

Kanata–Stittsville Primary Care Taskforce

Recommendations for the OWFR-OHT

Background

The taskforce was convened in June with the view to develop a locally designed plan to meet the OHT goal for expanded attachment to primary care for the communities of Kanata–Stittsville. The taskforce brought together a representative group of providers that included primary care physicians, clinic leaders, community service providers, and organizations funded in the first 2 rounds of provincial IPCT funding. The taskforce came together using a combined approach of in-person meetings and asynchronous opportunities for participation.

Membership

In alignment with the OWFR OHT Guidelines, the taskforce brought together membership from local primary care clinics, the OHT, Community services, and IPCT groups funded through the first 2 funding rounds. A direct invitation to participate was extended to OHT key contacts at each primary care practice in Kanata and Stittsville, PCN Leads, and previous IPCT proposal participants. The opportunity to identify interest in participating in the taskforce was extended to all OWFR Primary Care Council members.

Contributing Taskforce Members:

Joanne Grozelle Richmond Medical Clinic (Co-Chair), Leigh Couture Western Ottawa Community Resource Centre (Co-Chair), Dr. Carl Bertrand and Dr. Heather Daverne, Active Care Medical; Dr. Tom Shapiro, Robbie Shapiro, Dr. Bushra Kamal, Dr. Sabin Kamal, Westend Family Care Clinic FHT; Fred Casarramona, Dr. Daniel Chapman, MedTeam Clinic; Dr. Taylor Ferrier, Dr. Kristy Staples, Dr. Eric Fox, Stittsville Health Hub; Peter Hamer, WOCRC board member, Stittsville Resident; Angela Lorusso, Andrea Nelson, WOCRC; Christa Janes, Pinecrest Queensway Community Health Centre; Katie Hogue, Kemptville NPLC; Ashley Killeen, Ottawa Valley FHT; Nadia Prescott, Matthew Graveline, Ottawa West Four Rivers OHT

Capacity assessment

With support from the OWFR-OHT and Ottawa Neighbourhood Study teams, the taskforce reviewed local population health and equity neighbourhood level data. Through in-person discussions, survey and asynchronous contributions, the taskforce explored local clinic attachment capacity and ideas for how capacity could be enhanced with an IPCT provincial investment.

Model co-design

The taskforce assessed local service gaps to inform elements of a model to address community needs of both patients and providers. The taskforce also reviewed several primary care concept models and convened presentations from OHT partners representing different team-based models funded through rounds 1 and 2. The task force heard from groups that included FHT, CHC, NPLC and FHO partners.

The taskforce heard from the 2 Kanata-Stittsville groups who had previously put forward OHT endorsed proposals during the last funding round with a view to building on this experience.

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Learnings from OHT partners

The taskforce heard from the two previous submission groups from Western Ottawa Community Resource Center and the Kanata-Stittsville Health Hub around their capacity, interest and readiness to submit proposals in the upcoming third round of IPCT funding in fall 2026:

Kanata-Stittsville Health Hub (KSHH)

Dr. Taylor Ferrier shared the group's future FHT model submitted in the last round of proposals and a vision for a future health hub located on municipal land at 1655 Maple Grove Road in Stittsville. The group is working within a City of Ottawa process to secure this land in Stittsville. The group intends to build a community health hub, that would host a future physician owned primary care health team and includes other associated on-site partners.

Because of the timing of the call for proposals, Dr. Ferrier indicated that the group would be seeking funding in the future but would not be ready to participate in the upcoming IPCT round 3 call given the large scope of the proposed project which includes a capital build. The project will not require capital funding through this exploration and is forecast for completion in summer 2028.

Western Ottawa Community Resource Centre (WOCRC)

Leigh Couture, Executive Director shared the neighbourhood Community Health Centre (CHC) model developed by WOCRC and their primary care clinic and community partners. This group was part of the collaborative IPCT round 1 submission led by West Carleton FHT, supported the HCC clearing efforts of the OHT and continues as a partner in the supported attachment process for clinics attaching patients waiting on the provincial list.

Building on these learnings, over the last year, the group has been refining their model with a core focus on expanding partnership with local Kanata and Stittsville clinic partners. Given WOCRC's 40-year experience as a community hub with existing infrastructure, the group is acting as a backbone for primary care clinic partners interested in a coordinated cross-organizational CHC submission for the upcoming fall IPCT third round of funding.

Taskforce Recommendation 1: Investment in team-based primary care in Kanata-Stittsville should be a priority of the Ottawa West Four Rivers Ontario Health Team

Kanata and Stittsville are home to 169,000 residents, representing 16.5% of Ottawa's population and over 34% of the OWFR OHT's attributed population. Since 2021, these communities have grown by more than 26,000 residents or approximately 5,200 residents per year. This growth is reshaping our community faster than the local primary care system can respond, with over 17,000 of these residents unattached to a provider, and limited access to team-based primary care. The access challenge is not limited to attachment: Kanata and Stittsville are home to more than 17 non-team-based practices with some communities holding a ratio as low as 0.2 physicians/1000 residents, well below the city average of 0.84/1000 residents. Many local primary care providers have exhausted their capacity to take on additional patients without provincial IPCT investment.

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The taskforce encourages the OHT to prioritize these growing communities for the next round of IPCT funding, recognizing that these are the only regions within our OHT that have not seen provincial investment from prior IPCT and primary care expansion calls since 2023 and earlier.

Taskforce Recommendation 2: Core components for a preferred IPCT model for Kanata-Stittsville:

Building on the consultation and guiding principles established by the taskforce, we are making the following recommendations to the OHT to support next steps and coordinated planning for the upcoming proposal call:

1. **Attachment first:** prioritize rapid long-term sustainable attachment. Requirement for immediate/short-term attachment in alignment with Provincial RFP terms, and learnings from round 1 and 2 IPCT implementation priorities to demonstrate attachment targets achieved from the Ministry and Ontario Health
2. **Access:** Prioritize approaches that improve patient’s timely access to comprehensive team-based primary care in the communities where they live.
 - All partners identified a significant need for improved access to mental health counselling as a priority. Other allied health supports identified included: Social Prescribing, Social Work, Dietitian, Physio and Occupational therapy, specialist referral pathways, urgent care and administrative support.
3. **Build on what exists:** Coordinate with existing in-community primary care clinics and community hubs; Recognizing the number of existing clinics, prioritize a plan that builds systemic capacity across multiple partner sites using collaborative evidence informed modelling
4. **Neighbourhood-based & equitable:** design for Kanata–Stittsville growth and equity needs (of both patients and practices) with a view to continued longer-term planning towards attaching all residents in these growing communities
5. **Collaborative approach:** Recognize that each clinic is unique. Proposed model should be collaborative, and flexible enough to consider needs of individual clinics and partners with a view to providing the best patient experience
6. **Readiness:** Leverage existing sectoral readiness for implementation and short-term attachment goals

Taskforce recommendation 3: Leverage existing capacity and learnings from previous submissions endorsed by the OHT

During the consultation one backbone group identified capacity to lead and coordinate an application in round 3 that would address attachment and access as of April 1, 2027 and that a collaborative proposal with inclusion and/or support of local practices would be a preferred model

Short term:

The taskforce was supportive of the convening efforts led by WOCRC to bring together an expanded group of local primary care provider clinics serving Kanata and Stittsville to develop a collaborative

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proposal that expands on the CHC model offering team-based hub supports to local primary care practices endorsed by the OHT in the last round of IPCT funding in alignment with the criteria outlined above.

Recognizing the existing infrastructure created by the Supported Attachment process, prioritize inclusion of this practice as part of the operating model.

Moderate term:

The taskforce supports continued exploration and planning of the Stittsville Health Hub group as they navigate the municipal land acquisition process and move forward with the capital build of the future Stittsville Hub site. This proposal group is well positioned to support the OHT in responding to significant population growth underway in Stittsville in future expected proposal calls.

Taskforce recommendation 4: OHT support in advocating for local health investment

The taskforce is requesting that OHT leadership endorse the need for investment in Kanata-Stittsville as areas that have not been included in any recent funding investments for team-based care and support coordinated advocacy with provincial decision makers for net-new IPCT investment locally during the call and proposal review process through Fall 2026 and winter 2027