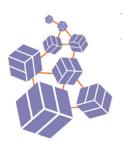
# Family Physician Shortage: A Canadian Healthcare Crisis



Winston Cheung, MD, Family Medicine Resident Tina Wong, RPh, Pharm D Candidate Brandon Pentz, MSc



 $\begin{array}{c} \text{Map the} \\ \text{System} \\ \hline \text{Canada} \end{array}$ 

Shortage of family doctors pushing more pati shortage in Canada is fast to overburdened ERs, physicians say approaching, RBC report says Canada will be short approximately 44,000 physicians before the end of the decade Noella Ovid Nearly 5 million Canadians without a family doctor, College of Family Physicia Published Nov 25, 2022 • Last updated Nov 29, 2022 • 4 minute read Canada says Join the conversation ulia Wong · CBC News · Posted: Nov 10, 2022 2:00 AM MT | Last Updated: Noven **OTV**NEWS Q MÉDICALE MEDICAL ASSOCIATION CANADIENNE NEWS VIDEO V LOCAL V SHOWS V ABOUT V CANADA News The Profession ∽ Our Focus ∨ Get Invo 6M Canadians don't have a family doctor, a News Releases and Statements > Critical family physician shortage r third of them have been looking for over a year: report May 9, 2022

Executive Summary / Executive

Critical family physician shortage must be addressed: CMA

Edmonton

# **Posthaste: A severe doctor**

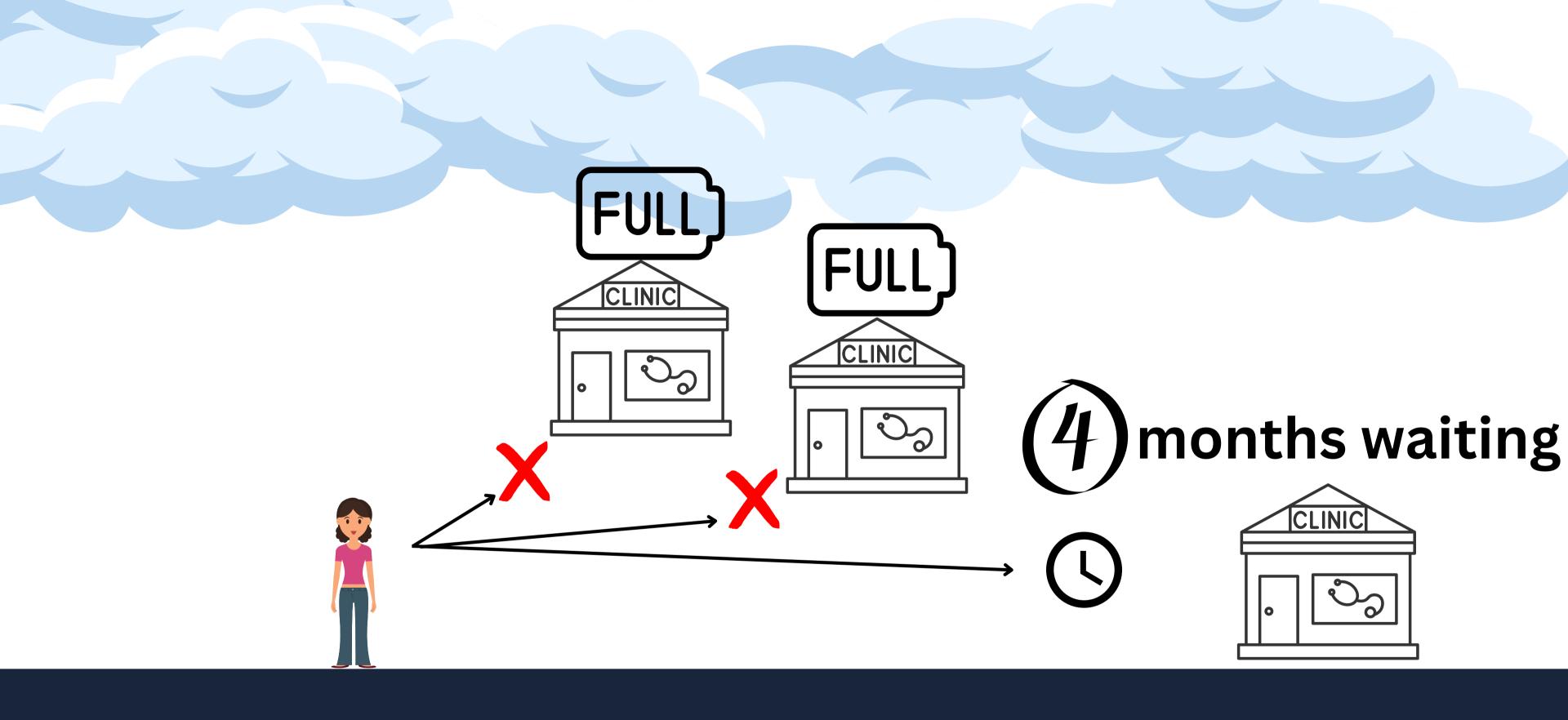


6 million Canadians without a family physician



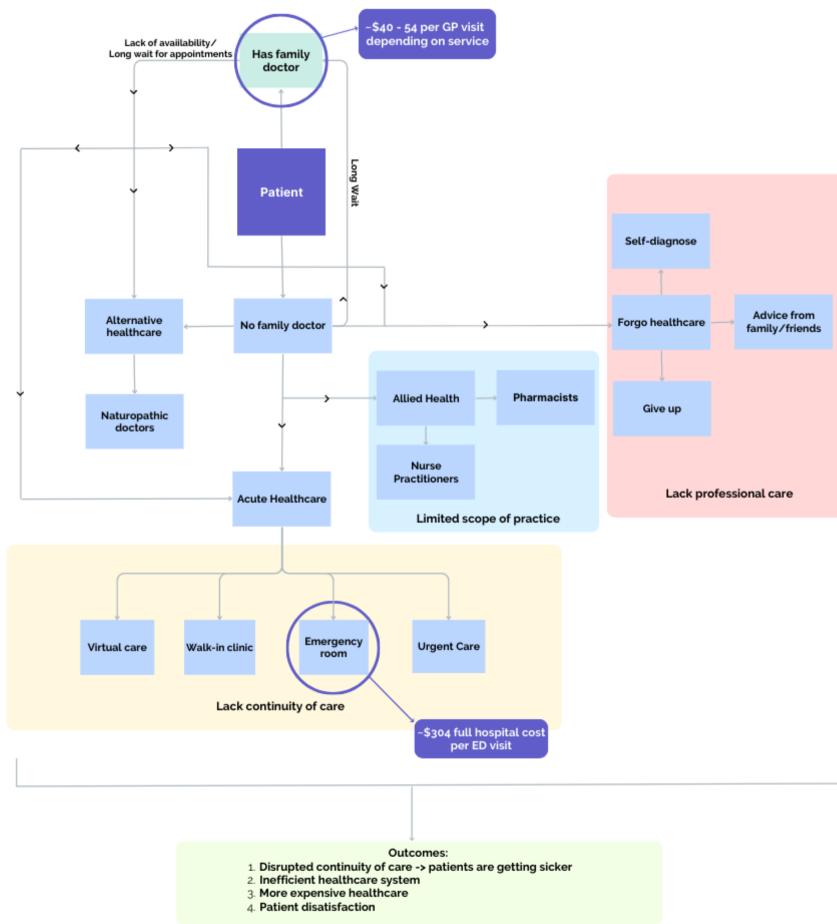
Predicted shortage of 31,680 family physicians

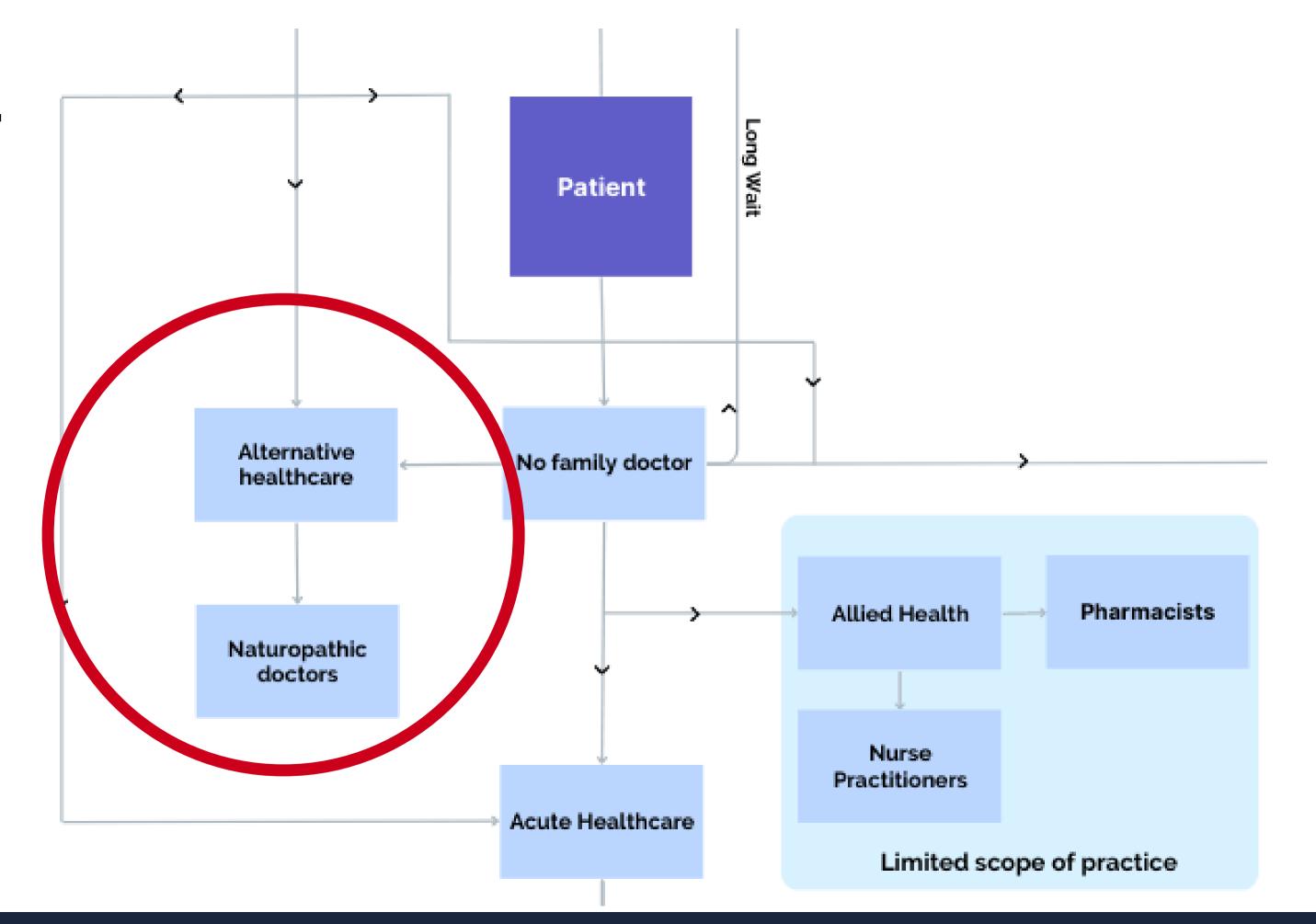


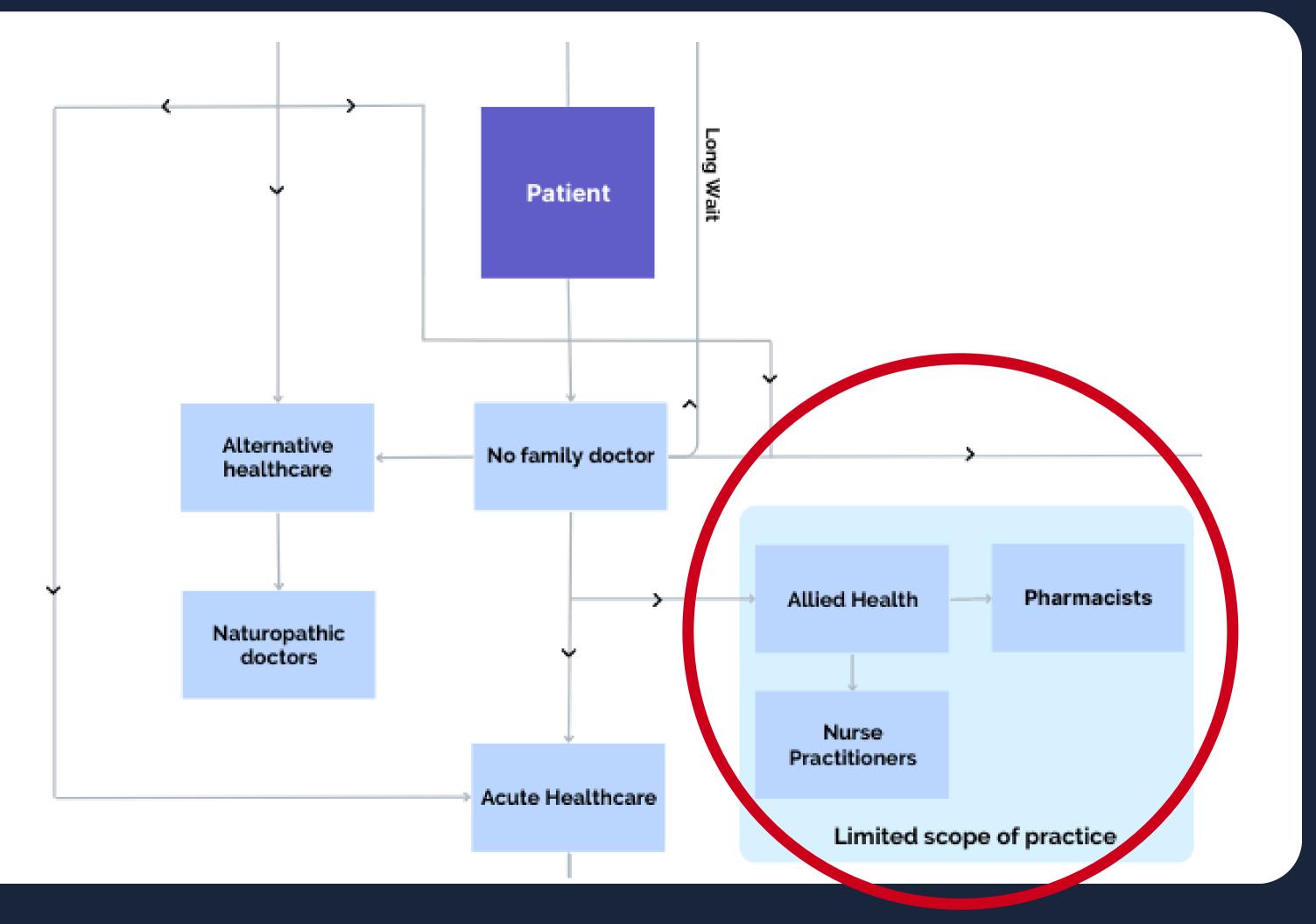


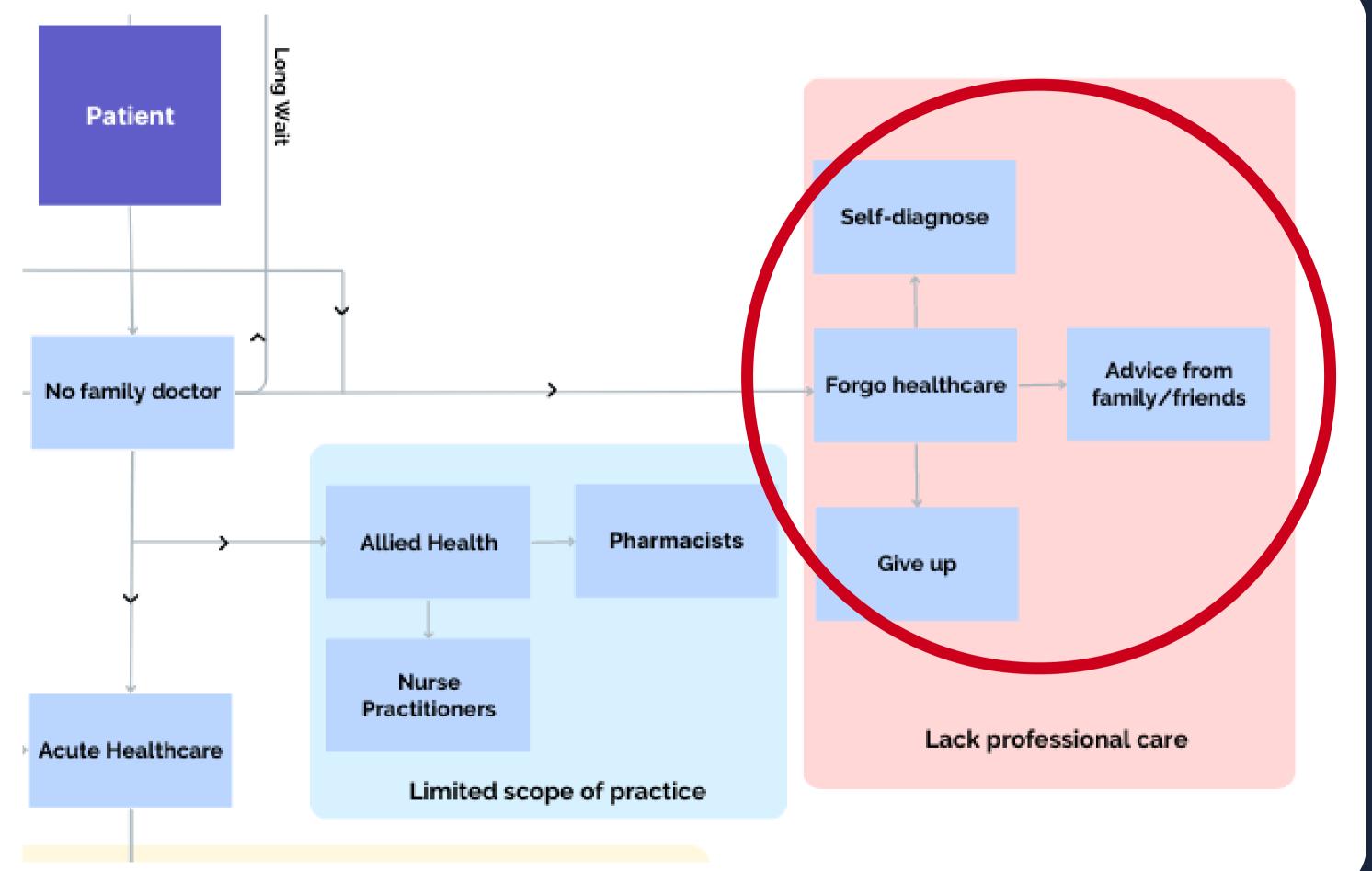


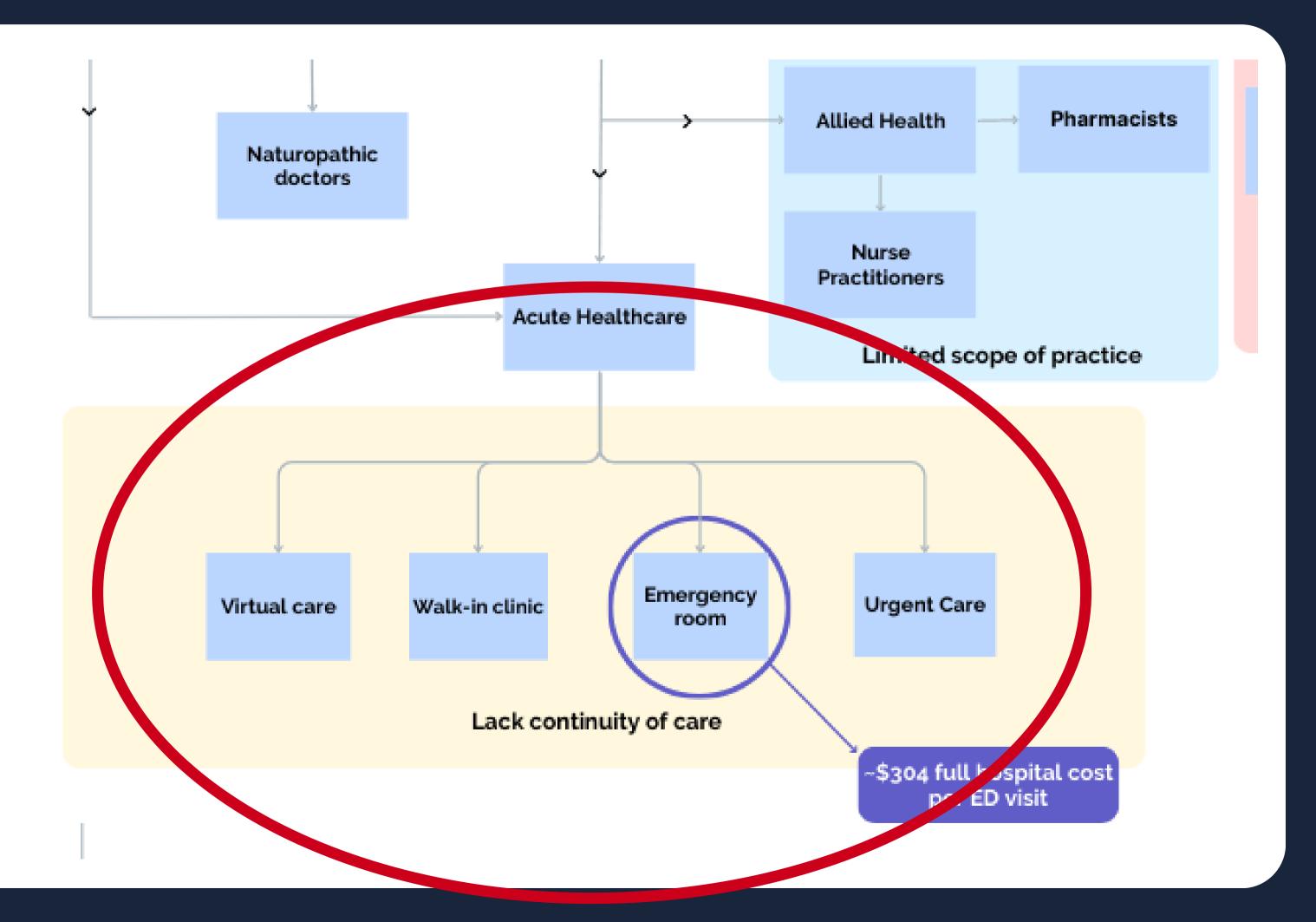
#### **Patient's journey** What are patient's options facing a family physician shortage in Canada?













4 hours

40 hours

### Wait to see ER doc:

### Wait to be admitted:

# 6x more expensive to visit the ER than a family physician



### Inadequate follow up: Patients are getting sicker

### People have died waiting in the ER

Long wait times in emergency rooms lead to deaths and poor health outcomes across North America

#### Health authorities won't reveal number emergency waiting room deaths

Liz Cabrera ④ 22 January 2023



Premier fired officials over waiting room death in July, but CEO says data might 'alarm' New Brunswickers









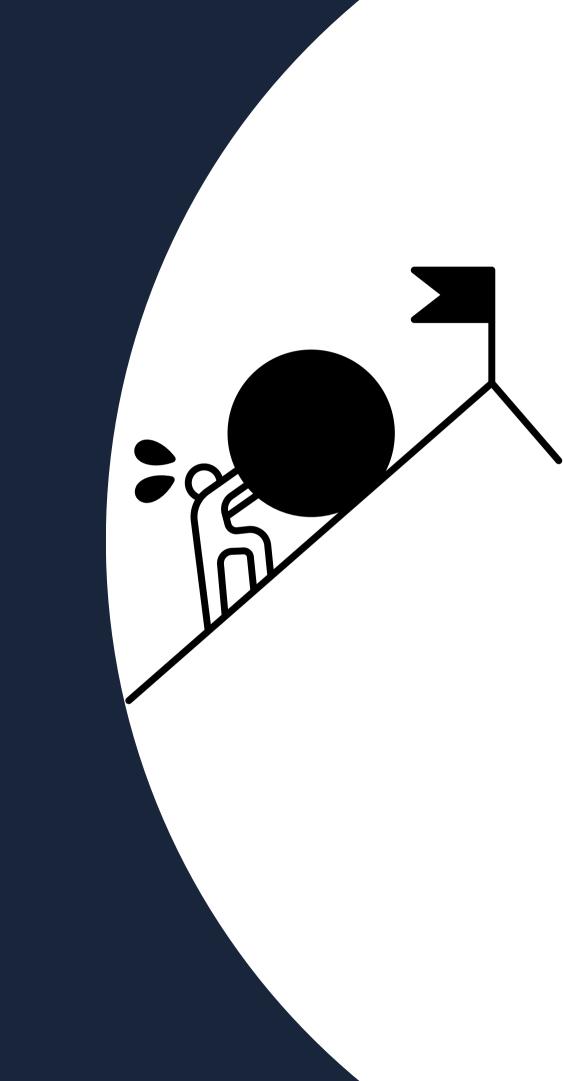
#### sparks scrutiny of rising fatalities in N.S. emergency rooms

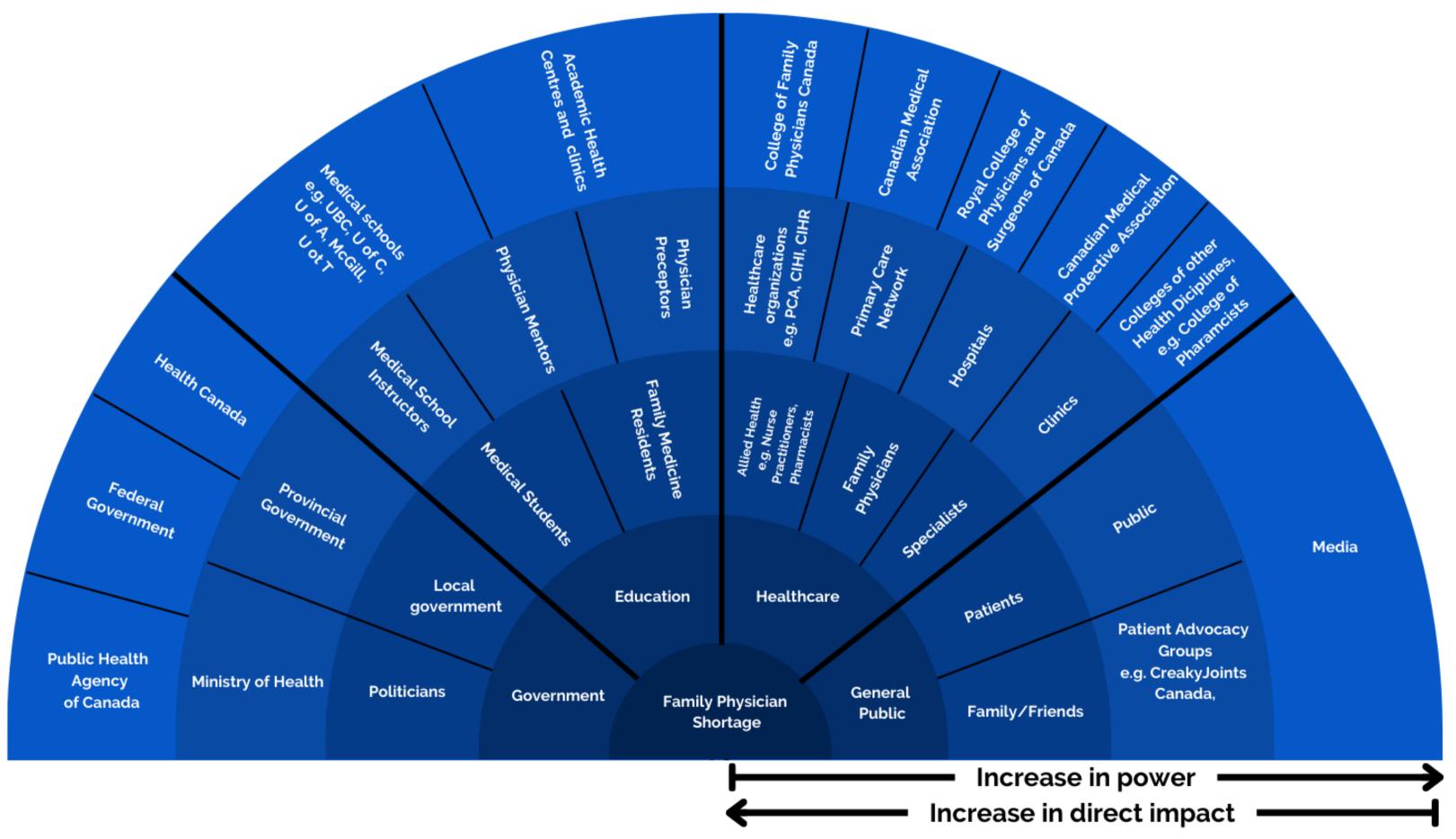


ER deaths at a six-year high in the province, according to newly released figures

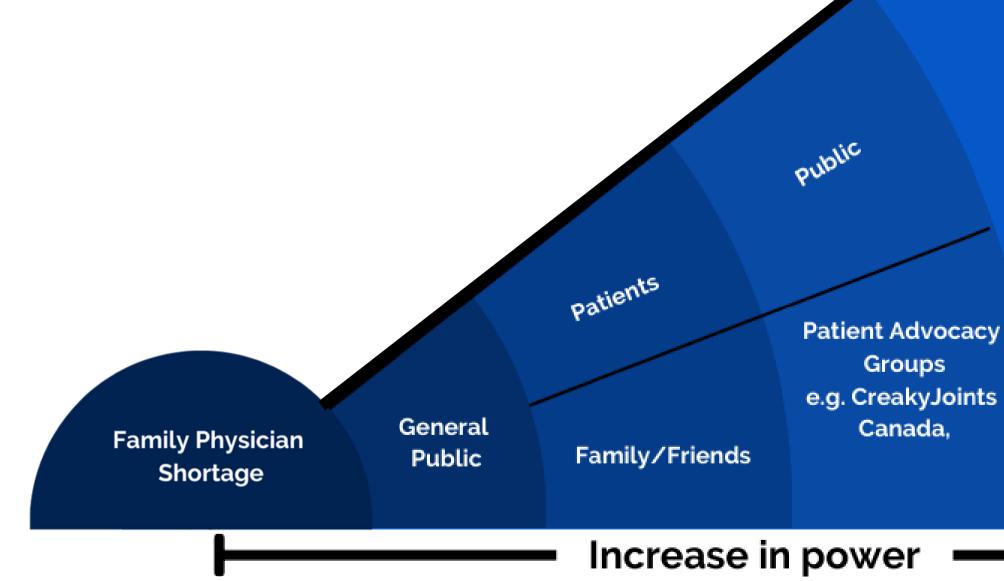
Nicola Seguin, Cassidy Chisholm · CBC News · Posted: Jan 11, 2023 3:00 AM MST | Last Undated: January 11

## Challenge Overview









Media

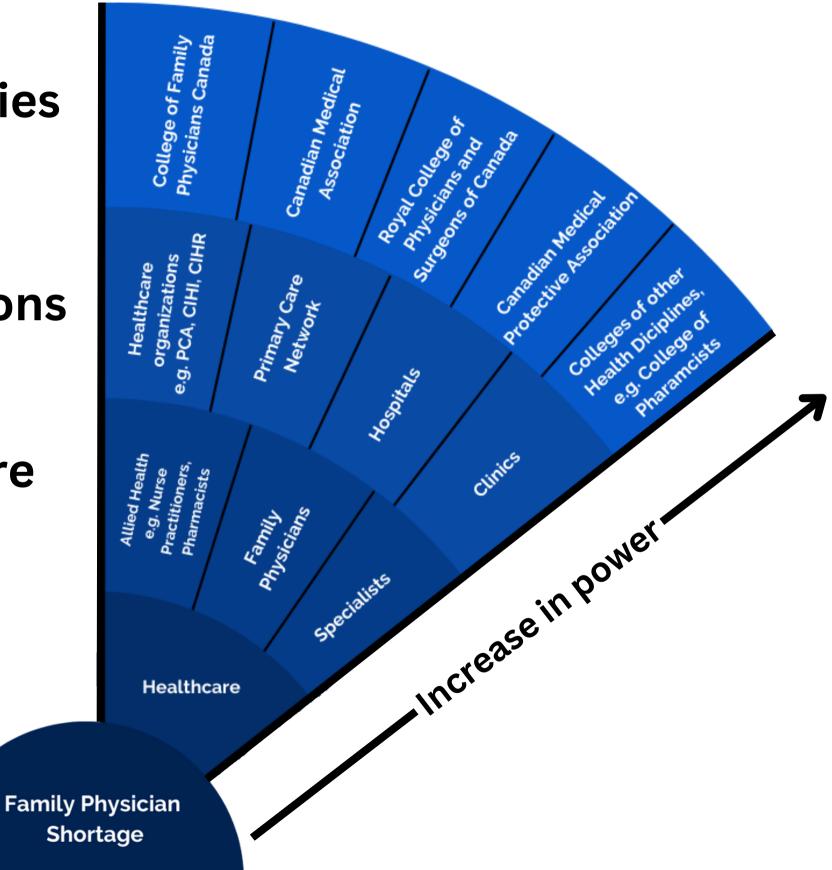
Groups e.g. CreakyJoints Canada,



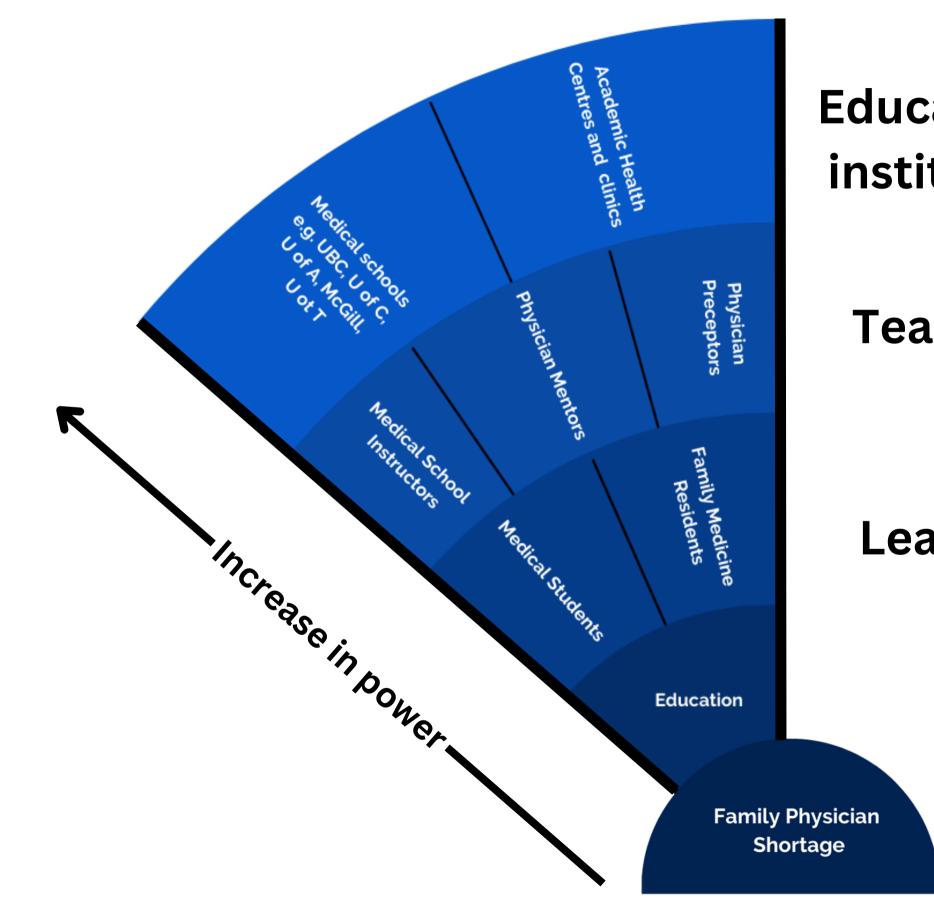


#### Health institutions

#### Individual healthcare professionals



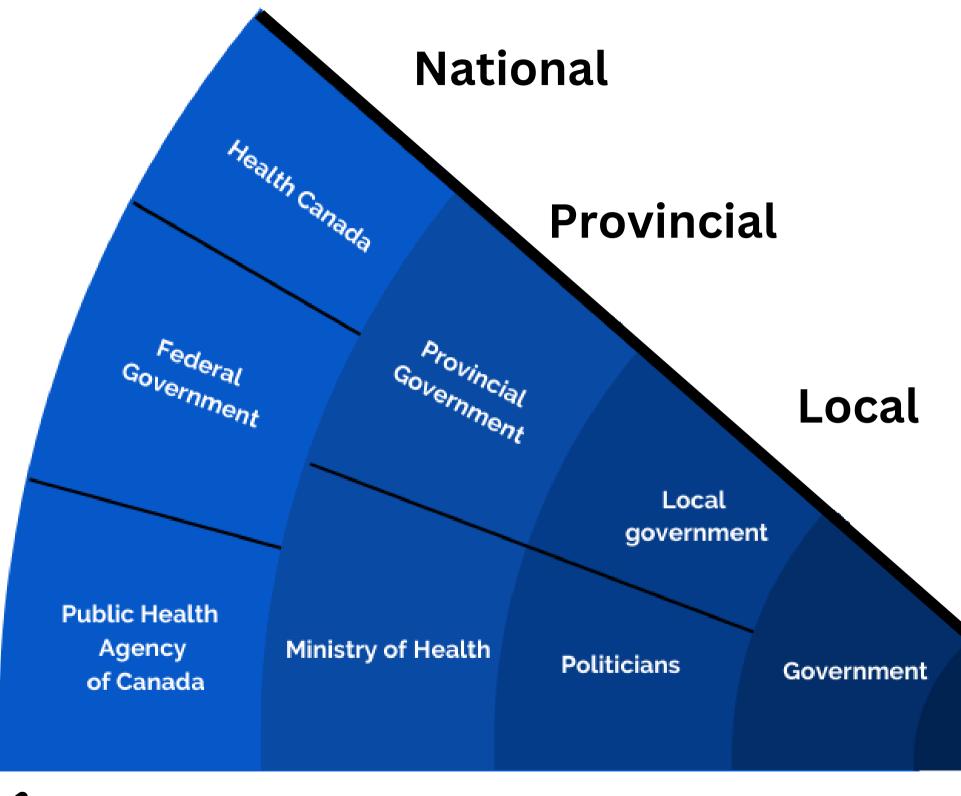




- Educational institutions
  - Teachers

Learners





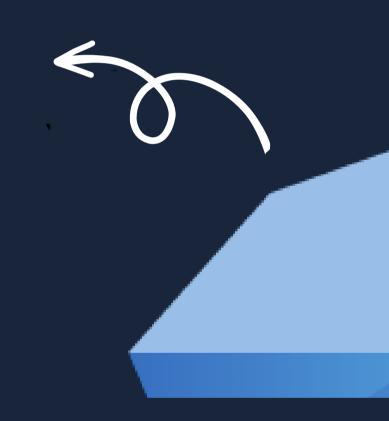
Increase in power

Family Physician Shortage



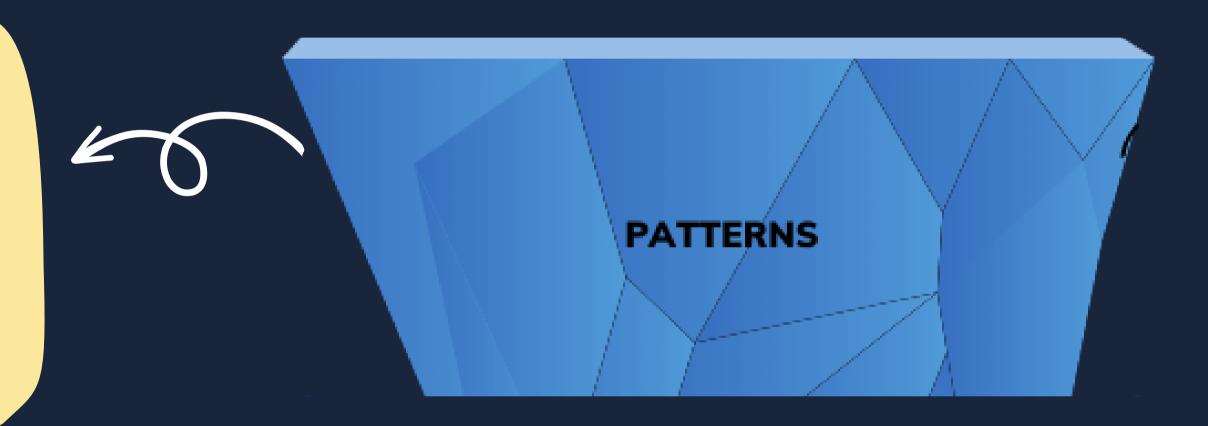
### Systemic patterns: an iceberg model

- Long wait
- Lack of access
- More ER and Urgent Care visits



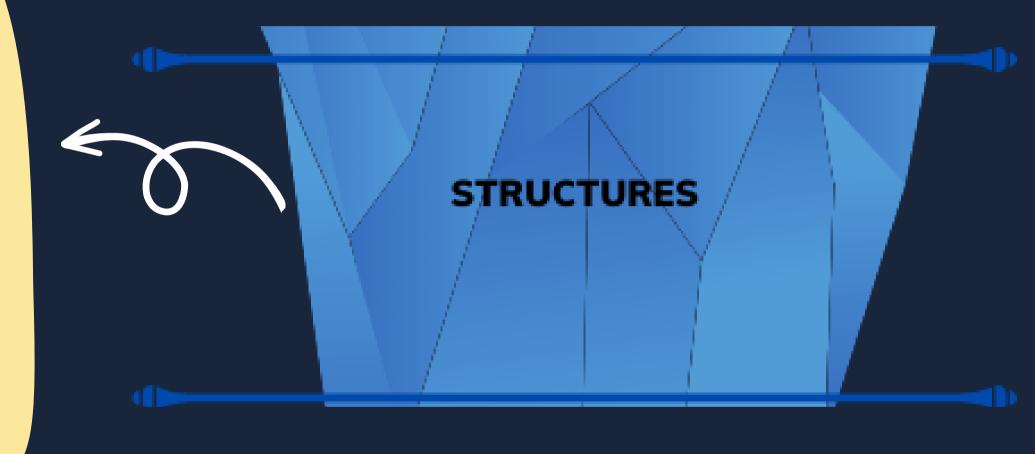
#### EVENTS

- Physician workload
- Expectations
- Burnout
- Complex patients





- Government: Lack of support
- Family physicians: Specialized service
- Medical students: Lack of interest





#### **Deep rooted beliefs**

- Family physicians: Not valuable and overpaid
- Canadian healthcare system: Can't change
- Societal expectations: Timely manner, acute care > preventative health

#### Mental Models



Root Causes



# Root causes and the systemic impacts

#### Family Physician Supply

- 1. Lack of funding for medical trainees
- 2. Lack of interest in family medicine
- 3. Unsupportive primary care system
- 4. Changing practice styles

#### **Patient Demand**

### 5. Increased patient complexity and health concerns



## 1. Lack of funding

Decreased access to primary care

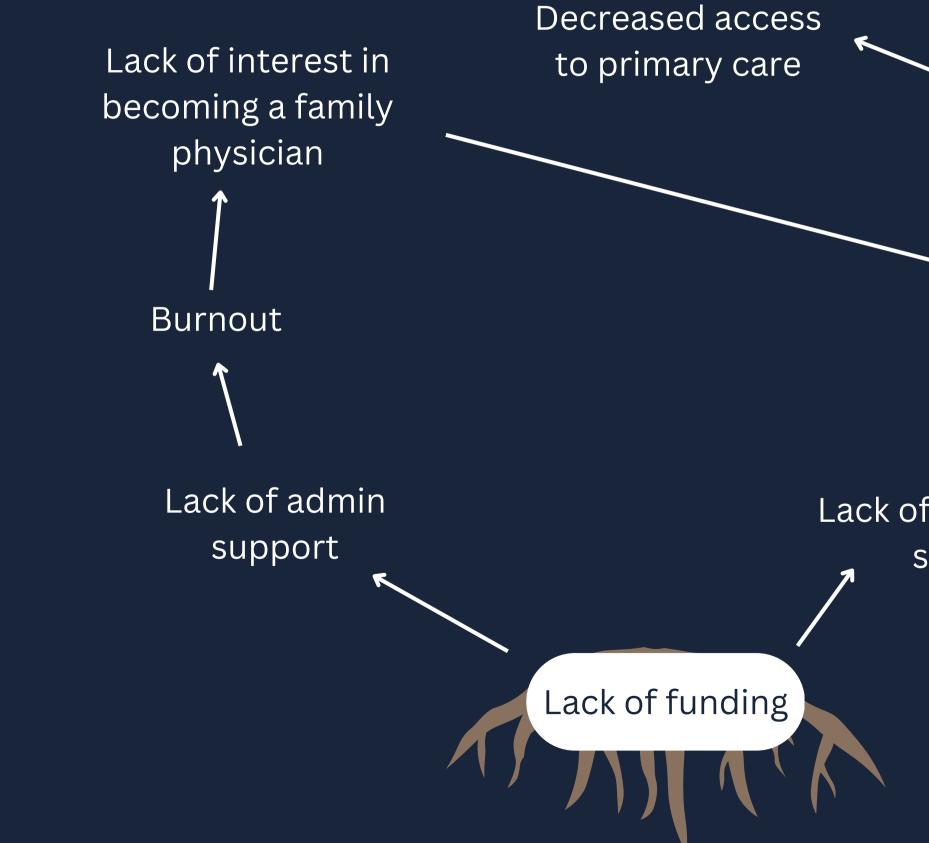
Lack Lack of funding Lack of family physicians

> Less physicians trained in family practice

Lack of residency spots



## 1. Lack of funding



Lack of family physicians

> Less physicians trained in family practice

Lack of residency spots



"Imagine if our public education system was structured where teachers needed to start their own schools, and then we paid them per student per lesson" - Dr. Rita McCracken (CBC News: The National)

### 2. Lack of interest in family medicine

Perceived lack of respect

Lack of admin support Lack of interest in family medicine

#### Burnout



## 2. Lack of interest in family medicine

Lack of interest in rural training Lack of family physicians

Less phyicians trained in family practice

Lack of interest in family medicine

Perceived lack of respect

Lack of admin support Language barrier

#### Lack of residency spots

#### Burnout



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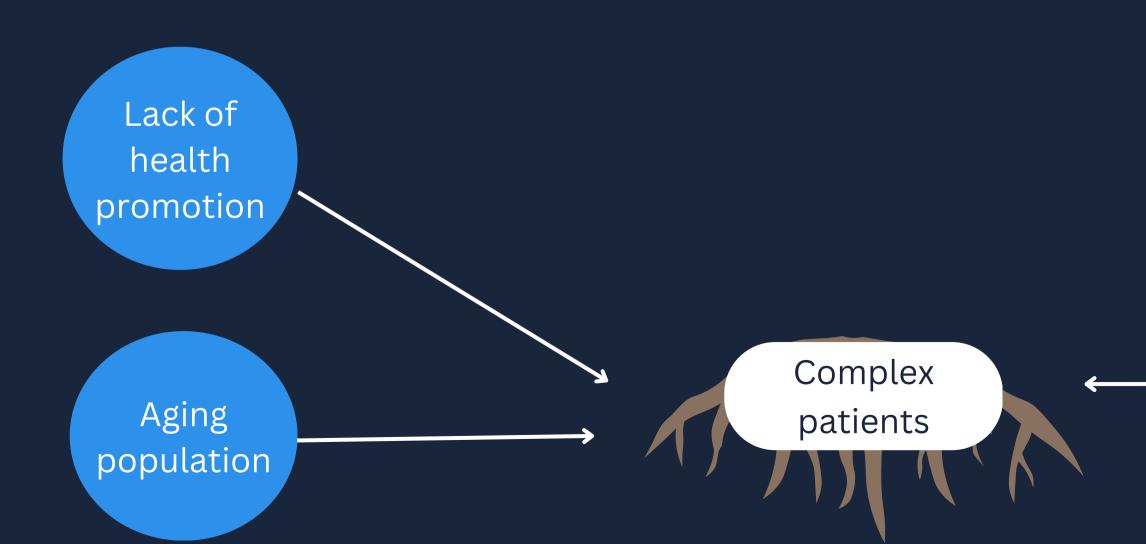
#### Language barrier

# Lack of residency spots

Decreased access to primary care Sicker/more complex patients Increased workload

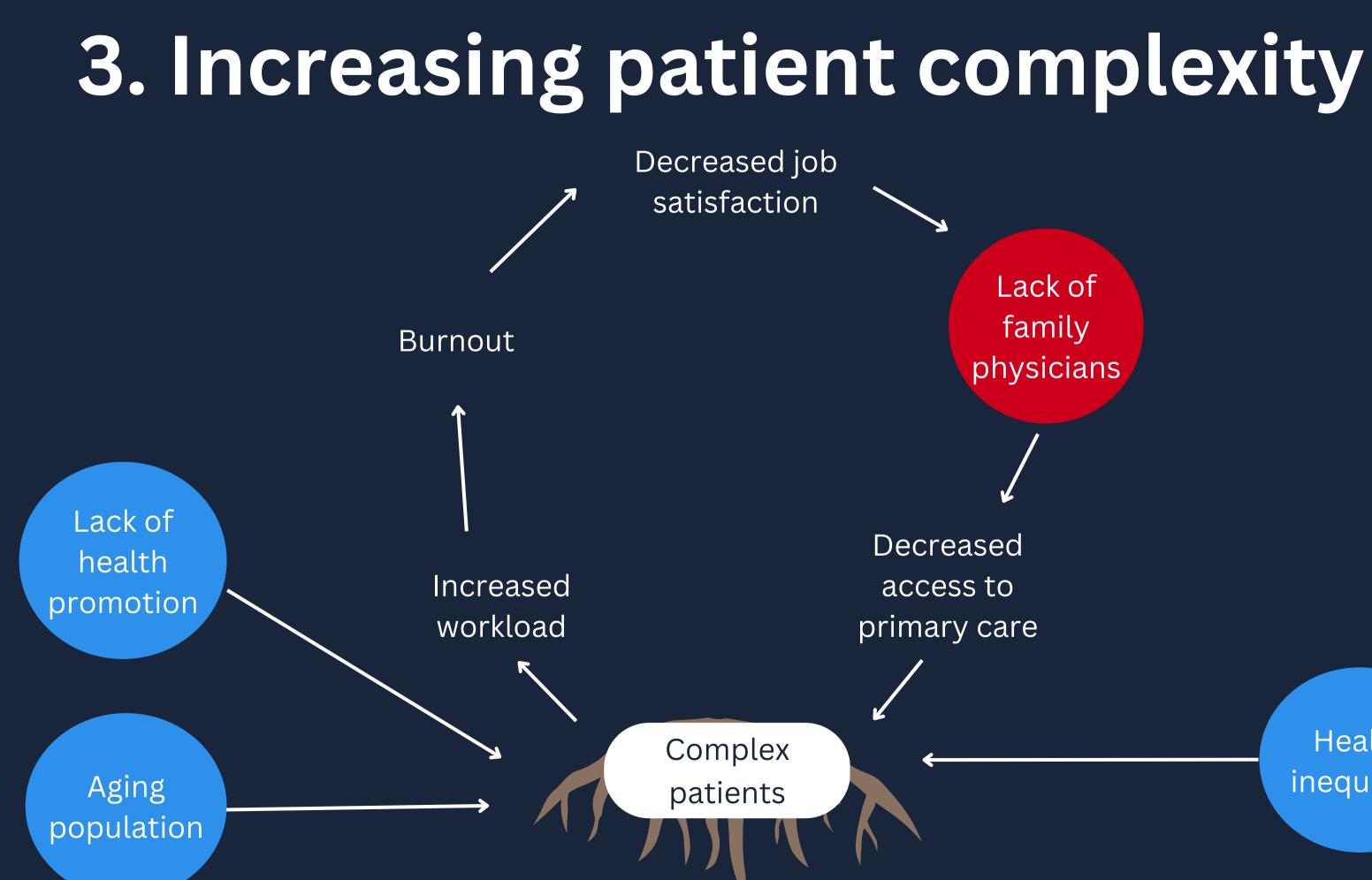
Burnout

### 3. Increasing patient complexity



### Health inequities





Lack of family physicians

Health inequities



### Solutions landscape



### Local solutions







#### Nurse practitioner-led clinics



### Local solutions







### **Pharmacists-led clinics**



# **Provincial solutions: Funding**



**Primary Care** Access Point

• Ability to see physician for

non-urgent matter



#### **Rural Retention Program**

• Premium based on 'isolation points' and fee-for-service

#### **Rural Education Action Plan**

• Provides training and bursaries for residents and rural practitioners



#### **Rural Education Supplement** and Integrated Doctor Experience

- Community lvl 1 2 yrs \$80,000 ٠ - 3 yrs - \$120,000
- Community lvl 2 2 yrs \$45,000 ٠ - 3 yrs - \$80,000

### Saskatchewan

**Rural Physician Incentive** Program

• Up to \$200,000 for 5 yrs

### **Doctors** Manitoba

#### Physician retention program

Shares bared on income and consecutive yrs ranging from

Northern and Rural Recruitment and

- \$3000/yr to \$6000/yr



- \$25,000-\$90,000 residents 3 yrs service
- \$7500 bursary 4th yr medical student
- \$100,000 join or start new practice
- \$25,000 for family physicians to stay 1 yr



**Family Medicine Sponsorship Program** 

\$40,000 4th yr med school \$40,000 2 yrs residency



- \$10,000 relocation bonus
- \$120,000 tuition reimbursement
- \$60,000 for residents to stay 3 yrs

Brunswick \$100,000 for 4 yrs in rural area

### Health Force Ontario

**Retention program** • \$80,000-\$117,600 bonus for 4 yrs



# **Provincial solutions: Funding**



**Primary Care** Access Point

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COLUMBIA

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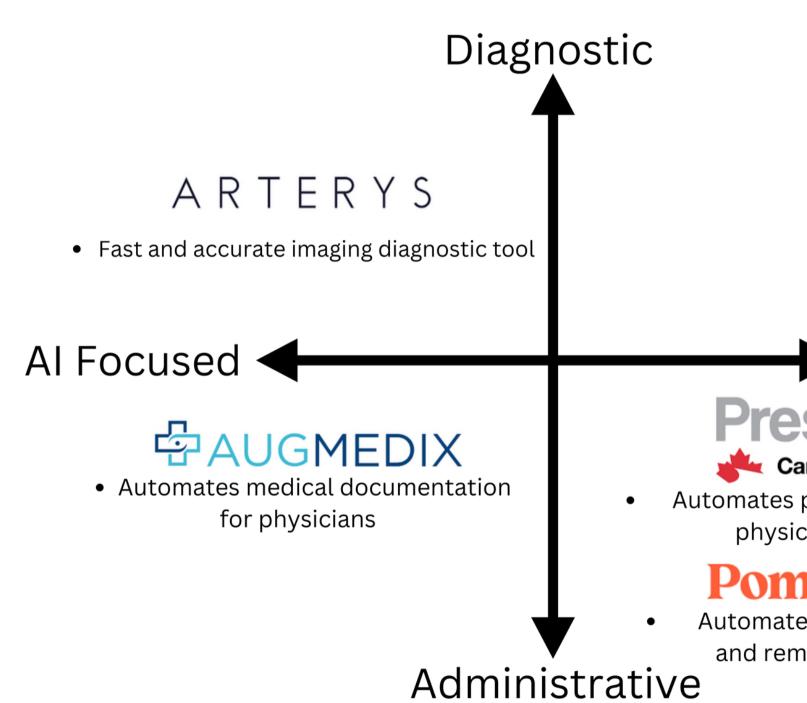
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## National solutions: Technology



## Not Al Focused PrescribelT

#### Kanada Health Infoway

Automates prescription process from physician to pharmacy

### **Pomelo**Health

Automates appointment booking and reminders for patients

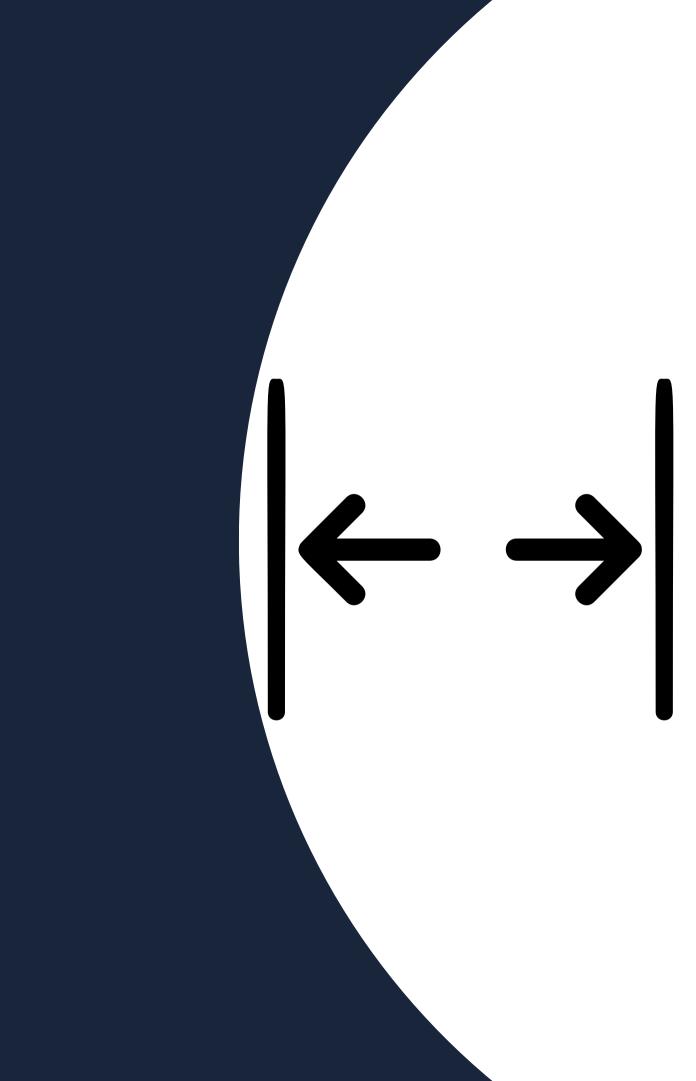


### National solutions: Foreign-trained doctors











# Inadequate increase in funding

### Existing Solutions



# Undesirable residency locations

### Existing Solutions



### Health and social inequities

### Existing Solutions



### Levers of Change





# Increase Funding for Medical Trainees

• Example: Targeted Enhanced Recruitment Scheme in the UK - £20,000 for 3 years in underserved areas



# Change Physician Compensation

• Example: Longitudinal Family Physician program in British Columbia



# Encourage French and Rural Practice

• Example: Rural Health Multidisciplinary Program (Australia) or Rural Ontario Medical Program (Alberta)



Address Inequalities and Social Determinants of Health



# 

### Carla now

