



**MEMO / NOTE DE SERVICE**

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**TO: Board of Health for the City of Ottawa Health Unit**

**DESTINATAIRE : Conseil de santé de la circonscription sanitaire de la ville d'Ottawa**

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**SUBJECT: Update on access to primary care for Ottawa residents**

**OBJET : Mise à jour sur l'accès aux soins primaires pour les résidents d'Ottawa**

**PURPOSE**

The purpose of this memorandum is to provide the Ottawa Board of Health with a summary of what is currently known about the ability of City of Ottawa residents to access a regular primary care doctor (e.g., family doctor).

**BACKGROUND**

Overwhelming evidence indicates access to primary care improves health outcomes and people's lives. It also saves health care dollars because providing continuity of care

over a person's lifetime lowers the risk of hospitalization, emergency department use and the risk of rehospitalization<sup>1</sup>.

A primary care doctor is a doctor who is the first point of contact between a patient and the health care system. Their scope includes illness prevention, health promotion, diagnosis, treatment, rehabilitation, and counselling. The term "family doctor" in Canada means a doctor who completed an accredited residency training program in Family Medicine. Although most primary care in Ontario is provided by family doctors, other primary care clinicians include pediatricians and nurse practitioners.

Comprehensive family medicine is the delivery of a broad range of primary care services to a defined population (termed a "roster" or "panel" of patients) on a continuous basis. Comprehensive care is distinct from the episodic care provided by some family doctors (e.g., through a walk-in clinic). Not all family doctors provide comprehensive care – some practice in non-primary care settings (emergency departments, sports medicine clinics) – and many do not provide comprehensive care on a full-time basis.

Primary care in Ontario is facing an accelerating capacity crisis, partly due to changing doctor demographics, impending retirements, shifts away from comprehensive family medicine and clinician burnout across the health system exacerbated by the COVID-19 pandemic<sup>2</sup>.

Estimating current availability of regular ongoing primary care to people in a given area, such as Ottawa, cannot be done by simply counting family doctors in a particular region for several reasons:

1. Family doctors are increasingly opting for focused practice on a full or part-time basis (e.g., in sports medicine or emergency medicine/urgent care) rather than comprehensive care.
2. Family doctors may serve a large number of people from far outside the city or neighbourhood in which they practice. This is increasingly common as people face challenges in finding a doctor and are willing to travel further to seek out or retain a family doctor.
3. A small, but not insignificant number of Ontarians access primary care through Community Health Centre models or Family Health Teams that employ Nurse

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<sup>1</sup> College of Family Physicians of Canada. The Value of Continuity—Investment in Primary Care Saves Costs and Improves Lives. Mississauga, ON: College of Family Physicians of Canada; 2021. Available from <https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/Continuity-of-Care-one-pager-ENG-Final.pdf>

<sup>2</sup> Mangin, D., Premji, K., & Bayoumi, I. et al. (2022). Brief on Primary Care Part 2: Factors affecting primary care capacity in Ontario for pandemic response and recovery. Science Briefs of the Ontario COVID-19 Science Advisory Table, 3, 68.

Practitioners. Some children also receive primary care through a community pediatrician.

4. The practice of medicine has become increasingly complex. The main contributing factors appear to be an aging population and technological advances in diagnosis and treatment. Recent evidence suggests this has led to increased workload per visit by family physicians and a decreased volume of patients that can be served<sup>3</sup>.

In 2020, the Ministry of Health introduced Ontario Health Teams (OHTs) as a new way of organizing and delivering health care with the intent that health care providers (e.g., hospitals, doctors and home and community care providers) work as one coordinated team. A research partnership called Innovations Strengthening Primary Healthcare Through Research (INSPIRE-PHC) has developed a method to estimate Ontarians' "attachment" to a primary care doctor by OHT<sup>4</sup>. (It is important to note that OHT populations are defined by healthcare provider networks and referral patterns and do not align with geographic boundaries such as the City of Ottawa).

Using the INSPIRE-PHC method, as of March 2020, **roughly one in 10 people** in the Ottawa-area OHTs that have attributed populations (Four Rivers, Ottawa and Ottawa-East) are not "attached" to a primary care doctor. This is similar to estimates from routine national surveys, which most recently indicated that 14 per cent of the Ottawa population does not "have a health care provider they regularly see or talk to when they need normal care or advice for their health."<sup>5</sup> A proportion of 10-15 per cent would mean **100,000 to 150,000 individuals in Ottawa** do not have access to a regular primary care doctor.

This pre-pandemic estimate is probably an underestimate due to burnout and hastened retirements during the pandemic. In Ontario, twice as many family physicians stopped work in the first six months of the pandemic compared with trends from the previous decade<sup>6</sup>, and a survey from spring 2021 found that almost one in five family physicians in Toronto were thinking of closing their practice in the next five years<sup>7</sup>.

From data available for the three OHTs within the City of Ottawa boundaries, we also see that equity-deserving groups, such as those living in low income areas, high

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<sup>3</sup> Rudoler, David, et al. "Changes over time in patient visits and continuity of care among graduating cohorts of family physicians in 4 Canadian provinces." *CMAJ* 194.48 (2022): E1639-E1646.

<sup>4</sup> INSPIRE-PHC, Primary Care Data Reports for all OHTs. Available from: <https://inspire-phc.org/primary-care-data-reports/>

<sup>5</sup> Statistics Canada. Canadian Community Health Survey - Annual Component 2019-2020

<sup>6</sup> Kiran T, Green ME, Wu CF, et al. Family physicians stopping practice during the COVID-19 pandemic in Ontario, Canada. *Ann Fam Med* 2022;20:460-3

<sup>7</sup> Kiran T, Wang R, Handford C, et al. Keeping doors open: a cross-sectional survey of family physician practice patterns during COVID-19, needs, and intentions [preprint]. *medRxiv* 2021 Dec 21. doi: 10.1101/2021.12.20.21267918

deprivation areas, areas with a high proportion of visible minorities (ethnic concentration) or those who are recent immigrants to Ontario are more likely to be unattached to primary care than those in the general population (Figure 1).

Figure 1  
Source: INSPIRE-PHC

Family doctor attachment for recent immigrants (within the last 10 years) to Canada is of particular concern. Not only are recent immigrants much less likely to be attached to a doctor, there are also indications that the process of finding family doctors for newcomers in Ottawa is currently failing. The Ottawa Newcomer Health Centre (ONHC), which sees many newcomers to Ottawa (primarily refugees) for initial health visits, reports that prior to 2020 they were able to successfully attach 75 per cent of their clients with a family doctor. However, since the start of the pandemic in 2020, this has reduced dramatically and now no doctors are accepting new patients from the ONHC.

Data on new immigrants, particularly refugees, may also be poorly captured in some analyses (including by INSPIRE-PHC) because many immigrants cannot be differentiated from Canadians who moved to Ontario from other provinces or are not captured in provincial data because they do not have provincial health card numbers (e.g., those covered by the Interim Federal Health Program).

## **DISCUSSION**

While the INSPIRE-PHC methodology provides a well-defined approach to assessing attachment to a primary care doctor across Ontario, it is not possible to use the OHT model to determine the level of residents in a specific neighbourhood or region who are unattached to a primary care provider. Determining attachment specifically within the

City of Ottawa, neighbourhoods and surrounding regions would help understand local needs and support local interventions.

Attachment to a primary care doctor only captures one dimension of “access”. As demands increase and patients are increasingly complex, people who are attached to a primary care doctor in Ottawa may still be unable to access timely primary care and may therefore seek care at an emergency department or walk-in clinic.

Recent immigrants to Canada need special consideration in primary care attachment for the following reasons:

- This population represents the largest annual increase in population growth with a recent federal plan to rapidly and substantially increase the number of newcomers arriving over the next five years<sup>8</sup>.
- They are often marginalized and have unique healthcare needs that may not be properly captured in traditional analyses of healthcare systems and services.
- Recent immigrants also need special consideration for action for assistance in becoming attached to a primary care doctor as their health is known to decline after arrival in Canada, known as the “healthy immigrant effect”. They are also likely to be unfamiliar with the Canadian healthcare system and navigating the complexity of finding a primary care doctor is likely to be a major barrier.<sup>9</sup>

Due to provincial, national and international shortages of healthcare providers, in particular among those who practice comprehensive family medicine, it is important not to increase physician supply in one area by taking from another nearby geographic area. To avoid a “zero sum” situation, provincial and federal initiatives are needed, both to increase the total number of comprehensive family doctor full-time equivalents, and to support family doctors in caring for larger numbers of increasingly complex patients.

## **NEXT STEPS**

Ottawa Public Health, through its role in population health assessment, will work with local data partners to provide estimates of primary care doctor “attachment”. To ensure it is “people-focused”, this local analysis will:

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<sup>8</sup> Government of Canada. An Immigration Plan to Grow the Economy. <https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/11/an-immigration-plan-to-grow-the-economy.html>

<sup>9</sup> Pottie, Kevin et al, “Evidence-based clinical guidelines for immigrants and refugees” CMAJ September 06, 2011 183 (12) E824-E925 [Evidence-based clinical guidelines for immigrants and refugees | CMAJ](#)

- Align with local geographic boundaries such as the City of Ottawa and its neighbourhood sub-regions.
- Focus on sub-analysis of equity-deserving groups.
- Assess people's access to comprehensive family medicine as a key indicator of community wellbeing, rather than simply the number of family doctors practicing within the City of Ottawa.

Ottawa Public Health will continue to act as a convening partner of stakeholders involved in data analysis and understanding of local primary care access. Future discussions will focus on:

- Approaches to ongoing monitoring of primary care access in Ottawa and other dimensions of access beyond attachment, such as timeliness of access to care using Ministry of Health data.
- Data analysis on recent immigrant access to primary care providers, recognizing that the methodology used by INSPIRE-PHC does not provide a fulsome picture of the inequity and challenges faced by newcomers in the Ottawa area.

Local OHTs will take the lead role in convening partners to propose solutions and actions to enhance primary care access in Ottawa. Proposed solutions must focus on interventions that consider the inequity (unfair differences) in attachment for specific population groups, such as those with low income/access to basic material needs, recent immigrants, and should avoid interventions that take resources from other underserved regions of the province or Canada.

Ottawa Public Health will support interventions to increase primary care access through its role in OHT partnerships (OPH is a member of all local OHTs), for example, through the neighbourhood-hub approaches that developed during the COVID-19 pandemic that connect equity-deserving groups to healthcare services in their local area.

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