Ottawa OHT-ÉSO

USING DATA TO INFORM HEALTH CARE REDESIGN

Population distribution and primary care data for Ottawa's older adults

Monica Armstrong | Shelley Horrocks | June 18, 2025

Agenda

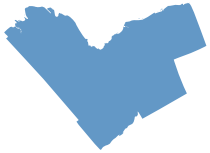
ÉQUIPE SANTÉ ONTARIO
Ottawa
ONTARIO HEALTH TEAM

01	What is an OHT?
02	The Attachment Challenge
03	Ottawa's Older Adults and Attachment
04	Avenues for Change
05	Primary Care Action Team

What is an Ontario Health Team?

Ontario Health Teams (OHTs) are groups of healthcare and social service providers and organization that are responsible for organizing and delivering care to patients in their local communities.

58 OHTs in Ontario [1]



3 main OHTs in the City of Ottawa

OHTs by Attributed Population in the City of Ottawa (2022/23) [1]

ÉQUIPE SANTÉ ONTARIO Ottawa ONTARIO HEALTH TEAM

460,182

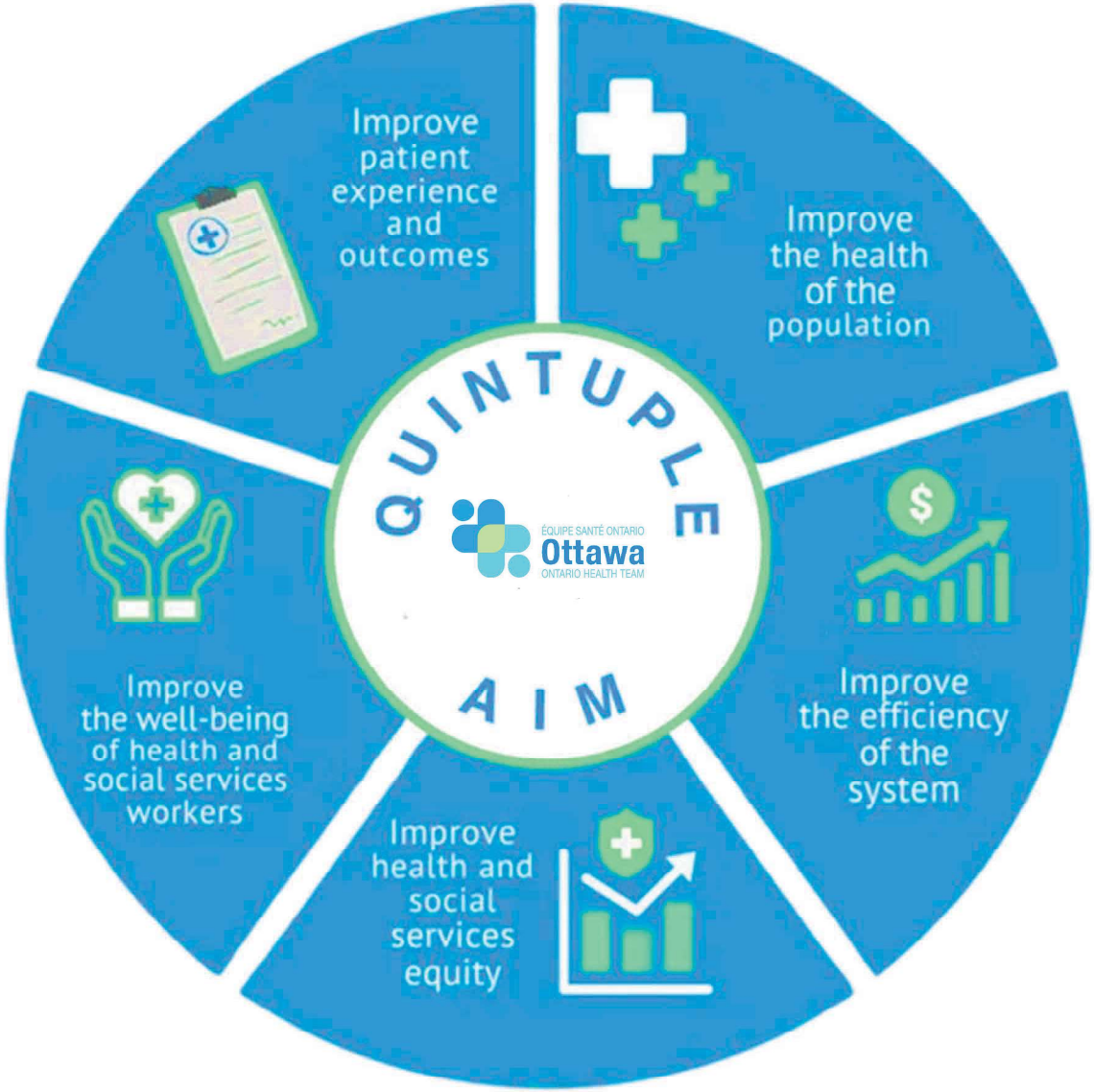
Ottawa West Four Rivers ONTARIO HEALTH TEAM

ÉQUIPE SANTÉ ONTARIO Ottawa Ouest Quatre Rivières

224,292

archipel. Équipe Santé Ontario | Ontario Health Team

104,365


Improve patient experience and outcomes
Improve the health of the population
Improve the efficiency of the system
Improve health and social services equity
Improve the well-being of health and social services workers
QUINTUPLE AIM
ÉQUIPE SANTÉ ONTARIO
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ONTARIO HEALTH TEAM

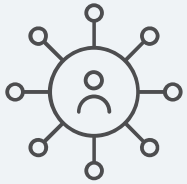
Who is Ottawa OHT-ÉSO?

Our Health Team

65+ Organizational partners

Patient, family, and cargiving partners

Primary Care Network and partners



Backbone team

Our Priorities

Primary care access for all

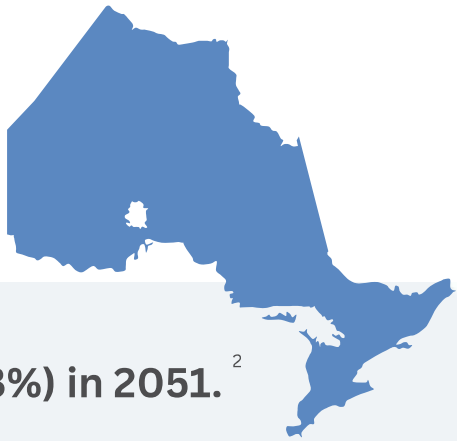
Health equity

Integrated clinical priorities

Priority populations

- Older adults living with frailty
- Mental Health, Substance Use Health, and Addiction Health

Older Adult Population Growth



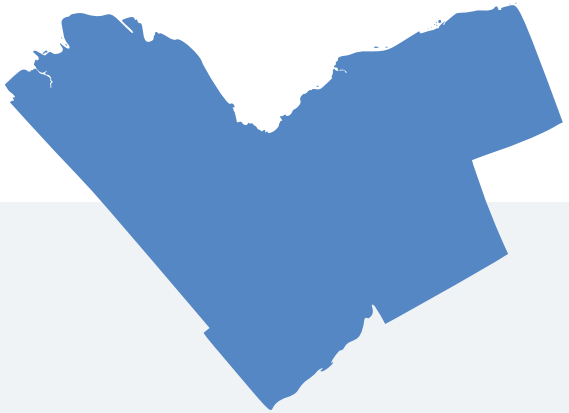
Ontario Projections

Increase of adults 65+ from **2.9 million (18.3%) in 2023 to 4.7 million (21.3%) in 2051.** [2]

Rapid growth from 2023-31 as the last and largest cohorts of baby boomers turn 65. Growth rate will slow from 3.1% in 2023-31 to 1.3% from 2032-2051. [2]

2037 projected to have highest share of adults 65+ at 21.7% of the population. [2]

Older Adult Population Growth



Ottawa Projections

In 2021, 160,425 (16%) residents were aged 65+.[3]

By 2041, **1 in 4 (25%) Ottawa residents are projected to be 65+.**[3]

Among the 27% of census divisions projected to have over **70% growth in adults 65+ from 2023-51**.[2]

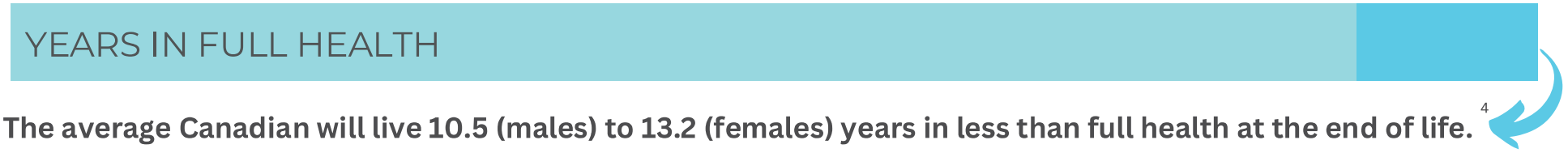
By 2036, 28%+ of adults 65+ will self-identify as part of a visible minority population (vs 16% in 2016).[3]

Fastest growth is in the suburbs and rural areas, though majority of older adults live in urban areas.[3]

Older Adult Population Growth

Life expectancy is improving while the rates of chronic disease are on the rise. This may increase the number of years spent in poor health for older adults.

Canada's Health-Adjusted Life Expectancy (2000-21)

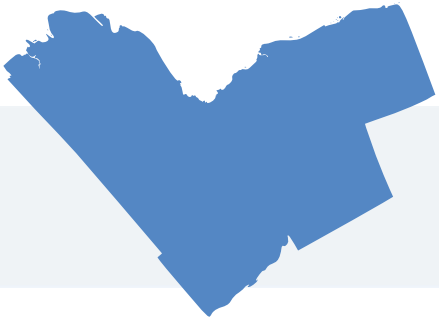


The average Canadian will live 10.5 (males) to 13.2 (females) years in less than full health at the end of life. [4]

Canadian females, on average...

- spend more of their years post-65 in poorer health (30.9%) vs males (27.7%). [5]
- more likely than men to have unmet needs despite being attached. [6]

The Unattachment Challenge



In Ottawa there are...

165,276+ people unattached to primary care[7]

*only includes those eligible for OHIP | for Apr 2020-Mar 2022 | source: OCHPP (2023)

What does “unattached” mean?

Not rostered to a family doctor or group AND have not visited a CHC in 2 years.[7]

Unattachment by Age Group

1.6% to **16.6%** of older adults 65+ are unattached per neighbourhood[8]

*only includes those eligible for OHIP | for FY 23/24 | source: HSPN (2025)

3.7% to **20%** of adults 40+ are unattached per neighbourhood[8]

*only includes those eligible for OHIP | for FY 23/24 | source: HSPN (2025)

Unattachment Risk Factors

Populations with persistently low primary care attachment in Ontario

Rural Residency

Newcomers

Housing Instability

Lower Income

Low Material Resource
includes education and employment indicators

Intersectionality and Primary Care

Identity and social factors work together to influence unattachment risk, health status, and health outcomes.

Age is an important factor which influences both need for and ability to access primary care, especially combined with other factors.

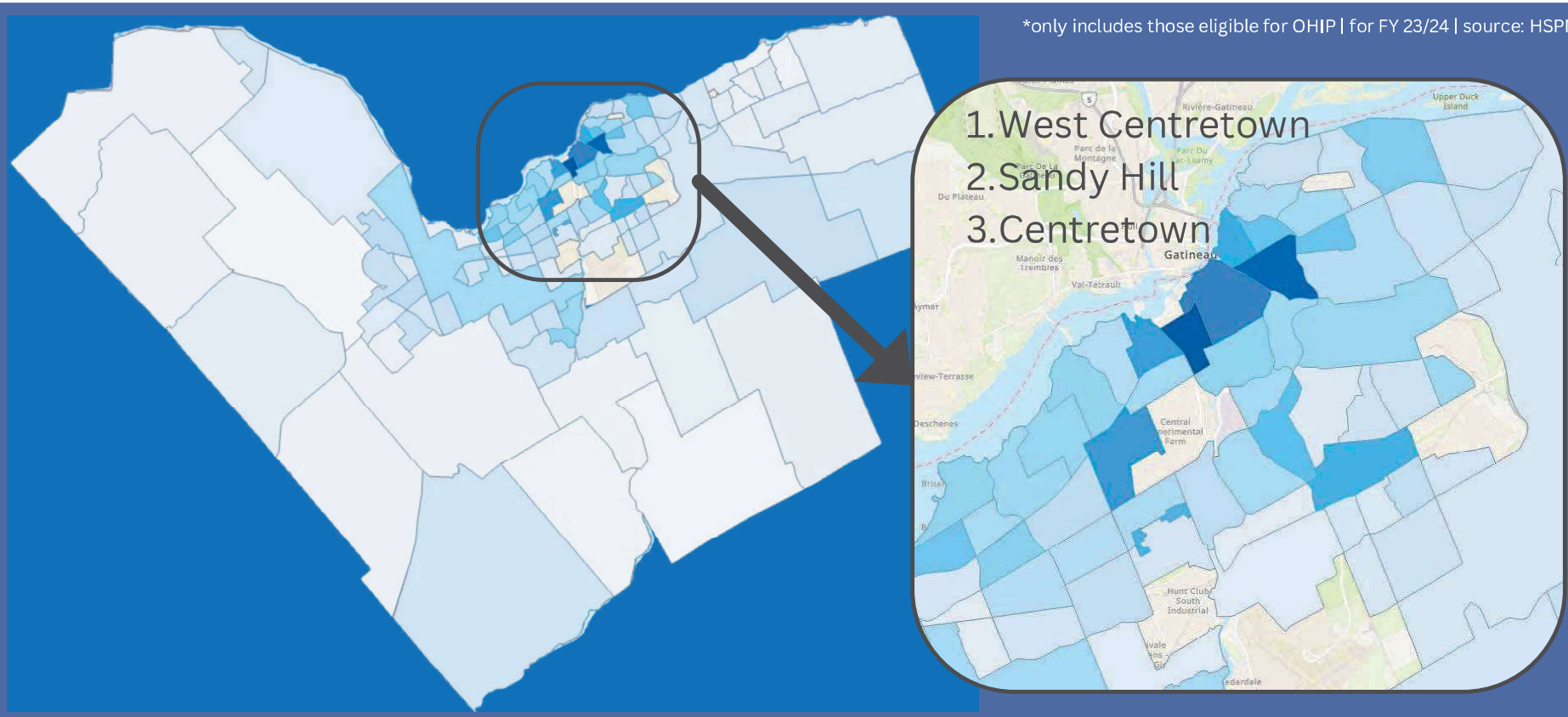




The Unattachment Challenge

Highest proportion of unattached 65+ residents [8]

*only includes those eligible for OHIP | for FY 23/24 | source: HSPN (2025)



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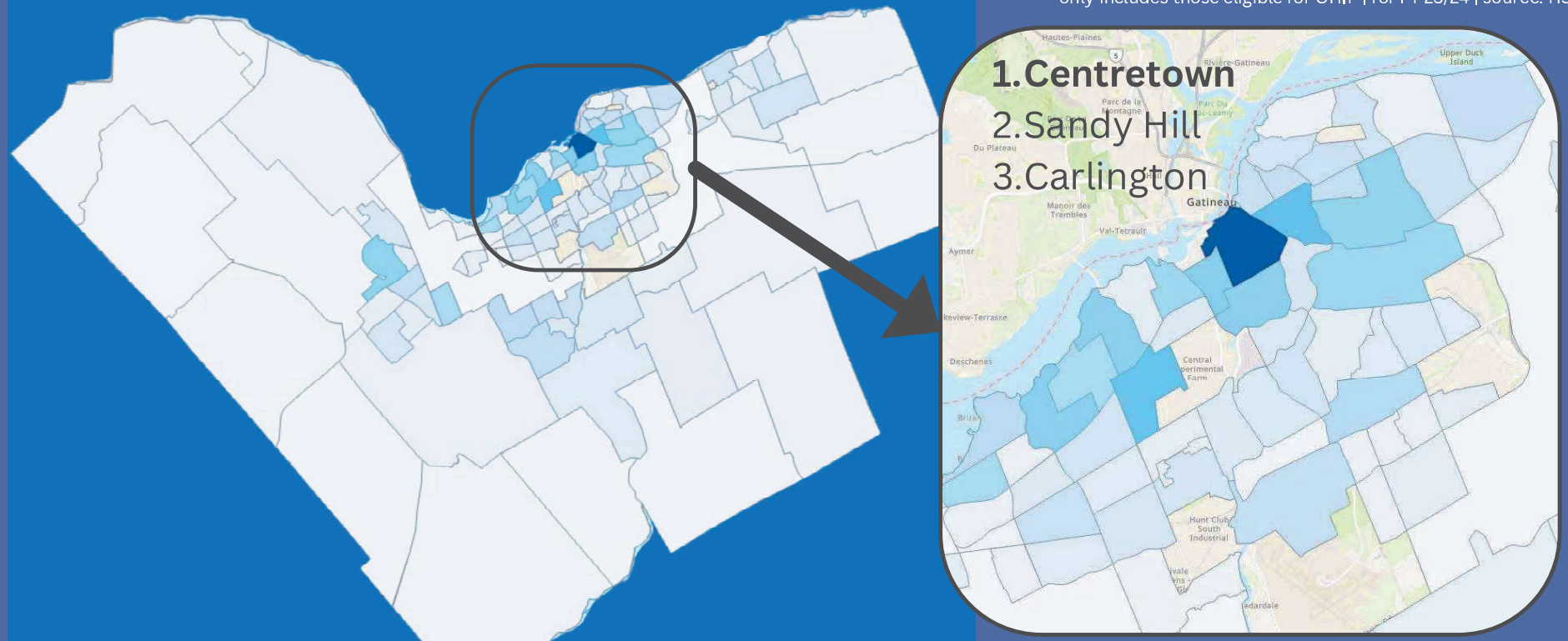


AVENUES FOR CHANGE

AVENUES FOR CHANGE

Lowertown Health System Redesign

The Need for Intervention

28% of residents unattached (8,500+ people)

Among highest density of community housing and shelters in Ottawa

11 Naturally Occurring Retirement Communities (NORCs) [10]

Opportunity for Attachment

More family doctors per 1,000 residents than most neighbourhoods

KIN (Lowertown and Sandy Hill)

AVENUES FOR CHANGE

Lowertown Health System Redesign

Partners for Change

Attachment Strategy

Community partners identify and refer individuals and families to 2 partnered Family Health Teams in K1N (FHT).

Results

225+ K1N residents attached to primary care in 2024

25% identified as older adults (55+) living alone in social or supportive housing.

16% of attached patients were 65+.

PRIMARY CARE ACTION TEAM

Ontario Health's Primary Care Action Plan

Introduction

Mandate: 100% of people in Ontario are attached to a family doctor or a primary care nurse practitioner working in a publicly funded team, where they receive ongoing, comprehensive, and convenient care.

- Ontario's Primary Care Action Team, led by Dr. Jane Philpott, will implement a **Primary Care Action Plan** supported by the government's historic investment of $1.8 billion to connect two million more people to a publicly funded family doctor or primary care team within four years, which will achieve the government's goal of connecting everyone in the province to a family doctor or primary care team.
- Primary care teams are made up of a family physician or nurse practitioner and other health care professionals such as nurses, physician assistants, social workers, dieticians and more.
- The Action Plan will help implement a broad series of initiatives in collaboration with primary care leaders and health system partner across **three pillars**:
- The action plan will draw on **best-in-class models** of primary care being delivered across the province to ensure that no matter where you live in the province, you are connected to a primary care team.
- The goal is to build a primary care system that is **comprehensive, convenient, and connected** for every single person in Ontario,

Ontario

AVENUES FOR CHANGE

Ontario Health's Primary Care Action Plan

Three Pillars

Connecting you to a primary care team

- Create and expand **305** additional teams to attach approximately **2 million people** to primary care.
    - Invest more than **$235 million** in 2025-26 to establish and expand **80** additional primary care teams across the province, attaching 300,000 more people to primary care this year.
- Establish **standards** for what every Ontarian can expect when accessing primary care services.
- Provide **regular public updates** on progress and performance in achieving the Primary Care Team's mandate.

Making primary care more connected and convenient

- **Modernize Health Care Connect** to improve the user and provider experience, with the goal of establishing a wait time target of no more than 12 months.
- Attach everyone (as of January 1, 2025) on the **Health Care Connect waitlist** to a primary care team by **Spring 2026**.
- Enhance **digital tools** for providers and patients, improving patient navigation, reducing administrative burden and improving the **referral process**.
- Leverage Health811 to view **online health records, book an appointment** with their primary care provider, and discover care options.
- Set **regular performance indicators** of primary care teams.

Supporting primary providers

- Introduce targeted strategies to **recruit and retain** the workforce needed to support primary care providers and teams, including family doctors, nurse practitioners and other allied health professionals.
- **Address administrative burden** with digital tools, targeted recruitment and retention strategies for northern and rural communities and ensure all of Ontario's highly qualified health care professionals can work to their full scope of practice.
- Add and expand community-based **primary care teaching clinics** in collaboration with academic institutions and other partners.

Ontario

AVENUES FOR CHANGE

Ontario Health's Primary Care Action Plan

Implementation Timelines

CLOSING THE GAP

2 million more people will be newly attached to primary care by 2029.

	25/26	26/27	27/28	28/29	Total
New people attached	300,000	+500,000	+600,000	+600,000	2,000,000
New primary care teams added	76	+73	+78	+78	305

Regular public reporting on milestones and key performance indicators

Ongoing stakeholder collaboration and feedback to inform implementation

Ontario

AVENUES FOR CHANGE

Round One of Proposals

Connecting 300,000 Ontarians to Primary Care

- ✓ **80 Teams**
- ✓ **125 Eligible FSAs (postal codes)**
- ✓ **$235M for Round One**
- ✓ **Maximum 1 submission/ FSA up to max of 5/OHT**

Round 1 (2025-2026): New and Expanded Primary Care Teams

Geographic Primary Care Attachment
New and expanded interprofessional primary care teams will work toward **ongoing attachment of 100% of people** within identified postal codes to a regular family physician, physician group or a primary care nurse practitioner. This includes attaching people on the Health Care Connect waitlist.

Targeted, Data-Driven Roll Out
There will be multiple rounds of intake and assessment to allocate the multi-year investment. The first round will be a **targeted call for proposals** focused on communities, by postal code, that have the highest number of people **not attached to a regular primary care clinician**.

Role for Ontario Health Teams
Ontario Health Teams and their Primary Care Networks will **support clinicians to develop their proposals and coordinate the submission of proposals** for new and expanded interprofessional primary care teams.

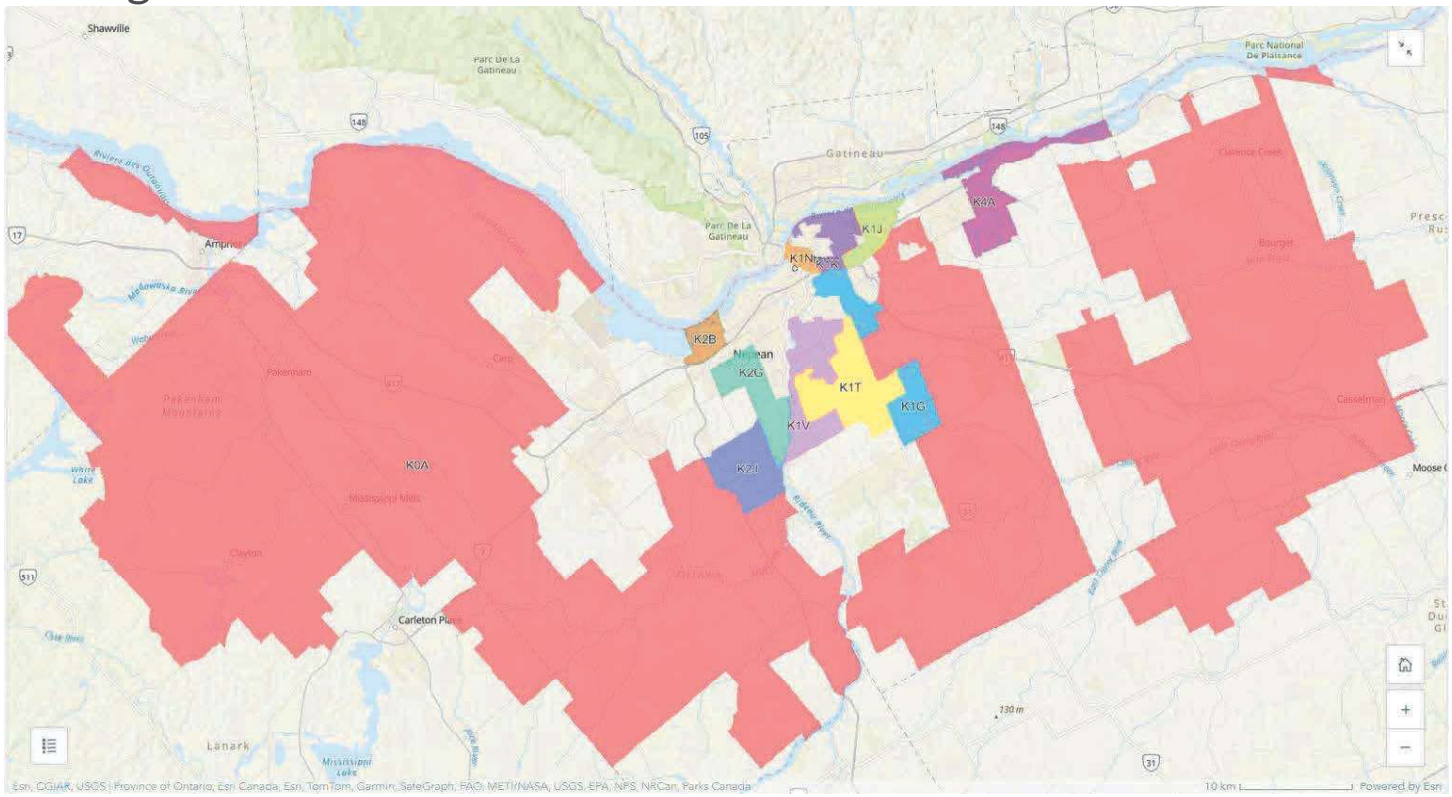
While collaboration will be encouraged, OHT support for Indigenous-led proposals will not be required.

AVENUES FOR CHANGE

Round One of Proposals

What does this mean for Ottawa?

11 Eligible FSAs in Ottawa



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- K1V
- K4A
- K2B
- K1G
- K1N
- K1T
- K1K
- K1J

2nd highest number of FSAs assigned to us in Ontario.

Ottawa West Four Rivers
ONTARIO HEALTH TEAM

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Ottawa Ouest Quatre Rivières

- K2G
- K2J
- KOA

Round One of Proposals

Proposal Criteria

Must be aligned with three priorities identified by Ministry of Health and Ontario Health:

- **Primary Care Attachment:** prioritizing net new ongoing attachment of people who do not have a regular primary care clinician within identified postal codes, including those on Health Care Connect waitlist. Priority to proposals with a plan to attach the highest possible proportion of unattached people in their postal codes.

- **Readiness to Implement:** demonstrating the ability to be operational and begin to attach people to a primary care clinician by Summer 2025. This includes demonstrating how proposed new or expanded team can leverage infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs.

- **Meeting Primary Care Team Principles:** commitment and demonstrated ability to meet the primary care principles over time.

Sources

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