and at the OHT level, and these networks need to interlock and work effectively. Several structures are possible for PCNs in their relationships with OHTs with each having different implications for how decisions get made and accountability flows within a collaborative partnership.

ALIGN's Role / Mission / What we can contribute

Without effective PCN leadership, primary care may struggle to be a fully collaborative partner in OHT systems—it may be fragmented with many separate voices or represented by proxies who lack legitimacy. Understanding and developing PCN leadership and strategy is essential for developing and fostering the collaborative competencies needed for OHTs to function as integrated systems where multiple sectors work together effectively.

ALIGN's focus on collaborative leadership and strategy within integrated care systems cannot be complete without understanding how PCNs organize themselves and connect to the larger system and must explicitly address how to build and sustain the leadership capacity that makes authentic partnership possible across structurally different sectors. If you would like to learn more, please join ALIGN for its monthly PCN leadership and governance peer learning sessions.