

July 27, 2020

**To:** Helen Angus, Deputy Minister of Health  
Matt Anderson, CEO, Ontario Health  
David Williams, Chief Medical Officer of Health (MOH)

**Re: Critical Role of Comprehensive Primary Care in COVID-19 Response**

Dear Deputy Minister Angus, Mr. Anderson and Dr. Williams,

Firstly, we want to thank you and your colleagues at the Ministry and Ontario Health for all the hard work that has been completed over the last four months to keep Ontarians safe during the COVID-19 pandemic. The focus of keeping people out of the hospital and increasing capacity in acute centres, included every part of the healthcare sector stepping up and responding to support the direction laid out by the province.

As we prepare for fall and the possibility of a second wave, we are writing to you to highlight the critical roles comprehensive team-based primary care played throughout the pandemic. Team-based primary health care organizations, including Community Health Centres, Aboriginal Health Access Centres, Indigenous Interprofessional Primary Health Care Teams, Nurse Practitioner-Led Clinics, and Family Health Teams, remained open and continued to provide integrated clinical, interprofessional, and health promotion services. In addition, they assisted connecting patients with social support, such as check-in calls, food hampers, mental health services, traditional healing, and virtual programs. The narrative identifying that ‘primary care was closed’ during the pandemic is false. We want to reinforce how much the sector stepped up - and emphasize that with planning and support we can expand our efforts to do more. It is imperative that we work together. The pandemic requires a fully engaged and responsive system across the board.

Primary care is often the first point of contact and access within the healthcare system. Placing a greater emphasis on this type of care makes perfect sense. These relationships are built on the foundation of trust that happen over a lifespan, improves access to appropriate services, reduces inequalities, and lowers overall healthcare costs.<sup>1</sup> In fact, the World Health Organization recognizes that “primary care plays a significant role in... differentiating patients with respiratory symptoms from those with COVID-19, making earlier diagnosis, helping those who are vulnerable cope with their anxiety about the virus, and reducing the demand for hospital service are all roles primary care play.”<sup>2</sup>

Comprehensive primary care organizations have been a vital part of the COVID-19 response despite the lack of meaningful engagement and direction. For instance, our sector was overlooked for critical PPE supplies and were excluded from the pandemic pay program. We want to reinforce that our sector is prepared to provide necessary in-person care and virtual services in the next wave of the pandemic, including in the following three areas: embedding assessment centres in comprehensive primary care organizations; ensuring ongoing management of illnesses, chronic disease, disease prevention, health

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<sup>1</sup> Starfield et al. “Contributions of Primary Care to the Health Systems and Health”, Millbank Quarterly, 83(3), 2005.

<sup>2</sup> WHO Western Pacific Region. “Role of primary care in the COVID-19 response: interim guidance 26 March 2020.”  
<https://iris.wpro.who.int/bitstream/handle/10665.1/14510/Primary-care-COVID-19-eng.pdf>

promotion, and community connection; and protecting the vulnerable by identifying needs, triaging support, and providing trusted information and education.

### **1. Embed assessment centres in comprehensive primary care organizations:**

We know that the current assessment centre model is not sustainable. There are 175 sites in different settings across the province being managed by nurses, NPs and physicians to screen and provide swabs. This was excellent as a short-term measure, but it is not fiscally sustainable or a solution for the long term.

Comprehensive primary care teams have the trusted relationship and expertise in their communities to support broad screening and community testing. They are the most appropriate providers to screen, assess, and test patients. They will follow-up to provide results of the test and ensure appropriate care is received. This ensures continuity of care, and enables the system to be cost effective because all components of the care are implemented and managed by one team. In addition, there is a strong comprehensive primary care network across most communities in Ontario, making it more feasible for many patients to get tested in a timely fashion.

Many comprehensive primary health care organizations redeployed staff to support testing in provincially identified assessment centres. In some communities, they have been instrumental in setting up recognized screening and assessment centres for testing within their organizations. These services were critical to address the needs of the higher risk COVID-19 populations like the homeless, lower-income, racialized, Indigenous, and seasonal farm workers. For example, 56% of the Indigenous Primary Health Care Council members identified that they were conducting testing and assessment on site.

Due to experience in this area, we recommend screening, assessing, and testing for all populations be moved to team-based primary health care centres by fall so that it can be aligned with the flu vaccine immunization strategy. Lessons learned from the current assessment centres strategy would offer useful insight on what additional resources would be required like sufficient and appropriate PPE. In addition, any strategy working with vulnerable populations must take into consideration the need to build trust and recognize the role that community workers could successfully play in this approach.

### **2. Ensure ongoing management of illnesses, chronic disease, disease prevention, health promotion, and community connection**

Our sector has remained operational throughout the pandemic by pre-screening patients through phone or email, and then screening them at the door, so that essential primary care, chronic disease management, and interprofessional health services can continue in both physical and virtual visits as appropriate. However, some of the essential but non-urgent services, such as cancer screening and vaccinations, were disrupted due to lack of PPE and unclear public communication and education. For example, people were afraid to seek care and when they finally did, they were sicker and needed more intensive intervention as a result. We have all learned from this experience and we must be prepared to educate people about the importance of required follow-up even during the pandemic. Let's not repeat the same mistake. To avoid this, both primary care and the government need to work together to align key messaging to the public.

The pandemic has created and intensified environments of vulnerability. Our sector has stepped up more so than ever to address issues linked to income loss, food insecurity, anxiety, fear, social isolation, loneliness, and other associated tolls of the pandemic. Comprehensive primary care organizations are connecting people with the necessary supports, such as federal financial relief, Meals on Wheels, food hampers, mental health services, traditional healing, traditional medicines, physical isolation supports and helplines. Organizations are also offering regular wellness check-in calls, virtual counselling, online health promotion programs such as exercise and healthy cooking, and referrals to virtual social support programs like book clubs, LGBTQ+ support, and Seniors Without Walls. This all responds to the needs of the patients and leverages the unique strengths of each community.<sup>3</sup>

The continued provision of essential medical care, such as mental health and addiction services, virtual wellness programs, and social supports, help to prevent illnesses and manage chronic conditions. These elements are essential for building population resilience and preventing inappropriate demand on acute services.

Expanded emphasis and investments are needed in virtual care, digital options, and technology that are aligned with a comprehensive digital equity strategy. This enhanced system capacity will help to establish environments that maximize reach.

### **3. Protect the vulnerable by identifying needs, triaging support, and providing trusted information and education**

While the provincial response successfully prepared for and managed acute care capacity, other care settings and vulnerable communities were exposed to the harsh realities of the full pandemic in wave one. This is evidenced in the outbreaks among residents of long-term care and retirement homes, shelters, migrant seasonal farm workers, and others, for which our sector was sounding alarm bells early on in the pandemic.

The Alliance, AFHTO, IPHCC and NPLCA members actively engaged with our communities to identify and contact vulnerable patients for wellness check-ins right at the start of the pandemic. The sector mobilized to set up primary care clinics in shelters, created mobile screening and testing programs, partnered with paramedics to deliver testing in homes, developed isolation centres for those who are homeless or vicariously housed, and continue to deliver care that protects those most at risk. In addition, comprehensive primary care providers played a key role in coordinating medical and community services, by referring patients to appropriate supports within the healthcare and community sectors, thereby mitigating unnecessary escalation to acute care.

This is especially important during COVID-19 as those most at risk, such as older adults and people who are immunocompromised, are people normally served by these providers.<sup>4</sup> The providers are also key in ensuring that accurate, up-to-date information on diseases and prevention controls are disseminated to their patients.

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<sup>3</sup> A rapid primary health care response to COVID-19: An equity-based and systems-thinking approach to care ensuring that no one is left behind (accepted for publication) Healthcare Quarterly

<sup>4</sup> Kidd, Michael R. "Five principles for pandemic preparedness: lessons from the Australian COVID-19 primary care response." British Journal of General Practice 2020; 70 (696): 316-317. DOI: 10.3399/bjgp20X710765

All Ontarians need to be aware that primary health care is open to support all their health care needs. We need to work together to ensure the Ministry, Ontario Health and primary health care sector agree to messages that will ensure people understand that they can continue to get care during this and future pandemics.

There is a network of comprehensive primary health care organizations across Ontario. While not in every community, the Ministry and Ontario Health needs to utilize this important network, and leverage its capacity, as it plans for wave two.

**Recommendations:**

1. Ensure comprehensive primary health care organizations, through their associations, are at the tables to plan for future waves of the pandemic and beyond.
2. Develop a thorough assessment and testing strategy with comprehensive primary health care at the centre of the strategy. Ensure that vulnerable populations are considered in the strategies put forward (ie locations of testing and assessment centres, relationships with community health, contact tracing etc.).
3. Develop a cohesive PPE procurement and disbursement strategy that includes obtaining PPE as a primary supply chain and not just as an emergency strategy.
4. Develop a comprehensive and cohesive primary care IPAC strategy focused on expanded needs like testing and assessment, face-to-face care delivery, mental health and addictions, and other allied supports, as well as provider safety.
5. Expand and ensure the sustainable delivery of virtual care by:
  - a. Investing in digital equipment and licensing of virtual care including medical, health promotion and social supports, and ensuring interoperable digital referral and data sharing tools.;
  - b. Ensuring virtual care tools are integrated with the patient’s primary care EMR. With the increase in virtual walk-in clinics, it is important to decrease fragmentation in care by strengthening continuity of care and case management; and
  - c. Making the virtual care billing codes permanent and expanding use beyond the OTN platform, while also including additional modalities like secure messaging.
6. Develop a digital equity strategy to ensure that people who need to receive virtual care have access to appropriate equipment, public and subsidized data plans and access to internet; and support for digital literacy, if needed.
7. Develop a comprehensive communication strategy to ensure people understand that they need to continue to get their primary health care needs met now and during any future waves.

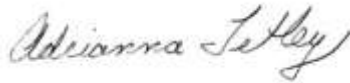
It is vital that the Ministry and Ontario Health recognize that comprehensive primary health care is the foundation of a responsive and resilient healthcare system, and the important role primary health care plays in supporting health and wellbeing in every community across Ontario. Moreover, as you can see, the Indigenous Primary Health Care Council is involved in the construction of these recommendations and we want to collectively stress that decisions regarding Indigenous health must be in Indigenous hands.

As the majority of people infected with COVID-19 experience mild to moderate symptoms and do not require hospitalization, on-going medical care can and should be provided by primary care. In fact, current data indicates that only 14.8% of people with COVID-19 are hospitalized.<sup>5</sup> With that said, **the sector must be included as core partners because we are key parts of the solution in the ongoing response to COVID-19. The work we do complements acute services and enhances their ability to respond to true emergencies.**

Including comprehensive primary care in pandemic planning for the fall and future waves will ensure that all people can receive screening and testing in their communities; that they will get necessary primary health care support as they recover from COVID-19 and that they will receive ongoing primary health care services including education, prevention and management of other physical and mental health conditions.

We would be pleased to meet with you to further discuss the implementation of these recommendations. We look forward to ongoing and inclusive engagement.

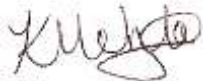
Sincerely,



Adrianna Tetley, CEO  
Alliance for Healthier Communities



Caroline Lidstone Jones, COVID Executive Lead  
Indigenous Primary Health Care Council



Kavita Mehta, CEO  
Association of Family Health Teams of Ontario



Jennifer Clement, Chair  
Nurse Practitioner-Led Clinic Association

cc.:

Nadia Surani, Acting Director, Primary Care Branch, Ministry of Health  
Lisa Priest, Interim Community, Patient, Stakeholder Engagement Lead, Ontario Health  
Dana Cooper, Executive Director, Nurse Practitioners' Association of Ontario

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<sup>5</sup> Government of Canada. Coronavirus disease 2019 (COVID-19): Epidemiology update. Retrieved July 15, 2020. <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a7>

The Alliance for Healthier Communities (Alliance) is the voice of a vibrant network of over 100 community-governed primary health care organizations, including Community Health Centres, Aboriginal Health Access Centres, Nurse-Practitioner-Led Clinics and Community Family Health Teams. Members of the Alliance share a commitment to advancing health equity through the delivery of comprehensive primary health care.

The Association of Family Health Teams of Ontario (AFHTO) is the not-for-profit association representing team-based primary care. We provide leadership to promote high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of Ontarians. We are the advocate and resource to support the spread of knowledge and best practice among 191 interprofessional primary care teams, including family health teams (FHTs), nurse practitioner-led clinics (NPLCs) and others who provide comprehensive team-based care.

The Indigenous Primary Health Care Council (IPHCC) is an Indigenous-governed culture-based and Indigenous-informed organization. Its key mandate is to support the advancement and evolution of Indigenous primary health care services provision and planning throughout Ontario. Membership currently includes Aboriginal Health Access Centres (AHAC), Aboriginal governed, Community Health Centres (ACHC), other Indigenous governed providers and partnering Indigenous health researchers and scholars.

The Nurse Practitioner-Led Clinic Association (NPLCA) is the voice of nurse-practitioner led clinics (NPLCs) across Ontario. Nurse practitioners are the lead primary care providers of NPLC's inter-professional team of health care providers and support staff, and improve the quality of care through enhanced health promotion, disease prevention, primary mental health care and chronic disease management, as well as improve care coordination and navigation of the health care system.