

# Interprofessional Primary Care Planning in the Canadian Context

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2023 AAMC Health Workforce Conference

May 3<sup>rd</sup>–5<sup>th</sup> 2023

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## Indigenous Affirmation

We pay respect to the Algonquin people, who are the traditional guardians of this land. We acknowledge their longstanding relationship with this territory, which remains unceded. We pay respect to all Indigenous people in this region, from all nations across Canada, who call Ottawa home. We acknowledge the traditional knowledge keepers, both young and old. And we honour their courageous leaders: past, present, and future.

Source: University of Ottawa, Office of Indigenous Affairs



# Presentation Overview

- The Planning Imperative
- The Canadian Context
- Approach to Regional-Level Planning
- Next Steps



# The Planning Imperative



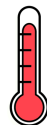
# Why should we engage in planning?

- Patients experience the health system *through* the health workforce
- Without workforce planning, the health system will be unable to respond to the needs of patients amidst emerging challenges
- Planning supports the quintuple aim:

**Improving  
population  
health**



**Enhancing the  
patient  
experience**



**Reducing  
costs**



**Supporting  
provider well-  
being**



**Advancing  
health  
equity**





# The Canadian Context



# The Canadian Context

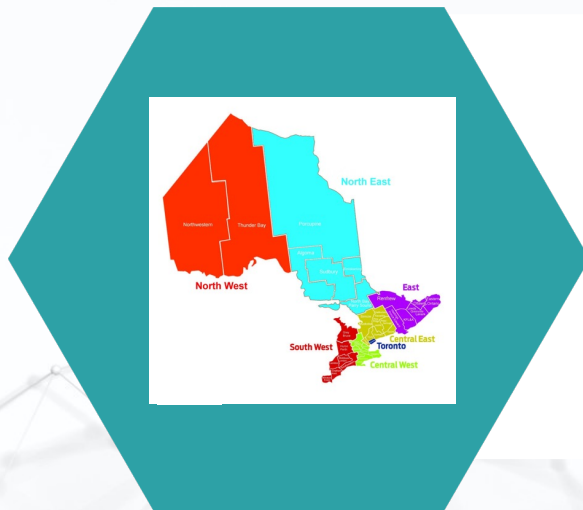
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# Approach to Regional-Level Planning





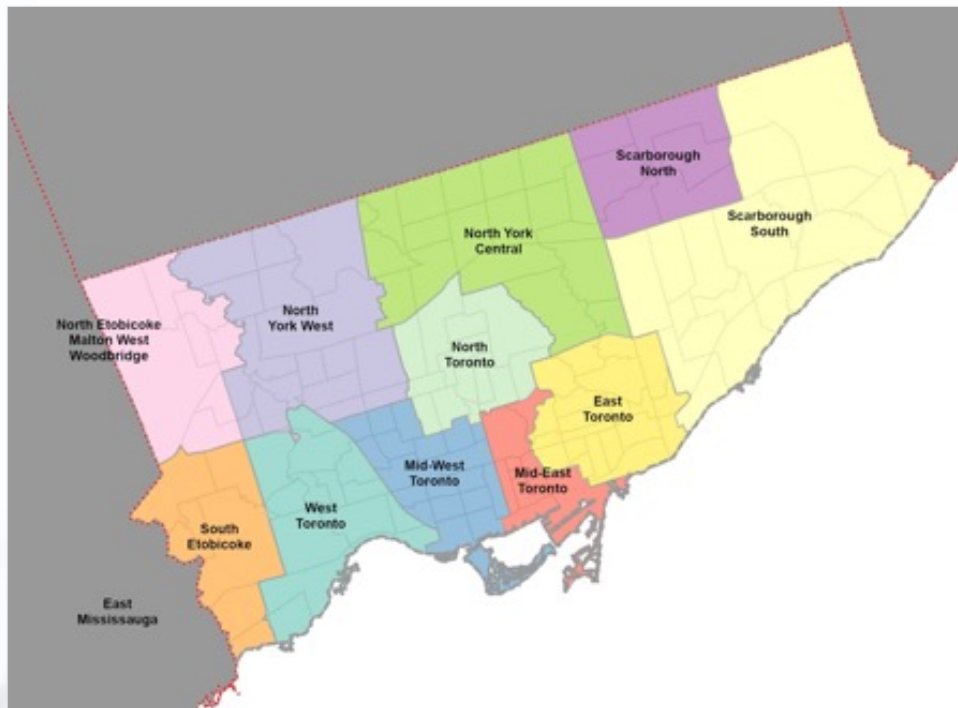
# City of Toronto



- City of 4 million people located in Canada's most populous province
- 1 Census Division/Census Sub-Division
- 11 Sub-Regions
- 9 Ontario Health Teams
- 158 Neighbourhoods
- Diverse challenges, including **rapid population growth, patient mobility**, and a changing **primary care landscape**, exacerbated by the **COVID-19 pandemic**



# Fit-for-Purpose Planning in Toronto



- Workforce planning is part of the mandate of the Ontario Health Toronto
- Ontario Health Toronto recognizes that planning is necessary to inform **equitable distribution of primary care workforce resources**
- **Proactive rather than reactive** health workforce planning is needed to **anticipate and mitigate** health workforce crises



# Fit-for-Purpose Planning in Toronto

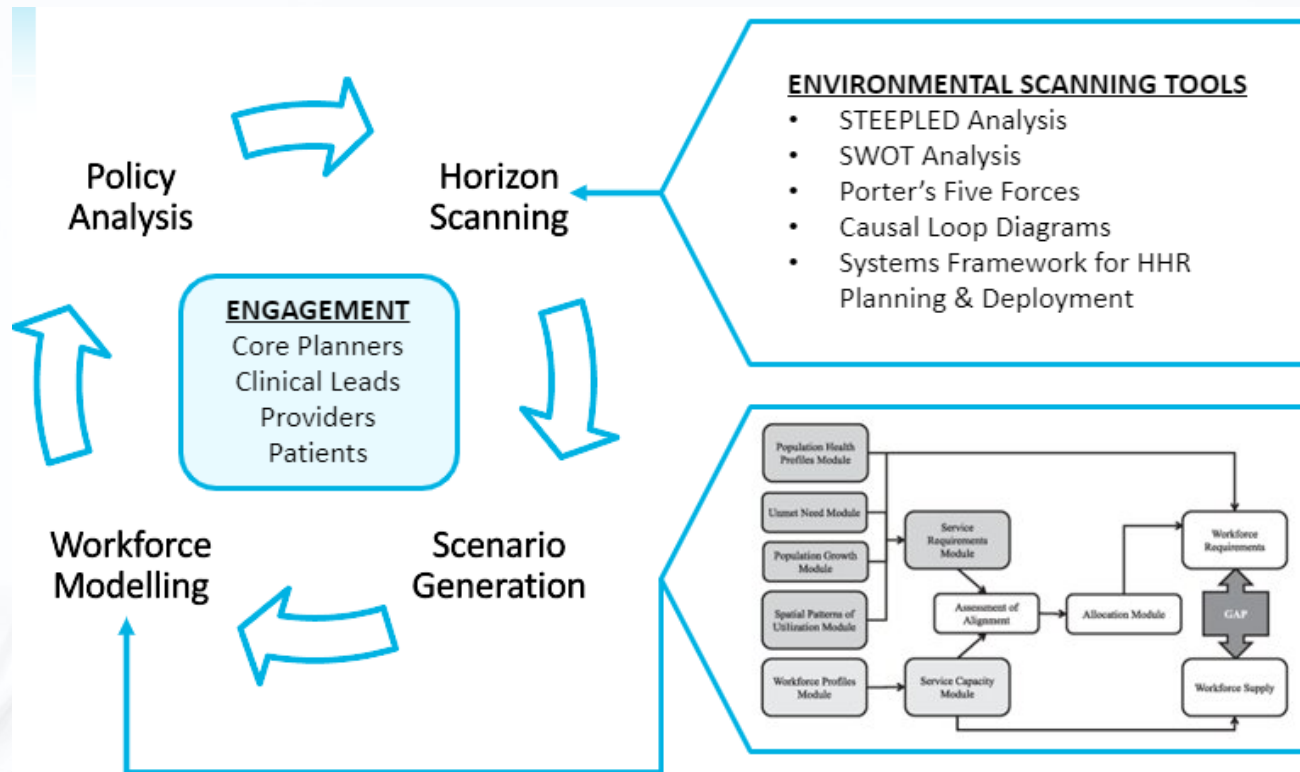
In 2017, the **Canadian Health Workforce Network** began collaborating with **Ontario Health Toronto** to co-develop a comprehensive regional-level primary care workforce planning process and toolkit to respond to the unique needs of Toronto

The toolkit builds a body of evidence around the **current (and projected future)** states of **population health needs** and **primary care service provision** at a **neighbourhood** level

We are actively building capacity for planning in Toronto and beyond



# Overview of the Planning Process



The planning approach is **iterative and interactive** and includes horizon scanning, scenario generation, and quantitative workforce modelling activities, which inform policy analysis and decision-making

Engagement with stakeholders is embedded in each step of the process



# Planning Toolkit: Data Architecture

1

Source Data

Population

Workforce

Modeling



2

Integrated  
Data  
Repository



3

Interactive  
Dashboard  
Planning  
Platform



# Interactive Primary Care Workforce Planning Toolkit (DRAFT)



## Highlights

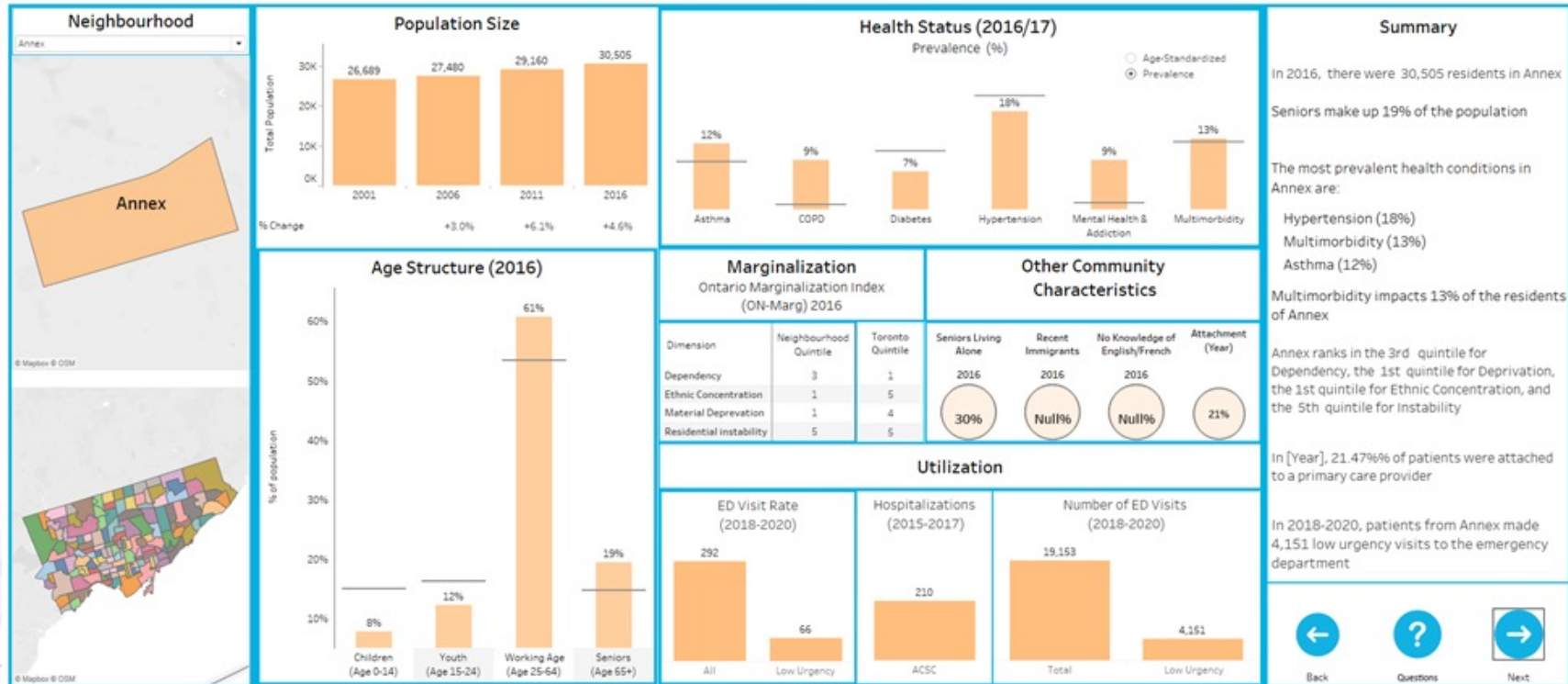
- Interactive Tableau tool
- Informed by feedback from users
- Outlines steps for conducting workforce planning
- Includes narrative interpretation of the data
- Includes questions to consider at each step
- Supports synthesis of various data to identify priorities
- Trend analyses support evaluation of primary care initiatives

# Step 1: Understand Community Characteristics

## What are the characteristics of the population?



Explore population size, age structure, health status, marginalization, diversity, utilization, and other indicators


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## Step 2: Understand Service Requirements

### How many primary care visits are needed?

Total service requirements depend on the needs of the residents of the neighbourhood and the needs of patients from other neighbourhoods, adjusted for patient mobility, as well as the needs of patients from outside Toronto  
Estimates of future service requirements are based on expected population growth





## Step 3: Understand Workforce Service Capacity

### Who provides primary care service in this community and how much?




Total service capacity depends on visits delivered by physicians who provide comprehensive primary care and by those who don't  
 Future service capacity of comprehensive primary care physicians is adjusted for age-related changes in workload  
 Visits at risk due to physician retirement are flagged

The service capacity of non-physician providers is estimated as the average number of weekly hours of professional service available in the neighbourhood

#### Neighbourhood

Annex



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#### Comprehensive Primary Care Physicians

Year	Number MDs	Average Age
2015	55	54
2016	59	54
2017	58	56

#### Allied Health Professionals

Average Weekly Hours Available

Profession	2018	2017	2016
Chiropractors	29	15	40
Dieticians	93	61	50
Midwives	1		
Nurse Practitioners	187	202	170
Occupational Therapists	68	34	11
Optometrists	470	462	0
Pharmacists	443	767	697
Physiotherapists	202	245	343
Psychologists	458	326	296
Registered Nurses	1,821	2,198	1,937
Registered Practical Nurses	2,904	2,798	2,891
Respiratory Therapists			
Speech-Language Pathologists	101	142	147

#### Total Service Capacity



Year	Comprehensive Care Physicians (at-risk)	Comprehensive Care Physicians (safe)	Non-Comprehensive Care Physicians	Total Service Capacity
2017	105,647	88,879	22,129	216,655
2018	105,504	78,602	22,129	206,235
2019	97,723	76,083	22,129	195,935
2020	100,545	63,349	22,129	186,023
2021	87,027	67,516	22,129	176,672
2022	80,973	64,267	22,129	167,369
2023	73,462	63,036	22,129	158,627

#### Summary

In 2017, there were 58 physicians providing comprehensive primary care their average age was 56

In 2018, services from 11 distinct allied health professions were available in Annex

In 2023, the total physician service capacity was 158,627 visits

In 2023, Comprehensive primary care physicians provided 63,036 visits and non-comprehensive primary care physicians provided 22,129 visits

49% of the total service capacity in 2017 is considered to be at risk due to physician retirement

46% of the total service capacity in 2023 is considered to be at risk due to physician retirement

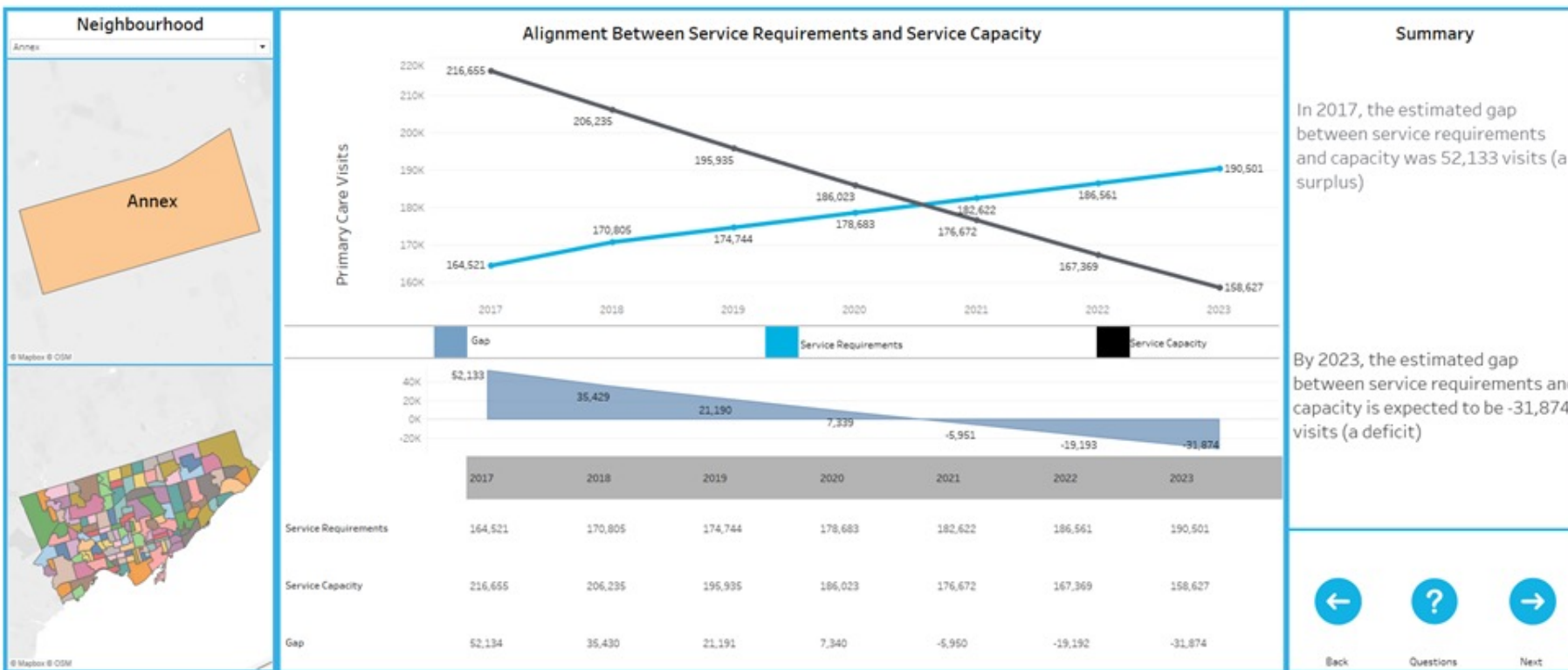
Total service capacity is expected to decrease to 158,627 in 2023

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# Step 4: Assess Alignment

## How does service capacity align with service requirements?

Assessment of the alignment allows for the identification of communities with large current or future gaps  
Additional resources can be directed toward these communities





# Impact Across System Stakeholders

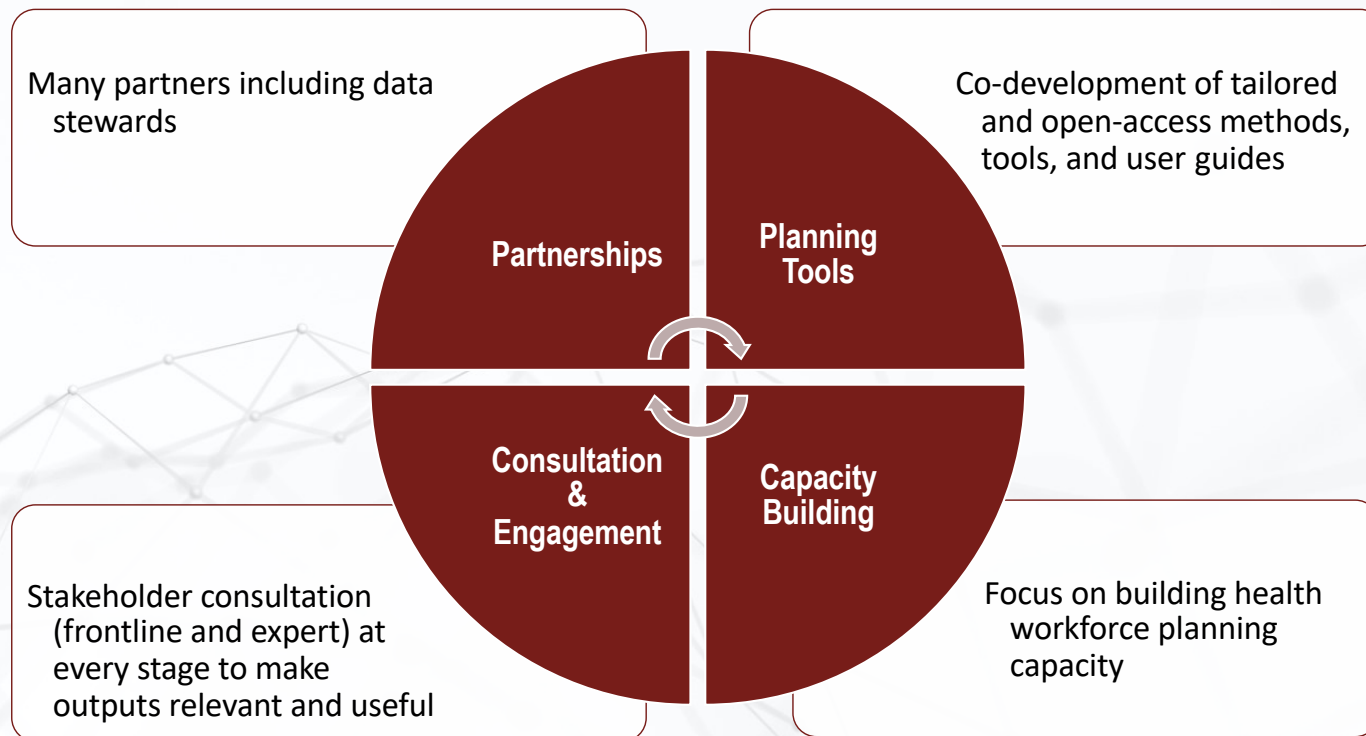
The approach helps providers, planners, stakeholders to:

- Understand more about the **patients they are serving, where they come from, and their primary care needs**
- Estimate the **primary care resources needed** to care for patients
- Identify **current and future emerging needs**, taking into account population growth, demographic shifts, changing population characteristics, and changing workforce supply
- **Inform strategies to improve and transform care** by testing a range of relevant scenarios

**Ultimate Goal: Find solutions for health system issues by moving from reactive decision-making to proactive planning**



# Key Facilitators





## Next Steps



# Next Steps

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# Take-Home Messages

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# Acknowledgements

Special thanks to our collaborators:



**Ontario Health**  
Toronto

Ontario Health Toronto Region

**Équipe**  
de soins primaires  
FORMER POUR TRANSFORMER



**Team**  
Primary Care  
TRAINING FOR TRANSFORMATION

Team Primary Care





# More Information

**Poor health workforce planning is costly, risky and inequitable** *Ivy Bourgeault, Sarah Simkin, Caroline Chamberland-Rowe* <https://www.cmaj.ca/content/191/42/E1147>

**Implementing leading practices in regional-level primary care workforce planning: Lessons learned in Toronto** *Sarah Simkin, Caroline Chamberland-Rowe, Cynthia Damba, Nathalie Sava, Ting Lim and Ivy Lynn Bourgeault* <https://journals.sagepub.com/doi/full/10.1177/08404704221117263>

**Co-developing an integrated primary care workforce planning approach at a regional level: overarching framework and guiding principles** *Ivy Lynn Bourgeault, Caroline Chamberland-Rowe & Sarah Simkin* <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00578-z>

**An integrated primary care workforce planning toolkit at the regional level (part 1): qualitative tools compiled for decision-makers in Toronto, Canada** *Caroline Chamberland-Rowe, Sarah Simkin & Ivy Lynn Bourgeault* <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00610-2>

**An integrated primary care workforce planning toolkit at the regional level (part 2): quantitative tools compiled for decision-makers in Toronto, Canada** *Sarah Simkin, Caroline Chamberland-Rowe & Ivy Lynn Bourgeault* <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00595-y>

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