



ANNUAL REPORT

2025-2026



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Land Acknowledgement

We acknowledge the land on which we work, live, and play as the same land the Michi Saagig Anishinaabeg have called home for thousands of years. These are the ancestral territories of the Mississaugas of Scugog Island First Nation, Alderville First Nation, Hiawatha First Nation, Curve Lake First Nation, and the Chippewa Nations of Georgina Island, Beausoleil and Rama.

We honour the enduring presence, knowledge, and leadership of the Indigenous Peoples who have long cared for the lands and waters of this region. We are grateful to our Indigenous partners and community members, those who receive care, provide care, and guide our work in this area.

We remain committed to building respectful, sustained partnerships in the pursuit of reconciliation, understanding that equitable, coordinated care begins with this foundation. It is through these relationships, and the teachings they carry, that we work towards a healthier future for all.



Director Update

What a remarkable year it has been for the Durham Ontario Health Team (OHT)! When I reflect on the progress we have made, I am struck by the tremendous amount of success, opportunity, and growth across our partnerships. None of this would have been possible without the dedication and shared commitment of this extraordinary community.

This year marked an important milestone in the continued evolution of the Durham OHT. From expanding primary care access to improving chronic disease management, we received major interprofessional primary care team investments and launched Gchi-twaa Dadaakokiid: Sacred Steps, a Lower Limb Preservation initiative. We celebrated the one-year mark of the Durham Ontario Health Team at Home program, a first-of-its kind provincial pilot program that achieved its goal of providing and advancing home care to over 700 patients in the Oshawa community. We also launched the Durham Care Compass, a mobile app to help residents easily connect with local health and social services.

A heartfelt thank you to our signatory partners, physician leads, and Patient, Family, and Care Partner Advisory Council (PFCPAC). It is truly a privilege to work alongside and learn from this incredible community. I would like to commend our Innovation and Transformation team, whose passion, commitment, and expertise continues to turn ideas into action, making this work possible every single day.

As we look ahead to 2026–27, we remain committed to improving health outcomes, strengthening our partnerships, and making it easier for people to access the care they need, when they need it. We are proud of what this team has accomplished together and even more excited by what lies ahead!



Lisa Kitchen

Director, Durham OHT

Co-Chair, Durham OHT Executive Leadership Table

A Message from our Co-Chairs

This past year has been one of growth, partnerships, and progress. The Durham OHT was established to improve how care is planned, delivered, and experienced and this year continued to help us achieve these goals.

Today's healthcare landscape is complex, ever-changing, and no single organization can do this work alone. Our team includes 16 signatory organizations and more than 70 healthcare partners coming together to improve health for all. We take pride in the voices our patients, families, and care partners bring to our tables, ensuring lived experiences remain at the centre of everything we do.

Thank you to every partner, advisor, and community member who has invested in this shared mission. The power of partnership has been the foundation of many of this year's achievements, and we look forward to continuing that work in the year ahead.



Stephen Gray
Co-Chair, Durham OHT
Executive Leadership Table
Co-Chair, Partnership,
Innovation, and Strategic Forum

I have been around this work long enough to know that the process is rarely simple, yet people consistently show up with dedication and deliver. It has been a great privilege to serve as Co-Chair of the Partnership, Innovation, and Strategic Forum.

This past year, Partnership, Innovation, and Strategic Forum has been a point of connection, coming together to share new ideas, explore opportunities for collaboration, and strengthen relationships across the sector. From integrated models of care to digital innovation, health equity, and community engagement, we learned from the leadership and commitment across the region.

As I prepare to step away from this role, I do so with sincere gratitude for the partners who helped shape this work and the team that supported it every step of the way. I am proud of what has been built, and I look forward with confidence to the progress in the years ahead.



Brian Pollard
Co-Chair, Partnership, Innovation,
and Strategic Forum

A Message from our Primary Care Network Durham (PCND)



Primary care remains the foundation of a high-performing health system, and this past year had major accomplishments for Primary Care Network Durham (PCND).

Over the past year, we welcomed new subject matter expert clinical leads, engaged more than 200 primary care providers, and made measurable progress on attachment, clearing our Health Care Connect waitlist pre-2025, and securing \$9.58 million to expand interprofessional primary care teams (IPCTs) across Durham Region.

Recent investments and renewed provincial focus reaffirms the key role primary care plays in improving access, continuity, and coordination, and provides us the opportunity to advance these priorities locally. We are energized by the work underway and remain focused on strengthening primary care for the people of Durham Region.

— **Dr. Tony Stone**, Primary Care Chair

Primary Care Network Durham Executive

Dr. Tony Stone



Primary Care Chair

Dr. Rebecca Wray



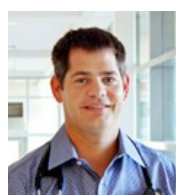
Primary Care Co-Lead, PCND

Dr. Lubna Tirmizi



Primary Care Co-Lead, PCND

Dr. Joel Kennedy



DFCM Chair, Lakeridge Health

Janis Klein



Consultant Primary Care, Durham OHT

Lisa Kitchen



Director, Durham OHT

Primary Care Leads and Council

Dr. Anne Sorensen



Unattached Patient Project Lead

Dr. Ahailya Bisessar



Inclusivity, Diversity, Equity, Accessibility & Anti-Racism (IDEAA) Lead

Dr. Anyanharan Sinnarajah



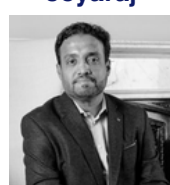
Chronic Disease Prevention Management (CDPM)/Integrated Clinical Pathways (ICP) Lead

Dr. Carlos Yu



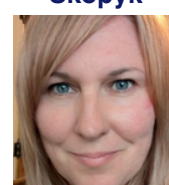
Physician & Community Engagement Lead

Dr. Hamilton Jeyaraj



Digital Health Lead

Stephanie Skopyk



Mental Health & Addictions Lead

Dr. Suleiman Furmli



Navigation Lead

Laszlo Cifra
Ontario Health at Home

Shannon Bourke
Lakeridge Health

Francis Garwe
Durham Community Health Centre

Keith White
Oshawa Clinic Group

Urica Parris
Patient, Family, Care Partner Advisory Council

Jessica Clark
Regional Municipality of Durham

Kara Wright
North Durham Family Health Team

Janet McPherson
Brock Community Health Centre

Who We Are

The Durham Ontario Health Team is a collaborative group of partners from across the care continuum in Durham Region. Partners include patient, family, and care partners, primary care providers, hospitals, mental health and addiction services, social support services, home and community care, long-term care, and the Region's public health department collectively working in partnership to improve access and delivery of coordinated health services.

As a team of strategic leaders and partners, the Durham OHT works to advance system change and drive integration through a collective approach to equitable, streamlined access to care and navigation services across the Region.

Durham OHT Work Streams: Guidance from Ontario Health

Ministry of Health / Ontario Health

**Initial 12
Ontario
Health Team
Acceleration**

**Primary Care
Networks,
Engagement,
& Leadership**

**Durham OHT at
Home (Leading
Project Home
Care
Modernization)**

**Integrated
Clinical
Pathways (ICP)
& Chronic
Disease
Prevention and
Management
(CDPM)**

**Digital and
System
Navigation
Enablers**

Population Health Management / Patient Family and Care Partners

Who We Serve

Durham Region is one of Ontario's fastest-growing regions, home to over 750,000 people today and projected to reach more than one million in 15 years. Featuring eight municipalities across urban centres and rural communities in the eastern Greater Toronto Area (GTA), the Durham OHT serves a diverse and rapidly growing population, working to meet the evolving health needs of all residents.

Meet Our Team

Innovation and Transformation Team

Leads the collaboration, planning, and implementation of OHT priorities



Lisa Kitchen
Director



Samiah Khan
Manager, Quality, Evaluation & Performance



Jatinder Dhaliwal
Lead, Data Governance and Digital Health



Janis Klein
Consultant Primary Care



Leigh Guertin
Lead, Integrated Clinical Pathways



Louise Hansen
Nurse Navigator, SCOPE



Taimour Arshad
Website Administrator



Kim MacLeod
Administrative Professional



Jennifer Xiao
Performance Analyst

Patient, Family, and Care Partner Advisory Council

Guiding OHT priorities through patient, family, and care partner insights

Michael Abramczuk
Co-Chair

Manon Lemonde
Co-Chair

Heather Parker

Percy D'Souza

Bette Hodgins

Sandra Martino

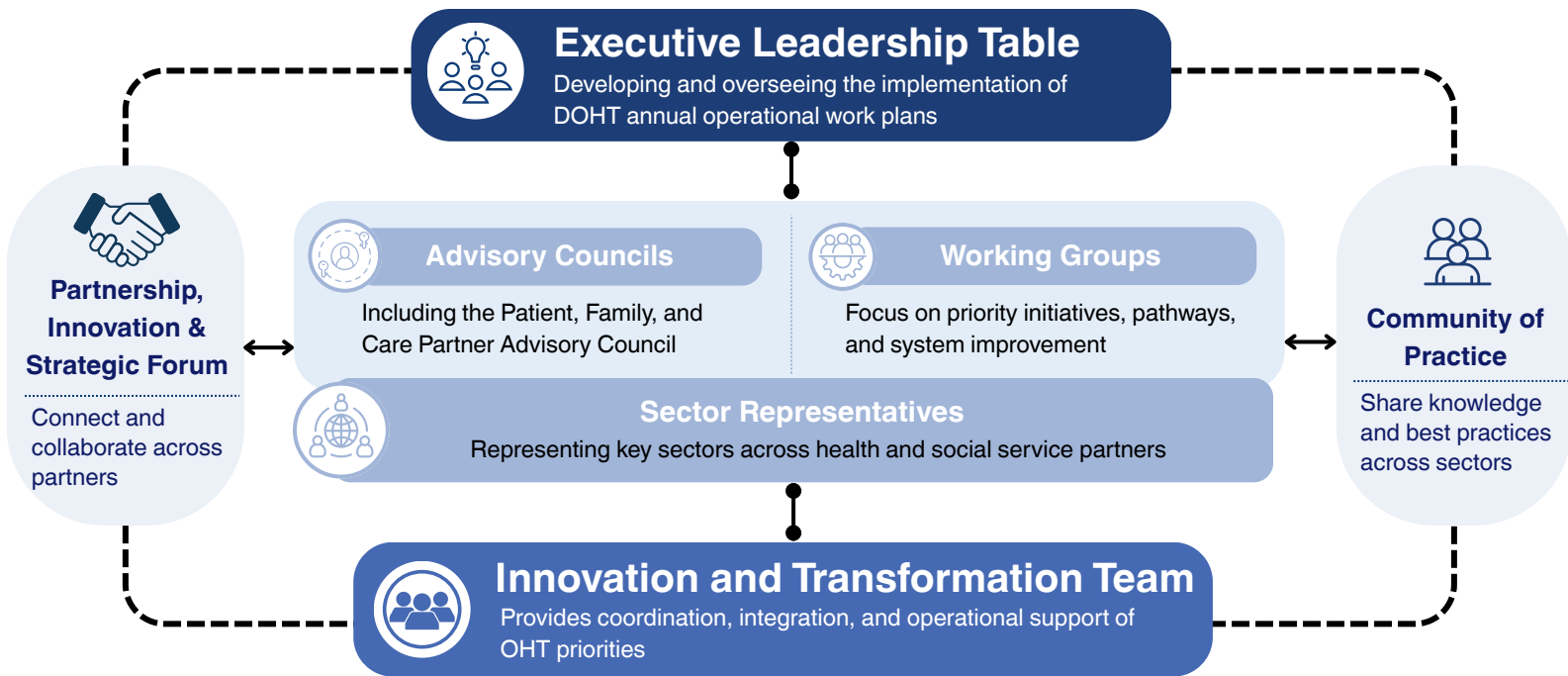
Urica Parris

Denyse Newton

Susan Donaldson

Governance and Collaboration

The Durham OHT operates through a collaborative governance model designed to ensure broad representation, shared accountability, and transparent decision-making.



The core Durham OHT partnership group is comprised of 16 signatory organizations, along with our PFCPAC, and broad support from more than 70 health care partners across Durham Region, representing various organizations in the health, social, education, and private sectors.

Alzheimer Society
DURHAM REGION

Brock
Community
Health Centre

cbi HEALTH

healthlocal

community
advantage
Rehabilitation

Community Care
Durham

DURHAM COMMUNITY HEALTH CENTRE
Our Health. Our Community. Our Durham.

Grandview Kids



Lakeridge
Health

MARCH
OF DIMES
CANADA

MEDICAL
ASSOCIATES
of PORT PERRY

North Durham
Family Health Team

Oshawa
Clinic
Group



Partners in
Community
Nursing



Health



Key Initiatives and Achievement

Primary Care Networks, Engagement, & Leadership

Interprofessional Care Teams (IPCT) Expansion

The Durham OHT played a **central coordinating role** advancing IPCT expansion efforts. In fall 2025, the OHT coordinated and submitted major regional proposals aligned with Ontario's **\$2.1 billion Primary Care Action Plan** commitment to connect every Ontarian to a family physician or care team by 2029.

Through this collaborative effort, a **\$9.58 million investment** was secured for Durham Region to **establish and expand three interprofessional primary care teams** serving west, east, and north Durham. The funded initiatives include the expansion of services through **Brock Community Health Centre** across Brock Township, the creation of the **East Durham Family Health Team** in Clarington, and the newly formed **Durham West Family Health Team** serving Ajax and Pickering. Together, these initiatives will improve access to team-based care and **attach over 20,000 residents**.



April 17, 2026 - Officials gathered at the Bowmanville Health Centre to announce the creation of the new East Durham Family Health Team



April 20, 2026 - MPP Laurie Scott visited Cannington to announce over \$1.6 million in provincial funding for Brock Community Health Centre



June 5, 2026 - Ontario Finance Minister and Pickering-Uxbridge MPP Peter Bethlenfalvy joined local health care providers to announce funding for the Durham West Family Health Team



Primary Care Network Durham (PCND)

This year marked significant achievements in **strengthening primary care leadership** across the region. **Seven new subject matter expert primary care leads**, six physicians and one nurse practitioner, were recruited to form the **PCND Leadership Team**. These leads help shape priorities, co-develop the PCN workplan, and guide the design of a governance framework. PCND serves as the **central hub** for primary care engagement, **connecting over 200 providers** to OHT priorities, clinical pathway updates, and digital enablement opportunities. Communication through PCN channels, including email blasts and the PCN WhatsApp community, has been an **effective mechanism for peer engagement and knowledge exchange**.

Primary Care Attachment

As part of Ontario's Primary Care Action Plan to connect every Ontario to a family doctor or primary care team by 2029, **clearing the Health Care Connect (HCC) waitlist** has been one of the OHT's most critical goals this year. Through close collaboration with the Health Connector role at Ontario Health at Home, the team made substantial progress, **notionally clearing the waitlist for patients registered up to January 2025**. Biweekly meetings, shared data, and strong collaboration between the Health Care Connector and SCOPE Nurse Navigator helped identify available physicians, prioritize populations, and connect unattached residents to interim services while they await formal attachment.



7,000

**Patients cleared from
HCC waitlist since 2024**



39

**Physicians and Nurse Practitioners
accepting patients through HCC**

Durham Patient Attachment Program

Durham OHT is leveraging the **Shared Health Integrated Information Portal (SHIIP)** to create **two repositories**: one to securely store unattached patient information and a second for information on physicians' rostering patients in Durham.

The SHIIP platform will support the **Durham Patient Attachment Program (DPAP)**, a coordinated approach alongside Health Care Connect to attach patients to primary care. SHIIP aggregates **multiple sources of unattached lists**, including individual clinics, hospitals, and virtual clinics into a single database. A coordinator will be able to review the unattached patient repository and facilitate attachment to a physician within the database. In the coming year, this initiative will be piloted with patients from iCare Virtual.



Primary Care Cybersecurity Working Group

Durham OHT was invited by **Ontario Health** to support its Primary Care Cybersecurity Working Group. Working alongside Primary Care Lead, Durham OHT participated in working sessions to **explain challenges primary care faces with cybersecurity** and the current state within Durham Region. **50 primary care network members** were selected to complete a survey based on the types of communities they serve, practice size, and geographic location to build an accurate representation of the communities' primary care services and how cybersecurity awareness differs.

Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) Pathways

The Durham OHT continues to mature its **Integrated Clinical Pathways** to advance community-based care for individuals at risk or living with chronic disease. **Best Care case managers** are embedded in primary care clinics across Durham Region, supporting 172 primary care providers with chronic disease management. This model brings **standardized, evidence-based care directly to patients** to reduce reliance on emergency departments, support self-management, and ensure patients receive proactive chronic disease education and individualized action plans.

Initially focusing on COPD management, Best Care **began offering CHF management** in October 2025 ensuring both chronic conditions are addressed consistently across clinics. By year end, Best Care case managers were **active across 20 clinic locations**, with three sites, including Mississaugas of Scugog Island First Nation (MSIFN), Mission United, and iCare Virtual, onboarded in January 2026. Importantly, patients had fewer unscheduled primary care visits with reported reductions in emergency department visits and unnecessary hospitalizations.

**3,029**

Unique clients in OHT community-based interventions

**89%**

Of COPD clients reported improved or stable quality of life

**76%**

Of CHF clients reported improved or stable quality of life

**48%**

Reduction in unscheduled PCP visits

**13%**

Reduction in emergency department visits

**2%**

Reduction in hospitalizations

Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) Pathways

The Durham OHT further strengthened COPD and CHF pathways by **expanding access to coordinated, community-based services** to support patients throughout their care journey. **Pulmonary Rehabilitation** was delivered across seven locations in Durham Region, including a virtual option, to support 400 patients.

Nurse Practitioner-led COPD and CHF clinics supported 719 patients following a hospitalization or emergency department visit, providing timely follow-up and chronic disease management that contributed to **substantially lower 30-day readmission rates** compared to provincial rates.

Community paramedics further supported heart failure patients at home, providing 63 home IV diuretic treatments to prevent visits to the emergency department. Altogether, working to bring specialized care and support closer to home, improving access, patient experience, and outcomes.



Nov 2026 - Strengthening community-based care through a vaccine outreach clinic at MSIFN, delivered in partnership with the Durham OHT and Durham Community Paramedics

**9,268**

Pulmonary Rehabilitation clinic visits the past year

10.2% vs. 20.2%

30-day readmission rate (NP-Led COPD clinic vs. Ontario)

**138**

Home visits by Community Paramedics to support heart failure clients

Gchi-twaa Dadaakokiid: Sacred Steps — Lower Limb Preservation (LLP) Initiative

Gchi-twaa Dadaakokiid: Sacred Steps reflects a commitment to culturally appropriate, person-centered care across the continuum for **First Nations, Inuit, Metis, and Urban Indigenous (FNIMUI)** people living with diabetes and peripheral vascular disease. Funded by **Ontario Health**, the Durham OHT was among a select group of OHTs chosen to lead this work. Launched **May 19, 2026**, the Lower Limb Preservation initiative focuses on reducing unnecessary amputations by bringing early foot screening, prevention, wound management, and navigation supports closer to home.

This initiative brings together a **broad circle of partners**, including the Mississaugas of Scugog Island First Nation (MSIFN) health team, the Lakeridge Health Diabetes Education Program (DEP), North Durham Family Health Team (NDFHT), Durham Community Health Centre (DCHC), Ontario Health at Home, primary care partners, and community paramedics to **deliver coordinated, person-centered care** that improves access, connections, and outcomes across the Region.



Apr 8, 2026 - In-person skills lab delivered by Wounds Canada to support early foot screening and holistic health



Apr 20, 2026 - Kick-off event for Gchi-twaa Dadaakokiid: Sacred Steps at DCHC. **Pictured:** Representatives from Durham OHT, Lakeridge Health, and Durham Region Community Paramedicine.

Durham Ontario Health Team at Home

Leading Project Home Care Modernization

February 2026 marked the **one-year milestone** of the **Durham Ontario Health Team at Home program**, delivered in partnership with Lakeridge Health and CBI Home Health. Launched as **one of seven provincial Leading Projects** selected by Ontario Health, this program set out to **modernize home care** and better support Durham region residents in their own homes.

Built around patient and caregiver needs, the model **integrates providers** through a single coordinated pathway, shared care plans, and real-time communication. At its one-year mark, the program has **demonstrated strong results** in improving access, care quality, and patient experiences for residents.



700

Patients supported in year one



4.9/5

Average patient satisfaction



100%

Of complex patients seen within 24 hours of referral



100%

Of patients felt their care needs were met



“Home care truly is an exciting frontier for innovation in health care, and the first year of Durham OHT at Home shows what’s possible when partners come together around a shared vision.”

— Neil King, President & Chief Operating Officer, CBI Home Health

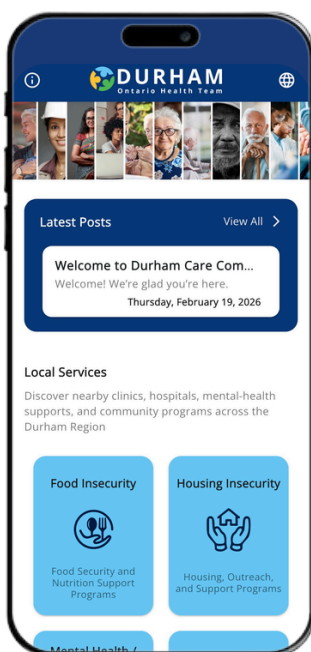
Digital and System Navigation Enablers

Durham Care Compass — Community Engagement App

This year marked a major step forward in Durham OHT's digital transformation journey with the launch of the **Durham Care Compass**, a community-based engagement tool, **designed to connect Durham Region residents** with local health services, programs, and community supports through a centralized, mobile application platform.

Developed through a year of collaborative planning and design with Health Espresso and OBIO, the Durham Care Compass **officially launched May 15, 2026**. The platform represents a significant leap in how Durham OHT engages with the community creating a **centralized, digital-first solution** that makes it easier for individuals and families to discover, navigate, and access the services they need.

Durham OHT partners are encouraged to use the app in addition to their communication plans, as a channel to promote new programs, events, and screening initiatives as they arise. The app will work as an aggregator for the community to ensure relevant information is available in **one convenient location**.





App Features

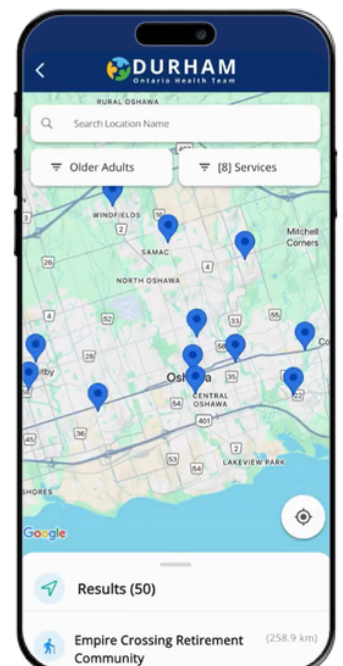
- Information on Durham OHT and partner programs and services
- Public health alerts and advisories
- Notifications when new primary care providers are accepting or rostering patients
- Health promotion information
- Seasonal and preventative health information



Download Now!

← Apple App Store

Google Play →



Digital and System Navigation Enablers

Durham OHT Website & Service Navigation

The Durham OHT continues to **enhance its digital presence**, continuously updating both the **DOHT.ca** and **PCNDurham.ca** websites with new program information, clinical pathway resources, and best practice materials for providers and residents.

Significant work was made to improve the region's digital service navigation infrastructure. A full **integration of the FindHelp211 API** into DOHT.ca is underway to improve access to accurate, up-to-date information for residents. In partnership with Ontario Health, **Durham-specific content on Health 811** was comprehensively reviewed and updated, ensuring residents can reliably access local information through provincial channels.



12,400

DOHT.ca page views the past year



5,100

PCNDurham.ca page views the past year

Online Appointment Booking (OAB)

Online Appointment Booking adoption across Durham OHT continues to show increased growth. OAB helps patients conveniently **schedule medical appointments online** without needing to call or visit in-person to book.

The Durham OHT team supported the **implementation of OAB adoption** through direct outreach to clinics and assistance with funding applications. PCN Durham also identified providers, particularly in North Durham, who could benefit most from OAB given the needs of their more remote populations.

Building on the **166 providers** supported in 2024, the Durham OHT **secured 251 Ontario Health funded OAB licenses** for **14 participating clinics** this past year. In addition, the team supported the onboarding of **97 new primary care providers** and helped **154 existing providers** maintain their licenses for OAB.

Digital and System Navigation Enablers

Seamless Care Optimizing the Patient Experience (SCOPE) Program

The **SCOPE** program provides critical **navigation support** for primary care providers across Durham Region, offering a **single point of access** to specialists, diagnostics, and hospital resources. This year focused on **adapting and scaling SCOPE** to meet the needs of Durham's providers, with new referral pathways, supports for unattached patients, and improved onboarding tools. The recruitment of a dedicated **Nurse Navigator** has improved the **timeliness and quality of support** provided to primary care for complex patient needs.



104

PCPs registered with the SCOPE program in Durham Region

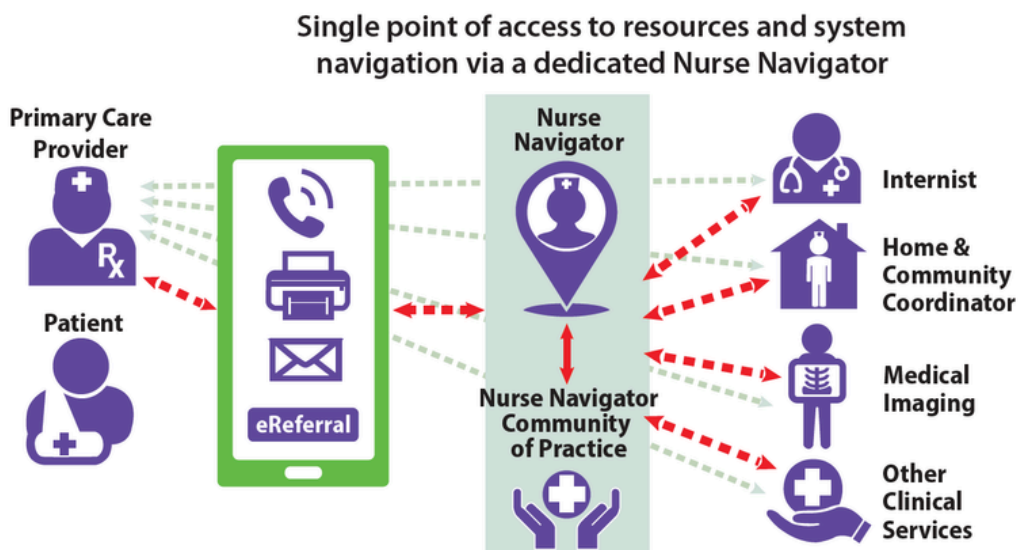


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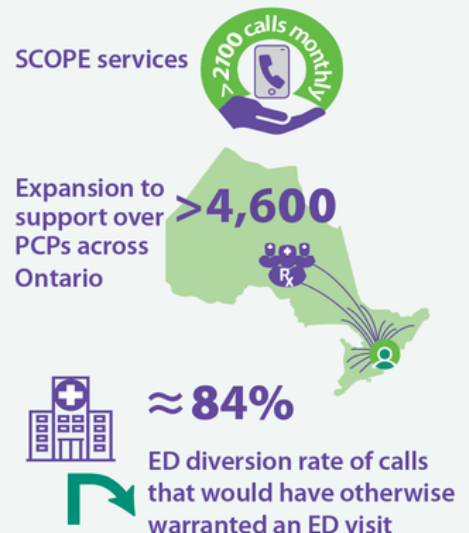
Patient referrals supported by the Nurse Navigator over 13 months

Register for SCOPE at <https://scopehub.ca/>

What SCOPE looks like



SCOPE in Action



Measuring Success

The Durham OHT is committed to supporting performance measurement and evaluation to assess progress and demonstrate impact. To support this vision, we are building key performance indicators to monitor system performance and guide quality improvement.

Strategic Pillar	Ultimate Goal	Performance Measures
Primary Care Networks, Engagement, & Leadership	A strong primary care foundation that improves attachment, expands team-based care, and enhances access to longitudinal, coordinated care	 Percentage of patients attached to a primary care provider  Number of patients cleared from the Health Care Connect waitlist  Number of providers participating in Primary Care Network Durham
Integrated Clinical Pathways & Chronic Disease Prevention and Management	Integrated regional pathways that support community-based chronic disease prevention and management, improve outcomes, and reduce avoidable hospital use	 Number of patients enrolled in Integrated Clinical Pathway program  Number of hospital admissions for chronic obstructive pulmonary disease and congestive heart failure  Number of preventable hospital admissions for ambulatory care sensitive conditions (ACSC)
Digital and System Navigation Enablers	A digitally enabled system that integrates navigation tools and digital health platforms to improve access, coordination, and efficiency for residents and providers	 Adoption of digital tools within primary care (e.g., OAB licenses, eReferral)  Number of downloads for the Durham Care Compass App  Number of primary care providers enrolled in SCOPE program  Number of emergency department visits prevented through navigation supports
Durham Ontario Health Team at Home	An integrated home and community care model that modernizes service delivery so patients can receive coordinated, personalized care at home	 Number of patients served  Percentage of complex patients seen within 24 hours  Percentage of patients reporting their care needs were met  Average patient satisfaction

2026/27 Priorities and Planned Deliverables

Building on the past year, the Durham OHT is focused on accelerating implementation, improving data systems, and scaling what works

Primary Care Access, Attachment, and Enablement

Expand Primary Care Network

Deepen provider engagement and strengthen clinical leadership and measurement across the sector

Maintain a cleared HCC waitlist

Expand supported attachment and interim care progressing towards 100% attachment by 2029

Advance IPCT expansion planning

Coordinate new team-based care submissions across primary care teams

Scale digital access tools

Expand Online Appointment Booking, eReferral, and Central Intake through targeted provider engagement

Grow Durham Care Compass adoption

Increase community awareness of the Durham Care Compass app among patients and providers

Integrated Clinical Priorities

Scale CDPM across the region

Sustain COPD and CHF pathways, patient tracking, and experience measures to support proactive community-based care

Advance regional palliative care strategies

Improve timely identification, goals-of-care conversations, and end-of-life experiences across care settings

OHT Capacity Building

Enhance partnerships and OHT membership growth

Maintain TPA-supported governance and coordination initiatives, while strengthening membership and partnerships

Strengthen data and performance measurement

Build reporting capacity to support continuous quality improvement across all program areas

Looking Ahead

As I reflect on the achievements of the past year, I am equally focused on what lies ahead. Guided by provincial priorities, the Durham OHT is focused on building practical, locally driven solutions that improve care for our patients, providers, and communities.

In the year ahead, we will build on the strong foundation established across the region. Together, with our partners, we will continue advancing a continuum of care that supports both providers and patients. Importantly, we will continue listening to our communities, learning from experiences, and working together to improve outcomes for those we serve.

Lisa Kitchen

Director, Durham OHT
Co-Chair, Durham OHT
Executive Leadership Table



Stephen Gray

Co-Chair, Durham OHT Executive
Leadership Table
Co-Chair, Partnership, Innovation,
and Strategic Forum

Primary care in Ontario is undergoing significant transformation in response to rising demands and increasing pressures. Across the province, investments in Interprofessional Primary Care Teams are creating new opportunities for primary care attachment and access to better serve patients and communities.

In Durham Region, PCND has helped build the relationships, trust, and collaboration needed to support this movement. Looking ahead, these provincial investments present an important opportunity to expand access and care delivery locally. PCND will continue to support providers by driving engagement, reducing administrative burdens, enhancing team-based capacity, and advocating for the resources and supports needed for long-term success.



Tony Stone

Chair, Primary Care
Network Durham
Leadership Council

Thank you!

The achievements highlighted in this report reflect the dedication and collaboration across Durham Region, including partners, providers, and the people we serve.

Thank you to all who have contributed through your leadership, dedication, and support. Together, we are transforming health care in our region.

Contact Us



submissions@doht.ca



www.doht.ca



Durham Ontario Health Team

