

October 29, 2025

Building an integrated primary care system:

BC Family Doctors' submission to the second CARGA report

Primary care is the foundation of our health system—the first point of contact for most British Columbians. Yet, one in four people in our province does not have a family doctor. The future of healthcare in BC depends on building a strong, sustainable primary care system where health professionals and patients can thrive together in an equitable, well-connected network of care.

BC Family Doctors welcomes the government's commitment, through the Cooperation and Responsible Government Accord (CARGA), to transforming primary care and ensuring that every British Columbian has timely, equitable access to high-quality care. We are pleased to share our recommendations to support the continued dialogue and planning that will shape CARGA's second report on the future of primary care in British Columbia

RECOMMENDATIONS

When we invest in primary care, we invest in better health for people and a stronger, more sustainable health system for everyone. Our recommendations focus on the key actions needed to build and support well-connected teams of primary care professionals—working together to deliver high-quality, accessible care in every community.

1. Adopt the OurCare Standard

The [OurCare Standard](#) is a national benchmark that defines what high-quality primary care should look like in Canada. Grounded in a national public conversation about the future of healthcare, it reflects what Canadians—and British Columbians—say they want and need from their primary care system.

The standard identifies six core elements of excellence, including the principle that *everyone should have a relationship with a primary care clinician who works as part of a publicly funded team*.¹ Canadians also believe that good primary care means being connected to a team that provides ongoing care and easy access to their health information online.

We urge the government to adopt the *OurCare Standard* as a guide for developing practical, people-centered solutions to BC's current attachment and access crisis in primary care.

2. Implement a Primary Care Act

Realizing a high-quality primary care system calls for policy leadership. We encourage the government to recognize primary care as the cornerstone of our health system by enshrining it in legislation. A BC-based primary care act, built on the [*OurCare Standard*](#), would provide a framework for a publicly funded primary care system outlining what British Columbians can expect when accessing primary care services wherever they live.

[*Ontario's Primary Care Act, 2025*](#), offers a legislative framework that BC can tailor to its own context, supporting the development of clear system objectives and the design of primary care teams.

3. Support Community-Based, Integrated Care Models

No single model of team-based care can meet the needs of every British Columbian or every community. Community Health Centre's (CHC's) play a vital role in serving people who face the greatest barriers to care. They have been shown to keep people healthier, lower emergency department use and address people's health needs in the community.¹

BC Family Doctors recognize CHC's are an important component of primary care; however, they cannot alone achieve a BC-wide solution to our primary care crisis. Most British Columbians are currently attached to community-based family physicians. These family physician-led clinics are the scalable solution capable of meeting the broader population's needs. We must build on this strength by supporting family doctors to expand their practices and integrate nurses, pharmacists, and other allied health professionals—creating care teams that reflect the unique needs of their patients and communities.

To meet the diverse needs of British Columbians, we need a range of team-based primary care models that are flexible and responsive to local contexts. One size does not fit all. Community-based family physicians need the flexibility to practice in ways that best serve their patients and the communities they know best. All approaches, including CHCs, play an important role, but a system-wide solution depends on supporting team-based care in community-based family physician clinics - the foundation of accessible, coordinated care in BC.

¹ Longhurst, A; Cohen, M. The importance of community health centres in BC's primary care reform: What the research tells us. Canadian Centre for Policy Alternatives. Mar. 1, 2019.
<https://www.policyalternatives.ca/news-research/chcs-in-bc/v>

4. Improve Payment Models to Support Team-Based Care

To strengthen team-based care, we need payment models that enable integrated care without discouraging collaboration. All physician payment models in BC must support and incentivize doctors to work in integrated care teams. Current payment structures significantly limit physicians' ability to work in integrated care teams, making it difficult to fully integrate nurses and other allied health professionals into community practices. Aligned payment systems are essential for fostering collaboration, supporting physicians to work to their full scope, and enabling seamless sharing of patient care within integrated care teams.

As noted in the first CARGA report, significant progress has been made in BC through the Longitudinal Family Physician (LFP) Payment Model due to its modernized approach to primary care compensation. Since its introduction in 2023, the LFP Payment Model has increased patient attachment, expanded the family physician workforce and improved access to comprehensive, coordinated care. However, BC's fee-for-service payment model has not kept pace.

It is crucial that all family physicians can work to their full scope of practice and collaborate seamlessly with a healthcare team. To achieve this, all BC payment models must evolve to support team-based, integrated care, ensuring that the care patients receive is not dependent on the physician's compensation model. By aligning compensation models with other supports for team-based care, we can strengthen collaboration, expand physician workforce capacity and improve patient outcomes.

5. Implement the Rural Health Strategy

Our rural health care system is in crisis. Long waits for care, emergency room closures, chronic staffing shortages and inadequate patient transportation are causing major access issues to care. The current physician-centered system no longer meets the complex and evolving healthcare needs of rural and remote communities.

Improving rural health care requires focused policies and practices that reflect the realities of small towns and remote areas. The [*Rural Health Strategy*](#)—shaped by the voices of rural patients and health professionals—provides a clear path forward. It recognizes the essential role of rural communities in expanding team-based primary care, integrating family doctors, nurse practitioners, pharmacists, physician assistants, allied health professionals, and virtual care supports.

BC Family Doctors urges the government to implement the *Rural Health Strategy* and to partner meaningfully with rural and remote communities to build strong, sustainable team-based models of primary care.

6. Ensure Digital Integration

Digital technology has the power to significantly expand primary care capacity. However, many current digital health tools fall short because they operate in silos— notably electronic medical records (EMRs), which lack integration and interoperability.

With the adoption of digital referral systems, interoperable EMRs, and AI scribes, we can streamline workflows and reduce administrative burdens. This allows family physicians to dedicate more time to direct patient care. These solutions align with BC's Digital Health Strategy by promoting secure, accessible, and integrated health information, supporting both patients and physicians.

BC Family Doctors calls for the investment and implementation of a connected digital health system that allows secure, seamless sharing of health data in line with interoperability best practices. High-functioning primary care teams require digital tools that enable them to share, access, and collaborate on patient information in real time. Integrated, intelligent digital systems can strengthen teamwork, improve communication, and ultimately deliver more efficient, coordinated, and patient-centered care, in keeping with the strategic objectives of BC's Digital Health Strategy.

7. Embed Performance Measurement

Building a high-quality, team-based primary care system requires transparent and meaningful performance measurement. While targets have been established for Primary Care Networks (PCN) and Urgent Primary Care Centres (UPCC), we need broader metrics based on a shared system that tracks how effectively primary care meets patient needs, supports health practitioners and strengthens communities.

Rising patient complexity means we need metrics and performance measures that reflect the full scope of primary care—clinical outcomes, access, coordination, continuity and patient experience. BC Family Doctors calls on the government to work with key stakeholders, including primary care practitioners, to develop performance measures that will provide us with a comprehensive picture of our primary care system's performance.

Measuring what matters is the foundation for accountability, learning and improvement in primary care. Performance measures can inform primary care public policy, guide decisions and help create a high-performing, equitable and sustainable primary care sector.

8. Fund Primary Care Clinic Spaces

We are facing an affordable space crisis for community-based health clinics. While the province's new payment model has added more than 1,000 new family doctors to our health system, many physicians struggle to find affordable, suitable clinic space to provide patient care. We must address the critical shortage of clinic space that prevents family doctors from expanding their practices to support team-based models of care.

We're recommending that the provincial government partner with municipalities and developers to make healthcare infrastructure a standard part of community planning. This would require developers to build clinic-ready space in new developments, like large condominiums. The province's role is to provide support through infrastructure funding and other subsidies.

Municipal leaders across BC are behind this initiative. BC Family Doctors resolution with Port Moody city council, calling for primary care clinic-ready spaces in new developments passed at the Union of BC Municipalities on September 25, 2025. We can't lead a primary care strategy founded on team-based care if there's nowhere suitable or affordable for primary care practitioners to practice. It's time we recognized that community-based healthcare space is as essential to community planning as community centers, libraries, childcare and parks.

TEAMS ARE THE FUTURE OF PRIMARY CARE

The future of primary care depends on strong, family physician-led teams. Family doctors are the cornerstone of our health system—they provide continuity of care, understand the full context of their patients' lives, and coordinate care across the health system. When supported by nurses, pharmacists, social workers, and other allied health professionals, family physicians can lead high-functioning teams that deliver comprehensive, connected, and patient-centered care.

By investing in team-based primary care models that respond to the needs of local populations and communities, we can build a more resilient, equitable, and sustainable health system—one that meets the diverse needs of all British Columbians and ensures better health for generations to come.