Indigenous Land Acknowledgement

While we meet virtually, let us begin by acknowledging the ancestral territory of all the First Nations, Inuit and Métis peoples from coast to coast to coast upon which we meet today.

We acknowledge the need to work collectively and individually to recognize the past and continued effects of colonialism and racism on Indigenous families, communities and knowledge systems through the Indian Act, Indian residential schools, Indian hospitals, and other systemically discriminating policies, practices and documentation.

We affirm our responsibility as settlers to improve relationships between nations and actively seek greater understanding of Indigenous peoples and cultures in the communities in which we live, learn, work and play.

Please join us in this acknowledgement and commitment – each in our own way and through Team Primary Care – to move forward toward truth and reconciliation.

Considerations for Planning the Composition of Primary Care Teams

Canadian Health Workforce Network & Ontario Health Toronto

NOVEMBER 15, 2023

RCPS Réseau canadien des personnels de santé CHWN Canadian Health Workforce Network

Équipe de soins primaires FORMER POUR TRANSFORMER Team Primary Care TRAINING FOR TRANSFORMATION

Ontario Health Toronto

Overview

1. Why is workforce planning important? How can it help primary care teams?
2. What is health workforce planning?
3. How do we start planning?
4. What does planning look like in practice?
5. Key Points

Why is workforce planning important? How can it help primary care teams?

Why should we plan?

The Global Strategy on Human Resources for Health: Workforce 2030

World Health Organization

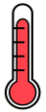
1. Optimize the health workforce to accelerate progress towards universal health coverage
2. Understand and prepare for future needs of health systems
3. Build the institutional capacity to implement this agenda
4. Strengthen HRH data for monitoring and ensuring accountability

The Planning Imperative

- The health workforce is central to the health system and to patient experience, and responding to the needs of patients amidst emerging challenges requires planning
- Planning allows primary care teams to identify and address local issues proactively and to develop, implement, and evaluate fit-for-purpose solutions
- Planning supports the Quintuple Aim:

Improving population health

Enhancing the patient experience



Reducing costs

Supporting clinician well-being

Advancing health equity

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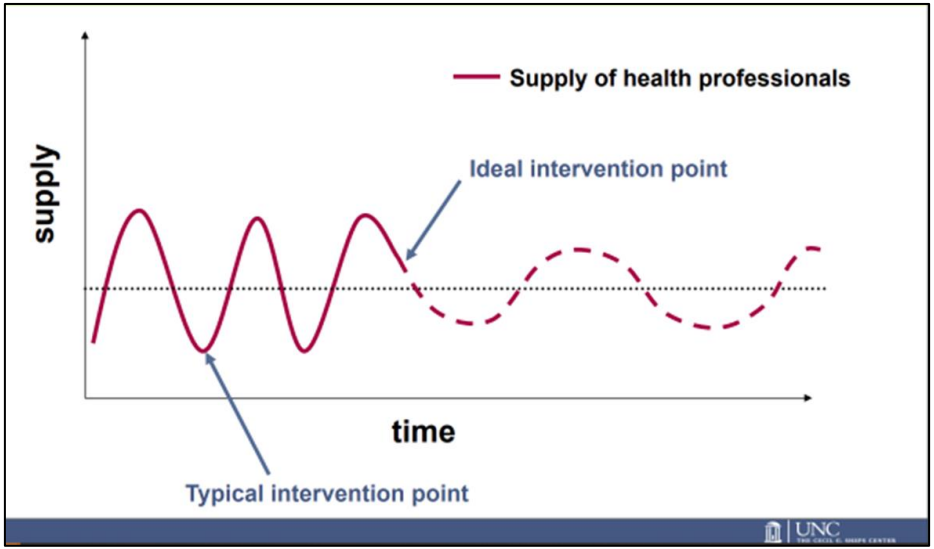
Strategic Planning “Smooths” the Cycle



(Fraher, 2017)

How can planning help primary care teams?

- Planning can help:
  - Leaders, planners, and primary care practitioners understand the communities we serve and the resources we have available
  - Promote equitable distribution of resources
  - Optimize alignment between needs and capacity
  - Move from reactive to proactive decision-making
  - Evaluate the efficacy of interventions

What is health workforce planning?

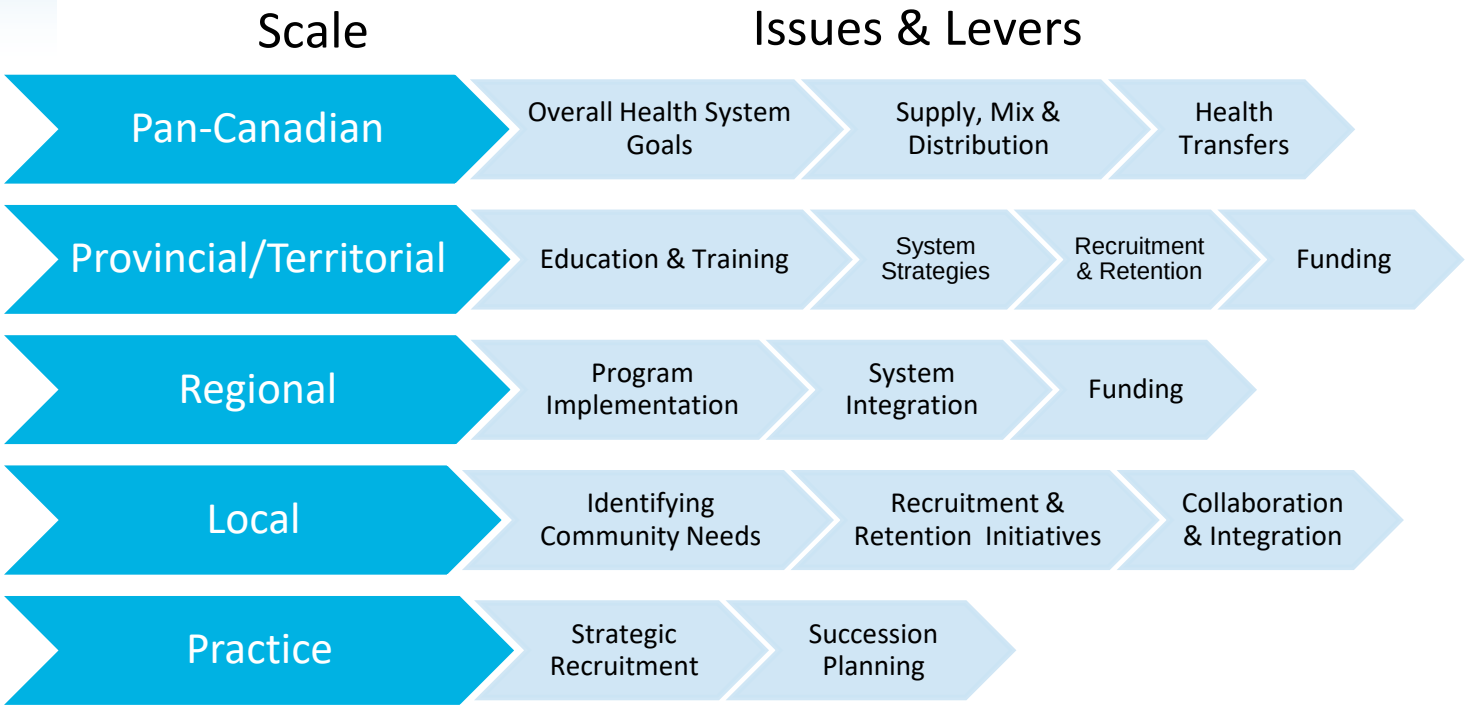
What is health workforce planning?

*"…the process of estimating the **number of persons** and the kind of **knowledge**, **skills**, and **attitudes** they need to achieve predetermined health targets and ultimately health status objectives. Such planning also involves specifying **who is going to do what, when, where, how**, and with what resources for what population groups or individuals so that the knowledge and skills necessary for the adequate performance can be made available according to predetermined policies and time schedules. This planning must be a continuing and not a sporadic process, and it requires **continuous monitoring and evaluation**…"*
(Hall & Mejia, 1978, p.18)

Planning Primary Care Teams

- Historically, we have worked – and planned – in siloes
- Primary care practitioners are increasingly working in teams and planning needs to account for the complexities of the patient population and team-based care, ensuring the team configuration – with roles and responsibilities – is documented and aligned to community and patient profiles and needs
- Considering *who does what for whom, where, when, why and how* is central to planning primary care teams
- Planning with the team as the unit of analysis is an evolving science

At what scale should we plan?



Regardless of the scale at which planning is undertaken, leading practices in planning should be adopted

Planning should consider health and other community services collectively

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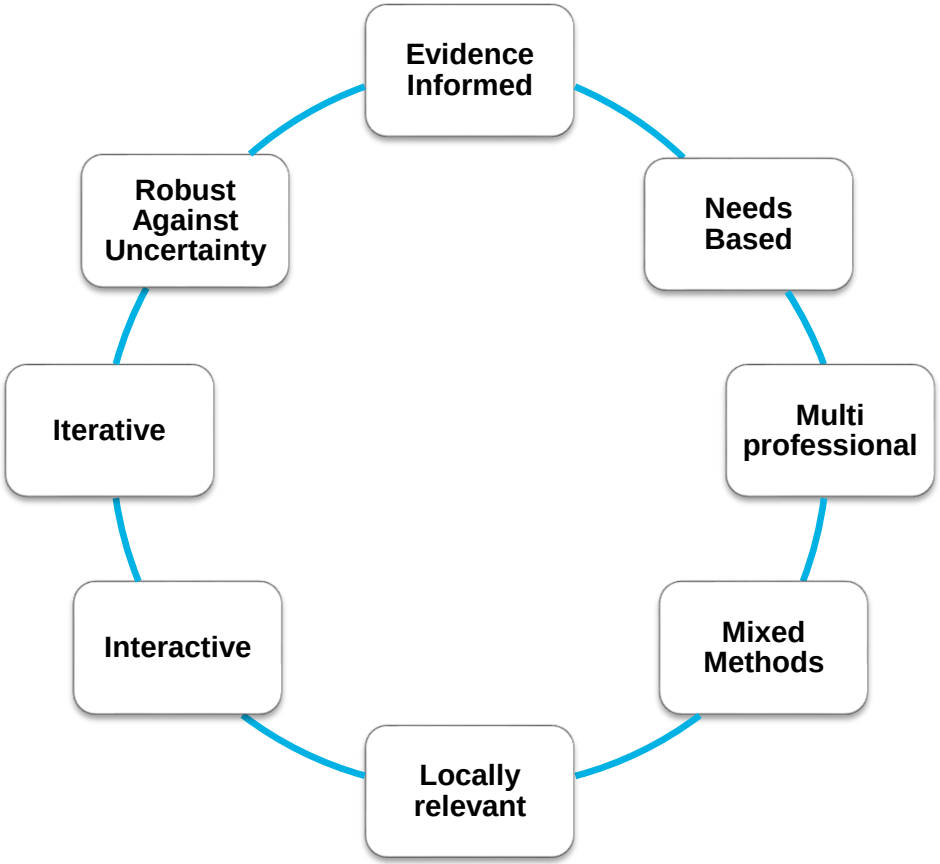
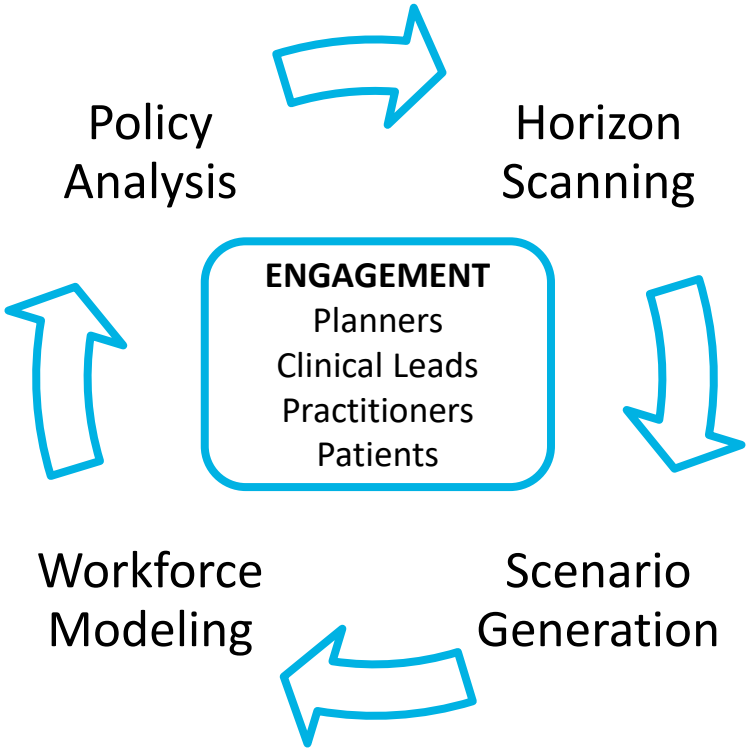
Leading Practices in Health Workforce Planning



Iterative Workforce Planning Process



- *Data inputs may be quantitative or qualitative*
- *Engagement is central to the process*
- *Who is engaged and what kind of modeling is undertaken depends on the scale of the planning exercise*

How do we start planning?

Assemble a Team

- The composition of your team will depend on the scale at which you are planning, and the issues and questions to be addressed
- Leverage your network
- Identify champions of planning in your organization
- Identify individuals with knowledge of the community and its needs
- Identify key stakeholders who may be able to help
- Recruit data-minded team members who believe in planning
- Experience with analytics, education, and communication is helpful

Define the Scope & Goals

What is the problem to be solved?

- What ***questions*** need to be addressed?
- What are the ***goals*** that this planning process should support?
- What ***geographic boundaries*** *and* ***units of analysis*** are relevant?
- How do planning activities ***intersect*** with one another?

What resources are needed?

- Who will be **engaged** in the planning process?
- What **financial, human** and **technical resources** will be invested?
- Which **data** are available to support planning?
- How much **time** will be committed to health workforce planning?

Define the Health Workforce Sector & Identify Key Considerations

How is the sector defined?

- What are the ***services*** of greatest interest?
- Which are the ***disciplines*** of greatest interest?
- What is the ***structure*** and ***mix*** of practitioners and tasks?

What are the key considerations?

- What are the factors that influence ***population health needs*** *and* ***service requirements***?
- What are the factors that influence the ***service capacity*** *of the health workforce*?
- What ***policy levers*** are available to influence these factors?

Workforce Modeling

- *Who are your patients?*
- *What services do they need?*
- *How many services do they need?*

Once a current or potential future gap has been identified, remediation can be explored

- *Who is in your workforce?*
- *What skills do they have?*
- *What services do they provide?*
- *How many services do they provide?*
- *Who can provide which services?*

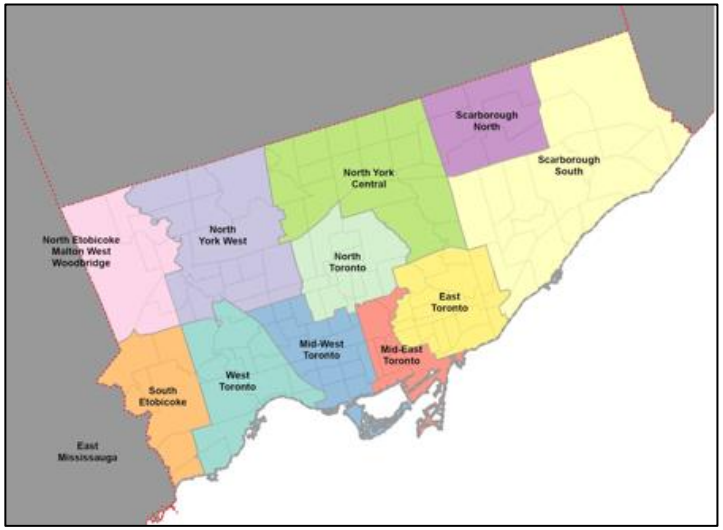
Actualizing Planning

1. Intentionally build capacity for planning
2. Commit to adopting leading practices
3. Set aside time and funding to support planning activities
4. Assemble a team with the skills that are needed
5. Seek input from stakeholders and experts
6. Prioritize and advocate for high quality data and data infrastructure

- *Plan regularly and iteratively*
- *Collaborate with adjacent teams and other sectors*
- *Build a planning community: connect with others doing the same work*

What does planning look like in practice?

The Toronto Experience



- In 2017, the Toronto Region recognized that primary care workforce planning is necessary to inform **equitable distribution of primary care workforce resources**
- Support is needed to facilitate **evidence-based decision-making**

- A r**apidly changing primary care landscape,** exacerbated by the **COVID-19 pandemic,** calls for **proactive rather than reactive** health workforce planning to **anticipate and mitigate HHR crises**

The Toronto Experience

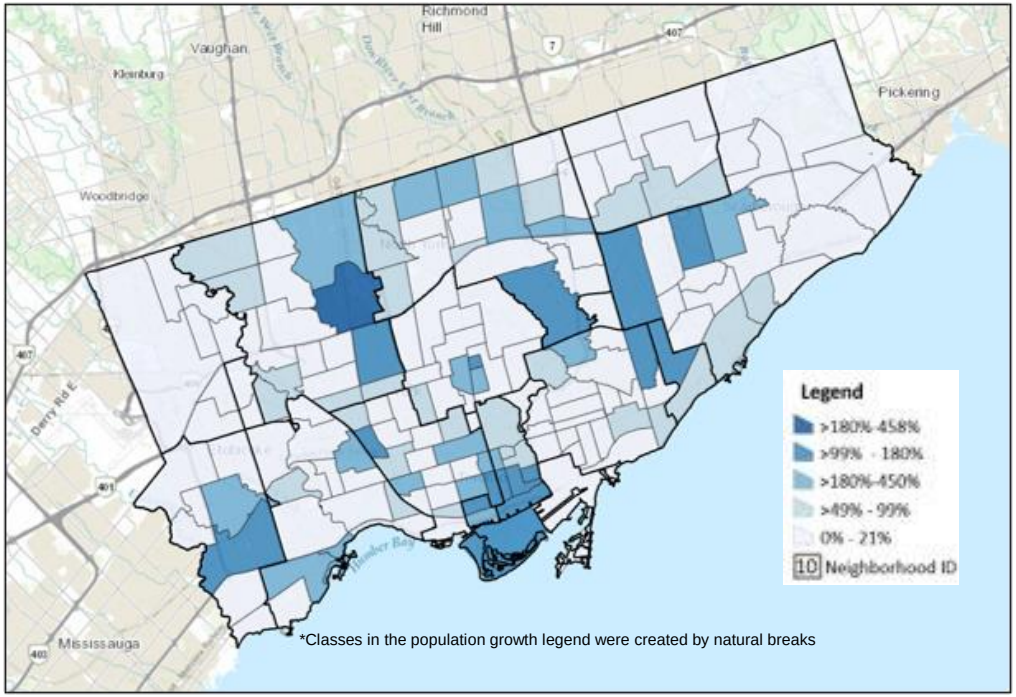
- Our horizon scanning and scenario generation exercises revealed a need for a body of evidence around current (and projected future) population health needs and primary care service provision at a neighbourhood level
- Specific issues of concern in Toronto include **population growth**, **patient mobility**, and **physician retirement**
- We assembled a workforce planning toolkit to help local and regional stakeholders engage with planning
- We are actively building capacity for primary care planning in the region and beyond

Population Growth

Some neighbourhoods in Toronto are experiencing significant growth

Ontario Health Toronto and the City of Toronto are planning to make sure that the infrastructure to meet the primary care needs of growing neighbourhoods is in place

Population Growth Estimates for Toronto Neighborhoods, 2022 - 2032



Source: City of Toronto estimates based on housing development completions, 2022

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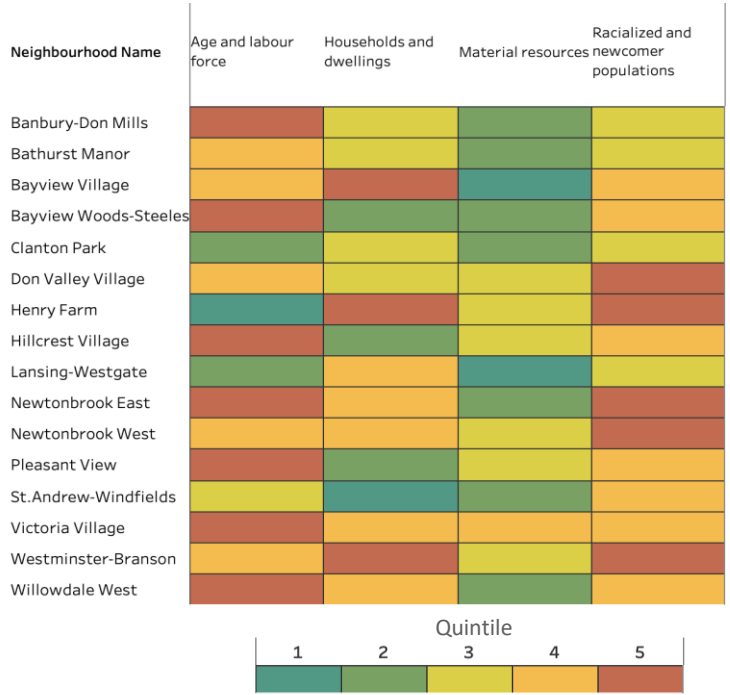
Marginalization

North York Central Sub-Region Neighborhoods, 2021



Data Sources: 1) Ontario Community Health Profiles Partnership. 2) 2021 Ontario Marginalization Index: User Guide

ON-Marg is a data tool that combines a wide range of demographic indicators into four distinct dimensions of marginalization.

Age and labour force: includes indicators to describe % seniors (65+), the dependency ratio (the ratio of seniors and children to the population 15-64) and % not participating in the labour force.
Households and dwellings: includes indicators that measure types and density of residential accommodations, and certain family structure characteristics, such as % living alone and % dwellings not owned.
Material resources: includes indicators that measure access to and attainment of basic material needs, such as % unemployment and % without a high school degree.
Racialized and newcomer populations: includes indicators to describe % recent immigrants and % who self-identify as a 'visible minority' (as defined by Statistics Canada).

For each dimension, data are sorted into 5 groups (quintiles), ranked from **1 (least)** to **5 (most)**.

Examining marginalization indices at the sub-region level helps to identify high-needs neighbourhoods, where additional primary care (and other) resources can be allocated

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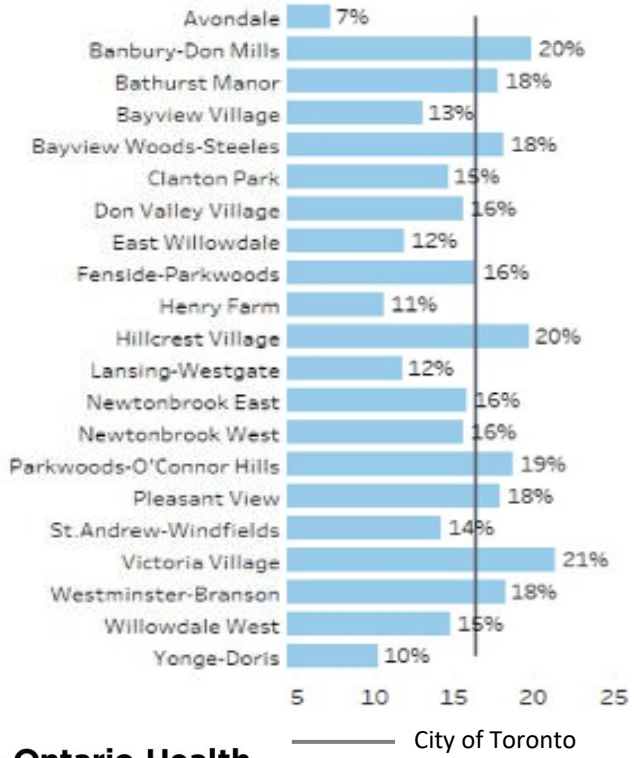
Burden of Disease

Multimorbidity (Age: 20+) (2018/19)



In Toronto, we examine prevalence of Asthma, COPD, Diabetes, Hypertension, Mental Health & Addiction, and Multimorbidity (2+ and 4+ chronic conditions)

Understanding community burden of disease can help to direct efforts to support better support patients and practitioners

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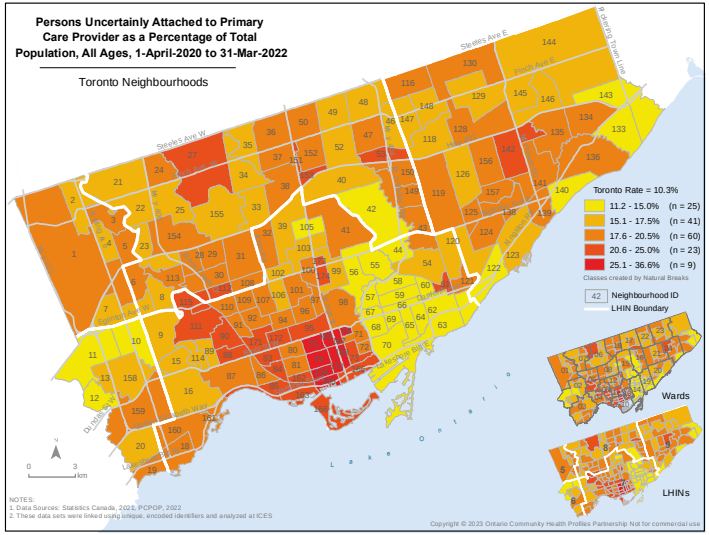
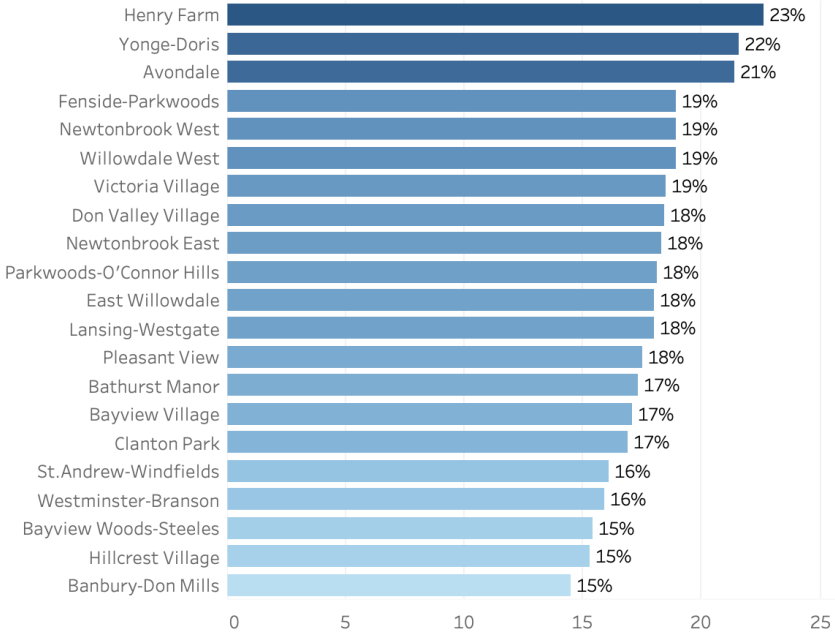
Attachment to Primary Care

% of Patients Uncertainly Attached to Primary Care (2022)





Examining attachment rates can help to focus efforts to connect patients to primary care

Data Source: Ontario Community Health Profiles Partnership

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Allied Health Practitioners

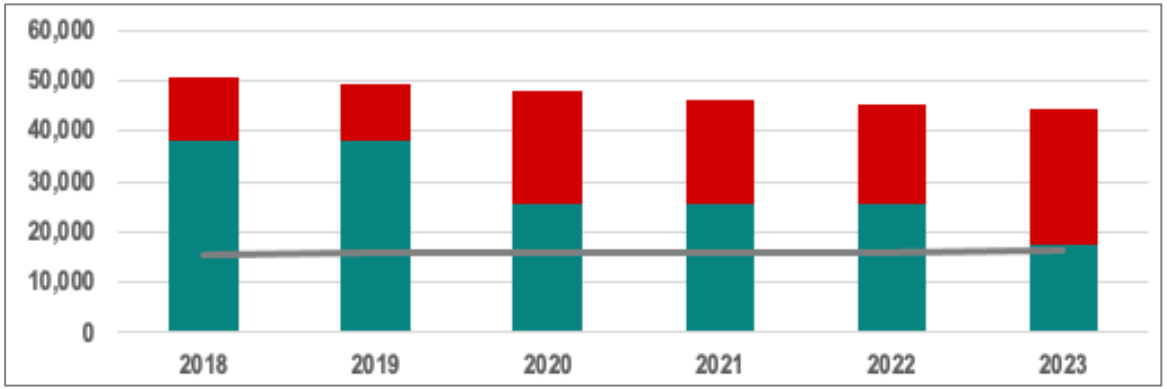
Presence/Absence of Allied Health in Selected Neighbourhoods of the North York Central Sub-Region (2018)

Neighbourhood	Chiropodists	Dieticians	Midwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLTs
Newtonbrook East	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Newtonbrook West	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Pleasant View	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
St.Andrew-Windfields	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Victoria Village	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No
Westminster-Branson	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Willowdale West	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Understanding what professional resources are available – and where – can help to create teams that respond to community needs

Data Source: HPDB

Visits at Risk due to Physician Retirement



	2018	2019	2020	2021	2022	2023
Visits at Risk	12,370	11,176	22,243	20,811	19,792	27,157
% of Total	24%	23%	47%	45%	44%	61%

In Toronto, we examine age-related risk of physician retirement in each neighbourhood and flag service capacity at risk

This approach allows us to identify neighbourhoods where physicians might retire as well as the potential magnitude of the impact on the community

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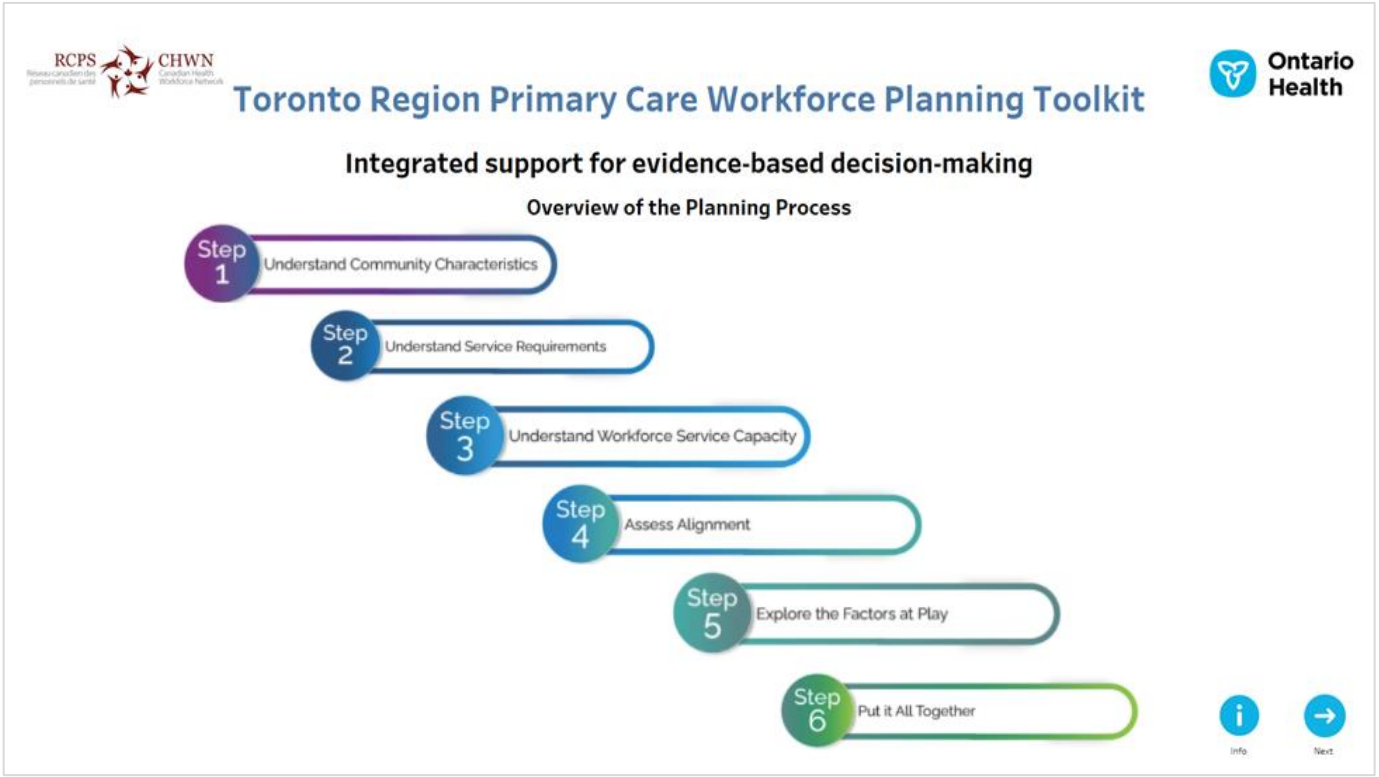
Engaging with Planning



Our fit-for-purpose interactive dashboard helps stakeholders to engage with planning through six sequential steps

Step 1: Understand Community Characteristics

What are the characteristics of the population?

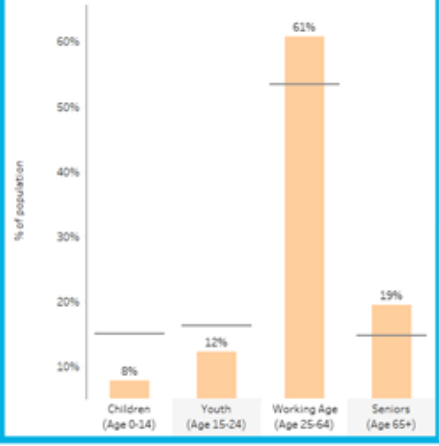
Explore population size, age structure, health status, marginalization, diversity, utilization, and other indicators

Neighbourhood

Annex

Population Size

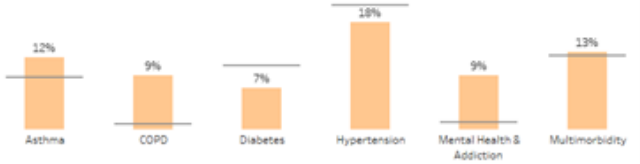
Age Structure (2016)



Health Status (2016/17)

Prevalence (%)

Age-Standardized Prevalence



Marginalization

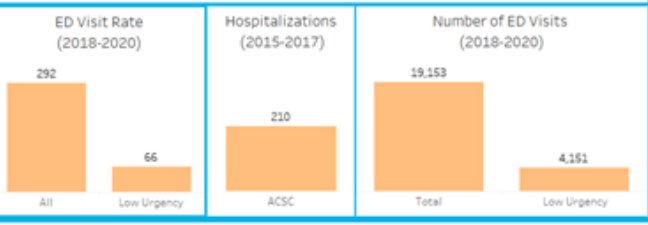
Ontario Marginalization Index (ON-Marg) 2016

Dimension	Neighbourhood Quintile	Toronto Quintile
Dependency	3	1
Ethnic Concentration	1	5
Material Deprevation	1	4
Residential instability	5	5

Other Community Characteristics

Seniors Living Alone	Recent Immigrants	No Knowledge of English/French	Attachment (Year)
2016	2016	2016	
30%	Null%	Null%	21%

Utilization



Summary

In 2016, there were 30,505 residents in Annex

Seniors make up 19% of the population

The most prevalent health conditions in Annex are:

- Hypertension (18%)
- Multimorbidity (13%)
- Asthma (12%)

Multimorbidity impacts 13% of the residents of Annex

Annex ranks in the 3rd quintile for Dependency, the 1st quintile for Deprivation, the 1st quintile for Ethnic Concentration, and the 5th quintile for Instability

In [Year], 21.47%% of patients were attached to a primary care provider

In 2018-2020, patients from Annex made 4,151 low urgency visits to the emergency department

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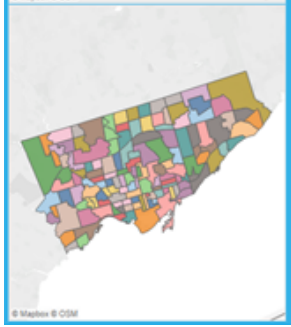
Step 2: Understand Service Requirements

How many primary care visits are needed?

Total service requirements depend on the needs of the residents of the neighbourhood and the needs of patients from other neighbourhoods, adjusted for patient mobility, as well as the needs of patients from outside Toronto
Estimates of future service requirements are based on expected population growth

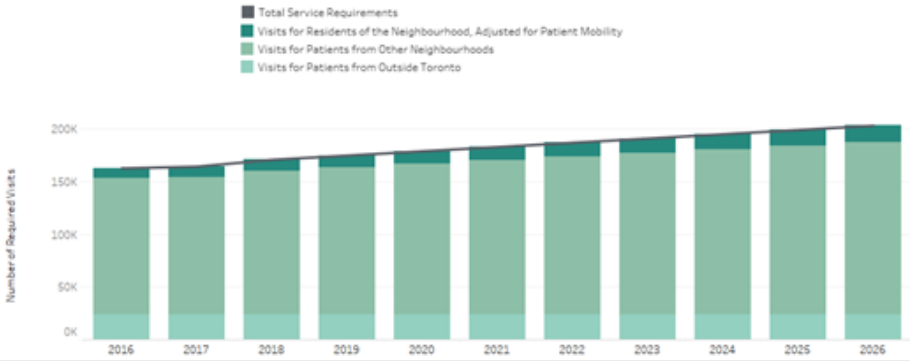
Neighbourhood

Annex



Total Service Requirements

Annual Primary Care Visits



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	27,866	29,595	31,325	33,055	34,785	36,515	38,245	39,975	41,705	43,435	45,165
Visits for Residents of the Neighbourhood	103,203	104,637	116,017	122,424	128,830	135,237	141,644	148,051	154,458	160,864	167,271
% of Care Accessed In Home Neighbourhood						9.3%					
Visits for Residents of the Neighbourhood, Adjusted for Patient Mobility	9,597	9,731	10,789	11,385	11,981	12,577	13,172	13,768	14,364	14,960	15,556
Visits for Patients from Other Neighbourhoods	129,626	131,087	136,543	140,001	143,459	146,918	150,376	153,834	157,293	160,751	164,209
Visits for Patients from Outside Toronto						23,703					
Total Service Requirements	162,927	164,521	171,035	175,089	179,144	183,198	187,252	191,306	195,360	199,414	203,468

Summary

In 2016, 162,927 primary care visits are required in total, 103,204 for residents, 129,627 for patients from other neighbourhoods, and 23,703 for patients from outside the City

In 2023, 191,306 primary care visits are required in total, 148,051 for residents, 153,835 for patients from other neighbourhoods, and 23,703 for patients from outside the City

Service requirements are expected to increase to 203,469 in 2026

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Step 3: Understand Workforce Service Capacity

Who provides primary care service in this community and how much?

Total service capacity depends on visits delivered by physicians who provide comprehensive primary care and by those who don't
Future service capacity of comprehensive primary care physicians is adjusted for age-related changes in workload
Visits at risk due to physician retirement are flagged
The service capacity of non-physician providers is estimated as the average number of weekly hours of professional service available in the neighbourhood

Neighbourhood

Annex

Comprehensive Primary Care Physicians

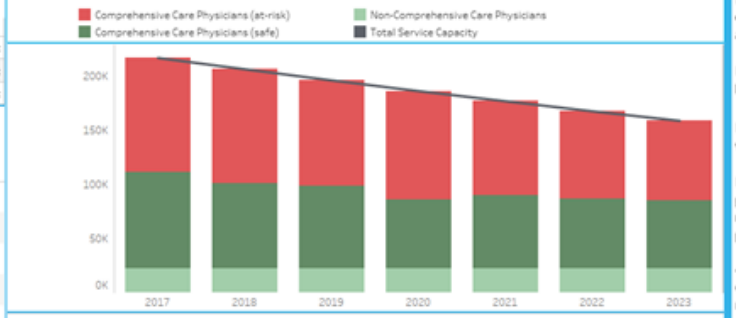
Year	Number MDs	Average Age	
2015	55	54	Abc
2016	59	54	Abc
2017	58	56	Abc

Allied Health Professionals

Average Weekly Hours Available

Profession	2018	2017	2016
Chiropodists	29	15	40
Dieticians	93	61	50
Midwives			
Nurse Practitioners	187	202	170
Occupational Therapists	68	34	11
Optometrists	470	462	0
Pharmacists	443	767	697
Physiotherapists	202	245	343
Psychologists	458	326	296
Registered Nurses	1,821	2,198	1,937
Registered Practical Nurses	2,904	2,798	2,891
Respiratory Therapists			
Speech-Language Pathologists	101	142	147

Total Service Capacity



Non-Comprehensive Care Physicians	22,129	22,129	22,129	22,129	22,129	22,129	22,129
Comprehensive Care Physicians (at-risk)	105,647	105,504	97,723	100,545	87,027	80,973	73,462
Comprehensive Care Physicians (safe)	88,879	78,602	76,083	63,349	67,516	64,267	63,036
Total Service Capacity	216,655	206,235	195,935	186,023	176,672	167,369	158,627

Summary

In 2017, there were 58 physicians providing comprehensive primary care their average age was 56

In 2018, services from 11 distinct allied health professions were available in Annex

In 2023, the total physician service capacity was 158,627 visits

In 2023, Comprehensive primary care physicians provided 63,036 visits and non-comprehensive primary care physicians provided 22,129 visits

49% of the total service capacity in 2017 is considered to be at risk due to physician retirement

46% of the total service capacity in 2023 is considered to be at risk due to physician retirement

Total service capacity is expected to decrease to 158,627 in 2023

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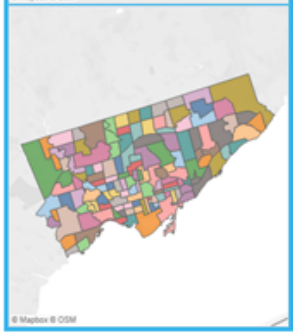
Step 4: Assess Alignment

How does service capacity align with service requirements?

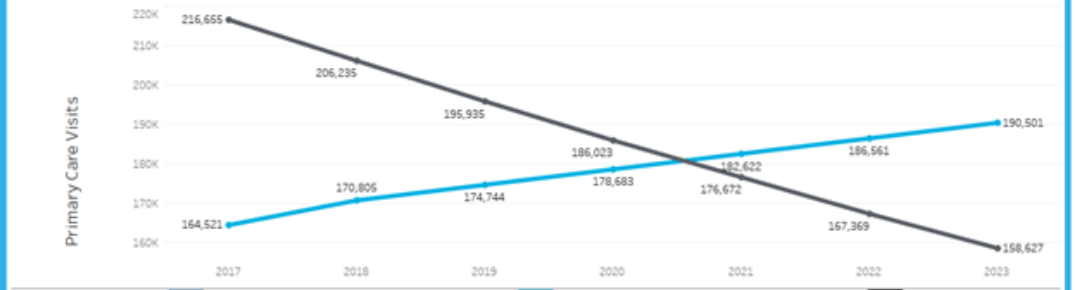
Assessment of the alignment allows for the identification of communities with large current or future gaps
Additional resources can be directed toward these communities

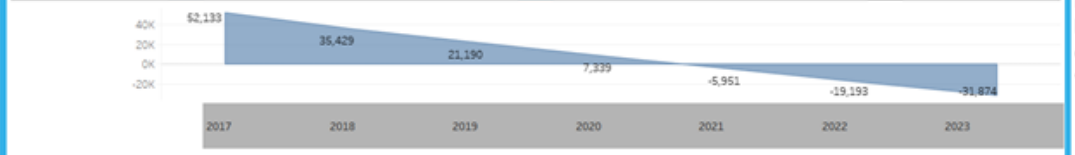
Neighbourhood

Annex



Alignment Between Service Requirements and Service Capacity





	2017	2018	2019	2020	2021	2022	2023
Service Requirements	164,521	170,805	174,744	178,683	182,622	186,561	190,501
Service Capacity	216,655	206,235	195,935	186,023	176,672	167,369	158,627
Gap	52,134	35,430	21,191	7,340	-5,950	-19,192	-31,874

Summary

In 2017, the estimated gap between service requirements and capacity was 52,133 visits (a surplus)

By 2023, the estimated gap between service requirements and capacity is expected to be -31,874 visits (a deficit)

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Step 5: Explore the Factors At Play

What factors influence service requirements, service capacity, and alignment?

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Step 6: Put It All Together

When all the information is integrated, what are the key points?

Explore issues and potential solutions

Neighbourhood

Is this a high-needs community?

Neighbourhood Name	Index
Annex	10

What is the expected growth rate of this community?

2001	2006	2011	2016
	+3.0%	+6.1%	+4.6%

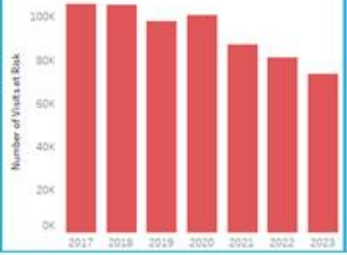
How does patient mobility manifest in this community?

% of Care Accessed In Home Neighbourhood	9.30%

What workforce resources are available?

Year	Average Age	Number MDs
2017	55.68	58

How many physician visits are at risk due to retirement?



What is the gap between service requirements and service capacity?

2017	2023
52,133	-31,874

Next Steps

1 - Build a picture of the primary care landscape

- Compile all the relevant indicators
- Supplement with additional local knowledge

2 – Identify the issues and develop innovative solutions

- Population-level solutions
- Workforce solutions
- Resources

Back to Step 5

Questions

What our partners are saying…

"And…it really is a driver of our Ontario Health Team work to think about how are we going to get the health care workers that we need to actually deliver integrated care? How do we train them to support them? We need this to drive change. You need to have this level of information to help with not only population health planning, but then you know concurrently the workforce that's going to be needed for that. So that's why we decided to engage and that's why this is really exciting, because it is going to help our OHT be successful."

Anne Wojtak, Lead, East Toronto Health Partners

What our partners are saying…

"Thank you so much for this toolkit. It's certainly raised our capability to do planning in primary care and a we've used it quite a bit and I really, really appreciate it. … So thank you for this work."

Jagger Smith, Lead, Expanding Team Based Primary Care, North Toronto
Ontario Health Team and North York Toronto Health Partners

"…this work is not just useful, it's vital to the work that we do in keeping the system alive…"

Susan Joyce, Primary Care Co-Lead, North Toronto Primary Care Network

Key Points

Key Points

Key Point #1

We need to embed health workforce planning into ongoing health system decision-making

Key Point #2

Better planning allows for a proactive vs reactive approach to health system challenges

Key Point #3

Leading practices should guide workforce planning activities

Key Point #4

Planning supports team-based care by mobilizing critical information related to needs and capacity

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