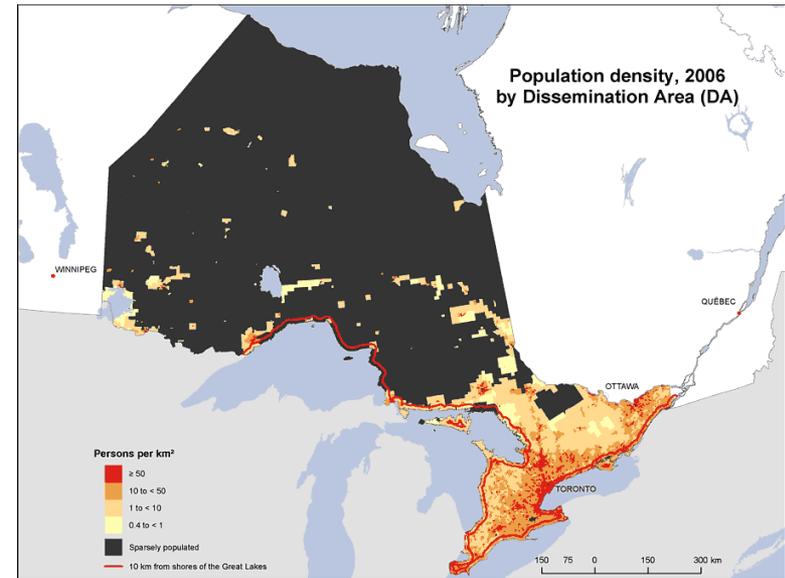


Ontario's Approach to Health Human Resources Planning

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Ontario: Canada's Largest Province

- 13.5 million people @ 1.1% annual growth¹
- \$655 billion GDP; \$49,000 per capita¹
- Life expectancy: males, 79; females, 84²
- Major cities (Toronto, Ottawa) in the South
- The North is very sparsely populated
- Proportion foreign-born: 29%
- Aboriginal people ~2% of population



1. Ministry of Finance (Ontario) Factsheet: www.fin.gov.on.ca/en/economy/ecupdates/factsheet.html

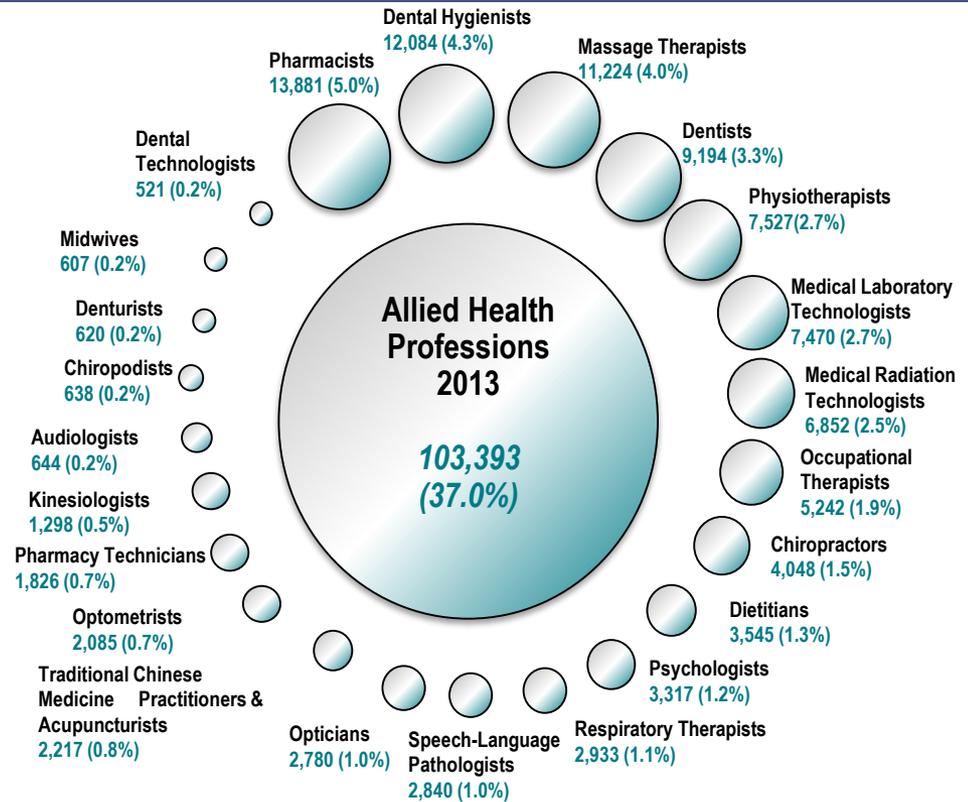
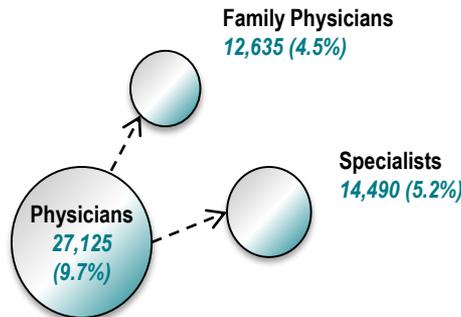
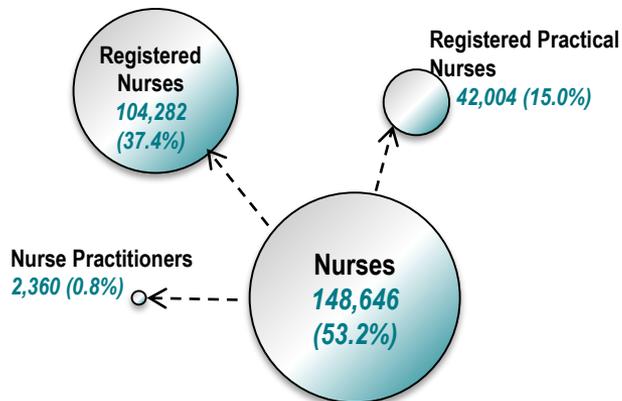
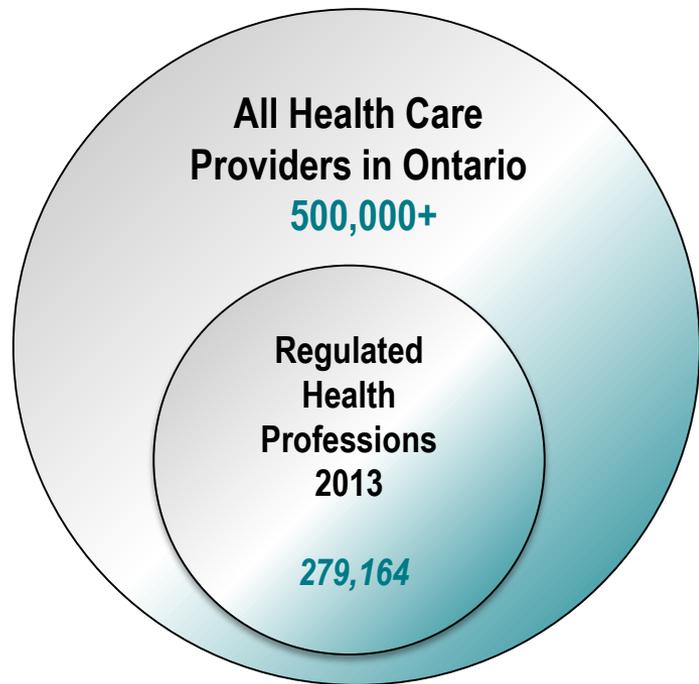
2. StatsCanada, Life Expectancy at Birth by Sex: www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health26-eng.htm

*All \$=2011 CAD; life expectancy in years

Health Care Delivery in Canada: The Provincial Role

- The federal *Canada Health Act* requires provinces/territories to adhere to five principles:
 - Universality
 - Comprehensiveness
 - Accessibility
 - Public administration
 - Portability
- In exchange, the federal government provides funding to the provinces and territories for insured services.
- Each province determines what non-hospital, non-physician services it will cover.
- Health care delivery is solely in provincial jurisdiction.
- The Ontario Ministry of Health & Long-Term Care has a stewardship mandate.

Overview of Ontario's Health Workforce, 2013



Sources:

- A. Health Professions Database, Ministry of Health and Long-Term Care, 2013
- B. Physicians in Ontario, Ontario Physician Human Resources Data Centre, 2013
- C. Royal College of Dental Surgeons of Ontario, 2013 Annual Reports

Note:

1. The HPDB captures the number of 'active' health professionals who are registered by their respective regulatory college and eligible to practice in their profession in any capacity (e.g. clinical, research, teaching, health promotion, etc.). Members may or may not be working in the profession.

Ontario's Health Workforce Journey

In 2006...

- Shortage of critical health care providers
- Compromised access to health care due to lack of human resources
- Health system challenges

Response...

Health**Force**Ontario

"Through our HealthForceOntario Strategy we will create new and innovative health care roles. We will aggressively recruit the best and brightest health care workers to Ontario where we will educate them, train them, and provide them with the best possible working environment."

- – Media Release, May 3, 2006

Ontario's Health Workforce Journey: Strategic Focus



Planning

- Identify and address health human resources needs



Education

- Educate providers
- Enable interprofessional teams that optimize skills and abilities



Practice

- Increase the number of healthcare providers
- Build on existing capacity



Key Results: Planning

Physician Supply Model

Estimates physician supply by tracking physicians from postgraduate training, to practice and then retirement.



Physician Utilization Model

Estimates demand for future physician services using health insurance claims (OHIP) and population projections .



Compares results to the physician supply model projections to determine if supply meets demand.

Physician Needs-Based Model

Estimates future Ontario population need for physicians.

Complex model; need is difficult to measure.



Nursing Model

Created in 2014, estimates nursing supply by tracking nurses from initial registration through retirement/exit. An expanded model is currently in development that will incorporate estimates of demand and need for nursing services.



Results :

- increased stability in the overall supply of physicians (26% increase since 2003)
- continue to closely monitor Ontario's physician supply using a collaborative, evidence-based process to meet the future needs of the Ontario population



Key Results: Education

Examples: Primary Health Care Nurse Practitioner Education; Midwifery Education;
Northern Ontario School of Medicine (NOSM)

Example of Results: NOSM offers undergraduate, postgraduate and continuing education for physicians, as well as training for other professions e.g., dietitians and physician assistants. Programs take place in large and small communities across northern Ontario, reflecting the distributed and community-engagement philosophy of the school that flows from its mandate to be responsive to the needs of the people of northern Ontario.



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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NOSM, Distributed Medical Education

Aboriginal communities

Rural / remote communities

Comprehensive Community Clerkships

Clinical rotations

Postgraduate residency training

Northern Ontario Dietetic Internship Program

Physician Assistant Program

Rehabilitation Studies



Key Results: Practice

Examples: HealthForceOntario Marketing and Recruitment Agency; Scope of Practice of Health Professionals

Examples of Results: Over 1,000 physicians recruited to Ontario, Legislation passed and/or regulations made regarding the scope of practice of 10 health professions; Personal Support Worker (PSW) wage enhancement in home and community care.

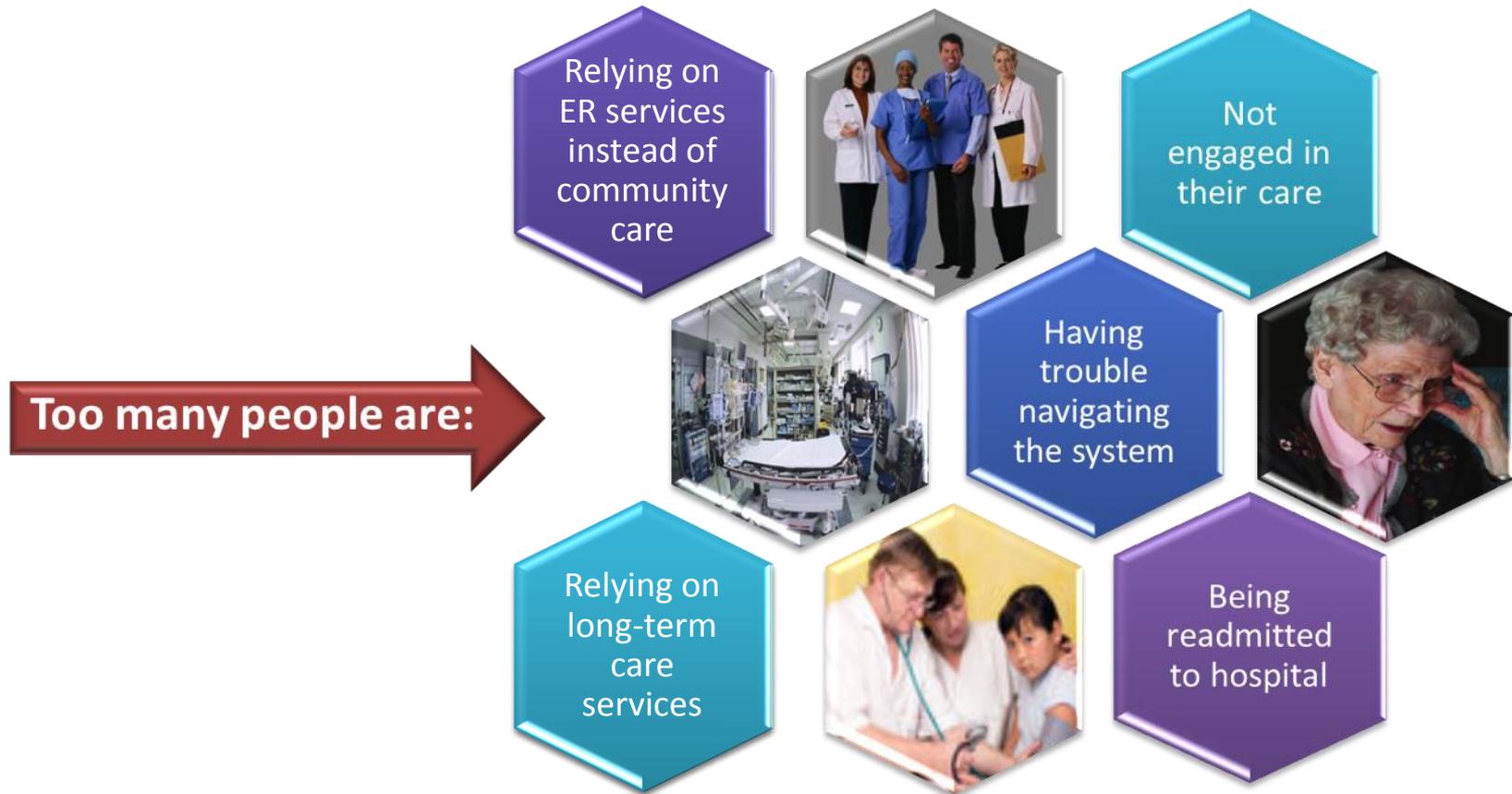
Nursing Initiatives...

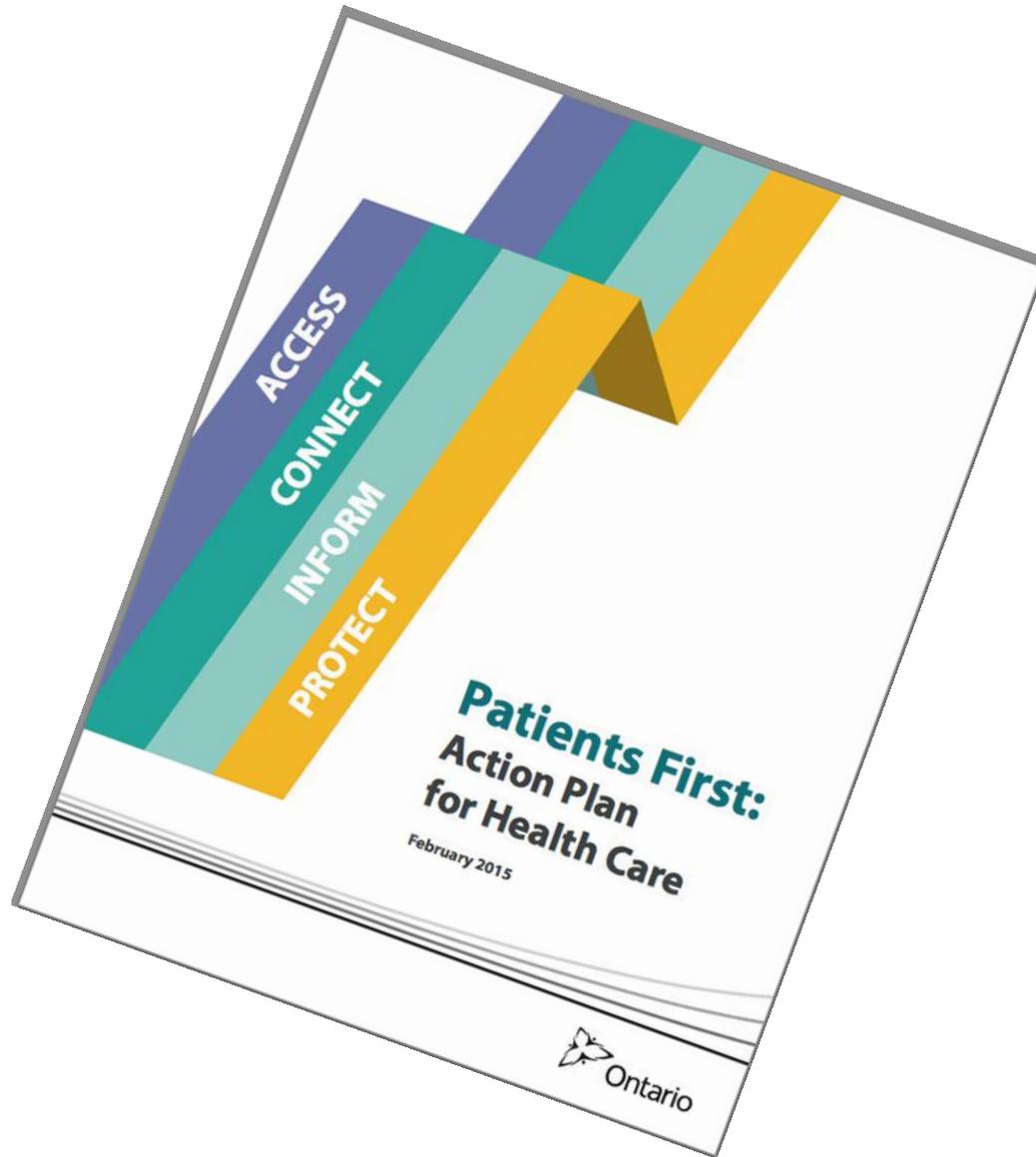
Policy/Program	Description
9,000 Nurses Initiative	135,260 nurses reported employment in 2014, a 2.7% increase from 2013 and a 21.6% increase from 2003.
Nursing Graduate Guarantee (NGG)	Since NGG's inception in 2007, over 18,400 new nurses have been matched with a health care employer.
Nursing Education Initiative (NEI)	Over 175,000 nursing education grants offered.
RN Prescribing	Explores options to expand the scope of practice of RNs to authorize them to prescribe medications.
Nurse Practitioners in Long-Term Care Homes (NP in LTCH) Initiative	Up to 75 Attending NP Full-Time Equivalents (FTEs) in Ontario's long-term care homes.
Nurse Practitioner Led Clinics	25 NPLCs serve over 49,000 patients.

Key Results: Foundation Set

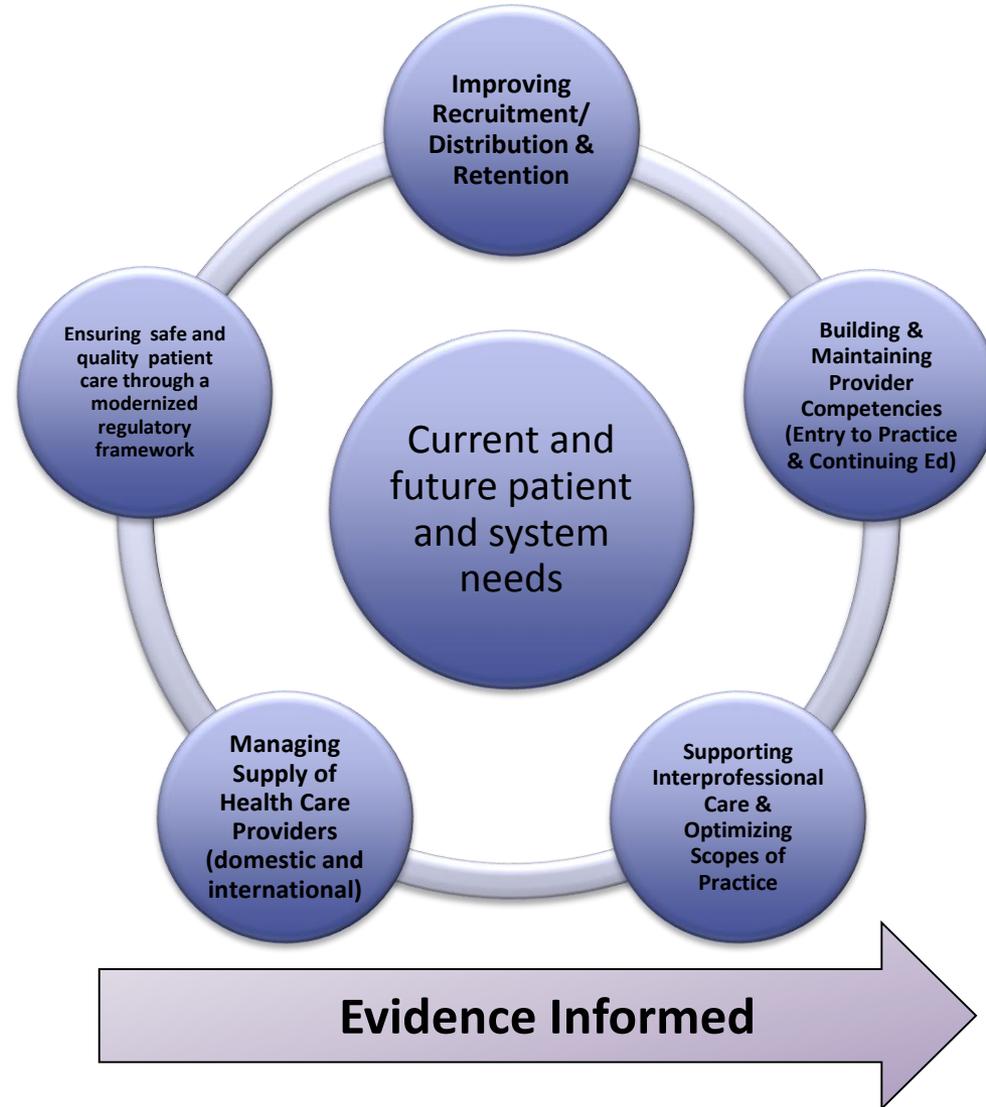
- **As a result of the strategy, the province is now better positioned to respond to population health needs.**
- Ontario has substantially mitigated the risks of patient service gaps due to provincial human resource shortages and has improved its ability to more effectively plan, train and support health labour market needs.
- Ontario's investments resulted in:
 - Increased security of supply for health professions (e.g. physicians, nurses, NPs, midwives, pharmacy, diagnostic professionals) through new training places and retention initiatives.
 - Improved regulation that allows health professionals to practice more effectively and to improve patient safety.
 - Enhancing the mix of health providers that are available. New roles improve the range of providers that are available to meet the needs of patients across Ontario.
 - Improved infrastructure to better deliver support to individuals, employers and communities participating in the labour market, e.g. HealthForceOntario Marketing and Recruitment Agency.
 - New evidence for present and future decision making, including foundational data bases and leading edge forecasting tools.
- Increased numbers of providers, shortened wait-times and decreased number of patients lacking access to care are all evidence of achievement.

Policy Context: Current Challenges





Health Workforce Policy and Planning: Going Forward



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