



Alliance for
Healthier Communities
Alliance pour des
communautés en santé



association of family
health teams of ontario



A corporate member of NPAO

Ontario College of
Family Physicians
Leaders for a healthy Ontario



PRIMARY CARE COLLABORATIVE 2022 PRE-BUDGET SUBMISSION

Primary care is the foundation of Ontario's healthcare system and will be pivotal in the post-pandemic recovery efforts. The Primary Care Collaborative, a coalition of associations representing comprehensive primary health care in Ontario, is pleased to provide our recommendations for what is needed to help build a province where people can **access better care, more integrated care, and more accessible and continuous care.**





ADDRESS THE HEALTH HUMAN RESOURCES (HHR) CRISIS AND SYSTEM CAPACITY

Recruitment and retention of healthcare workers is a challenge that the pandemic is exacerbating. Issues like burnout, illness, and lack of acknowledgement and support, such as the enforcement of Bill 124, are impacting the HHR needed to get through and recover from the pandemic; to care for its long-term impact; and to continue to deliver preventative care and care for acute and chronic conditions.

RECOMMENDATIONS

- 1 Develop a comprehensive HHR strategy. 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. Payment models, salary grids, and benefits need to be reassessed.
- 2 There is an urgent need to maximize the scope of practice for all care providers and to enhance their role in all care settings. We must address structural barriers, such as funding models, that stifle the ability to fully leverage the skills and experience of all providers.
- 3 Teams' work has increased with OHT development and pandemic response. However, sufficient funding to ensure capacity and continuity has not followed. Base funding to teams needs to be increased by 5-8% to help address increased human resource and overhead costs, and teams must be allowed to determine the allocation of the funding. Funding then needs to increase annually to match inflation and cost of living increases.
- 4 Develop a health system capacity plan to quantify the capacity required in each part of the healthcare system and develop an implementation plan to address the capacity gaps.



INTEGRATE HEALTH CARE ACROSS ONTARIO

The pandemic shone a spotlight on the fragility of Ontario's healthcare system. Ensuring integrated and continuity of care will be key; however, integration cannot occur unless there is capacity in the systems that need to integrate.

RECOMMENDATIONS

- 1 Enable enhanced shared care and stronger connections between primary care and mental health and addiction. Access to mental health care 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. Primary care must be included at decision-making tables to provide input on health system integration and mental health and addiction reform.
- 2 Expand team-based primary care so all clinicians have access for their patients. It has proven to offer more timely access to care, better coordination of care, improved health outcomes, and cost savings for our system. This care for every person who needs it can be achieved with a commitment to invest \$75 million per year for the next 10 years in team-based care.
- 3 Anchor care coordination in primary care and enhance primary care connection to homecare services for vulnerable people. This improves patient experience and helps Ontarians remain healthy and safe at home for as long as possible, while relieving pressure on congregate settings, such as hospitals and long-term care homes. People deserve care in their homes.
- 4 Modernize public health by enforcing consistent baseline measures in all 34 public health units. The current process is resulting in 34 different approaches to addressing public health across Ontario, leading to inequity in care. While some things may differ a bit region-by-region, province-wide priorities, the measures to address them, and consistent communication are essential. Public health and primary health must work together with good communication and better alignment in all areas of population health.
- 5 Continuity of care is being eroded through the advent of virtual walk-in services, to the detriment of people's health and wellbeing. Walk-in services, particularly those providing only virtual care, must be incentivized to ensure continuity and reduce hospitalizations. Government must consider this erosion of continuity in their planning.



PRIORITIZE DIGITAL AND DATA EQUITY

The pandemic has exacerbated social isolation, highlighted barriers to accessing healthcare, and emphasized that digital equity is a driver of health equity. Primary care requires funding to support our leading work on digital and data equity – providing safe and trusted health and social services to people who face barriers getting online through broadband and digital devices.

RECOMMENDATIONS

- 1 Support primary care with IT and administrative resources to provide high-quality virtual care, with training provided as needed. This should include leveraging all channels for patient communication – such as secure messaging, phone, and video – and ensuring broadband access.
- 2 The transition to virtual care is a barrier for several populations. Accelerate improvements in remote and rural areas to broadband infrastructure; support access to devices or data plans to those who cannot afford it; and fund digital literacy programs so people know how to use digital health solutions.
- 3 With the move to virtual services, there is increased cyber risk. Primary care providers need supports and funding to invest in cyber security to mitigate cyber security risks and threats.
- 4 Integrate electronic medical records across the healthcare system to ensure patient history is not lost between providers and to reduce administrative burden, freeing time for direct patient care.



CREATE A CULTURALLY SAFE HEALTHCARE SYSTEM THAT ADDRESSES HEALTH INEQUITIES

Many people have faced and continue to face discrimination and disadvantage, which leads to inequitable health outcomes. Primary care serves populations who face the most barriers: 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.

RECOMMENDATIONS

- 1 Increase access for Indigenous Peoples to culturally safe, Indigenous-led primary health care by funding a complete provincial network of Indigenous Primary Health Care Organizations (IPHCOs), using a population health management approach based on an integrated model of Wholistic Health and Well-Being.
- 2 Provide funding for a sustainable Traditional Healing and Wellness program integrated with primary health care and funded through the Ministry of Health.
- 3 Ensure the healthcare system has an equitable strategy for access to and collection of culturally appropriate data.
- 4 Mandate and fund cultural safety training modules for all healthcare providers in healthcare settings.
- 5 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 gap.
- 6 Resource and fund a rural, remote, and northern health strategy.
- 7 Mandate and fund the collection and meaningful use of socio-demographic and race-based data, including linguistic data.
- 8 Resource and expand access to services for Francophone people and communities.
- 9 Invest in the expansion of trans care services to address long wait times and inequitable geographic access.



Thank you for the opportunity to submit our recommendations. These are critical to ensuring an effective healthcare system, with primary care at its foundation, that can deliver the care that *all* people need.

Together, we can build a province where people can access **better care, more integrated care, and more accessible and continuous care.**



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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 Ontario College of Family Physicians (OCFP) is the only organization focused exclusively on the value and experience of being a family physician in Ontario. It advocates for family medicine and primary care, and provides continuing professional development tailored to the needs of Ontario's 15,000 family doctors to support the delivery of quality care in Ontario.



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.



The Section on General & Family Practice (SGFP) is a section of the Ontario Medical Association (OMA), representing all of the 15,000 family doctors across Ontario in negotiations and policy.