

## 2022 Advocacy Campaign Policy Solutions Backgrounder

Family doctors are the backbone of our communities and a go-to resource for health information for most Ontarians. But currently there aren't enough to care for all Ontarians and fewer are joining the profession. 1.3 million Ontarians say they do not have access to a family doctor.

Without significant changes, this crisis will worsen because of an expected wave of earlier retirements, COVID-related backlogs and soaring demands for care, and population growth and aging.

We have solutions. In order to ensure all Ontarians have equitable access to a family doctor, we propose the Ontario Government implement the following solutions:

### **1. Ensure Ontarians have a family doctor working alongside a team, so patients can get the help they need faster.**

Research shows that when Ontarians have equitable access to comprehensive team-based primary care, led by a family doctor, the strain on our health care system and emergency departments is reduced. In addition, the patient experience improves because it allows Ontarians to have one door to a team of healthcare providers who know them, their family, and their history to support their everyday health and social needs. Currently, about 75% of family doctors and their patients are in models without access to funded multidisciplinary team support.

To increase access to team-based care, we propose the Ontario government undertakes the following policies:

- Provide equitable access for every patient and their family physician in Ontario to team-based resources, regardless of practice model. This would include:
  - i. Increasing funding and support for effective and efficient team-based and integrated care in all primary care models.
  - ii. Letting family doctors choose the type of practice model that works best for their patients and their community.
  - iii. Ensuring every practice has ready access to identified team members who can provide specialized care or connections to care — especially to mental health and addictions care.

- Consider the “**core minimum team**” aligned to the needs of the patients in the practice, as follows:
  - i. A team member (e.g., social worker or mental health counsellor) to provide mental health and addictions counselling and psychotherapy in addition to navigation support for complex patients and/or to support social support needs (i.e., sustainable housing, income assistance, employment challenges etc.);
  - ii. A nurse for care coordination, clinical support, and wrap-around care; and
  - iii. Staff who can provide support with administrative and lower acuity care to increase family physician direct patient care.
- Teams would be either co-located at the same practice or would be connected virtually.
- Teams would also play a key role in connecting patients to care outside of the team and ensuring warm-handoffs and referrals to other services.
- To ensure that teams have access to equitable services across the province, **develop or define and fund a primary care hub in each geographic area that will be accountable for delivery of care to residents in that area.** These primary care hubs would service all patients within a dedicated geography and would allow for organizational continuity and coverage and ensure timely access to care.
  - Over the short-term, this would establish networks of primary care providers in primary care hubs, which will connect into the surrounding health and social ecosystem.
  - Over the long-term, these networks will evolve into the full **Ontario Health Team** model, and primary care hubs will make up part of the anchor infrastructure.
  - The goal would include future access to interprofessional care providers, community agencies and specialists. Consolidate into a single system navigation solution for social determinants of health and specialized care services (See Recommendation 2 – Streamline referral process).

## 2. Improve the accessibility of care by increasing the time that family doctors can spend providing direct patient care.

OCFP members report that they are spending up to 25% of their time per week on administrative work, rather than providing direct patient care. To increase time spent by family doctors on direct patient care, we propose the Ontario government undertakes the following policies:

- **Integrate Electronic Medical Records (EMRs)** by creating an intra-operable EMR / EHR system that can both push and pull required information – interconnected with hospitals and home & community care.
- **Streamline and centralize the referral process for tests, specialists, and services**, and ensure that once patients are referred to specialists, that they do not end up on a waitlist. This could be accomplished through the creation of a referral process for services outside of primary care hubs, and ensuring that specialists and community clinics receive adequate funding to address the backlog of services.
- **Create a working group** of family physicians to develop a strategy to **streamline processes so that physician time spent on administrative work is reduced to a maximum of 10% of their week**, as the NHS in the UK has done.
- Increase funding envelope and models so that practices can hire team members to support the delivery of lower acuity care and the administrative components of care that do not require supervision by the Most Responsible Provider (MRP).

## 3. Ensure every Ontarian has a family doctor by recruiting and retaining more family doctors within the province.

With over 1.3 million Ontarians reporting that they do not have access to a family doctor, and one-in-five family physicians planning to retire in the next five years, more needs to be done to recruit and retain more family physicians. To achieve this, we propose the Ontario government undertakes the following policies:

- **Develop a robust provincial health human resource (HHR) plan** to respond to the shortage of family physicians in the province and to ensure all Ontarians get access to the care they need, when they need it most. This plan would include working directly with family physicians on solutions and developing a detailed list of all regions where family physicians are currently located, where they are needed, and where they will be retiring soon so that the government can address and fill the gaps.

- **Simplify the process for foreign-trained family physicians to start practicing in the Ontario primary care sector.** There are many trained and experienced foreign doctors already in Ontario or planning to immigrate here. By making it easier for foreign-trained doctors to work in primary care – and not on attracting medical graduates from other countries – we can more efficiently and effectively expand our workforce.
- **Review and expand existing incentives to attract more physicians and medical graduates to regions that are currently underserved,** including Northern Ontario and rural regions. New incentives could include recruitment bonuses, relocation funding, housing allowances, and scholarships designed to bring physicians to underserved regions. Data to establish incentive guidelines would be drawn from the robust provincial HHR master plan referenced above.

For more information regarding our proposed policies, please contact: Kim Moran, CEO ([kmoran@ocfp.on.ca](mailto:kmoran@ocfp.on.ca) or 416.318.2644)