RNAO

POLITICAL ACTION BULLETIN

Ontario's primary care crisis

Ontario has a primary care crisis. RNAO estimates that 3.3 million Ontarians currently lack a regular primary care provider (PCP), with newcomers, racialized people and people on low incomes disproportionately unattached (1). And, many who do have a provider can't access timely services.

RNAO applauds the government's commitment to attach everyone who lives in Ontario to a PCP by 2029. This aligns with evidence that: 1) primary care is the foundation of equitable, high-functioning health systems, and 2) attachment to a PCP improves patient outcomes and relieves burden on other sectors of the health system, particularly hospitals.

However, the government's plan vastly understates the scale and scope of the crisis. For example, despite widely accepted evidence that 2.5 million Ontarians were unattached in 2023, the government assumes that, currently, there are only 2 million Ontarians without a regular PCP. Moreover, the government response to the primary care crisis assumes that the number of unattached Ontarians will not increase through their five-year planning horizon despite population growth, an aging population, health and disease trends, and the demographics of the comprehensive family physician workforce. The government provides no basis for their current or projected estimates of unattached Ontarians.

RNAO projections show that 1.8 million Ontarians will be unattached by 2029 even after the government's current primary care and associated workforce planning initiatives are implemented (and assumed successful). In addition to the government's current and planned initiatives, resolving the primary care crisis will require a fundamental reimagination of who provides primary care and how that care is provided. The necessary investments and initiatives include:

1. **Build nursing capacity**
2. **Build nursing career pathways in primary care**
3. **Expand access to primary care**

Background

The number of Ontarians not regularly attached to a provider has become shorthand for the primary care crisis. The most comprehensive and reliable baseline for determining the number of unattached Ontarians was 2.5 million in 2023 (1). The trajectory of that number varies depending on the factors considered and the source of the projection. For example, the Ontario College of Family Physicians projected in 2023 that 4.4 million Ontarians will be without a regular PCP by next year, basing this in part on physicians' retirement intentions (2).

RNAO estimates that 3.3 million Ontarians are unattached presently and 1.8 million will remain unattached by 2029 accounting for population growth, historical workforce inflow/outflow data and current government initiatives and associated workforce programming. Despite varied projections, one fact remains clear: a significant percentage of Ontarians will remain unattached for the duration of the government's planning horizon and well past 2029 (see Appendix A). Moreover, we must recognize that a sole focus on the unattachment rate oversimplifies the problem. To fully define the primary care crisis, we must also consider challenges related to quality of care and timely care. For example:

- More than one third (34.7 per cent) of attached patients can't get same-day or next-day appointments with their PCP (3). Today, primary care in Ontario is typically available during standard business hours, five days a week, with some limited availability on evenings and weekends. Outside those hours, the only recourse for most Ontarians is the local emergency department.
- A high percentage of emergency department (ED) visits (13 per cent) are for ambulatory care sensitive conditions - illnesses that could be prevented by proper management in a primary care setting (4). Almost 90 per cent of non-urgent ED visits are attributed to patients already attached to a PCP (1).
- Ontario has a higher number of hospitalizations due to ambulatory care-sensitive conditions (290 per 100,000) compared to the Canadian average (281 per 100,000) (5). Again, this burden is largely attributed to already attached patients, who make up the large majority (91 per cent) of these hospitalizations (1).

Here are some of the central issues contributing to Ontario's primary care crisis:

1) Issues related to the primary care workforce

a) Family physician shortage

- **Inflow of family physicians not keeping pace with population growth:** The number of comprehensive care family physicians has remained steady since 2019, but has not kept pace with population growth. In 2019 there were 64 comprehensive care family physicians per 100,000 people in Ontario, while in 2022 there were only 62 (6,7). Plus, physicians who do work in comprehensive care are now working fewer days and have smaller panel sizes (6-7).

- **Increasing outflow of family physicians:** As of 2023, over 2 million Ontarians were at risk of becoming unattached as they were attached to a physician nearing retirement (1,6). This is especially concerning because these physicians disproportionally care for older adults and medically complex patients (6). Another report shows that up to 65 per cent of family physicians are planning to make a change or leave the profession by 2028 (8).

b) Lack of investment in primary care nurse practitioners

With a scope of practice that includes the ability to diagnose, develop care plans and prescribe, nurse practitioners (NP) are ideally suited to fill the "most responsible provider" (MRP) role in primary care. Indeed, since the creation of Ontario's 25 nurse practitioner led clinics (NPLCs) in 2007, NPs have been filling that role with a level of care that matches or exceeds outcomes across the Quintuple Aim. Their care is shown to improve patient outcomes, increase access to care, and decrease overall health-care costs (9). Despite the proven benefits of NPs, the government has only funded two new NPLCs since 2007. Moreover, while Ontario has historically led the country in NP-to-population ratio, the gap between Ontario and the rest of Canada is narrowing (10-11). Meanwhile, the U.S. NP-to-population ratio remains more than three times higher than that of Ontario (12).

c) Lack of investment in and utilization of primary care registered nurses

Registered nurses (RN), like NPs, are grossly underutilised when it comes to providing many aspects of primary care. When RNs work to their full scope, patients have increased access to care, improved satisfaction, and improved health behaviours (13-14).

However, in Ontario, the benefits of RNs working in primary care remain untapped:

- Ontario has had an RN shortage for decades and has the lowest RN-to-population ratio in Canada; Ontario would need almost 29,000 additional RNs just to meet the rest-of-Canada ratio (10-11).
- Less than four per cent of Ontario's RNs work in primary care (15).
- RNs working in primary care are rarely utilized to their full scope of practice, often performing administrative tasks instead of clinical care (16). In fact, only about half (52 per cent) of primary care physicians in Canada use other health-care workers, like nurses, to manage care for patients with chronic conditions - a number below the international average (17).

2) General acuity and disease trends

PCPs are spending more and more resources caring for medically complex patients (6). The number of people living with major illnesses such as diabetes or cancer has almost doubled in the last 20 years; it's expected to rise to 3.1 million people by 2040 (18). Those with multiple comorbidities use health-care services – including primary care – more frequently (18). Moreover, the mental health of Canadians has been decreasing with increasing rates of mood and anxiety disorders and this burden of care is increasingly falling on PCPs (19-20).

Recommendations

Nurses of all classifications are essential to solving Ontario's primary care crisis. We need more nurses working with expanded scope and in expanded roles in the context of interprofessional team-based care. Nurses working in interprofessional team-based care contribute to increased productivity, larger panel sizes, more patient visits, and improved outcomes, especially for chronic conditions (21–23).

RNAO recommends the following:

1. Build nursing capacity

- Increase the number of seats in NP programs to reach the goal of 7,500 registered NPs in Ontario by 2029.
- Increase the number of seats in BScN nursing programs (four-year and compressed BScN, second entry, and bridging programs) with the goal of achieving 10,000 new RN registrants annually starting in 2029.

2. Build nursing career pathways

For NPs:

- Recognize NPs as MRPs in all models of primary care. While NPs sharing a panel with a family physician can increase the panel size by an estimated 259 patients, NPs in the role of MRP can attach approximately 800 patients (24-25).
- Develop and implement a publicly funded compensation model, without user fees, for NPs to work as MRPs in all models of team-based primary care.
- Expand scope of practice (see Box A).

For a full set of recommendations regarding building NP career pathways, see RNAO's Vision for Tomorrow: Nurse Practitioner Task Force report.

For RNs:

- Expand scope of practice (see Box A).
- Expand panels (and relieve burden on MRPs) by incorporating specialty RN roles into team-based care to address high and growing incidence of chronic disease, high and growing incidence of mental illness, and the need for care coordination and navigation to social services (see Box B).
- Harmonize RN compensation upward. The average maximum wage for primary care RNs in 2024 was just 78 per cent of hospital RN compensation – making the retention of RNs in primary care difficult (26-27).

For a full set of recommendations regarding building RN career pathways, see RNAO's Nursing Career Pathways: Opportunities and Barriers report.

Box A: Recommended nursing scope expansion

For NPs, at a minimum:

- Initiate all seven legal forms for mental health.
- Order additional forms of energy such as diagnostic tests with contrast (CT/MRI) and nuclear imaging (bone scans and thyroid scans).
- Complete paperwork associated with gender-affirming care.

For RNs, at a minimum and in all settings:

- Expand RN prescribing.
- Order laboratory and diagnostic testing.
- Enable referrals to interprofessional health-care providers.

Box B: RN specialty roles in primary care

- **Chronic Disease RN:** Works with patients with chronic diseases to: educate, reduce disease risk factors (assist with weight loss, lead smoking cessation interventions, etc.) and coordinate care (medication management, blood pressure control, etc.) (28).
- **RN Psychotherapist:** Works with patients experiencing mental health challenges to complete ongoing mental health assessments and suggest helpful behaviour modifications (29).
- **RN Patient Navigator:** Works with complex patients who have high unmet social needs (such as those with low income or vulnerable populations) to connect them to social services, remove barriers to care, and enable integration of care (30).

3. Expand access to primary care

- Ensure 24/7 access to primary care.
- Double the number of NPLCs by 2029.

For a full set of recommendations regarding expanding access to primary care, see RNAO's ECCO 4.0: Enhancing Community Care for Ontarians report.

4. Make primary care data public

- Publish annual data, expressed in terms of full-time equivalents (FTEs), on the number of:
  - family physicians providing comprehensive care,
  - NPs serving as primary care MRPs, and
  - RNs working in comprehensive family care settings.
- Publish annual data on the number of unattached individuals and the average panel size per MRP provincially and for each Ontario Health Team.

Appendix A: Technical note regarding RNAO estimates of future unattached populations in Ontario

RNAO estimations of the projected number of unattached populations in Ontario were based on publicly available data points, specifically: peer-reviewed journals (6); resources from well-established organizations (8,31–32); and government data (33). There were no historical multi-consecutive year databases publicly available for review.

Brief methodology for the unattached population projection

In 2023, an estimated 2,506,500 Ontarians were unattached (1). To estimate the unattached population from 2024 to 2030, we first projected the outflow and inflow of the comprehensive family physician by employing the following assumptions:

- **Projected outflow of comprehensive family physicians:** We considered a standard retirement scenario. Hence, the focus is on the age group of 65 and older. The assumptions for projecting the outflow include a 1 percent annual growth rate of comprehensive family physicians aged 65 and older and a 13 percent attrition rate from 2024 to 2030.
- **Projected inflow of comprehensive family physicians:** The assumption for projecting the inflow includes a 2.1 percent annual growth rate of the number of entry-to-practice in the family medicine from 2025 to 2030 (please note that we have a given number for this variable in 2024). We also assumed that 29 per cent of Ontario medical graduates would choose comprehensive family medicine as their 1st choice from 2024 to 2030.

We next considered the projected population increase.

- **Projected population increase:** We considered the Statistics Canada population estimates for 2024 and the Ontario Ministry of Finance population projection estimates (Interim Update) from 2025 to 2030. We assumed that all the additional population would be, by default, unattached. The rationale was that we lack historical data that shows how many additional populations were attached or unattached in a single year.

Considering a constant estimated average patient panel of 1,403, we then estimated the unattached population using estimated outflows of comprehensive family physicians, estimated inflows of comprehensive family physicians, and projected population increase. (Please note that the estimation of the unattached population did not consider government intervention.)

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The following table shows the projected number of unattached populations under each variable we considered. Our projected estimate of Ontario's total unattached population (column 8) = column 2 + column 3 – column 4 + column 5 – column 7:

Without government intervention						Considering government intervention	
	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Year	Base unattached population	New unattached population due to physician outflow	New attached population due to physician inflow	Unattached population due to population increase	Total unattached population	Cumulative attached population resulting from government primary care initiatives	Total unattached population
2024	2,506,500	262,454	196,073	500,909	3,073,790	N/A	3,073,790
2025	3,073,790	265,078	200,191	224,351	3,363,028	N/A	3,363,028
2026	3,363,028	267,729	204,395	96,340	3,522,703	300,000	3,222,703
2027	3,522,703	270,407	208,687	23,650	3,608,072	800,000	2,808,072
2028	3,608,072	273,111	213,070	14,583	3,682,696	1,400,000	2,282,696
2029	3,682,696	275,842	217,544	104,696	3,845,690	2,000,000	1,845,690
2030	3,845,690	278,600	222,112	154,417	4,056,594	X	X

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