



Solutions for Today: Ensuring Every Ontarian Has Access to a Family Physician

Plan of Action

JANUARY 2023

Ontario College of
Family Physicians



SGFP
GENERAL & FAMILY PRACTICE

Plan of Action

By 2025, one-in-five Ontarians may not have a family doctor. However, the impact of the rising number of unattached patients is already being felt today. We are seeing overflowing emergency rooms, hearing from concerned health professionals and Ontarians, and watching the rising cost of healthcare.

A multipronged approach is needed to ensure that every Ontarian can have timely access to a family doctor, particularly populations facing disproportionate challenges accessing primary care. The government's commitments to opening more family medicine residency training spots and streamlining licensing for internationally trained physicians are welcome steps, but more is needed now. With dedicated funding and appropriate accountability, we can build a more equitable and efficient healthcare system.

While it takes time to educate and license new doctors, the solutions we are proposing here can be implemented immediately. Ontarians will see results within the next two years.

These solutions help today and contribute to a more sustainable future.

The Ontario College of Family Physicians is advancing the following solutions:

1. Enable family physicians to take on more patients, and to see them faster, by:

- Adding primary care team members who can immediately support a broad range of patient needs.
- Increasing the time that family physicians spend on direct patient care by improving the efficiency of clinical and administrative work.

2. Ensure more Ontarians have access to family doctors by fast tracking foreign-trained doctors to practice in Ontario and increasing family medicine residency spots.

3. Ensure Ontarians in the North, rural areas and others in the most under-served populations have equitable access to family physicians by improving chronic and critical physician shortages in these areas.

4. Build on our current primary care models to better fit today's population needs.

By implementing these solutions, Ontario will become a world leader in primary care by:

- ✓ Ensuring that every patient has timely access to a family doctor.
- ✓ Ensuring physicians have the capacity to see their patients.
- ✓ Retaining family doctors in comprehensive office-based care.
- ✓ Improving the ability for foreign trained doctors and new medical students to practice comprehensive office-based care, particularly in under-served areas and populations.



Background

Evidence from around the world conclusively identifies high-performing health systems as having strong primary care foundations that provide accessible, cost-effective and equitable health care for all¹. Central to successful comprehensive primary care delivery are the ongoing relationships between a family physician and their patients².

The current crisis threatens the health of millions of Ontarians and adds even greater strain on our already overburdened health-care system.

Recent research shows that 1.8 million people across the province do not have access to a family doctor³ – with Ontarians living in rural or Northern communities, new immigrants and vulnerable populations being most impacted. The same research predicts that without action, one-in-five Ontarians – more than 3 million people – may not have a family doctor by 2025⁴.

At a time when regular health care has been disrupted and the prevalence of mental health conditions has spiked, people’s access to basic primary care has been severely compromised⁵.

The rapidly worsening shortage of family doctors – in particular, those who provide ongoing, office-based comprehensive care^{6,7} – is leaving more people in Ontario without timely, medically appropriate access to medical attention and treatment. This lack of access increases the risk of patients developing more serious and costly health problems. It is also placing further pressures on other areas of our overworked healthcare system, including hospitals, emergency departments and long-term care homes.



1.8 M

**Ontarians do not
have access to
a family doctor**

1 in 5

**Ontarians may
not have a family
doctor by 2025**



Solutions

Ontario's family doctors are calling for implementation of the following interconnected solutions that are designed to help more Ontarians access primary care – now and in the future. These solutions need to be implemented now and require dedicated investment.

Enable family physicians to take on more patients, and to see them faster, by:

Adding primary care team members who can immediately support a broad range of patient needs.



- 1. Invest** in new primary care team members to expand Ontarians' access to care. Hire, in the next two years, an initial 1,000 new healthcare team members (social workers, mental health workers, nurses, nurse practitioners, pharmacists, Indigenous healers, physician assistants, etc.) to improve timely, medically appropriate access to comprehensive care, especially for those with medical complexity, those in underserved communities and those without current access to team-based care. Ensure there are fair and reasonable accountabilities for family physicians. These new team members can be integrated into, and through Ontario Health Teams, and the appropriate allocation of these new team members would be supported by new Primary Care Networks.
- 2. Create** new formal Primary Care Networks (PCNs) to coordinate and integrate regional networks, which will enhance the capacity of primary care physicians⁸ to support each other and their patients regardless of the model they work in.
- 3. Explore** expanding existing Family Health Teams to support patients of non-FHT physicians and enable Community Health Centres to expand with “second sites” under the same administration in areas of urgent need.

Increasing the time that family physicians spend on direct patient care by streamlining clinical and administrative work.



- 1. Improve timely patient access to specialists:** Establish a central intake referral system with cases triaged according to the greatest need and integrated with the current eReferral system. All specialists should participate in the eReferral system. The system should also be expanded to manage referral for other aspects of care including many diagnostic tests such as medical imaging.
- 2. Embrace innovation:** As we ask family physicians to take leadership roles in ensuring whole person care is a foundation for the way we care for populations and communities, we need to invest in innovative solutions such as medical scribes and virtual assistants to reallocate work and remove administrative burden from clinicians.

3. **Eliminate red tape and waste:** Fast track opportunities to standardize and/or eliminate unnecessary forms that are a burden on patients and clinicians. Simplify and standardize common medical forms such as requisitions for imaging and specialist consultation, sick notes and reports, and centrally integrate standardized forms and documents into EMRs.
4. **Boost the effectiveness of digital systems:** Increase time for patient care by reducing the time that physicians spend on inefficient EMRs and other digital systems by launching an EMR improvement initiative with relevant stakeholders such as OntarioMD, the OMA and the OHA.
5. **Improve patient accessibility and integrate patient information systems:** To provide patients with the best and fastest care, family doctors need to be digitally connected across their practices and with other parts of the system. The creation of an Electronic Patient Record will support this process and will accompany working with stakeholders/EMR vendors to reduce the significant administrative burden associated with EMRs.

Ensure more Ontarians have access to family doctors by fast tracking foreign-trained doctors to practice in Ontario and increasing family medicine residency spots.



1. **Expand the availability of Practice-Ready Assessments to Ontario:** Implement a Practice-Ready Assessment (PRA) program in the province to support the path to practice for foreign-trained doctors. The OCFP is aligned with the CPSO in supporting this program. With government funding and coordination among key system partners, a program could be implemented immediately and begin licensing internationally educated physicians to provide care as early as spring 2023⁹.
2. **Immediately create additional family medicine residency spots, including for internationally educated physicians (IEPs) already in Canada:** Taking immediate action could create new opportunities for the summer of 2023, quickly injecting qualified IEPs into the system as trainees and creating a clear path to independent practice for this group.

Ensure Ontarians in the North, rural areas and others in the most under-served populations have equitable access to family physicians by alleviating critical physician shortages in these areas.



1. **Improve the chronic and dire doctor shortfall in Northern and rural Ontario:** Establish a Northern and rural strategy to coordinate and expand evidence-based incentives and training/practice supports such as mentoring to help attract and retain needed family physicians and other specialists.
2. **Encourage family physicians to practice in high needs/low access communities:** Offer incentives, such as rent and overhead subsidies as well as loan repayment programs, to support family physicians to practice in communities where patients have more complex healthcare needs and worse social determinants of health.



Build on our current primary care models to fit current and future population needs.



- 1. Build on our current models of primary care to fit today's population and provider needs:** Learn from our current models with patients and relevant stakeholders to better reflect the needs of our aging population, our new family doctors and population health. Conduct a review of the current primary care practice models including fee-for-service to identify opportunities for improvement, as well as the potential development of new ones including community models. Develop specific proposals and support implementation as we look forward.
- 2. Develop a robust multi-year provincial health human resource (HHR) plan for family medicine and primary care:** While some of the recommendations above address immediate doctor shortages, a broader data workforce planning strategy is needed to retain and attract a stable healthcare workforce for the years ahead. Currently, there is no single organization with responsibility to convene and coordinate provincial health workforce data, particularly as it relates to physicians and community-based workforce.

References

- ¹ Corinne Lewis, Celli Horstman, and Christina Ramsay, "Evidence-Based Strategies for Strengthening Primary Care in the U.S.," *To the Point* (blog), Commonwealth Fund, Aug. 5, 2022. <https://doi.org/10.26099/Q6B7-CZ89>
- ² 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.
- ³ Primary care attachment data for 2020: INSPIRE PHC Primary Care Data Reports. Publicly available at <https://www.ontariohealthprofiles.ca/ontarioHealthTeam.php>
- ⁴ Premji K, Ryan B, Green M. HHR impacts of an aging family physician workforce. Presented at: Innovations Strengthening Primary Health Care Through Research (INSPIRE-PHC) Stakeholders Meeting (not published online); 2022
- ⁵ Jonathan P. Weiner, "A Shortage of Physicians or a Surplus of Assumptions?," *Health Affairs* 21, no. 1 (Jan./Feb. 2002): 160–62; Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034* (AAMC, June 2021); and Jayleigh Lim et al., "COVID-19's Impact on Primary Care and Related Mitigation Strategies: A Scoping Review," *European Journal of General Practice* 27, no. 1 (Dec. 2021): 166–75.
- ⁶ DFP April Research Rounds: The "kids" are alright: Practice patterns among early-career family physicians and implications for primary care policy and workforce planning. *Family Medicine*. Published March 2022. <https://www.familymed.ubc.ca/2022/03/14/dfp-april-research-rounds-the-kids-are-alright-practice-patterns-among-early-career-family-physicians-and-implications-for-primary-care-policy-and-workforce-planning>
- ⁷ Kabir M, Randall E, Mitra G, et al. Resident and early-career family physicians' focused practice choices in Canada: A qualitative study. *Br J Gen Pract*. 2022;72(718):e334–e341. <https://doi.org/10.3399/BJGP.2021.0512>
- ⁸ Includes family doctors and community-based specialists such as geriatricians and pediatricians. Certain PCNs in Ontario, given their primary care provider makeup, may also wish to include NPs.
- ⁹ Source: CPSO submission to The Honourable Sylvia Jones, Deputy Premier and Minister of Health, August 18, 2022

