

Sustainability of Attachment Readiness

Rethinking primary care attachment as a relational and system-supported process

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Why this study matters

- **Primary care attachment is a major health care system transformation priority but also a major challenge**
- **Consequences of “unattachment”**
 - Fragmented care
 - Emergency department use increases
 - Poorer health outcomes
 - Healthcare costs rise
- **Lack of stable attachment disproportionately affects:**
 - Newcomers
 - Low-income communities
 - People with complex health/social needs
 - People facing language or system-navigation barriers

Study questions

Is attachment simply registration?

... Or readiness for a sustained relationship?

What does “readiness” look like?

Purpose and approach

Objectives

- What “attachment readiness” means
- Barriers and facilitators to attachment
- Patient, provider, and system experiences
- How onboarding impacts continuity of care

Methodology

Scoping Review

- Peer-reviewed + grey literature
- Canadian and international models

Qualitative Interviews

- Clients / Community Members
- Providers / Onboarding staff
- Managers

Findings

Attachment is a process, not an event

Attachment readiness is:

- Relational
- Dynamic
- Time-sensitive
- Shaped by multiple systems

Readiness depends on:

- Patients
- Providers
- Systems

Conceptual framework of attachment readiness

System Readiness

Centralized waitlists, navigation roles, and standardized data

Patient Readiness

Motivation, health, literacy, and trust

Provider Readiness

Administrative capacity, EMR systems, and staffing

The research suggests that for a successful “**match**” to occur, three domains must align. If one is missing, the attachment often fails or remains fragile.

The 'waiting gap'

Readiness can decay

- Patients may be ready today, but systems can unintentionally reduce readiness over time.

Patients described:



Impact:

- Frustration
- Disengagement
- Mistrust
- Delayed Care

Invisible work of attachment

Attached patient

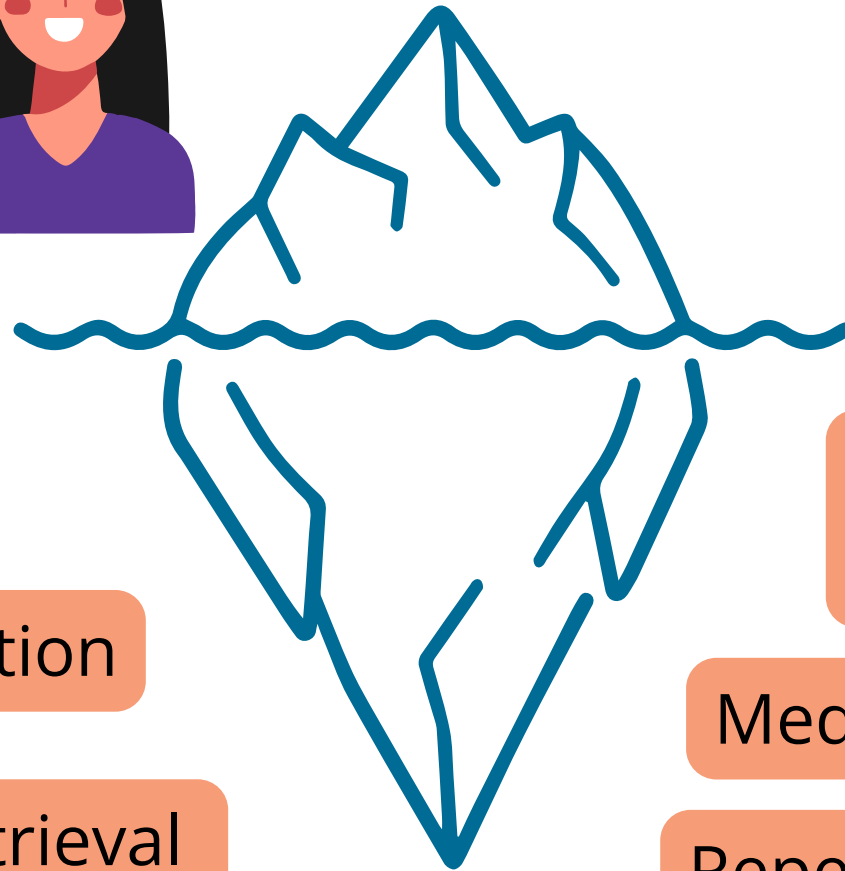


Chart preparation

Consent management

Medical reconciliation

Repeated communication

Records retrieval

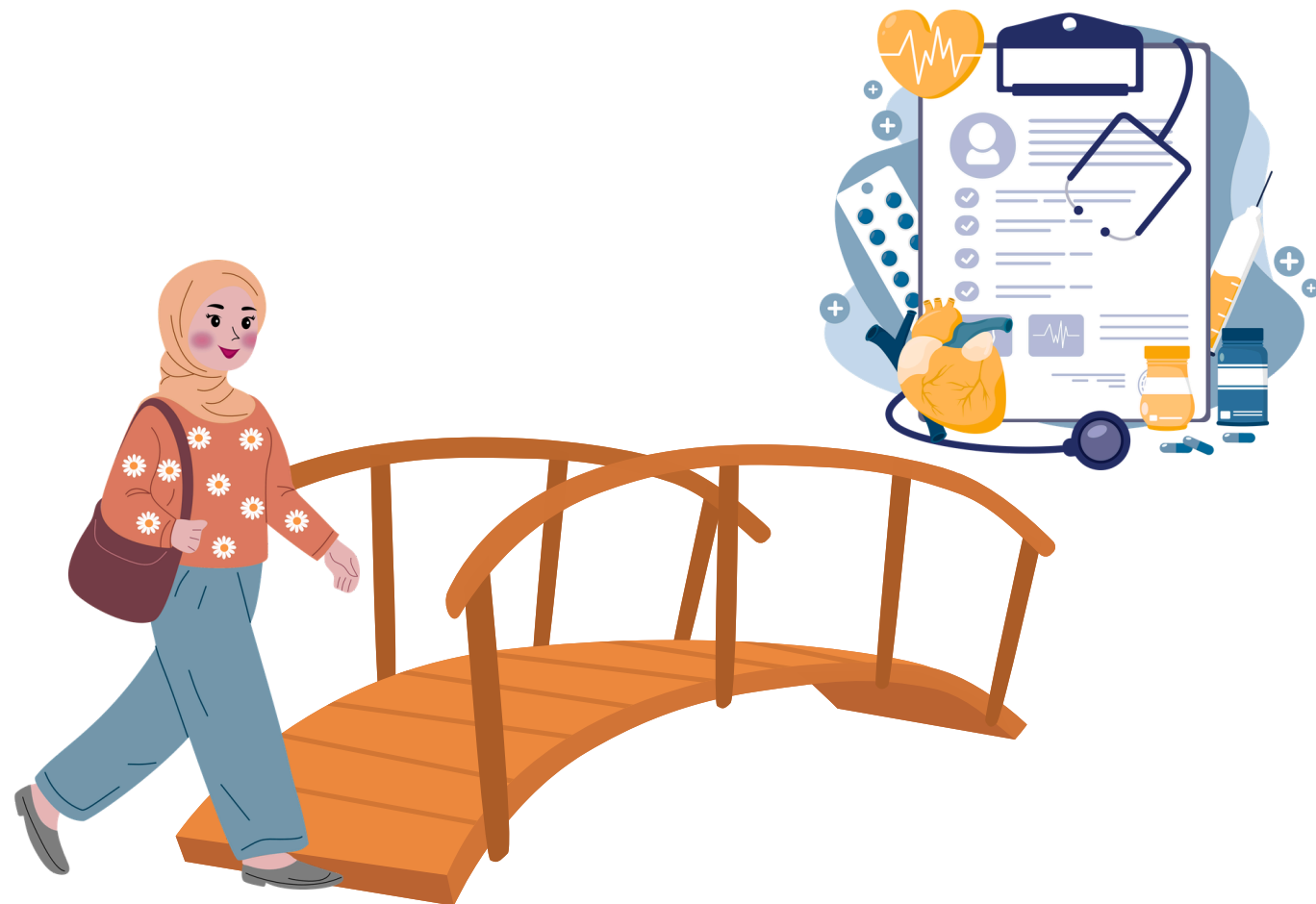
Intake coordination

Impact:

- Provider burnout
- Limited onboarding capacity
- Reluctance to accept complex patients

Capacity is not just about physician numbers.

Why attachment readiness matters



- **“Attachment-ready ecosystem” contributes to building an equitable, affordable and sustainable healthcare:**
 - Sustained relationships
 - Reduced fragmentation
 - Supported providers
 - Systems people can navigate

Facilitators of sustainable attachment

- **System Supports:**
 - Centralized intake
 - Standardized onboarding
 - Integrated EMRs
 - Real-time coordination
- **Human Supports:**
 - Patient navigators
 - Concierge roles
 - Team-based care
 - Culturally responsive outreach

Coordination improves both equity and sustainability.

Recommendations

- **Standardize Onboarding**
 - Digital intake systems that speak to each other
 - Reduce duplication
 - Improve communication
- **Prioritize Vulnerability**
 - Move beyond “first come, first served.”
 - Include social and clinical complexity
- **Support Provider Capacity**
 - Recognize onboarding labour
 - Invest in team-based models
 - Strengthen navigation roles
- **Measure Readiness – not only attachment numbers**
 - Include onboarding and retention indicators

**Attachment readiness is
not an individual
responsibility alone
– it is a shared system
condition.**



New Beginnings for Newcomers.

Thank you

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Questions

