



**BRIEFING NOTE**  
 Meeting the Crisis of the Unattached Patient in Ottawa;  
 A Strategic Approach

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**Goal:** All City of Ottawa residents and across the region will be attached to a primary care team. We will reach all residents, retain, and revitalize our community of family practices, recruit new primary care team members and respond to the most urgent needs of our community.

**Purpose:** To propose a coordinated primary care strategy that creates the conditions for all community members to be meaningfully attached to primary care and support primary care as the foundation of the health care system for the City of Ottawa and surrounding region.

**In Collaboration and Consultation with:** Ottawa Health Team-Équipe Santé Ottawa, Archipel OHT, Ottawa West Four Rivers OHT, The Ottawa Hospital, Hôpital Montfort, Queensway Carleton Hospital, Department of Family Medicine uOttawa, the six Ottawa Community Health Centres (South East Ottawa, Centretown, Sandy Hill, Pinecrest Queensway and Carlington), and Restore Medical Clinic.

**Background:** A staggering 134,000+ people in our region are not attached to a primary care provider (Appendix 1). This is a larger number than the whole population of the cities of Kingston and Guelph. In addition, many of these individuals and families are from equity-deserving populations (refugees, newcomers, 2SLGBTQIA+) already facing disproportionate poorer health outcomes.

**The Problem:**

Unattachment to primary care is correlated with:	Increased use of acute care resources for mental and physical health issues
	Poor care coordination
	Decreased access to preventative care (e.g., vaccination, cancer screening)
	Decreased access to chronic disease management support (e.g., diabetes)
	Increased illness incidence and severity of illness in the community

The root causes contributing to the current crisis of primary care in the Ottawa region include:

1. An increase in the population in Ottawa, including children and refugees.
2. An aging population with more chronic conditions and increased complexity.

3. Chronic underfunding in primary care leading to limited and inequitable access to team-based care models.
4. Issues with retention and recruitment of family doctors: A worsening work environment, staffing challenges, and increased administrative burden have led at least 30 local family doctors to close their practices in 2020-21. We have fewer and fewer family doctors working in comprehensive practice. There are fewer new graduates selecting family medicine.

Primary care is associated with numerous benefits for individual and community health, including preventive care, early disease identification and treatment, personalized and relationship-based care, and better management of chronic conditions (The College of Family Physicians of Canada, 2019; McCauley et al., 2021)<sup>1</sup>

We need to act now. The stark disparity between need and access for unattached patients is an urgent issue requiring a multi-pronged collaborative approach to provide relief to patients and primary care providers. The Ottawa & region collaborators have a strategy and the ability to build on existing institutions to stabilize the health and well-being of our community and the health care system.

**5 point strategy:**

<b>Retain</b>	<b>Recruit</b>	<b>Reinforce</b>	<b>Revitalize</b>	<b>Reform</b>
Reduce practice closures by modifying existing policies, reducing administrative burden, increase access to after hours/urgent care support, increase access to allied health.	Increase MDs and NPs choosing to practice family medicine by offering re-training opportunities, ability to practice in different PC models. Enable readiness to practice assessments for IMG	Reinforce existing primary care practice by ensuring easy referrals/patient pathways, automating processes for efficiency, centralize screening and assessments for community services.	Revitalize primary care delivery to match Ottawa’s growing diverse population by investing in neighborhood based, integrated, team-based primary care. (Appendix 2)	Implement Primary Care neighborhood model of care guided by equity of access; led by the patient and primary care community in collaboration with acute care sector partners.

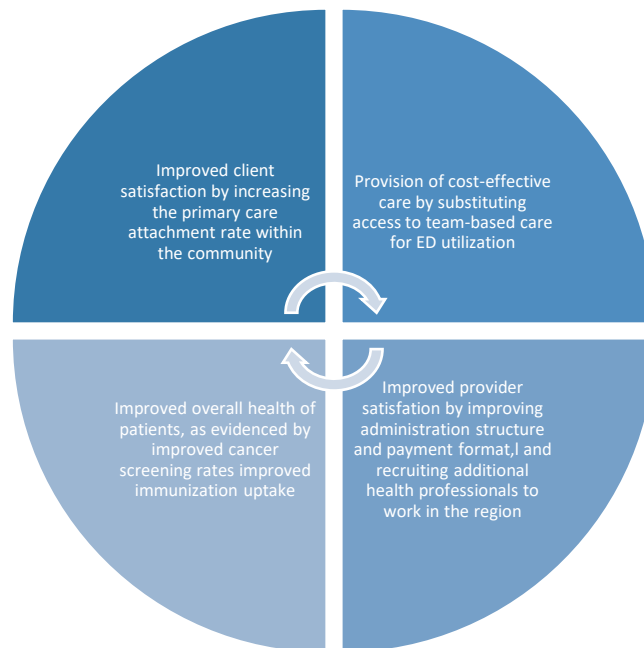
<sup>1</sup> The College of Family Physicians of Canada. 2019: Family Practice - The Patient’s Medical Home, p. 16.

**Recommendation:**

- 1) Invest \$100 million in resourcing the primary care community in Ottawa and region to support the implementation of the region wide strategy (with an expansion of clinics based on a variety of models of care to achieve equitable access for all communities). Specifically, money needs to be directed toward operational funding for team-based care and capital infrastructure funding for revitalizing and expanding clinical spaces.

**Expected Outcomes:**

Our approach would initially provide surge capacity for the immediate respiratory season and vaccinations for the unvaccinated, unattached children. In the medium term, we will look at the cancer screening catch-up, placing the most vulnerable unattached into primary care practices, and the long-term goal of everyone being attached to a primary care team. We would expect a stabilization of the primary care sector and in time, better overall population health. We believe we have the right partners and support to make this a reality.



**Conclusion:** It is imperative that the well-being of both patients and care providers is considered so that nobody gets left behind. The province has clearly indicated that primary care is the foundation of the health care system and must be leaders in system transformation through Ontario Health Teams. Sylvia Jones stated, "...physician involvement is a cornerstone of integrated care."<sup>2</sup> This coordinated strategy has been developed and supported by primary care leaders across the region. The health of our primary care system directly translates to the health of our population. Primary care needs to move away from the small business model and toward evidence-based, team-based care integrated with hospital and specialty care through implementing an Ottawa Primary Care Neighborhood Model. We will reach all residents, retain and revitalize our community of family practices, recruit new primary care team members and respond to the most urgent needs of our community. Ontario has the capacity to find solutions by building on existing institutions and capitalizing on innovations. Within 3 years, with the requested funding, we can build a Primary Care neighborhood model of care guided by equity of access; led by the patient and primary care community in collaboration with acute care sector partners that will leave no patient behind."

**For more information, please contact:**

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<sup>2</sup> [https://zoom.us/rec/play/VSCa\\_A4h3StiT6\\_u3hTu\\_MPwUMCysiRKHxm3hsnbebVFALXSSCBjG6\\_O-6MtT1UJqM\\_8b8mA3p52vX8G.wPmr2CNsyIFpa57J?startTime=1669827735000&x\\_zm\\_rtaid=aK94o4HXQn6a1emujoCVw.1670849753311.a30b1d0dd1cb45cae4b36282920590ea&x\\_zm\\_rtaid=123](https://zoom.us/rec/play/VSCa_A4h3StiT6_u3hTu_MPwUMCysiRKHxm3hsnbebVFALXSSCBjG6_O-6MtT1UJqM_8b8mA3p52vX8G.wPmr2CNsyIFpa57J?startTime=1669827735000&x_zm_rtaid=aK94o4HXQn6a1emujoCVw.1670849753311.a30b1d0dd1cb45cae4b36282920590ea&x_zm_rtaid=123)

**Appendix 1: INSPIRE-PHC Data** <http://www.ontariohealthprofiles.ca/ontarioHealthTeam.php>

Ontario Health Team	Attributed Population		Uncertainly Attached	
	Total	Total	Receiving PC	Not receiving PC
ÉSO/Ottawa OHT	586,801	56,675	24,861	31,814
ÉSO/Ottawa East OHT	191,361	14,792	6,308	8,484
Upper Canada, Cornwall and Area OHT	128,995	14,492	4,759	9,733
Ottawa - West Four Rivers OHT	320,581	23,809	9,125	14,684
Network 24 OHT	75,748	14,233	5,315	8,918
Connected Care, Lanark, Leeds, Grenville OHT	122,267	10,199	3,549	6,650
<b>Total</b>	<b>1,425,753</b>	<b>134,200</b>	<b>53,917</b>	<b>80,283</b>

**Appendix 2: Potential models and opportunities to attached people to primary care (Phase 1):**

Type of Model	Total # of people attached	Estimated budget	Exec. sponsor
CHC team-based care expansion (current sites & outreach)	17,000- 25,000	\$15 -\$ 25M	Kelli Tonner, Executive Director, South East Ottawa Community Health Centre
Restore Medical Clinic	13,000	\$5M	Dr. Danielle Brown-Shreves, Founder/CEO, Restore Medical Clinic
Academic Family Health Team expansion (2 sites)	20,000	\$16-20 M	Dr. Clare Liddy, Dept. of Family Medicine Chair, University of Ottawa
FHO/Hospitalist Model	10,000- 20,000	\$10- 20M	Dr. John Brewer, Medical Director for The Ottawa Hospital Department of Family Practice
Retain existing FFS/FHO	20,000- 30,000	\$5 M	Regional OHTs (West, Ottawa, East)
NPLC led clinic	10 000	\$3 M	Joanna Binch, NP (co-coordinator NPLC Proposal Team)/Kathleen Sowinski CMHA
<b>Total Estimated:</b>	<b>90,000 – 118,000</b>	<b>\$54M -\$80</b>	