Healthcare Excellence Canada | Excellence en santé Canada

Primary Care Access Improvement (Cohort 2)

Call for Applications

Contents

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners across the country to shape a future where everyone in Canada has safe and high-quality healthcare. We bring together people, evidence and action to move Care Forward - spreading and scaling quality and safety improvements, strengthening capacity and collective leadership and catalyzing change in policy and practice.

At HEC, healthcare excellence means improving safety, quality and value for everyone. It means care grounded in what matters most to patients, caregivers, communities and people in the workforce. It also means care that respects and responds to First Nations, Inuit and Métis priorities and is culturally safe, equitable and supported by the appropriate use of technology. Together with our partners, we embed these foundations across the health system.

Our work also focuses on expanding access to safe, connected, high-quality care closer to home and community. This includes supporting people with primary health care needs and older adults with health and social needs.

HEC is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4, Canada
1-866-421-6933 | info@hec-esc.ca

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Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today. Learn more

Description

Primary Care Access Improvement (cohort 2) will support team-based primary care organizations, led by either physicians or nurse practitioners, to implement and evaluate Advanced Access – a quality improvement model that helps teams operating in attachment-based models to balance appointment availability with patient demand.

What you'll receive

Team-based primary care organizations selected to participate are eligible to receive:

- up to $15,000 in seed funding (subject to eligible expenses)
- individual and small-group coaching from experts with experience implementing Advanced Access and quality improvement practices
- proven tools and evidence-informed resources for implementing and measuring what works
- learning and networking opportunities to share knowledge, celebrate successes and drive collective progress.

Program timeline

This 18-month program runs from January 2027 to July 2028.

Who can apply?

- Organizations that deliver team-based primary care (primary care clinics) to attached (panelled) patients. Team-based primary care is a model of healthcare that involves multiple health professionals of different disciplines working together to provide care to patients. Teams can be led either by physicians or by nurse practitioners.
- Regional health authorities; provincial/territorial governments; First Nations, Inuit or Métis health service delivery organizations or governments in partnership with one organization that delivers team-based primary care. Each organization or clinic must designate a team to lead the improvement efforts and be actively engaged in the program.

Application information:

- Applications open June 2, 2026 via the HEC Community Portal
- Applications are due by **September 9, 2026**.

Eligibility and requirements

Applicants to the PCAI program must demonstrate:

- Challenges with wait times and access for attached patients. Teams must operate in a team-based model that includes:
    - Clinical leadership through either multiple physicians or nurse practitioners
    - Registered Nurses
    - allied health professional
    - Medical Office Assistants (MOAs).
- A committed team to implement Advanced Access, including:
    - an executive sponsor
    - a program team lead
    - a measurement/evaluation lead.
- Additional criteria may include:
    - a clearly identified challenge/problem that advanced access could help solve
    - a clearly identified and achievable initial aim/goal that addresses the needs of the communities served
    - strong commitment to collect improvement data to assess whether changes to embed Advanced Access are resulting in improvements are effective.

Participation commitments

Selected teams must:

- implement, evaluate and plan for the sustainability of Advanced Access
- participate in the program activities outlined in the activities schedule
- complete program deliverables, outlined in the deliverables schedule
- complete expenditure reporting related to seed funding spending
- measure and share data with HEC and assigned coaches on required indicators to guide improvements in your setting, as well as track, monitor and share data with your team and coach (see the deliverables schedule).

For questions or to confirm eligibility, contact the HEC team: pcai-aasp@hec-esc.ca.

Eligibility criteria

In addition to eligibility criteria, all applicants must meet the following criteria:

- based in Canada and provide publicly funded health and/or social services in Canada
- private (for-profit), charitable or non-profit organizations based in Canada that provide health and social care-related services as partners with organizations based in Canada providing publicly funded health and/or social services in Canada.

Organizations not eligible:

- organizations located outside of Canada
- federal government departments or agencies
- organizations that do not satisfy the requirements set forth in these terms (as determined by HEC in its sole and absolute discretion).

Ineligible team members:

- directors, officers, employees, representatives or agents of HEC or its affiliated entities
- award suppliers, advertising/promotion agencies and other individual(s) or entities involved in the development, production, implementation, administration, judging or fulfillment of this program.

Selection criteria

HEC, in collaboration with our partners, selects teams based on readiness for improvement and ensures a diverse group of participants.

- represent communities across Canada
- serve diverse, equity-deserving populations, including First Nations, Inuit and Métis individuals, families and communities, racially diverse communities, LGBTQ2S+ individuals, immigrants and refugees, people living in rural and remote communities and people experiencing homelessness or precarious housing
- demonstrate potential to improve access to safe, high-quality, culturally safe care for many patients and communities
- commit to collect and share HEC program evaluation data, including the number of ED visits reduced for conditions that could be managed by primary care and/or the number of ED visits reduced for primary care-sensitive conditions
- have the time to devote to the improvement work, program activities and deliverables
- are at various stages of the improvement journey.

How to apply

Step 1: Apply via the HEC Community Portal.

Step 2: Using the selection criteria outlined in this call for applications, HEC will select and invite teams to participate in the offering and notify you of the outcome of your application.

Step 3: Teams selected will be invited to sign a letter of agreement covering seed funds and coaching supports (if applicable), expenditure reporting, and collection and sharing of common measures. Teams must also:

- complete an electronic funds transfer form to issue seed funding
- review and confirm understanding of HEC's Conflict of Interest Policy, available in the application.

Glossary

Advanced Access

Advanced Access is a widely endorsed quality improvement (QI) model that helps healthcare teams balance appointment availability with patient demand so people can get care without long delays or relying on emergency departments. It achieves this by creating efficiencies and optimizing team functioning in primary care settings, both in urban and rural, including northern and remote areas.

Executive sponsor

This is the senior leader with the ability to legally bind an agreement. The executive sponsor is responsible for supporting and approving the team's involvement in the program, signaling strong endorsement of their participation. This individual actively advocates for the program's objectives, ensuring that it aligns with strategic priorities. Additionally, they make certain that the team has dedicated, protected time to focus on and contribute to the program’s success.

Measurement/evaluation lead

This individual is responsible for collecting data to assist team learning about whether the changes they are making are resulting in improvement. This lead also informs HEC of the team’s progress.

Patient/caregiver/community partner

This is an individual with lived or living experience relative to the services provided by the participating organization(s) who can act as an advisor on the activities of the program team.

Team lead

This is an individual who has the time, resources and accountability to coordinate and oversee the day-to-day activities of the improvement journey, serve as a key coordinator and motivator of the team.

Eligible and ineligible expenses

HEC is committed to contributing funds to help offset costs associated with staff replacement, travel and accommodations for education sessions and related to the program.

Category	Eligible expenses*	Ineligible expenses
Personnel	• compensation/honorarium for involvement of patient/caregiver advisors • release time for team members whose regular job description will be amended so they can work on the quality improvement initiative • funds to hire additional staff to backfill team members being released to work on the quality improvement initiative • salary replacement costs to allow providers to participate in the quality improvement initiative	• eligible release time charged at rates above existing salary • service delivery costs (unless approved by HEC in advance) • release time related to the financial administration of seed funds
Travel for educational purposes**	• travel costs for team members between quality improvement initiative site(s) • travel, accommodation and meals for team members required to attend meetings, including the collaborative in-person workshops	• travel costs not directly related to delivery of the learning collaborative
Equipment	• cost of equipment directly required for the quality improvement initiative (all equipment requests must be reasonable and fully justified)	• large capital purchases
Supplies and services	• cost of producing materials required for the quality improvement initiative (photocopies, printing, office supplies, etc.) • costs related to communication of the quality improvement initiative results, such as meetings and video conferences	• cost of supplies and services not directly related to delivery of the quality improvement initiative

* If your organization recovers part of its costs due to your tax status, the recoverable portions must be deducted from your budget and expenditure reports.

**Alcohol and cannabis are always ineligible expenses; the lowest economy fare must be selected for all travel; and reasonable rates must be sought for all travel related costs. Note, travelling expenses are subject to:

- the Services the National Joint Council Travel Directive, which may be amended from time to time and can be viewed at https://www.njc-cnm.gc.ca/directive/d10/v238/en
- HEC's corporate administrative policies

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Activities

Activity	Date	Details
Program launch	June 2, 2026	Begin accepting applications.
Applications due	September 9, 2026	Deadline for applications to be submitted.
Teams selected	Late October 2026	Applicants will be notified if they have been accepted to the program.
Signed agreements due	Late December 2026	Teams are invited to accept and sign their agreements.
Coaching sessions	January 2027 to July 2028	Coaching sessions with teams, up to three hours per month, to share and work through improvements and challenges.
Kick-off webinar*	February 2028	Topics will include: • meet the teams and coaches • overall program design and deliverables • overview of the Advanced Access approach.
Up to 5 virtual learning webinars*	February 2027 - June 2028	Topics will include: • profile pillars of Advanced Access and Improvement Journey Guidance • teams sharing reflections on their quality improvement journey so far • topics focused on supporting teams throughout the program, with approaches tailored to meet teams where they are.
Quality and safety perspectives learning activities	To be scheduled	Up to 8 hours of additional virtual learning activities hosted by HEC in quality and safety topics, such as the lived experience of patients, caregivers and communities, people in the workforce, value, culturally safe and equitable care, First Nations, Inuit and Métis priorities.

*The webinars will be likely held from 12:00 to 1:00 p.m. Eastern Time.

Deliverables

Deliverable	Date	Details
Pre-program provider experience survey	By end of March 2027	Completed by all staff within the clinic/site. Will take about 20 minutes to complete. All completed surveys to be shared with HEC.
Baseline and subsequent quarterly data submissions (reach and emergency department visits)	January 2027 and quarterly thereafter	Baseline and then quarterly. Please see the evaluation FAQ in the portal application for more details.
Baseline and subsequent regular data for third next available appointment	January 2027 - July 2028	Monthly measure for third next available appointment (the sum of the days between the time a patient requests an appointment and the time of the third next available appointment available for any patient). Teams to share with their assigned coach, and the coach will share with HEC.
Improvement charter	July 16, 2027	Completed by the team with the assigned QI coach for the program. This will be iterated with the team and coach throughout the program to help guide the improvement journey.
Post-program experience survey	July 13, 2028	Completed by all staff within the clinic/site. Will take about 20 minutes to complete.
Final report	July 13, 2028	Completed by the team lead. This will take about 1 hour to complete.
Post-program survey	January 2029	Six-month post-program survey. Completed by the team lead. Will take about 10 minutes to complete.

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