



Associations Representing Interprofessional Primary Health Care 2024 Pre-Budget Submission

Primary care is the foundation of high-performing health care systems. However, decades of underfunding and small incremental changes have now led to a foundation that has crumbled. The associations representing interprofessional primary health care of the Primary Care Collaborative (PCC) have come together with recommendations on what is needed to rebuild the foundation so that Ontarians can **access comprehensive and continuous care in their communities** and not rely on an already overburdened acute health care system.



PRIMARY CARE IS IN CRISIS

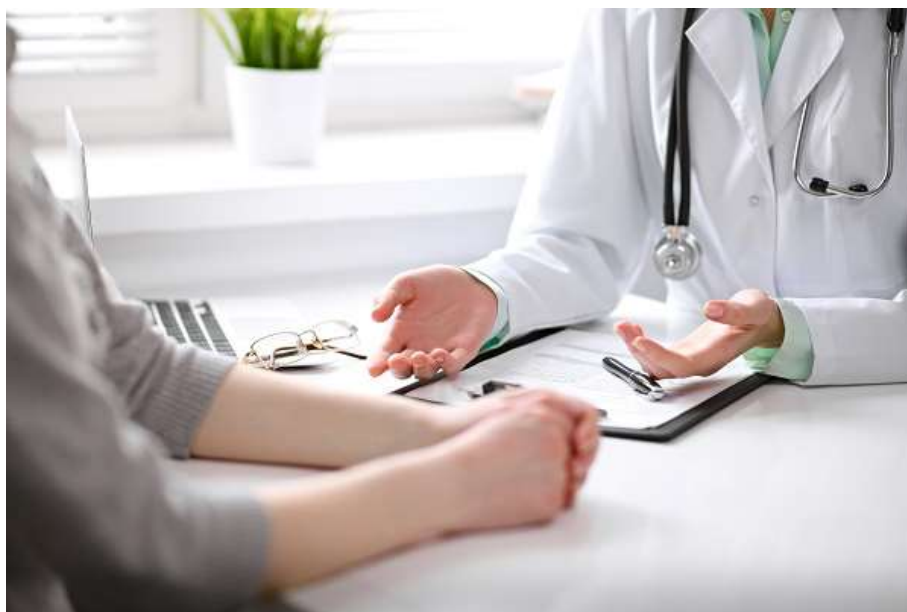
Jurisdictions around the world that have created robust primary care systems know that access to timely, high-quality care from a family physician or nurse practitioner improves health, reduces mortality, decreases hospitalizations, and reduces health care costs. The inclusion of highly skilled interprofessional health care providers (IHPs) into primary care to form interprofessional primary care teams ensures that there is a wide range of population-based services and programs provided to patients and their families in the communities where they live, bringing the care they need close to home.

As Ontario continues to move to a model of integrated care through the Ontario Health Teams (OHTs), the government needs to look at the primary care teams in the province that have worked hard at delivering on the goals of the quintuple aim for years to ensure that Ontarians have access to the care they need. But our crumbling primary care system has threatened our capacity to deliver the care Ontarians deserve.

Current projections showing that one in four Ontarians could be without access to primary care in three short years is truly alarming and should be the focus of our health system transformation. As children are entitled to access a spot in a local public school close to home, every Ontarian deserves access to comprehensive and accessible care close to where they live, delivered through an interprofessional primary care team that knows their story and will ensure that they get the care and support they need to improve their health and well-being.

The associations representing interprofessional primary health care of the Primary Care Collaborative (PCC) are proposing that the government focus on four priority areas that will be essential in delivering accessible and comprehensive primary care to Ontarians:

- Create System Capacity by Addressing the Health Human Resources (HHR) Challenges in Community and Primary Care
- Integrate Health Care across Ontario, including Expanding Interprofessional Team-Based Primary Care
- Improve Digital Health in Primary Care by Prioritizing Data Equity and Funding to Support New Technology
- Create a Culturally Safe Health Care System that Addresses Health Inequities



CREATE SYSTEM CAPACITY BY ADDRESSING THE HEALTH HUMAN RESOURCES (HHR) CHALLENGES

Ontario's community health care sector is facing an HHR crisis caused by the growing wage gap between community care workers and health care workers in other sectors. Despite the rising costs of living, most health care workers in the community have seen a 0 to 1.53% increase in wages in 2023, substantially lower than the 11% increases given to nurses in hospitals and the 8% increase given to emergency medical services. On top of this, many of the interprofessional health care providers (IHPs) and administration in primary care teams are not even receiving the salary rates that were set in 2017, contributing to increased vacancy rates and immense moral challenges.

Coming out of the pandemic, we are faced with a backlog of care needs, including an unprecedented amount of mental health and addiction issues, increasingly complex patients with multiple conditions, chronic disease and cancer screening catch-up...the list is endless. People rely on their primary care providers and teams to help them manage their health and well-being. **We need immediate government intervention and a focused strategy to invest in retaining our skilled health care workers and attracting new ones to ensure all Ontarians can get the care they need close to home.**

RECOMMENDATIONS

- 1 While recruitment and retention are a challenge across the system, the challenges are higher in primary and community care, given lower funding and salary limits. Ten community and primary care organizations have commissioned a comprehensive [Ontario Community Health Compensation Market Salary Review](#) with findings that clearly articulate that the gap has increased to a point where we will start seeing diminished access to essential services in the community. This will lead to an increased strain on the hospitals and emergency departments, increased health care costs and compromised health outcomes for countless individuals and their families. We need a **comprehensive HHR strategy now where the government works towards reducing the wage gap between primary and community care** and the rest of the health care system.
- 2 **Expedite and maximize the scope of practice** for all care providers to enhance their role in all care settings, which can help address health system capacity and increase job satisfaction. Structural barriers like funding models can stifle the ability to fully leverage the skills and experience of all providers and must be addressed.
- 3 **Expand and include more professions** in the Ontario Learn and Stay Grant. We were pleased to see that primary care was listed as a priority need in the Community Commitment Program for Nurses grant, but we are calling for additional grants and free tuition programs to be implemented to encourage more people to apply to become health care workers in the province. In particular, we are encouraging the government to roll out a specific initiative for racialized and Indigenous students so that they can be better represented in the health workforce.
- 4 As inflation and cost of living continue to rise, **operational funding needs to also increase within primary care team budgets** as it is becoming increasingly untenable to 'keep the lights on' with budgets that have been flat for over a decade. Our teams need sustainable resourcing to maintain capacity to deliver primary care, mental health support, community care support and other innovative services that keep people out of hospitals.

INTEGRATE HEALTH CARE ACROSS ONTARIO INCLUDING EXPANDING INTERPROFESSIONAL TEAM-BASED PRIMARY CARE

As Ontario continues to move towards an integrated health care system with the maturation of Ontario Health Teams (OHTs), models of care that put an emphasis on prevention and well-being will divert patients from hospital-level care or from seeking care from the emergency department. The OHTs are grounded in primary and community care as the foundation, but that foundation is crumbling.

Only one in four Ontarians have access to interprofessional, team-based primary care, which is proven to offer more timely access to comprehensive health care, better coordination of care for patients, and cost savings for our health system. With the latest forecast of 1 in 4 Ontarians (4.4 million) without a family physician by 2026 and more and more medical residents not choosing primary care as their focus of residency, **the timely move toward an integrated health care system cannot happen without fixing the crisis in primary care first.**

RECOMMENDATIONS

- 1 Every Ontarian deserves access to interprofessional team-based primary care. The number of Ontarians with access has not substantially changed in over 15 years – teams increase access to primary care as patients will receive the right care from the right provider when they need it. Teams have been proven to offer more timely access to care, better coordination of care, improved health outcomes, and cost savings for our systems, all foundationally based through the lens of health equity – the Quintuple Aim can be achieved with teams. We must **invest in more team-based care now** so every Ontarian can get access to comprehensive and equitable care where and when they need it.
- 2 Access to mental health care often starts in primary care, which provides the most mental health counselling, early intervention, and early identification services to patients. Funding is needed to support primary care in making better connections with community mental health and addiction services and supports, to ensure services are available to all Ontarians, to improve quality, and to develop strong pathways to community services for those that need more help. **Start embedding sustainable mental health and addiction supports and services directly in primary care.**
- 3 Home care is often called primary care in the home. They need to **be further aligned as care coordination is a pivotal function in primary care**, especially with those patients discharged from hospital where prevention of a readmission is the ultimate goal. With the Royal Assent of the *Convenient Care at Home Act, 2023* it is essential that there is a primary care – home care integrated lens taken so that Ontarians remain healthy and safe at home for as long as possible, relieving pressure on congregate settings like hospitals and long-term care.
- 4 **Reduce the administrative burden** on family physicians, nurse practitioners, and all clinical team members so that they can spend more time caring for patients. On average, primary care providers can spend up to 19 hours a week on administrative tasks such as writing sick notes and filling out lengthy insurance forms. Simple measures like eliminating sick notes requirements and standardizing insurance forms would mean more accessible care for patients.

IMPROVE DIGITAL HEALTH IN PRIMARY CARE BY PRIORITIZING DATA EQUITY AND FUNDING TO SUPPORT NEW TECHNOLOGY

Virtual care, artificial intelligence and digital health are becoming major tools in health care, never more so than in primary care. Successful adoption of innovative technologies in primary care requires effective preparation of the current and future primary care workforce, enabling appropriate use by healthcare professionals, patients and communities, and appropriate funding and infrastructure support. **Digital equity is a driver of health equity**, and funding is required to provide safe and trusted health and social services to people who face barriers to getting online through broadband and digital devices.

Convenience is important, but should never trump care continuity, which helps patients make good decisions for their health. Too strong a focus on convenience can lead to fragmentation in care. The best customer service and patient satisfaction stems from health care organized around the patient-provider bonds of primary care. A health system built around this fundamental, human relationship is more efficient and has better health outcomes.

RECOMMENDATIONS

- 1 Continuity of care is being eroded through the ongoing proliferation of virtual walk-in services, to the detriment of people's health and well-being. Fragmentation of care, with people having to tell their health stories multiple times, leads to unsafe care and additional costs to the system and, ultimately, costs to the patient. It is imperative that those offering **virtual walk-in care be integrated into the health care system to ensure continuity and reduce hospitalizations** while not passing on costs to the patient.
- 2 To help facilitate virtual tool integration within electronic medical records (EMRs), **upfront infrastructure funding and ongoing subsidies must be provided** so that primary care EMRs can continue to be optimized and utilized to their full extent. This includes online booking and the ability to integrate digital modes of communication, such as email, secure messaging, phone, and video visits. This should also include funding support to adopt new tools like artificial intelligence to help reduce the increasing administrative burden being felt in primary care.
- 3 The adoption of virtual care continues to be a barrier for several populations. **Accelerate improvements in remote and rural areas** for broadband infrastructure, support access to devices or data plans for those who cannot afford it, and fund digital literacy programs so people know how to access and use digital health solutions.
- 4 With the move to digital health solutions, there is increased cyber risk, especially as we see more artificial intelligence interfering in our health care information technology systems. Primary care providers need support and funding to **invest in cyber security** to mitigate cyber security risks and threats.
- 5 Ontario's integration agenda through the OHTs needs to include the **integration of electronic medical/health records** across the healthcare system to ensure patient history is not lost between providers and health sectors. Piecemeal approaches like data sharing agreements, separate sectoral patient portals, and push/pull technology for patient health information add to the administrative burden being felt by primary care. The primary care EMR is the source of truth for most patient information and should be central to the e-health integration efforts.

CREATE A CULTURALLY SAFE HEALTHCARE SYSTEM THAT ADDRESSES HEALTH INEQUITIES

Health equity is about ensuring everyone can receive safe, appropriate, and high-quality care – no matter who they are or where they live. This is the premise of how OHTs were developed. Unfortunately, more and more people in Ontario continue to face discrimination and disadvantage, many of them not able to access care, leading to inequitable health outcomes. This has been recognized by everyone that works in the system but there has been very little change in providing them with the support and resources that they need.

Primary care is often the first point of contact for people who face the most barriers to care (Indigenous Peoples, Francophones, Black populations, people with disabilities and mental health challenges, other racialized groups, recent immigrants and refugees, people who are 2SLGBTQ+, and people living in northern, rural, and remote areas) and there are policy changes that are needed now to support those that need care the most.

RECOMMENDATIONS

- 1 **Fund the IPHCC Provincial Indigenous Integrated Health Hub** (Hub) to support the health and well-being of Indigenous peoples in the province, putting Indigenous health into Indigenous hands. This Hub requires equitable and sustained funding, supports and resources to safeguard self-determination over the planning, design, delivery, and evaluation of Indigenous health system transformation efforts. It also requires integration of Indigenous approaches to health, such as funding a sustainable Traditional Health and Wellness Program.
- 2 Ensure accountability to the Indigenous culture and traditional practices by **funding and mandating Indigenous Cultural Safety** (ICS) for all healthcare providers working in all health care settings.
- 3 Fund the **creation of anti-Black racism and cultural safety training** for all healthcare providers and listen to Black communities on how to use data and targeted investments to reduce the health gaps.
- 4 Resource and expand **access to services for Francophone people and communities**, including increasing the capacity for training additional bilingual health care providers and providing incentives to provide care in both of Canada's official languages.
- 5 **Resource and fund a rural, remote, and northern health strategy** with a focus on creating a sustainable workforce.
- 6 Invest in the **expansion of trans care services** in primary care to address long wait times and inequitable geographic access.
- 7 Ensure the healthcare system has an equitable strategy for access to and collection of culturally appropriate data. **Mandate and fund the collection and meaningful use of socio-demographic and race-based data**, including linguistic data. Where possible, this data should be harmonized across primary care and efforts to fund this data collection should support this harmonization across all primary care team sites.



The associations representing interprofessional primary health care of the Primary Care Collaborative thank the government for the opportunity to submit our collective recommendations. These recommendations are critical in ensuring a cost-effective and high-performing integrated healthcare system, with primary care at its foundation, that can deliver **accessible and continuous care** that *all* people need.

Together, we can rebuild our foundation so Ontario could be a leader where people can access **better care, more integrated care**, keeping them well at home, in their communities, and out of hospital.



The Alliance for Healthier Communities (Alliance) is the voice of a vibrant network of over 100 community-governed comprehensive primary health care organizations across Ontario, including Community Health Centres, Aboriginal Health Access Centres, Community Family Health Teams, and Nurse Practitioner-Led Clinics. Alliance members share commitments to advancing health equity through comprehensive primary health care.



The Indigenous Primary Health Care Council (IPHCC) is an Indigenous-governed, culture-based, and Indigenous-informed organization. Its key mandate is to support the advancement and evolution of Indigenous primary health care services provision and planning throughout Ontario. Membership includes Aboriginal Health Access Centres (AHAC), Aboriginal-governed Community Health Centres (ACHC), and other Indigenous-governed providers.



The Association of Family Health Teams of Ontario (AFHTO) is a not-for-profit association that provides leadership to promote high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of all Ontarians. We are an advocate and resource for family health teams, nurse practitioner-led clinics, and other interprofessional models.



The Nurse Practitioner-Led Clinic Association (NPLCA) is the voice of nurse practitioner-led clinics (NPLCs) across Ontario. Nurse practitioners are the lead primary care providers of these interprofessional teams that improve the quality of care through enhanced health promotion, disease prevention, primary mental health care, and chronic disease management while supporting care coordination and navigation of the healthcare system.