

Primary care is facing a capacity crisis — can pandemic lessons help chart a path forward?

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Primary care is facing an accelerating capacity crisis driven by worker shortages, a patchwork of delivery models, and inadequate data systems, according to Ontario's disbanded COVID-19 science table.

In a final series of briefs, the science table shared lessons learned during the pandemic and called for urgent action to strengthen the sector.

More than two years of ongoing COVID-19 response has challenged primary care capacity in Ontario for better and worse, said the advisory group.

Primary care clinicians have taken on new roles, including administering COVID-19 vaccines, educating patients and the public, and collaborating with hospitals and community groups to address health equity gaps while rapidly expanding virtual care.

However, "these new roles resulted in trade-offs, with non-COVID-19 care being deprioritized at times, and some care gaps have emerged as a result," the science table said.

In Ontario alone, more than 170 000 people lost access to their family doctors in the first six months of the pandemic due to practitioner retirement, burnout, and other practice changes. As of September, roughly six million people across Canada lacked a primary care physician, a third of whom have been searching for one for more than a year.

"Investments are needed to increase the number of Ontarians formally attached to a primary care clinician supported by a primary care team," the science table said.

Patients connected to primary care providers had better outcomes during the pandemic, and team-based practices were better able to respond to patient needs and work with other parts of the health system than solo practitioners.

Given ongoing shortages of family doctors and nurses, the advisory group said, "it will be necessary to maximize the use of a much wider potential range of health workers in primary care," including physician assistants and nonclinical staff.

The pandemic has already driven a substantial reorganization of primary care across the country. In Quebec and Nova Scotia, for example, the emergency accelerated innovations in centralized booking systems and access centres, interim clinics for patients without a family doctor, and dedicated COVID services including hotlines.

However, as the burden of COVID increasingly shifts from hospitals to primary care, the science table warned that it is unrealistic to expect the sector to do more with the same resources.

"Trade-offs happen when demands rise but resources stay the same," they said, citing recent declines in childhood vaccinations, cancer screening, and diabetes monitoring, to name a few.

The science table recommends better integrating primary care into the health system, including setting up more direct lines of communication between health leaders and clinicians to make the most of their role as trusted sources of information for patients.

The advisory group also found that the absence of an integrated and inclusive data system compromised the pandemic response.

"A complete picture of primary care does not exist in Ontario's data sets," the table explained. Information on the care provided by nonphysicians is often lacking, as are demographic details on patients, especially underserved groups. "This makes it difficult to identify gaps in care or disparities in health outcomes."

Ontario dissolved the COVID-19 science table in early September. A new public health emergencies advisory group comprising 15 "independent, multi-disciplinary experts" is taking its place.

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