PHYSICIAN WORKFORCE PLANNING IN ONTARIO: CURRENT AND FUTURE FOCUS

National Specialty Societies Human Resources for Health (HRH) Dialogue

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Historical Approach to Planning

Supply-based physician planning

**Boom and Bust Supply Cycle:**
- Early 1990s – substantial reductions in medical education
- 1999 – 2012 – aggressive expansion of medical education in response to significant shortages

**Provider-Centred Care:**
- Supply dictated the care model
- Patient had to adapt
Evidence for Health Workforce Planning

1990
- Supply/Demand

2005+
- Utilization-based;
  - Some needs-based;
  - Geographical

Current
- Forecasting models;
  - Broader health workforce data

The Future
- Interprofessional Health Workforce Planning
Ontario Physician Human Resources Data Centre

- The Ontario Physician Human Resources Data Centre (OPHRDC) is funded by the Province and is a key resource for information on Ontario physicians in practice and in training.

- Since 1992, has maintained a registry of all licensed physicians practicing in Ontario, the Active Physician Registry.

- Maintains the Ontario Postgraduate Medical Trainee Registry.

**Ontario Physicians in Practice, 2014**

- 28,087 physicians in total.
- Average age was 50.5
- 61% Male, 39% Female
- 47% of physicians were family doctors and 53% were specialists.
- 28% of physicians completed their training outside of Canada.

Current Health Workforce Planning Tools
Ontario’s Current Health Workforce Planning Tools

Ontario’s Physician Forecasting Models

1. Assessing Doctors Inventories and Net-flows (ADIN) Model

- Stock-Flow, physician-supply model which tracks the progression of a physician from postgraduate training, to practice and then retirement.
- Used to project the provincial supply of physicians by specialty up to 19 years into the future.
Examples of Data Sources for Forecasting Models

Canadian Resident Matching Service (CaRMS)
- First year postgraduate positions offered by specialty and location of medical degree

Canadian Post M.D. Education Registry (CAPER)
- Inter-provincial migration after completion of postgraduate studies by specialty and sex

CIHI
- Physician practice migration by age, sex and specialty

OPHRDC
- Postgraduate medical trainees historical averages of sub specialization, level of training, specialty, sex, location of medical degree
- Physician retirement by age, sex and specialty

Royal College of Physicians and Surgeons of Canada/College of Family Physicians of Canada (RCPSC/CFPC)
- Program length by specialty
2. Utilization-Based Physician Model (UM)

• Uses health insurance claims (OHIP) data to determine current utilization of physician services.
• Projected number of physicians needed is compared to the projected supply of physicians (using ADIN) to determine the projected gap/surplus of physicians.
• Assumes the current supply and utilization of physician services is in balance.
Ontario’s Physician Forecasting Models

3. Ontario Population Needs-Based Physician Simulation Model (NBM)

- In 2007, the Province in partnership with the Ontario Medical Association (OMA) hired the Conference Board of Canada to develop the NBM.

- NBM converts the future health needs of the population into need for physician services, compares it with the future supply of physician services and calculates a gap by specialty and LHIN.

- Survey results and information from expert panels were used to estimate physician productivity and future incidence and prevalence of certain disease groups.

- Multiple sources of data were used to project the future supply of physicians in the province:
  - CAPER, OPHRDC, CaRMS, Statistics Canada, Canadian Community Health Survey, Canadian Medical Education Statistics etc.

- Last updated in 2010: Currently in the process of being updated.
Current Health Workforce Planning Tools

Considerations
- All models are planning tools.
- There are many important variables to consider in workforce planning, but each model cannot quantify them all.
- Modelling results should be used in conjunction with other evidence to develop a more comprehensive picture.
Ontario’s Health Professions Database (HPDB)

- Since 2007, all regulated health profession colleges are mandated to collect data on their members and report it to the ministry.

- It is a supply-side database that collects standard, consistent and comparable data across 27 regulated health professions in Ontario (excludes physicians).

Sources: OPHRDC, PIO 2014
HPDB, 2014
Creation of care pathways and interprofessional models of care that have the patient at the centre

Reversing the Planning Paradigm
Patient need drives the model of care and the shape of the workforce
Achieving Health Care’s “Triple Aim” in the last 5 years has called for transformational change... and has provided a new planning challenge.

Patients First: Action Plan for Health Care
- Increasing focus on the patient experience
- Building capacity in the community
- Better access to primary care
- Supporting vulnerable patient populations
- Continued Quality Improvement and Patient Safety

New Challenge for Health Workforce Planning in Ontario
- Focus on distribution over supply
- Focus on coordinated interprofessional care
- Focus on population-based health (condition specific, social determinants of health)
- Regional needs-based planning
- Clearer accountability for health care delivery and patient safety in an interprofessional environment
Iterative, integrated evidence-based framework for developing and planning the health workforce that responds to patient and system needs

- Population-based (geographical, social, condition)
- Competency-based
- Interprofessional care
- Local, regional and provincial planning
- Align education and distribution
A shared challenge means shared solutions.

- Workforce planning must be considered from a pan-Canadian perspective in light of issues that cross jurisdictions (e.g. mobility, education, etc.).

Physician Resource Planning Advisory Committee

- Physician Resource Planning Task Force established in 2013 to facilitate the collaboration and coordination of pan-Canadian physician planning in support of the Deputy Ministers of Health and the Deans of Medicine

- Work has focused on:
  - Developing the Future MD website to support the decision-making of those pursuing or considering medical education;
  - Developing a consultative process for collaboration and coordination to address physician imbalances; and
  - Creating a pan-Canadian physician forecasting model (work on this is in progress).