

TEAM-BASED PRIMARY CARE

Family doctors can increase Canadians' access to care by shifting from clinical 'quarterbacking' to 'coaching' teams of healthcare professionals.

Canada's social contract when it comes to healthcare reads something like: *If you're sick, the government will ensure you see a doctor; if you're very sick, you'll be cared for in a hospital.* What if instead of waiting for an appointment with a doctor, a patient could see another member of the team who the doctor was coaching?

As Figure 1 shows, despite the universal access promised in our social contract (and the [Canada Health Act](#)) one-in-five adults are unattached to a regular health provider – usually a family doctor. [Longer](#) and more [dangerous](#) wait times at hospital emergency departments are just some of the consequences of this diminished access to primary care.

In response, there has been significant public investment aimed at increasing the number of family doctors and changing the size and nature of the teams they lead. This includes [adding seats](#) to medical schools and [tweaking payment models](#) to counter physician burnout while improving access for patients.

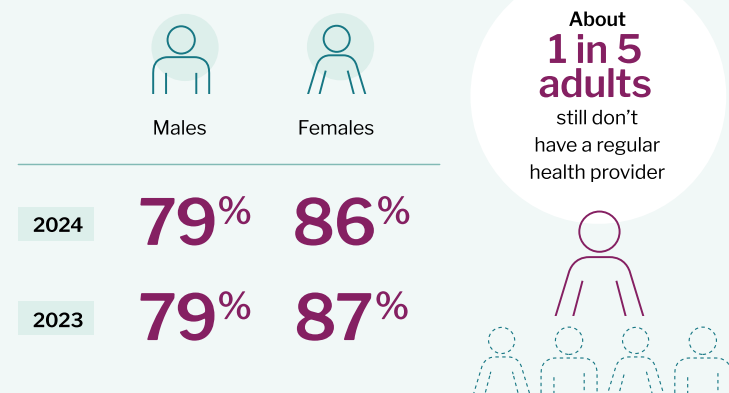
There have also been even bolder policy experiments. These have included creating primary care teams with radically new roles for doctors. Teams where the doctor switches from being an on-the-field quarterback of care, to more of a coach acting from the sidelines. These are teams where patients see nurses or other healthcare professionals far more often than the family doctor, who now oversees rather than delivers much of the care.

The idea behind the move away from quarterbacking and towards coaching is that physicians acting on the field are a limiting factor when it comes to access. Recent [research](#) from the School of Public Policy, we asked what this shift in team structure and function looks like for primary care professionals. We found that as much as payment reform is a necessary starting point, it is not sufficient to have the new teams functioning at their best.

For doctor-coached teams to perform at their best and increase access to care for patients, payment reform likely needs to be accompanied by cultural and skills development interventions.

Percentage of Canadian adults with a regular health provider similar in 2023 and 2024

(excluding the territories)



Notes
Population age 18 and older with a regular health provider (family doctor, nurse practitioner or another health professional). For more information about this indicator, please visit CIHI's Indicator Library.

Sources
Custom tabulation based on 2023 and 2024 Canadian Community Health Survey – Annual Component, Statistics Canada.

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At the cultural level, policy makers will want to consider supporting primary care teams as they learn to: embrace the flattening of traditional hierarchies and communicate as a collective.

At the skills level, scaling these teams will likely require physician coaches be competent in hiring and optimizing the mix of interprofessional colleagues on the team, and for team members to be empowered to negotiate the new scopes of practice that are required for access to improve.