

To: Helen Angus, Deputy Minister of Health
Alison Blair, Assistant Deputy Minister
Matt Anderson, CEO, Ontario Health
David Williams, Chief Medical Officer of Health (MOH)

Re: Critical Role of Comprehensive Primary Care in COVID-19 Wave 2 Response

Dear Deputy Minister Angus, Assistant Deputy Minister Blair, Mr. Anderson and Dr. Williams,

In follow up to the letter we sent in July, we are writing again to stress the critical role and importance of comprehensive primary care as Ontario responds to wave 2 of the pandemic. During the first wave, primary care stepped up and continued to serve our patients and communities. This on-going care, kept people out of the hospital, ensured on-going acute capacity, and maintained continued support to the most vulnerable and marginalized populations. Around the world, cost-effective and high-performing health systems share a common characteristic: they are based on a foundation of comprehensive primary care. As Ontario moves through subsequent waves of COVID-19 and with the Ontario Health Team initiative, it is important that we preserve the principles of continuity, comprehensiveness and coordination which create the best possible patient outcomes and form the backbone of the trusting relationships in primary care.

The pandemic requires a fully engaged and responsive system in all sectors with primary care being the anchor. Primary care is often the first point of contact and access within the healthcare system. These relationships are built on the foundation of trust that happen over a lifespan, improve access to appropriate services, reduce inequalities, and lower overall healthcare costs.¹ In fact, the World Health Organization recognizes that “primary care plays a significant role in... differentiating patients with respiratory symptoms from those with COVID-19, making earlier diagnosis, helping those who are vulnerable cope with their anxiety about the virus, and reducing the demand for hospital service are all roles primary care play.”² Throughout this pandemic, far too little emphasis has been placed on this relationship resulting in poor communication, erosion of continuity, and confusion on where to seek care.

Family physician offices and team-based primary health care organizations, including Community Health Centres, Aboriginal Health Access Centres, Indigenous Interprofessional Primary Health Care Teams, Indigenous Family Health Teams, Nurse Practitioner-Led Clinics, and Family Health Teams have remained open throughout the pandemic, and are continuing to serve as trusted guideposts in the community during this second wave. A significant lesson we learned during the first wave was that communities relied on their primary care for integrated clinical, interprofessional, and health promotion information and services. In addition, social support was provided for people at risk and included check-in calls, food

¹ Starfield et al. “Contributions of Primary Care to the Health Systems and Health”, Millbank Quarterly, 83(3), 2005.

² WHO Western Pacific Region. “Role of primary care in the COVID-19 response: interim guidance 26 March 2020.”
<https://iris.wpro.who.int/bitstream/handle/10665.1/14510/Primary-care-COVID-19-eng.pdf>

hampers, mental health services, traditional healing, referrals to supportive housing and virtual programs. It is imperative, now more than ever, that we focus on the role of primary care as we journey forward to several more months of living with and responding to COVID-19.

The primary care sector has been providing necessary in-person care and virtual services during the pandemic and can effectively support and rollout the province's priorities and messaging in diverse local communities including those in the harder to reach categories.

Our calls to action highlighted in July continue to be vital as we navigate this wave and subsequent waves. We strongly urge you to act on the recommendations presented including those identified below. These recommendations are rooted in our care models and leverage the strength and capacity of our sectors, as we continue to steer through this wave and prepare for subsequent waves.

Immunization

1. Prioritize flu vaccination in comprehensive primary care

Ontario's Fall Preparedness Plan for Health, Long-Term Care and Education includes an objective of increasing vaccination coverage, particularly for vulnerable populations and health care workers. Every year, primary care providers proactively reach people who have not received flu shots, face barriers to access, as well as those who are medically complex and would most benefit. We work to ensure that flu clinics are offered in perceived safe locations where people can readily access them – like shelters, community centres, mobile sites and within primary care offices. However, our sector has faced unacceptable delays and challenges in accessing vaccines, and as a result have had to cancel planned clinics strategically placed in neighbourhoods with high disproportionate rates of COVID infection and large numbers of congregate living settings. This has been exacerbated by prioritizing pharmacies over primary care offices and mixed messaging – many of our most vulnerable patients are left without vaccines.

We need to stress that while we welcome multiple points of access such as pharmacies for the general population, we urge the prioritization of delivering flu vaccinations to comprehensive primary care settings that are serving marginalized populations that are most vulnerable during this pandemic.

2. Support immunization in primary care

The pandemic put the school vaccination programs on pause and there is no clear direction of how these students are going to catch up on their vaccines, including immunizations for Hepatitis B and HPV. Every single public health unit across the province is determining its own course of action and some have pushed the responsibility of vaccination to primary care, without the consultation of primary care to even determine if that is possible, nor a distribution strategy for the vaccine itself. In some parts of the province, the public health units are taking a wait and see approach with the intent to possibly have catch up clinics after the winter holidays or pushing to immunize children who missed their vaccines in the spring of 2020 receiving it in the spring of 2021 with the current grade 7 class. This is leading to very confusing messaging to parents and the primary care sector. A provincial priority right now must be to ensure school aged children are immunized. Childhood immunization strategies must include primary care at the core of any strategy in order to have the broadest reach and effectiveness.

3. Include primary care in planning and rollout of COVID-19 vaccination

Just as comprehensive primary care and teams are recognized as core providers for vaccinations in general, they must be core to the strategic planning and rollout of any COVID-19 vaccinations when available. Primary care provides routine and regular care and would be the most effective location to identify and proactively reach out to priority populations, deliver vaccinations, and monitor for short and long term health impacts and side effects. Immunization is a core tenet of comprehensive primary care and it is critically important we ensure the well-being and health of our population.

Primary care and organizations can effectively support the planning and rollout of COVID-19 vaccinations and it is imperative they are included in the core strategic planning.

Community Testing and Contact Tracing

4. Enable community-led testing and contact tracing in hotspot communities

We all know that some communities are experiencing much higher incidences of COVID-19. The current appointment-based testing strategy create barriers in these communities that are already facing challenges such as lack of access to phones or internet, lack of transportation, language divides, stigma and racism and misinformation barriers. The absence of understanding and trust in the healthcare system also lead many individuals to be wary of contact tracing efforts being led by those with whom they have no familiarity.

Comprehensive primary care teams have the trusted local relationships, and are the most appropriate providers to screen, assess, and test patients especially in these communities. For example, in Northwest Toronto, Black Creek Community Health Centre, Rexdale Community Health Centre and community partners have demonstrated success in outreaching to their communities in a way that correct misinformation, reduce stigma, and provide post-test follow up to ensure appropriate wraparound care that includes both clinical and social supports. Additionally, 56% of the Indigenous Primary Health Care Council members identified that they were conducting culturally safe testing and assessment on site. These strategies also include mobile testing units going out into the community to conduct targeted testing in Toronto and Ottawa.

Resourcing and continued support for community-led pop up and mobile testing units enable local community health workers to perform contact tracing, extend reach into hotspot communities so that we can effectively reduce the disease burden for the population and the healthcare system. Building a robust testing and contact tracing infrastructure now that is responsive to the disproportionate impact COVID-19 has at the neighbourhood level is urgently needed in this second wave, and will be crucial for empowering the Ontario healthcare system to respond more proactively in potential future waves.

Identifying hot spots where cases are high and testing is low is only one part of the issue – enabling and funding local level solutions to support testing (and then subsequent contact tracing) in the communities is a major principle of the OHT development – local solutions by local providers. And as such, the groups that know their communities the best should be supported to develop solutions that work best, based in trust, knowledge and approach that resonates the most.

Unintended Consequences to Unmanaged Care

5. Ensure ongoing management of illnesses, chronic disease, disease prevention, health promotion, and community connection

The pandemic has created and intensified environments of vulnerability. Our sector has stepped up more so than ever to address issues linked to income loss, food insecurity, anxiety, fear, social isolation, loneliness, and other associated tolls of the pandemic. Comprehensive primary care organizations are connecting people with the necessary supports, such as federal financial relief, Meals on Wheels, food hampers, mental health services, traditional healing, traditional medicines, physical isolation supports and helplines. Organizations are also offering regular wellness check-in calls, virtual counselling, online health promotion programs such as exercise and healthy cooking, and referrals to virtual social support programs like book clubs, LGBTQ+ support, and Seniors Without Walls. This all responds to the needs of the patients and leverages the unique strengths of each community.³ This approach in care is extending outside the walls of just the rostered or registered patients – primary care has stepped up to support their community and that includes the providers within.

As we face more months of this pandemic and associated restrictions, the continued provision of essential medical care, such as mental health and addiction services, virtual wellness programs, and social supports, help to prevent illnesses and manage chronic conditions. These elements are essential for building and maintaining population resilience and preventing inappropriate demand on acute services.

Expanded emphasis and investments are needed in virtual care, digital options, and technology that are aligned with a comprehensive digital equity strategy. This enhanced system capacity will help to create environments that maximize reach.

Digital Health and Virtual Care

6. Expand virtual care that supports continuity and develop a comprehensive digital equity strategy

This pandemic has accelerated progress in virtual healthcare delivery. We welcome this expansion, while recognizing that accelerated resources are required at the same time to sustain continued provision and expansion of virtual care, including:

- a. Investing in digital equipment and licensing of virtual care including medical, health promotion and social supports, and ensuring interoperable digital referral and data sharing tools;
- b. Ensuring virtual care tools are integrated with the patient's primary care EMR. With the increase in virtual walk-in clinics, it is important to decrease fragmentation in care by strengthening continuity of care and case management; and
- c. Making the virtual care billing codes permanent and expanding use beyond the OTN platform, while also including additional modalities like secure messaging.

³ A rapid primary health care response to COVID-19: An equity-based and systems-thinking approach to care ensuring that no one is left behind (accepted for publication) Healthcare Quarterly

The transition to virtual care provides additional barriers for several populations, including those who live in remote and rural areas where broadband infrastructure is poor; those who cannot afford access to devices or data plans; and those who are unfamiliar with using digital technology. Development of a comprehensive digital equity strategy is imperative to ensure that people who need to receive virtual care have access to required equipment, public and subsidized data plans and access to internet; and support for digital literacy, if needed.

It is vital that the Ministry and Ontario Health recognize that comprehensive primary health care is the foundation of a responsive and resilient healthcare system, and the important role primary health care plays in supporting health and wellbeing in every community across Ontario. Moreover, as you can see, the Indigenous Primary Health Care Council is involved in constructing these recommendations and we want to collectively stress that decisions regarding Indigenous health must be in Indigenous hands.

The sector must be included as core partners because we are key cogs aligned to solutions in the ongoing response to COVID-19. We are responsive and accountable to the unique needs of the local communities, and the work we do complements acute services and enhances Public Health measures.

All Ontarians must know that primary health care never closed and will always remain open to support all their health care needs. We need to work together with the Ministry, Ontario Health and primary health care sector to establish messages that will ensure people understand that they can continue to get care during this and future pandemics.

Mutual collaboration is needed to ensure consistent messaging in how we are communicating to our public about primary care still providing immunization and flu vaccinations, ongoing medical care, mental health support, and health promotion services during and after the pandemic. These messages are needed to encourage everyone to continue to seek care and service so that health conditions do not worsen and cause unnecessary hospitalizations or worse outcomes.

We would be pleased to meet with you to further discuss the implementation of these recommendations. We look forward to ongoing and inclusive engagement.

Sincerely,



Sarah Hobbs, CEO
Alliance for Healthier Communities



Caroline Lidstone Jones, CEO
Indigenous Primary Health Care Council



Kavita Mehta, CEO
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Jennifer Clement, Chair
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Leanne Clarke, Chief Executive Officer
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cc.:

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Lisa Priest, Interim Community, Patient, Stakeholder Engagement Lead, Ontario Health

Dana Cooper, Executive Director, Nurse Practitioners' Association of Ontario

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

The Association of Family Health Teams of Ontario (AFHTO) is the not-for-profit association representing team-based primary care. We provide leadership to promote high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of Ontarians. We are the advocate and resource to support the spread of knowledge and best practice among 191 interprofessional primary care teams, including family health teams (FHTs), nurse practitioner-led clinics (NPLCs) and others who provide comprehensive team-based 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 currently includes Aboriginal Health Access Centres (AHAC), Aboriginal governed, Community Health Centres (ACHC), other Indigenous governed providers and partnering Indigenous health researchers and scholars.

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 NPLC's inter-professional team of health care providers and support staff, and improve the quality of care through enhanced health promotion, disease prevention, primary mental health care and chronic disease management, as well as improve care coordination and navigation of the health care system.

The Ontario College of Family Physicians represents more than 15,000 family physicians across the province. We support members by providing evidence-based education and professional development, promoting and recognizing leadership excellence in family medicine, and advocating for the vital role family physicians play in delivering the highest quality care to patients and families across Ontario. A not-for-profit and voluntary organization, the OCFP was established in 1954 and is the provincial chapter of the College of Family Physicians of Canada.