



PRIMARY CARE COLLABORATIVE **2023 PRE-BUDGET SUBMISSION**

Research around the world shows that cost-effective and high-performing healthcare systems are based on a **strong foundation of comprehensive primary care**.

Interprofessional primary care teams provide comprehensive continuity of care for Ontarians to help keep them well at home, in their communities, and out of hospital.



In team-based models of care, patients can access primary care from a family physician or nurse practitioner, but the benefit to the patient and the system comes from the larger team, which also includes interprofessional healthcare providers (IHPs), including nurses, social workers, dietitians, pharmacists, and many others. These healthcare providers work as a team to meet patients' health and social needs, including their mental health needs. This is interprofessional team-based primary care.



These teams are struggling to recruit and retain healthcare providers. Ongoing health human resources shortages in primary care have impacted the ability to provide timely access to care, sometimes resulting in patients going to an Emergency Department or not seeking care at all.

We agree with the government that the status quo is not acceptable. **Ontarians deserve access to high-quality primary care close to their home.** Strong team-based primary care can improve the health of our population and decrease the need for acute care.

The Primary Care Collaborative (PCC), a coalition of associations representing comprehensive primary health care in Ontario wants to partner with the government to build a stronger primary care sector for patients across Ontario.

OUR RECOMMENDATIONS

To support this intention, the PCC would like to provide **three recommendations** that we, as a collective, agree need to be prioritized by the provincial government to deliver the care that Ontarians need and deserve:

RECOMMENDATION ①

Make team-based primary care available to more Ontarians through an investment of an additional \$75 million per year for 10 years

RECOMMENDATION ②

Address the health human resource (HHR) crisis in primary care through the creation of a primary care HHR table

RECOMMENDATION ③

Invest in primary care for Indigenous Peoples

Make team-based primary care available to more Ontarians through an investment of an additional \$75 million per year for 10 years



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 increasingly complex needs of Ontario's aging patient population, and the residual impacts of COVID-19, we need to ensure that every Ontarian has access to an interprofessional team if they need one.

Team-based primary care is family doctors, nurse practitioners, nurses, social workers, pharmacists, dietitians, and other professionals, all working collaboratively to support a patient and their needs.¹

We know that primary care physicians would need 26.7 hours a day to provide comprehensive care for patients – obviously, this is not possible.^{2 3} With a team, this can be cut to 9.3 hours a day ensuring patients are getting the care they need.

A commitment to a 10-year, \$750-million funding strategy will ensure every Ontarian has access to team-based primary care when needed. With this funding, within five years, access would be expanded to half the population with priority for people who need it the most, such as those with complex and chronic illnesses, those with mental health and addiction challenges, and regions that are underserved by primary care teams such as Scarborough, Brampton and rural/northern communities. Within 10 years, every Ontarian who needs team-based primary care would have access to it.

In addition, interprofessional primary care teams have also not seen an increase in sustainable funding to ensure capacity and continuity in over 10 years. To help ensure access to teams, base funding needs to be increased by 8% to manage overhead costs. We would welcome an opportunity to work with the Ministry of Finance to determine how this increased funding can become a reality to recognize inflation and cost of living increases.

Every Ontarian deserves access to comprehensive and equitable care where and when they need it. It's time for Ontario to commit to ensuring access to a comprehensive interprofessional primary care team for every person who needs it. This would be achievable with a commitment to invest \$75 million per year for the next 10 years in team-based care.

¹ [Keeping the front door open: ensuring access to primary care for all in Canada | CMAJ](#)

² Porter, J., Boyd, C., Skandari, M.R. et al. Revisiting the Time Needed to Provide Adult Primary Care. J GEN INTERN MED (2022). <https://doi.org/10.1007/s11606-022-07707-x>

³ Assumption of a 2,500 patient panel – even a moderate 1,500 patient panel would require an infeasible 16.0 hrs/day

Address the health human resource (HHR) crisis in primary care through the creation of a primary care HHR table



Healthcare workers are at the centre of primary care. We need to invest in retaining the skilled health care providers we have. In addition, we need to attract healthcare providers to care for our aging and increasingly complex patients. The retention and attraction of healthcare workers in primary care is a challenge we cannot face alone.

We are proposing to create a primary care HHR table for future HHR and capacity planning that includes all PCC partners, the Ministry of Health and Ontario Health.

Recruitment and retention are a challenge across the system, but it is hardest in primary and community care because of lower funding and salary limits. In addition, while Bill 124 was in effect, it capped healthcare workers' salary increases at 1 per cent, which was in direct opposition of the need to increase salaries of those working in primary and community care.

In addition, building primary care teams and maintaining staff will attract physicians and health care providers back to family medicine. Today, more than 1.8 million Ontarians say they do not have access to a family physician, with projections as high as three million by 2025. The shortage of family doctors providing ongoing comprehensive care is leaving Ontarians without timely access to medical attention and treatment. This lack of access increases patients' risk of developing more serious and costly health problems.

An HHR table solely focused on addressing the HHR crisis in primary care will be critical to address key issues to support the recruitment and retention of healthcare workers. The findings from a comprehensive salary market review that is underway will inform discussions with this table on key issues, including wage disparities. It will be essential in helping retain the passionate healthcare providers we have and to recruit new and emerging health professionals to support the health of many Ontarians.

It is also placing further pressure on other areas of our overworked healthcare system, including hospitals, emergency departments and long-term care homes. More people need attachment to a primary care provider and interprofessional team, and we need a primary care workforce that is valued for providing comprehensive care.

Nurse Practitioners work within all corners of health care across Ontario, including hospitals, community-based clinics, family health teams and Nurse Practitioner-Led Clinics (NPLCs) and work in partnership with physicians, nurses, social workers, mental health professionals, and pharmacists. All primary care providers should be considered in the government's efforts to expand access to primary care.

A clear and comprehensive HHR plan co-developed between PCC, MOH and OH and informed by the comprehensive salary market review led by AFHTO, Alliance, IPHCC, and NPLCA will attract and retain interprofessional healthcare providers and keep building strong teams.



Invest in primary care for Indigenous Peoples

In addition, we urge the Provincial Government to invest an additional **\$75 million over five years** targeted to primary health care for Indigenous Peoples in Ontario. This would be \$15 million annually to help build a more comprehensive network of Indigenous Primary Health Care Organizations (IPHCOs) – including investments in new IPHCOs, satellites in communities that do not have them, and expanding existing IPHCO teams to meet the growing demand.

Currently, there are communities with no access to Indigenous primary health care and other communities who have IPHCOs but are not funded at the level to meet the demand. Ontario is home to 23 per cent of all Indigenous peoples in Canada and Indigenous (First Nation, Inuit, Métis) Peoples are one of the fastest growing and youngest populations in the province.

Access to culturally appropriate, safe care is critical to ensure Indigenous Peoples and communities are supported and able to thrive. If allocated correctly, these funds will build on an effective network throughout Ontario where there are gaps and will help meet health care demands. Equitable access to care is critical, and this investment would be an important step toward improving the overall health and well-being of First Nation, Inuit, Métis peoples living both on and off territory.

We believe that by respecting and better compensating our health care providers, the Government of Ontario, in partnership with leaders in primary health care can **support those who work in — and stay in — a primary care team.**

Improved funding will enable the expansion of a team-based primary care to any Ontarian who needs it. This will improve health outcomes for patients across Ontario, it will improve working conditions for providers, it will relieve strain on hospitals, and it will be critical in helping ensure we have a stable healthcare system that can provide care in a timely manner for anyone who needs it.



Thank you for the opportunity to submit our three recommendations. These are critical to ensuring we have an effective, sustainable health care system that can deliver the care that people need and deserve.

A collective submission by:



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, Indigenous Primary Healthcare Organizations - Community Family Health Teams, and Nurse Practitioner-Led Clinics. Alliance members share commitments to advancing health equity through interprofessional comprehensive primary health care.

[Alliance's invites you to read our full 2023 Pre-Budget Submission, Investing in Comprehensive Primary Health Care, here.](#)



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.

[AFHTO invites you to read our full 2023 pre-budget submission here.](#)



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 [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 Indigenous Primary Health Care Organizations across the province.

[IPHCC invites you to read our full pre-budget submission here.](#)



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 OCFP invites you to read its Plan of Action, developed in partnership with the Ontario Medical Association Section on General and Family Practice.](#)

