

Peer sharing & learning session (third Thursday of each month, 12-1:30 pm)
19 March 2026 – Team-based care: models of sharing resources in primary care
(Summary last updated on 25 March 2026)

- Additional resources that will be shared in the private OHT/PCN space:
<https://quorum.hqontario.ca/oht-collaboratives/en-us/Home/Groups/Activity/groupid/258>
 - Recording
 - Slides

This session, like all of the peer sharing and learning sessions, aimed to equip OHTs and PCNs with actionable insights about what they need to support and enable at the local primary-care practice level. It addressed one of the primary drivers for local high-performing primary-care teams (and for a provincial high-performing primary-care sector) – team-based care – and focused in particular on models of sharing resources in primary care.

Context for sharing resources in primary care

- (Recap from last month) The trust needed for good team-based care – where all members are contributing to the greater good of the team – is built through two things:

Relationships	Communication
Shared goals	Frequent
Shared knowledge	Timely
Mutual respect	Accurate
	Problem-solving

- Primary care is fundamentally a team-based endeavour - a “team sport”, requiring multiple clinical and nonclinical roles working in an interdependent way rather than as isolated providers
- Sharing resources across organizations is increasingly common and there are different organizational models for sharing; single organization teams (e.g., community health centres), formal affiliations between two organizations and more commonly in Ontario, multi organizational arrangements, where solo or small practices share personnel and resources supplied by external organizations
- Team composition can vary, but interdependence is essential. There is no single “ideal” team structure, what matters is not the exact composition, but how well team members are integrated and coordinated in their work.
- Cross organizational teams require intentional structure which are built on shared goals, clear understanding of roles and responsibilities, clear service or affiliation agreements, consistency in how team members work across sites, mutual respect across disciplines, as well as timely, frequent, accurate, and problem-solving communication
- Standardization enables coordination at scale and helps teams function as a single unit despite organizational boundaries (e.g., Shared protocols and medical directives, standard work processes and templates, shared information systems, regular shared meetings and huddles, agreed upon performance metrics, built in conflict resolution mechanisms)
- Time and effort are required to build real teams- team-based care requires ongoing investment. Teams must be intentionally brought together, given time to build trust, and supported to develop effective working relationships—particularly when spanning multiple organizations and community settings.



Example of sharing resources in primary care by extending team-based supports to community clinicians

Andrew Bilton (Executive Director, CarePoint Health) and Dr. Sundeep Banwatt (Clinical Director & Family Physician, CarePoint Health) shared that Mississauga OHT's has historically had very limited access to team-based care, with the majority of physicians working solo or in small groups. Their approach extends interprofessional supports without requiring co-location and includes:

- Affiliation (not employment) as the foundation – it is a shared-care “social contract”, not a traditional employment or referral. Physicians remain the Most Responsible Provider (MRP) for their patients, while CarePoint functions as an extension of the physician’s practice, supporting care without undermining autonomy
- Clear roles, expectations, and communication - explicitly defining roles, responsibilities, and communication norms upfront helps manage expectations, reduce friction, and ensure physicians understand what CarePoint offers—and what it does not.
- Pragmatic use of digital tools to bridge fragmentation – in the absence of a single EMR, Ocean and HRM are practical interoperability tools that allow information flow, referrals, and clear action items without adding burden to physicians
- Relationship-building is the critical enabler - trust and sustained relationship-building—not structure alone—make distributed team-based care work. Time, in-person engagement (meeting clinicians where they are), peer-to-peer conversations, and clear expectations is required.
- Provision of engagement specialists and practice facilitators - providing help with onboarding, digital tools, workflow support, and acting as a consistent point of contact reduce administrative burden.
- Resource sharing is an evolving, maturity-based journey—continuous learning and adaptation are required

