

Primary Care Overview

OWFR OHT Attributed Population

The current (2023-24) attributed population of the Ottawa West Four Rivers OHT is 320,000 [1]. While a larger proportion of our attributed population resides in Ottawa West, in the neighbouring areas, a greater proportion of residents are attributed to our OHT.

Table 1: Attributed population, by area [1]

Percent	Area
76%	Ottawa West
5%	North Grenville
4%	Mississippi Mills
3% each	Arnprior, Carleton Place
2% each	Beckwith, McNab/Braeside, Ewardsburgh/Cardinal
1% each	Lanark Highlands, Prescott, Merrickville – Wolford

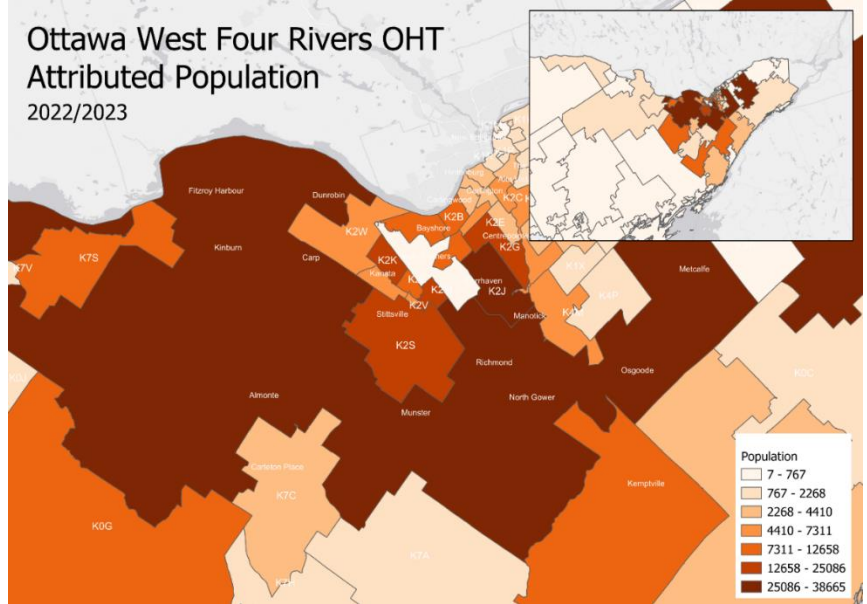


Figure 1: population density map, by forward sortation area (FSA) [1]

Community Population Growth Projections

Community members within our OHT are supported by three public health units – Leeds, Grenville & Lanark District Health Unit (LGLDHU), Ottawa Public Health (OPH), and Renfrew County & District Health Unit (RCDHU). 86% of our attributed population is supported by OPH and the proportion of our attributed population served by our three public health units has remained consistent from 2020/21 to 2023/24 [1].

The combined population across the three public health units was approximate 1,397,000 people in 2023, and is projected to reach 1,526,000 by 2028, a 9.2% increase [7]. Specifically, over the next five years, population growth rates are expected to decline for those served by OPH and LGLDHU but increase in RCDHU [7].

The 65+ age group is currently the fastest growing population across all three health units. This trend is expected to persist for the next eight years [7], leading to a projected rise in health system usage as health needs become more complex. Notably, growth within the 15 to 64 age group is anticipated to begin in 2035 [7].

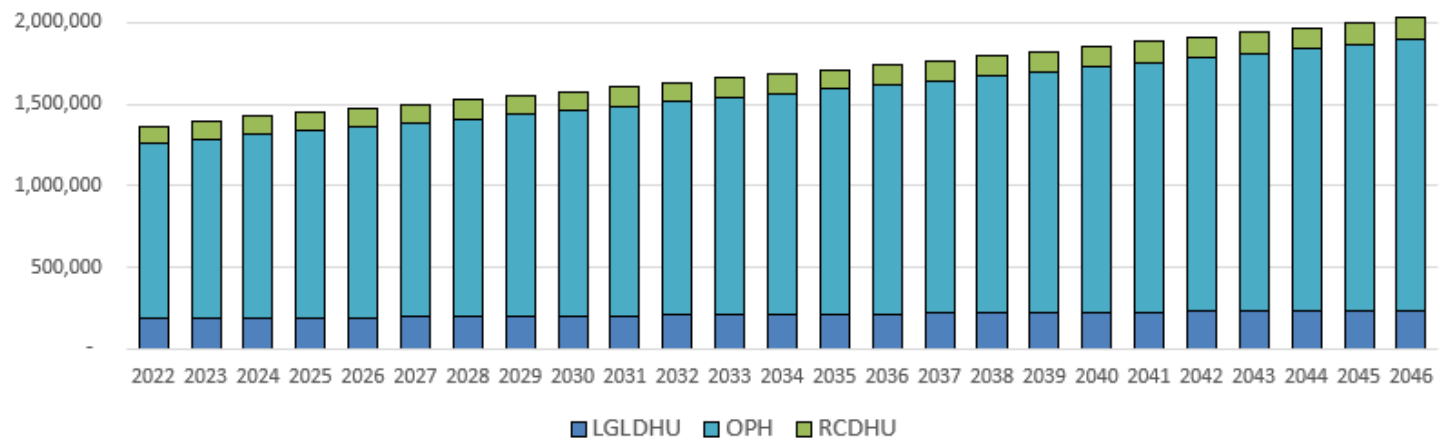


Figure 2: yearly population projections, by public health unit [7]

Primary Care Partners and Engagement

The Ottawa West Four Rivers OHT has 65 Primary Care Organizations (2 Community Health Centres, 5 Family Health Teams, 28 Family Health Organizations, and 4 Family Health Groups and 28 other primary care organizations, including walk ins, shared and solo practices. The OWFR OHT Primary Care Council (PCC) is made up of 21 primary care practices within our attributed population. Representatives on the PCC include executive directors, clinic managers, clinic owners, physicians and nurse practitioners.

Team Based Care

Figure 3 and Table 1 showcase 2022 Primary Care Attachment Patterns by OHT from INSPIRE-PHC. This data highlights the critical importance of expanding access to team-based primary care models. Of the 312,108 individuals in the OWFR OHT, only 26.83% are currently attached to a Family Health Team (FHT) or Community Health Centre (CHC), both of which offer comprehensive, team-based care [8]. In contrast, a significant majority, 64.42% are attached to primary care providers operating outside of team-based models, and 9.03% remain entirely unattached [8]. These figures underscore a major gap in access to collaborative, multidisciplinary care, which has been shown to improve health outcomes, patient satisfaction, and system efficiency. Strengthening and expanding the team-based care models is essential to better serve the population and meet growing healthcare demands.

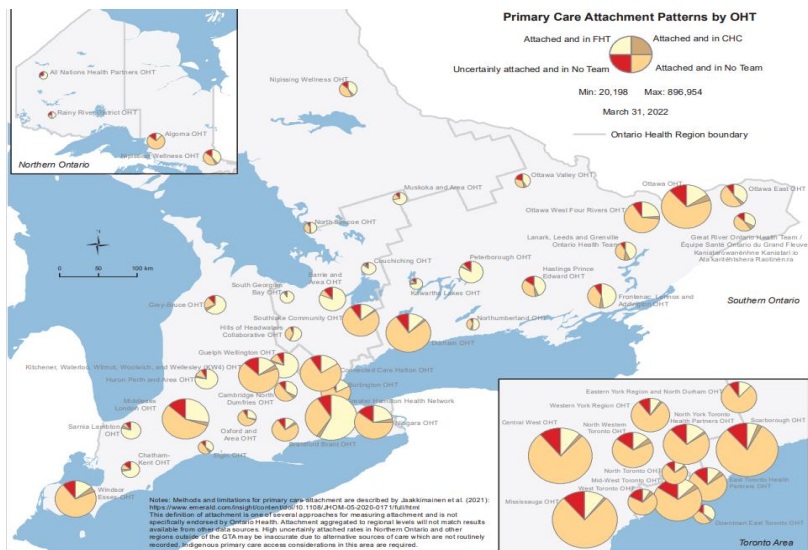


Figure 3: Team based care by OHT [8]

OWFR OHT (Total)	
N	Percent
312,108	100%
Attached to FHT	
75,062	24.05%
Attached to CHC	
8,690	2.78%
Attached to PC (not team based model)	
201,063	64.42%
Unattached	
28,183	9.03%

Table 1: Breakdown of team-based care OWFR [8]

Primary Care Attachment

The unattached population also called uncertainly attached refers to those who are not rostered to a primary care provider. In 2022, OWFR OHT had a higher rate of attachment (91%) than the provincial average (85%) [2]. In September 2023, OWFR OHT’s Performance Measures Committee established a working group to examine the characteristics of the unattached population attributed to our OHT. Findings from 2020 and 2022 data revealed common characteristics among the unattached population [2]:

- Gender: more males than females were unattached
(57% of unattached population was male vs 43% of the attached population)
- Age: younger people were more likely to be unattached
(70% of the unattached population was younger than 49 years)

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- Income: lower income groups were more likely to be unattached than higher income groups (**33% of the unattached population was in the two lowest income quintiles vs 25% of the attached population**)
- Deprivation: more deprived areas had higher rates of unattachment than less deprived areas (**23% of unattached individuals were in the two highest deprivation quintiles compared to 18% of those attached**)
- Immigration status: recent immigrants were more likely to be unattached than long-term residents (**15% of unattached individuals were new to Ontario vs 8% of the attached population**).

Figure 4 illustrates the concentration of uncertainly attached or unattached patients within the OWFR OHT. We can see a higher level of unattached populations within the Western region with small pockets seen in Arnprior and Kemptville. As stated above 76% of our attributed population resides within the Ottawa West region [1].

Although our OHT is ranked 12th among OHTs for highest attachment rate, through our Primary Care Network providers have communicated concern over growing unattachment rates and difficulties in access for rostered patients [2]. It is also important to note that this Inspire data set uses 2022 data along with the OHT attribution model that was last updated in 2019 meaning the data does not reflect any persons born after 2019 [2]. As the attribution model is updated, we can expect to see some changes in our attributed population and a better reflection of attached persons.

The OWFR Primary Care Townhall post evaluation survey conducted in October 2023 indicated that 38% of participants did not have a good understanding of local initiatives or resources that provide care for unattached patients. With an additional 32% responding neutral [6].

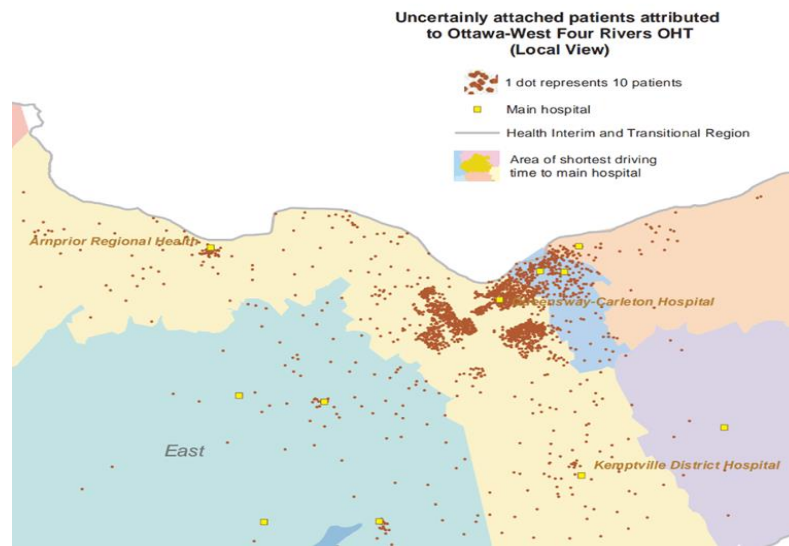


Figure 4: uncertainly attached patients attributed to OWFR OHT [2]

Provider Survey Feedback

A survey conducted in September of 2024 for Champlain region primary care providers looked to support the implementation of a Seamless Care Optimizing the Patient Experience (SCOPE) model. This survey had 119 respondents, 24% of the respondents indicated being apart of the Ottawa West Four Rivers OHT. Figure 4 illustrates the answers to the question “Please choose the top 3 referrals that are most problematic for your practice”. Overwhelmingly these answers point to gaps within the Mental Health Addictions and Substance Use Health referral process. With a total of 127 votes between the categories Mental Health, Addictions, Substance Use Health, and Psychology, this makes up 36% of the casted votes.

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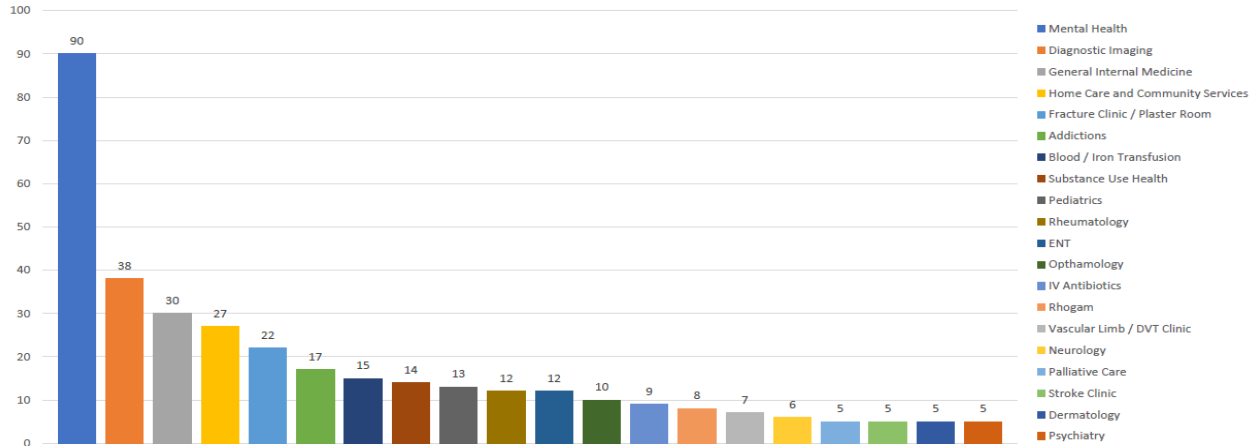


Figure 4: Champlain region SCOPE Survey Results

In addition to looking at referral destinations this survey also looked to rate providers confidence navigating their patients to appropriate specialists. When asked the question “when you have a patient in need, how confident are you that you can connect them to the required specialty service in a timely way?”, only 8% of providers answered pretty confident, with 38% of providers answering not confident at all. This further highlights the need for additional navigation supports for patients and providers within primary care.

Health System Performance Network (HSPN) OHT Indicators

Ottawa West Four Rivers OHT Improvement Indicators Summary

Legend:			
Quartile 1 - Top 10%	■	+ improved 2021/22 to 2022/23	Note: improvement and decline relative to performance provincially does not reflect OWFR OHT improvement or decline on the specific indicator
Quartile 2 - 11th-50th%	■	- declined 2021/22 to 2022/23	
Quartile 3 - 51st - 89th%	■		
Quartile 4 - 90th% +	■		

Total Population Indicators (FY 2022/23)	
Premature Mortality	-
Cost per Month	-
Days in Acute Care	+
ALC Days	-
ACSC Hospitalizations	+
30 Day Readmission	-
ED Visit Best Managed Elsewhere	+
7 Day Physician Follow up	-
Continuity of Care	-
Virtual Visits	-

Palliative & End-of-Life Care (FY 2022/23)	
Deaths in hospital	+
ED visit in the last 30 days of life	+
Palliative - physician home visits in the last 90 days of life	+
Palliative home - care in the last 90 days of life	-
Days at home in the last 6 months of life	+
Older/Frail Adults (FY 2022/23)	
2+ fall-related ED visits (among frail)	+
Days at home (among frail)	-
Change in ADL long form	-
Caregiver distress	-
Change in MDS-HSI	-

Diabetes (FY 2021/22)	
Proportion of patients up-to-date with glycated hemoglobin (HbA1C) tests	n/a
Proportion of patients up-to-date with retinal screening	n/a
Statins Dispensed to prevent vascular complications from Diabetes	n/a
Hospitalizations for long-term Diabetes-related Complications	n/a
Patients with Diabetes that is not well controlled (HbA1c >7)	n/a
MHASUH (FY 2022/23)	
Outpatient visits within 7 days of MHA hospital discharge	-
ED as first point of contact MHA	+
Frequent (4+) ED Visits for MHA	-
Repeat ED visits within 30 days for MHA	-
Rate of ED visits for deliberate self-harm	+

The following table summarizes the population improvement indicators for OWFR OHT using the overall population indicators identified and those for our current priority populations. These indicators and related reports are provided by HSPN to report on health outcomes and direct health care costs across OHT attributable populations. These reports provide an overview of OHT baseline performance and illustrate where there are opportunities for OHTs to focus their implementation activities to improve health outcomes. This table demonstrates OWFR OHT’s performance on each indicator using quartiles comparing OWFR OHT’s performance relative to all OHTs across the province [3],[4]. Specific areas of

focus relating to primary care include Ambulatory Care Sensitive Condition (ACSC) related Hospitalizations, Continuity of Care, and 7 Day Physician Follow up. ACSC related Hospitalizations include hospitalizations for conditions like Chronic Obstructive Pulmonary Disease and Diabetes that have the potential to be managed within Primary Care. This measure has been included within the Ontario Health OHT Performance Framework under the clinical priority improving population health [5].

References

- [1] Ontario Health eReport Portal. OHT Dashboard – Population Summary. Data Sources: 2021 Census
- [2] INSPIRE-PHC. Primary Care Data Reports for Ontario Health Teams (OHTs) (March 2022).
[Ontario Health Teams \(OHTs\) \(ontariohealthprofiles.ca\)](https://ontariohealthprofiles.ca)
- [3] HSPN. Total OHT Attributable Population Improvement Indicators: Fiscal Year 2021/22 to 2022/23. (Jan 2024)
- [4] HSPN. OHT Attributable Populations: Diabetes Improvement Indicators at Baseline 2019/20 to 2021/2022 (June 2023)
- [5] Ontario Health OHT Performance Framework. (May 2024).
- [6] Ottawa West Four Rivers Primary Care Townhall - Post Evaluation Survey. (Oct 2023).
- [7] Statistics Canada for 2022 and Ontario Ministry of Finance projections (Summer 2023). [Population projections-34 public health units mof population projections 2022-2046 - Ontario Data Catalogue](#)
- [8] Primary Care Attachment Patterns by OHT - INSPIRE-PHC. (2022) <https://inspire-phc.org/primary-care-attachment-patterns-2/>