

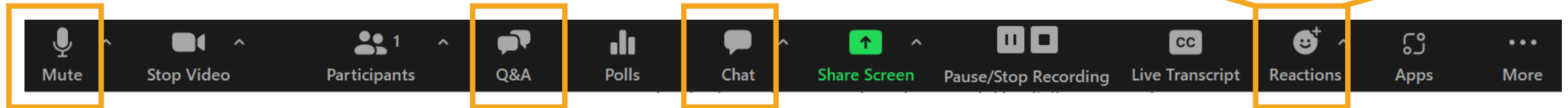
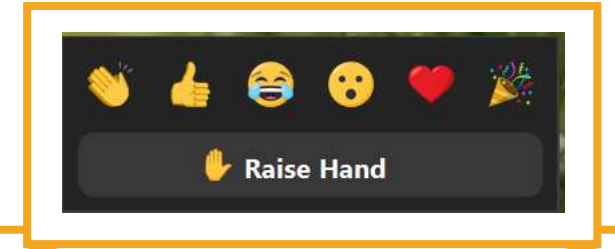
Bring Your Own Breakfast Webinar  
Highlights and Implications  
**of the OST's Brief** on Primary Care

Dr. Imaan Bayoumi | Dr. Danielle Martin | Dr. Jennifer Rayner  
November 30, 2022



**Alliance for Healthier Communities**  
Alliance pour des communautés en santé

# Housekeeping



- Microphones are muted by default.
- You may enter questions through the Q&A panel at any time.
- Please use the “chat” function for technical assistance.
- During the Q&A period, you may use the “raise hand” function (under “reactions”), and we’ll unmute you when we call on you.

# Acknowledgement of Traditional Indigenous Territories

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We recognize that the work of the Alliance for Healthier Communities and our members takes place across what is now called Ontario, on traditional territories of Indigenous people. They have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories, needs, and assets as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding our responsibilities to all who now live on these lands, the land itself, and the resources that make our lives possible.

# Panelists

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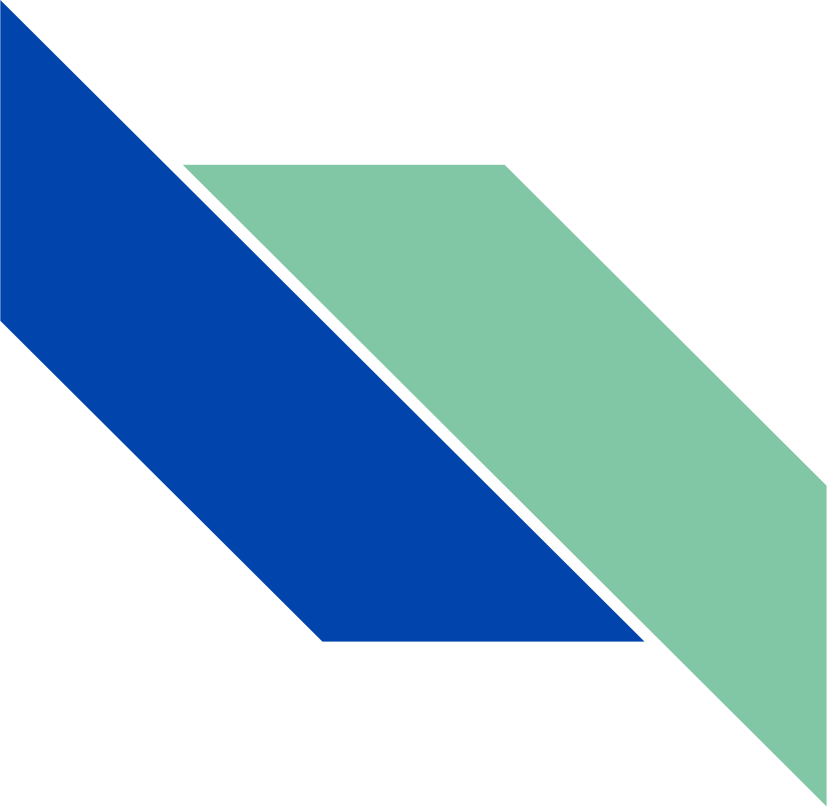
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# Primary Care in Ontario during the Pandemic: Strengths, Challenges and Lessons Learned

November 30, 2022

Imaan Bayoumi, MD, MSc, FCFP, Assistant Professor, Department of Family Medicine, Queen's University  
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# Evidence Brief on primary care in the pandemic – 3 parts

**Brief on Primary Care Part 1: The Roles of Primary Care Clinicians and Practices in the First Two Years of the COVID-19 Pandemic in Ontario** (<https://covid19-sciencetable.ca/sciencebrief/brief-on-primary-care-part-1-the-roles-of-primary-care-clinicians-and-practices-in-the-first-two-years-of-the-covid-19-pandemic-in-ontario/>)

**Brief on Primary Care Part 2: Factors Affecting Primary Care Capacity in Ontario for Pandemic Response and Recovery** (<https://covid19-sciencetable.ca/sciencebrief/brief-on-primary-care-part-2-factors-affecting-primary-care-capacity-in-ontario-for-pandemic-response-and-recovery/>)

**Brief on Primary Care Part 3: Lessons Learned for Strengthened Primary Care in the Next Phase of the COVID-19 Pandemic** (<https://covid19-sciencetable.ca/sciencebrief/brief-on-primary-care-part-3-lessons-learned-for-strengthened-primary-care-in-the-next-phase-of-the-covid-19-pandemic/>)



# Authorship and scientific leadership

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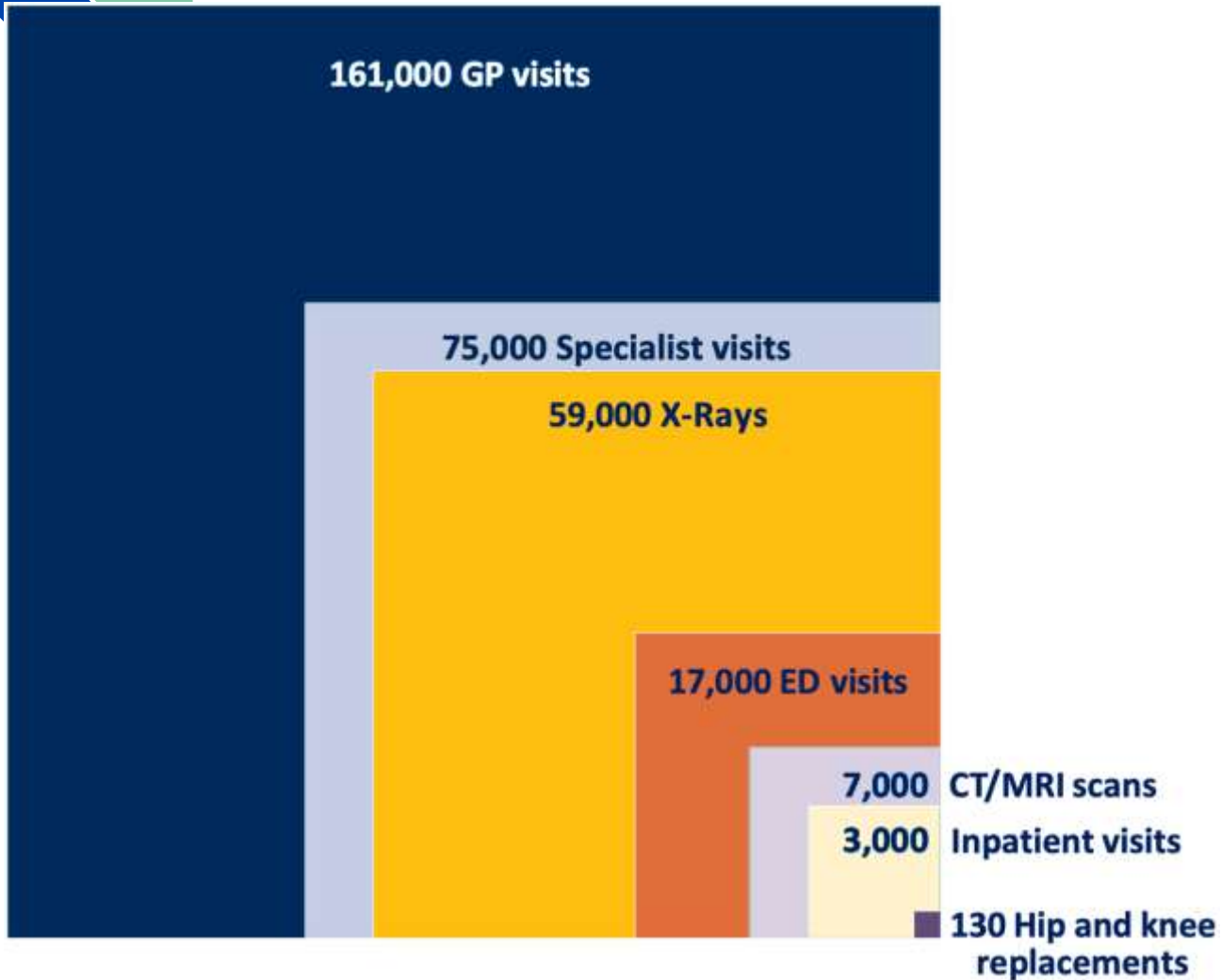


# Evidence Brief - Methods

- We sought peer-reviewed literature, relevant pre-print papers, academic presentations, reports, manuals, and other grey literature in addition to data from media scans and health system sources to construct the fullest possible picture of the impact of COVID-19 pandemic on the state of primary care in Ontario and Canada.
- Initial search results yielded a total of 215 reports and papers, which were reviewed and analyzed. Unpublished emerging data was sought out from relevant health system sources such as the Ministry of Health, Ontario Health, and the INSPIRE-Primary Health Care research team, with authors' permission, to supplement published data.
- Expert consensus was then sought on the basis of parts 1 and 2 to draw the “lessons learned” and recommendations outlined in part 3



# Context











Most health care in Ontario is delivered by primary care clinicians and teams.

Health systems with strong primary care yield better health outcomes and are more cost effective.

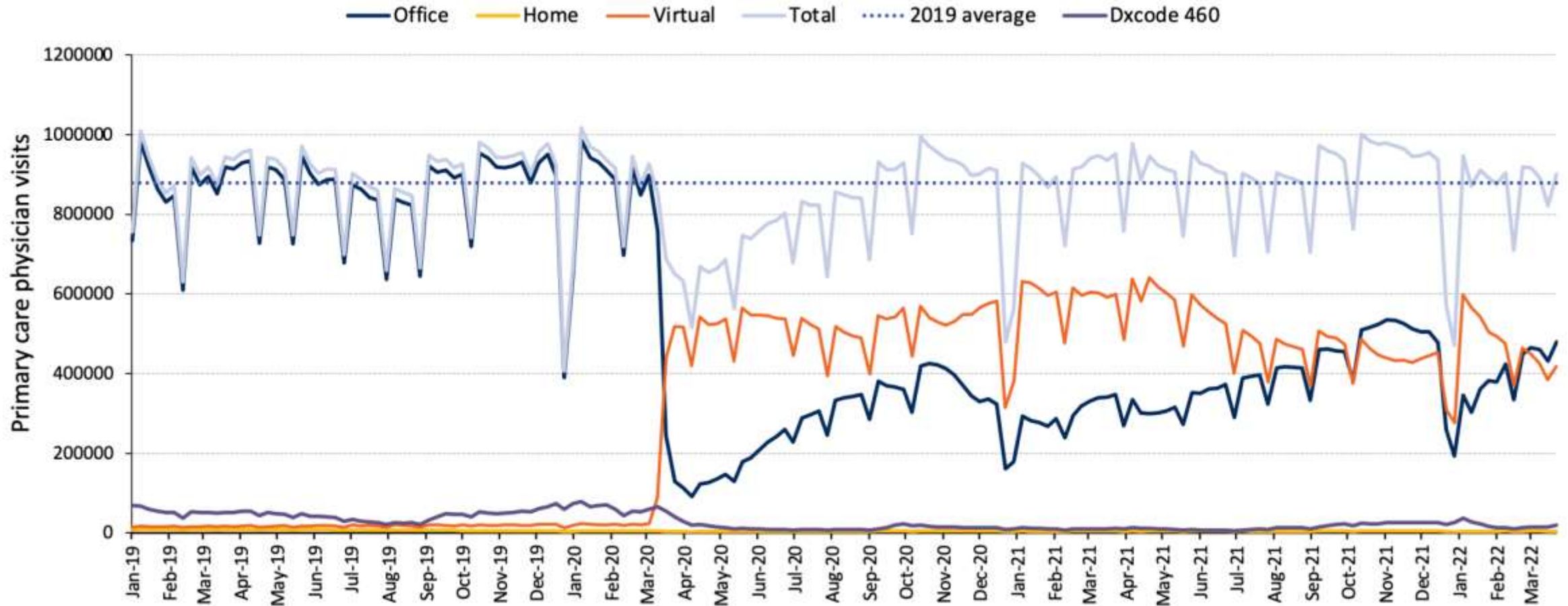
Most COVID-19 care will continue to take place in primary care, as will care for pandemic-related conditions (Long COVID, mental health, fall surge of respiratory illnesses, managing patients waiting for delayed specialist care, etc).

# Part 1: Role of primary care in the first two years of the COVID-19 pandemic in Ontario

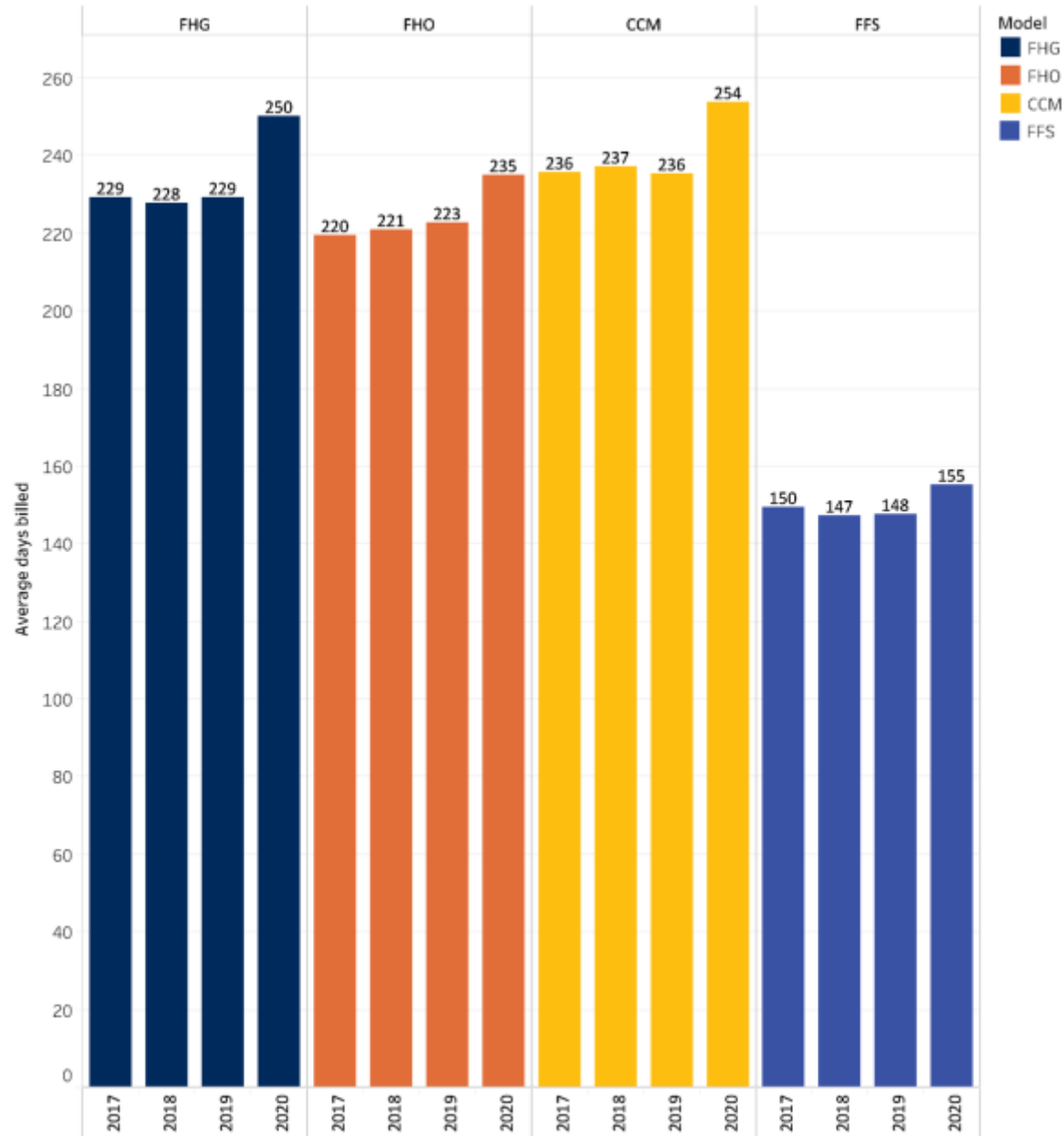
In Canada and internationally, primary care clinicians have played integral roles in the pandemic response including:

 <p><b>COVID-19 assessment, testing and isolation support</b></p>	 <p><b>Health human resources support to emergency departments, intensive care units and long-term care homes</b></p>
 <p><b>Vaccination counseling and delivery</b></p>	 <p><b>General support, education, and counselling of patients related to COVID-19 and system navigation</b></p>
 <p><b>Therapeutic prescribing and/or referral</b></p>	 <p><b>Maintenance of non-COVID care</b></p>
 <p><b>Post-acute COVID-19 care and long COVID diagnosis and management</b></p>	 <p><b>Support for people experiencing mental health challenges and impacts of increased poverty, and other determinants of health</b></p>

# How much were family physicians working?



# How much were family physicians working?



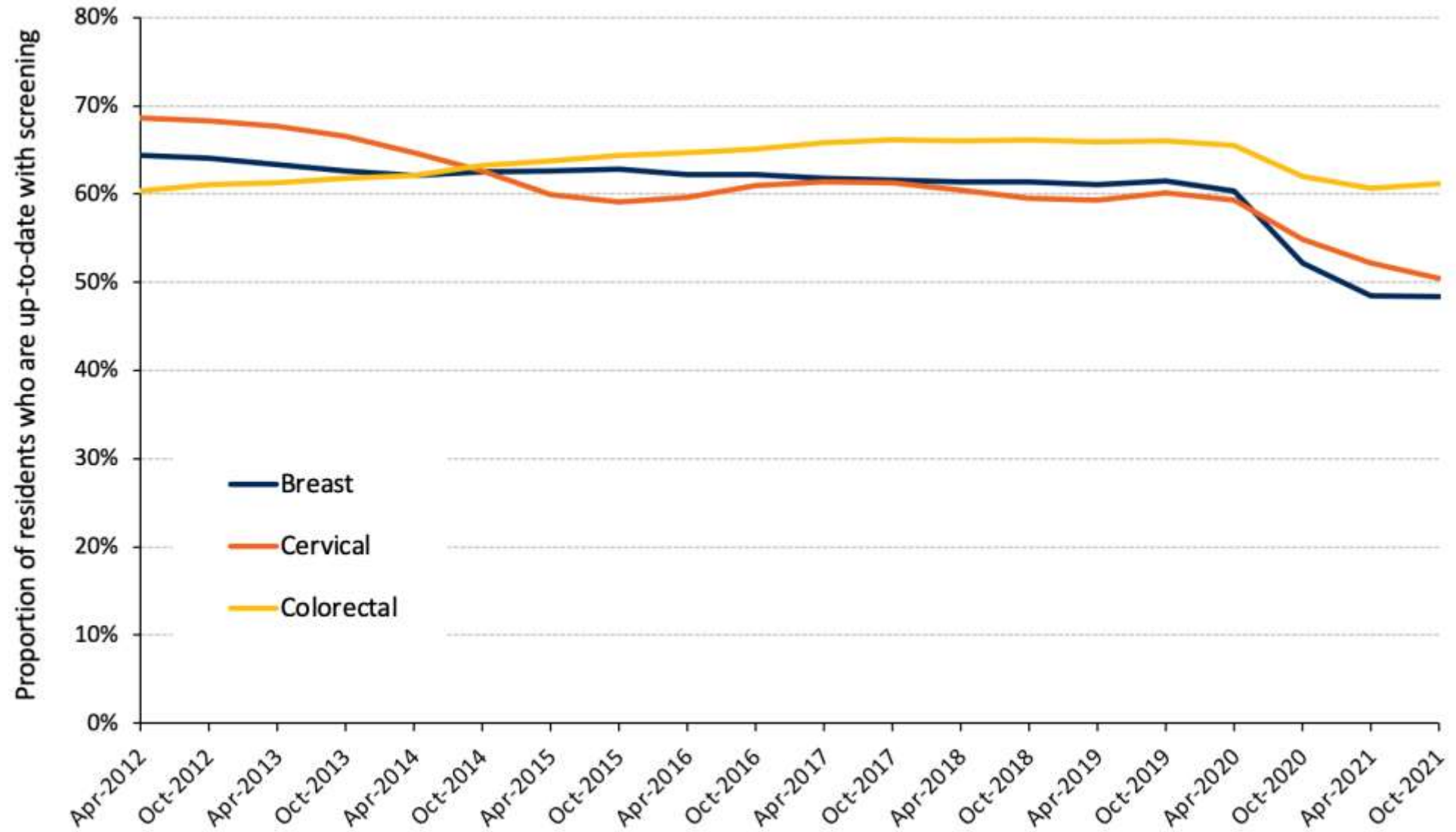
Primary care clinicians worked more days, on average, to accommodate COVID care in addition to regular care.



## Virtual care

- In the first four months of the pandemic, virtual care (VC) comprised 71.1% of primary care physician visits (overwhelmingly by telephone).
- By March 2022, 46% of care was virtual. A very small minority (a few hundred) FPs were doing exclusively VC.
- Patients report that telephone/video visits reduce time and costs, and are more convenient.
- Physicians who provided more virtual care did not have higher emergency department visit rates among their patients compared to those who provided less virtual care...
- ...BUT virtual visits provided by virtual-only platforms do correlate with increased ED visits.

# Trade-offs and Gaps in Care





## Part 2: Challenges affecting primary care capacity in Ontario



**1.8 million**  
**Ontarians don't have a**  
**regular family doctor**

**Who is less likely to**  
**have a family doctor?**


- New immigrants
- Those living in low-income neighbourhoods
- Those living in more marginalized neighbourhoods



## **Pandemic hastened the retirement of family doctors**

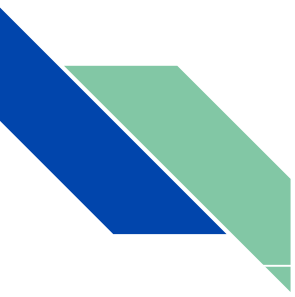
- Around 3% of the 12,000 practicing family physicians (FPs) stopped work during the first six months of the pandemic—about twice as many as in previous years.
- In addition, as of 2019, 1.7M Ontarians were (as of 2019) attached to a family physician 65+.





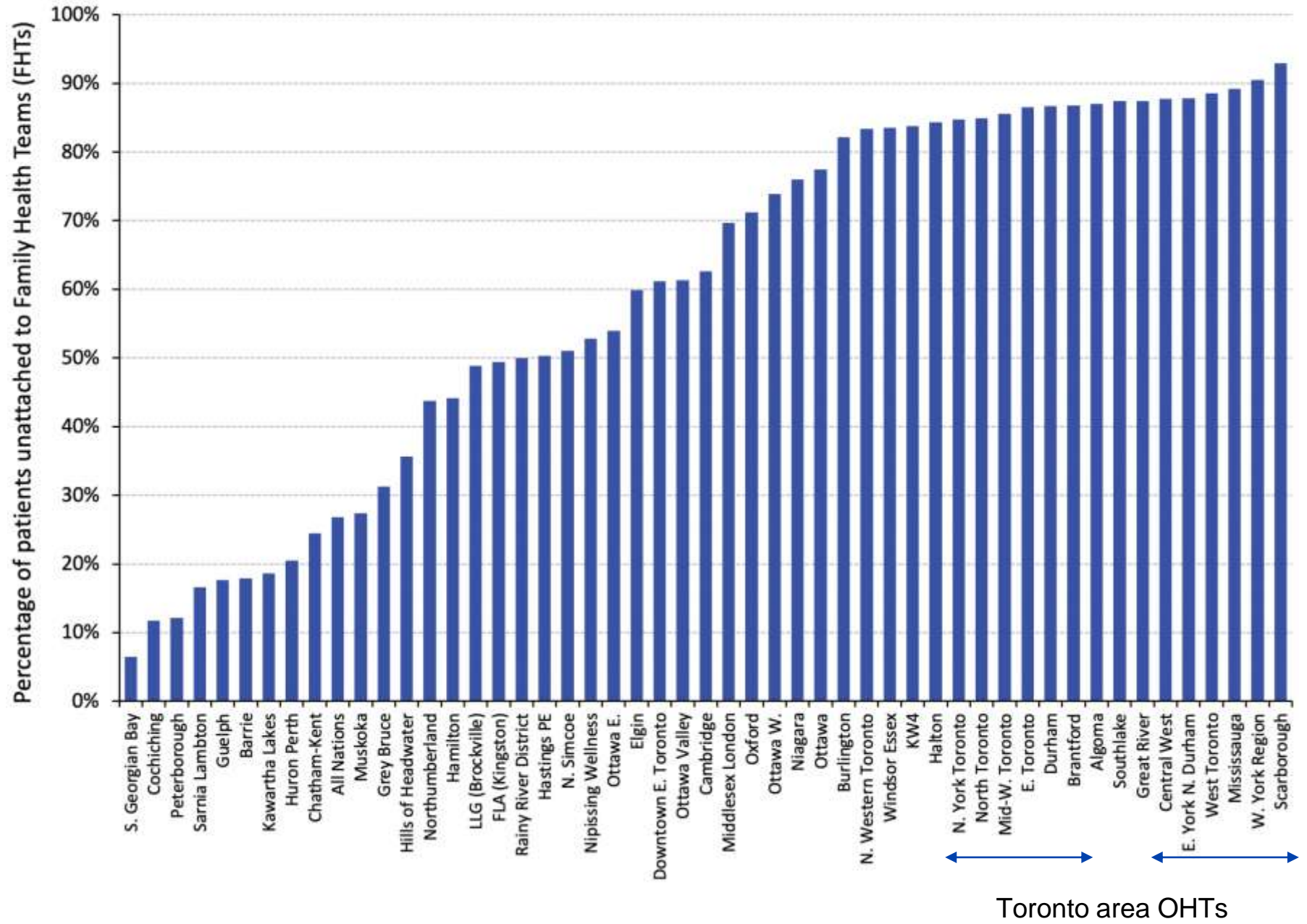
# Teams are better positioned to respond to crises

- Group practices are more likely to offer after-hours appointments, use an electronic medical record, and participate in quality improvement initiatives.
- Continuity of primary care is associated with improved access, better preventive care, decreased utilization, decreased health care costs, improved health, decreased mortality, and improved patient satisfaction.
  - During the pandemic, formal attachment has been protective of continuity, whereas patients without a formal attachment were less likely to experience continuity.
  - Team-based practices were also more able to offer remote monitoring, community outreach, and other important pandemic services.
- Less than 30% of the population of Ontario is in a team-based model (FHTs, CHCs, etc).



# Variation in patient attachment based on OHT catchment

\*Higher bars indicate higher rates of patients NOT attached to teams



Toronto area OHTs



**Challenges facing  
primary care providers  
during COVID-19**

DEFERRED  
CARE

LONG WAITS FOR  
SPECIALTY CARE

NEGLECTED  
CHRONIC  
CONDITIONS

WORSENING  
MENTAL HEALTH  
& ADDICTIONS

DELAYED  
TESTS &  
TREATMENTS



# Part 3: Lessons Learned to Strengthen Primary Care in Ontario

## LESSON 1



Care by a regular primary care provider or team provides better support for health issues in the community.

## LESSON 2



In the absence of more resources, COVID-19 response results in tradeoffs and unmet needs in other areas.

## LESSON 3



Innovative models and new partnerships helped patients get the care they needed, but infrastructure is required for sustainability, spread and scale.

## LESSON 4



The absence of an integrated and inclusive data system compromised the pandemic response in primary care.

## LESSON 5



Primary care can leverage long-term relationships to improve population health and health system sustainability.



# L1: Care provided in formal attachment relationships and through teams provides better support for health issues in the community

- People with a formal and continuous relationship with a primary care clinician had better access to virtual and in-person care.
- Multidisciplinary, team-based practices could support better integration with other parts of the health system and community organizations.
- Universal attachment to team-based primary care in Ontario should be the goal.



## L2: In the absence of more resources, COVID-19 response results in trade-offs and unmet needs in other areas

- Reallocating resources to the pandemic response meant that non-COVID-19 services, many of which were time-dependent and essential, were deferred or delayed.
- The primary care sector, like hospitals and public health units, is facing difficult decisions between competing priorities that have grown in scope and scale during the pandemic.



### **L3: Innovative models and new partnerships helped patients, particularly those from equity-deserving groups, to get needed care, but infrastructure is required**

- Evidence-informed recommendations are needed to guide PCCs on how to decide whether care should be delivered in person or virtually.
- Collaborations across silos in the health and social systems arose out of commitment to community response, but to sustain, scale and spread such initiatives, will require infrastructure and resources.



## L4: The absence of an integrated and inclusive data system compromised the pandemic response in primary care

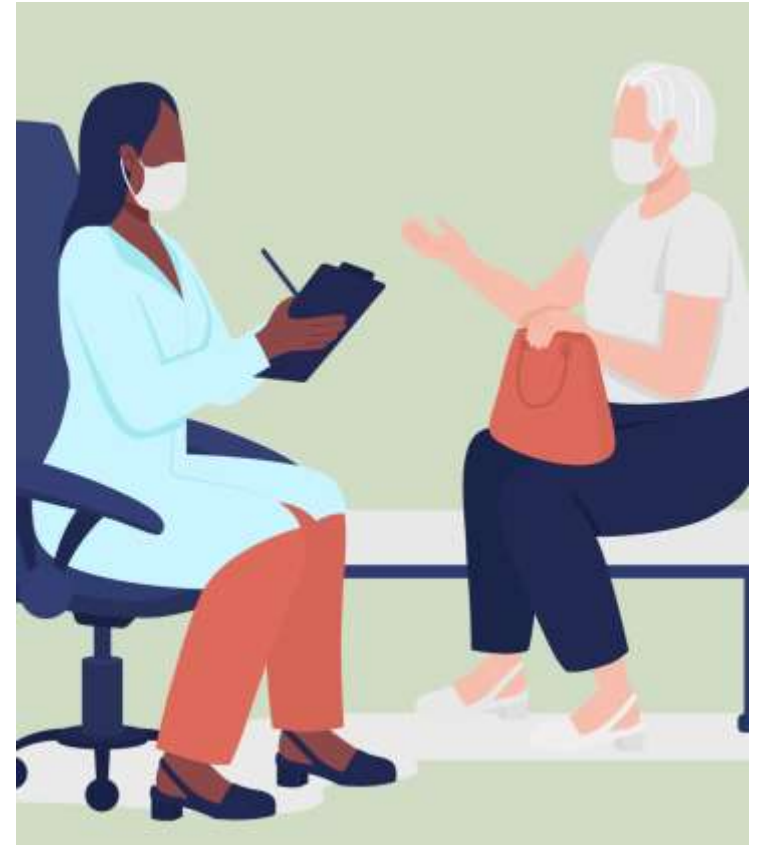
- A complete picture of primary care does not exist in Ontario's data sets
  - Important aspects of care are not included, such as care provided by non-physicians.
- Data from primary care should serve as a critical piece of a provincial data platform and inform the health system response to future pandemic waves.





## L5: Primary care can leverage its longitudinal relationships to improve population health and health system sustainability

- Primary care is a critical communication channel to the public.
- When primary care came together as a sector to learn, exchange information, link to other parts of the health system and educate the public, effective knowledge translation work occurred in Ontario.





## Recommendations to strengthen primary care in pandemic response and recovery

- **Ensure everyone has Continuity of care with a primary care clinician, supported by a team.**
- **Ensure primary care can Coordinate and integrate care through formal regional networks.**
- **Ensure primary care is Comprehensive.**



# Reflections and Discussion



Family & Community Medicine  
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**Thank you!**