

Supported Attachment for Complex Patients

Deploying a hybrid approach to improve patient outcomes and system benefits

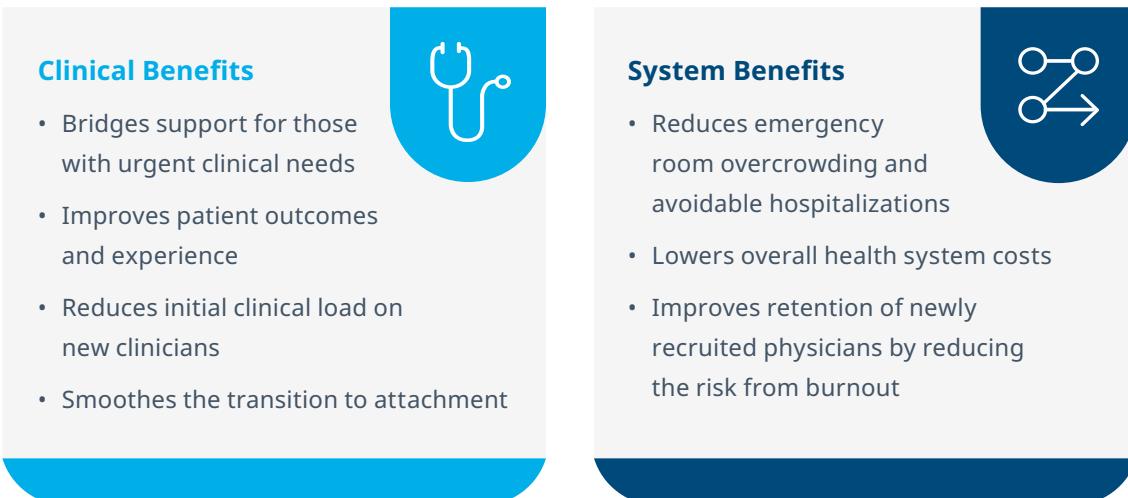
Ontario Health Teams (OHTs) are making great progress in expanding patient attachment to primary care clinicians. Despite this, many still see significant challenges in attaching clinically complex, multimorbid patients to a provider. This population has higher rates of emergency department visits, hospitalizations and mortality, and place considerably more demand on the health system.

Collaborating with experienced healthcare leaders in Ontario, IQVIA can help you **rapidly establish a hybrid approach to support attachment and optimize care for complex patients**, until they can be attached to a locally based primary care clinician.

What is a hybrid approach?

An OHT can set up a hybrid approach in collaboration with one or more of the primary care teams in their community, integrating:

- **Virtual care** provided by family doctors, nurse practitioners, and pharmacists from across Ontario.
- **In person care** delivered by locally based family doctors, nurse practitioners, nurses, community paramedics, and other interdisciplinary health professionals, depending on available local resources.
- **Access to a local EMR and standardized workflows** to ensure continuity across virtual and in-person settings, and a smooth transition to attachment when local clinicians become available.



Successful implementations in eastern Ontario show that a hybrid approach is immediately feasible in other regions, needs no major capital investment, and can leverage existing OHT funding for supported attachment.

Rapidly establishing a hybrid care approach in your OHT

IQVIA can help you quickly establish a supported attachment program for clinically complex, multimorbid patients in the OHT catchment area. Our team can guide you through the process of developing, implementing, and evaluating a high-impact, scalable, hybrid approach to a supported attachment program.



In Ontario, **unattached patients with multimorbidity incur total healthcare costs that exceed \$8,000 annually, compared to a cost of \$3,700 for attached patients with similar clinical complexity.**¹ They also have over twice the associated risk of all-cause mortality and premature mortality.² Targeting the *highest need populations* delivers outsized system *and* patient benefits.

Ontario's goal to ensure every resident has a family doctor or nurse practitioner by 2029 underscores the **urgency of scalable solutions**. A hybrid approach to supported attachment taps into underutilized capacity of existing clinicians, helps to address the distribution challenges of the family doctor workforce shortfalls, and can deliver meaningful results quickly across a broad spectrum of OHTs.

1. Fitzsimon J, Cronin S, Gayowsky A, St-Amant A, M. Bjerre L. Assessing the impact of attachment to primary care and unattachment duration on healthcare utilization and cost in Ontario, Canada: a population-based retrospective cohort study using health administrative data. *BMC Prim Care.* 2025 Mar 17;26(1):72.

2. Fitzsimon J. Primary Care Unattachment; Impact on Mortality, Hospitalizations and Costs, *Health Affairs Scholar.* Forthcoming 2026.

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