



**City of Kingston
Report to Council
Report Number 24-045**

To: Mayor and Members of Council

From: Craig Desjardins, Director, Office of Strategy, Innovation & Partnerships

Resource Staff: Dajana Turkovic, Workforce Development Analyst

Date of Meeting: March 5, 2024

Subject: Update on Family Physician/Primary Care Recruitment Efforts in Kingston

Council Strategic Plan Alignment:

Theme: 4. Foster a Caring and Inclusive Community

Goal: 4.3 Increase access to healthcare professionals and services.

Executive Summary:

The purpose of this report is to provide Council with an update on the City's efforts to attract and retain family physicians to Kingston and additionally, to provide Council with details of the planned investment of the recently approved \$1M top-up funds to support family physician/primary care recruitment efforts.

Funding of \$2M over 8 years for the development of a family physician recruitment program was approved by the previous Council, details of which can be found in [Report Number 21-287](#). The incentive program that was created includes a \$100K payment (over 5 year) for a Return of Service agreement and provides relocation support through the City's Dual Career Support Program.

Over the past 22 months, staff have been successful in attracting 14 family doctors with an additional physician expected to be signed in Q1 2024. This has been accomplished through a number of actions including: creation of a family physician advisory committee (which includes local doctors, clinic managers, the Kingston Chamber of Commerce and others), development of a recruitment marketing campaign in French and English, recruitment events with medical

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residents, development of a mechanism to connect clinics and locum doctors (doctors who temporarily fulfill the duties of another physician), building a strong relationship with the Queen's Medical School Family Medicine Program, partnering on the creation of a new, innovative model of primary care (Periwinkle Model) and evaluating the efficacy of the current program through interviews with attracted physicians.

With current and anticipated commitments to physicians (including the Periwinkle Clinic) and modest internal program expenses (approximately \$45K spent to date to cover marketing, promotion, relocation support, costs for the development of the Periwinkle Model business plan and a small allocation of staff costs), the program will commit the majority of the current budget by the end of 2024. The \$1M top-up funds recently approved by Council will allow for continuation of existing recruitment efforts and support the introduction of a new, innovative initiative to connect unattached residents to family physicians.

The new program being developed will provide a grant funding stream focused on the implementation of improved operational efficiency and innovation in family physician/primary care clinics. Family physicians in Kingston have shared that they spend as much as 40% of their time on paperwork which limits their time with patients. This new program would provide a one-time, \$100K grant to clinics who achieve an 800-1,000 sustained increased in patient clinic capacity (while also ensuring access). Initial discussions with clinics suggest that they will explore the use of technology and additional professional health care staff (including Nurse Practitioners) to lessen the burden on physicians and practice an integrated team-based approach to primary care. The grant application will include a sustainability section for clinics to explain how they will continue to maintain the expansion once grant funds are spent.

City staff understand and recognize that health care services are a responsibility of the provincial government and that municipalities do not receive adequate funding to finance health care services on an ongoing basis. The recent announcement of more than \$4M to support the launch of the Periwinkle clinic model, while extremely welcome, will address only 10,000 of the more than 30,000 residents without primary care. The need for municipal participation in this important public policy issue remains.

Recommendation:

That Council endorse the family physician and primary care recruitment and retention initiatives outlined in the **Proposed 2024 Primary Care Initiatives** section of Report Number 24-045.

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Authorizing Signatures:

ORIGINAL SIGNED BY DIRECTOR

**Craig Desjardins, Director, Office
of Strategy, Innovation &
Partnerships**

ORIGINAL SIGNED BY CHIEF

ADMINISTRATIVE OFFICER

**Lanie Hurdle, Chief
Administrative Officer**

Consultation with the following Members of the Corporate Management Team:

Paige Agnew, Commissioner, Growth & Development Services	Not required
Jennifer Campbell, Commissioner, Community Services	Not required
Neil Carbone, Commissioner, Corporate Services	Not required
David Fell, President & CEO, Utilities Kingston	Not required
Peter Huigenbos, Commissioner, Major Projects & Strategic Initiatives	Not required
Brad Joyce, Commissioner, Infrastructure, Transportation & Emergency Services	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	

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Options/Discussion:

Development of Kingston's Family Physician/Primary Care Recruitment Program to address unattached patients has been based on best-practices of other communities, engagement from local family physicians, primary care clinics in Kingston and the Queen's Family Medicine Program. Initiatives currently completed or underway include:

- Creation of a physician talent attraction portal that includes video testimonials from local family physicians: <https://kingston.possiblemadehere.org/physicians/>.
- Development of a French-language physician attraction webpage that was built in conjunction with a communication plan for a bilingual marketing campaign into the greater Montreal region in January 2024:
<https://kingston.possiblemadehere.org/physicien/>. **Bill 60: Your Health Act** has made Ontario more accessible/appealing for medical professionals from other provinces by removing restrictions previously faced by relocating physicians:
<https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60> **Bill 60: Your Health Act** has made Ontario more accessible/appealing for medical professionals from other provinces by removing restrictions previously faced by relocating physicians:
<https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60>
- Implementation of a recruitment incentive program that includes a \$100K financial component paid out over 5 years as well as access to the Dual Career Support Program. To date, local clinics have successfully recruited 14 physicians, with most of them taking over practices from retiring or relocating physicians. Recruitment is ongoing and it is anticipated that physicians starting in 2024 will be adding new patients to their rosters. However, as more physicians approach retirement, shortages will continue to be challenging for many years to come.
- Building closer collaboration with the Queen's University Family Medicine residency program to ensure that residents are aware of opportunities in Kingston. Over the past 22 months, the City has hosted one virtual dinner, two networking events, and one Lunch & Learn for the family medicine residents at Queen's University. This has created awareness of the Family Physician Recruitment Incentive, enabled residents to connect with practicing physicians and clinics, and supported relationship development in primary care. The City continues to nurture this relationship through regular communication and check-ins. City staff are also planning to attend the Queen's University Family Medicine recruitment fair in February to support local family physicians and clinic representatives. In 2024, city staff aim to finalize an engagement plan that will allow the City to connect with residents when they arrive for Year 1 and stay engaged with them throughout their time in Kingston.
- Development of a framework for a centralized locum management portal. Once fully operational, the website will allow clinics to list upcoming openings and locum physicians to register their availability and connect directly with the clinics. This initiative is a direct

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result of demand in the community as physicians were contacting City staff in search of openings. Access to locums is an effective retention strategy as it supports the wellbeing of physician who depend on them for clinical coverage. This component of the project offers significant opportunity for growth since locums are often newly graduated, younger physicians trying out different models of care before settling into a practice. They are an essential piece of the healthcare workforce and supporting them stabilizes the primary care ecosystem.

- Assistance in the development of the innovative Periwinkle primary care model business case through funding of the business plan as well as a commitment to support the recruitment of 4 family physicians or health care providers through the City's recruitment program (cost of \$400K).

The Periwinkle Health Home is an interdisciplinary and person-centric healthcare model, focused on timely access to comprehensive team-based primary care. This transformative and integrated model will ensure coordinated and accessible services, thereby improving quality of care, patient experience and overall health outcomes. It will be integrated with the Frontenac, Lennox & Addington (FLA) Ontario Health Team (OHT), local hospitals, community agencies as well as the Queen's University Faculty of Health Sciences. The name of the model (Periwinkle) gets its inspiration from the quintuple aim of the project (healthy population, equity, good value, happy providers and better care) which is visualized in the periwinkle flower's 5 petals.

The development of this model and plan have been made possible by the contribution of the partners listed below:

- City of Kingston
- Frontenac, Lennox & Addington Ontario Health Team
- Kingston Community Health Centres (official lead agency)
- Kingston Frontenac Lennox & Addington (KFLA) Public Health
- Kingston Health Sciences Centre
- Lennox & Addington County General Hospital
- Providence Care
- Queen's Faculty of Health Sciences (Schools of Medicine, Nursing, Rehabilitation Therapy)
- Southeastern Ontario Academic Medical Organization (SEAMO)

The model is designed to be scalable, with options to add additional sites that serve a broader geography over time, and the ability to show how Ontario could provide fully integrated and universal access to primary care in every community. This approach combines and builds on the best ideas in primary care reform in Ontario over the past two decades. The model addresses staffing challenges for family practitioners that exist across the province through a fundamental shift toward a payment model whereby the entire team is paid by salary. The model is also informed by best practices internationally. The intent is to create a longitudinal relationship between the team of providers and patients, capable of expanding with the needs of the population. The project has recently

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received funding approval by the Ontario Ministry of Health and is expected to be fully operational by the end of the year.

- Creation of the Family Physician Recruitment Working Group with representation from local primary care stakeholders including physicians, the Greater Kingston Chamber of Commerce, and the Francophone community. This group has been instrumental in the development of the recruitment program and continues to provide feedback and guidance on new initiatives. As a result, the City has been able to host recruitment events at minimal cost, triage inquiries to connect interested physicians with suitable opportunities, and gain insight into the needs of the local physician community so that we can better support them. The Primary Care Clinic Grant proposed in this document is a direct result of the work of this group.
- In collaboration with the Health Innovation and Life Science (HIYGK Project) grant funded project, the City has completed an independent assessment of the Family Physician Recruitment Program. Through one-on-one interviews, researchers connected with the first cohort of physicians who received the incentive and gathered valuable insights into how we can tailor the program to meet the needs of our target demographic. More information on this can be found in the Analysis section of this report.

Proposed 2024 Primary Care Initiatives

- In collaboration with the FLA OHT, City staff are working on an educational engagement campaign to promote the use of Healthcare Connect (HCC) in the region. HCC is a provincial program that refers residents without a primary care provider to physicians and nurse practitioners who are accepting new patients in their community. Unfortunately, ongoing shortages in primary care have resulted in excessively long wait times and general disillusionment with the program. Healthcare Connect is increasingly in use by local primary care clinics and continues to be the best tool for tracking unattached patients and connecting them with care when it becomes available. This will be primarily a social media campaign and will focus on raising awareness, demystifying the registration and connection process, and answering frequently asked questions through a dedicated landing page.
- Several local clinics have indicated that they could take on more patients if they had sufficient health care professionals and administrative supports in place. Physicians have shared that the burden of paperwork is preventing them from seeing more patients, often taking up 40% of their working hours each week. Health care professionals, such as Nurse Practitioners, practicing in a team-based care model can expand clinic capacity by upward of 500 patients. Unfortunately, the upfront cost on these positions is a barrier for many clinics. Additional administrative staff could absorb much of the administrative work currently occupying a significant percentage of physician time. The same applies to medical technology/equipment that could be integrated into primary care clinics, streamlining care and easing pressure on other primary health services. The proposed Clinic Grant Program will provide eligible primary care clinics with up to \$100K for

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initiatives that will increase patient capacity and access to care through the addition of health care professionals, administrative supports and/or investments in technology. The projects will need to demonstrate on-going sustainability and commitment to patient access and retention to be considered. The Primary Care Clinic Grant will focus on:

- New patient attachment, specifically through Healthcare Connect.
 - Accessibility of care through same-day appointments and access to after-hours clinics.
 - Reduction of pressure on urgent and emergency care services.
 - Strengthening relationships with primary care providers and supporting innovative models of care.
- In addition to the proposed Periwinkle model that has been approved for provincial funding, several physician-led initiatives are currently in various stages of development. These include:
- The physical expansion of two existing clinics to accommodate more physicians and other health professionals.
 - The piloting of geographic rostering as clinics work together to connect patients with the most accessible physician.
 - The proposal for a new urgent care centre in the East End.
 - The expansion of the Kingston Ear Institute to include additional specialists as well as two family physicians.
 - The addition of a new primary care walk-in clinic.

Background

The journey to define and address the shortage of family physicians in Kingston has a long and complex history. Council will be aware of historical physician shortages and the previous recruitment efforts which stabilized primary care but ended in 2013.

The number of Kingstonians without a family physician began to increase in 2015 and has been on a steady rise since. In 2019, emergency room usage data suggested that the number of unattached patients was as high as 33,000. This has significant impact not only on the health of the patients but also the already overextended primary care system. The City, in close collaboration with local stakeholders, developed the Kingston Family Physician Supply Plan, which was presented to Council in December 2020. The report indicated a significant and growing shortage of family physicians who roster patients resulting in an increasing number of individuals without consistent access to primary care. This trend is of serious concern since research shows that having a family physician results in better care for patients, particularly the elderly and the chronically ill. Access to a family physician decreases the frequency of hospitalization and reduces the overall costs to the healthcare system. In addition, lack of family physicians poses significant risks to economic competitiveness since access to healthcare is a key quality of life benchmark for both employers and talent when considering relocation.

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While the high quality of life in Kingston and the access to diverse professional opportunities continue to be highly attractive to physicians, we continued to face significant barriers to recruitment, primarily due to the lack of a financial incentive.

There is considerable competition in Ontario, and across Canada, to recruit and retain family physicians. Strategies and supports vary depending on the needs and resources of the community and range from large financial incentives to golf memberships. Many communities have also hired full-time family physician recruiters to work with candidates and support them through the transition and to ensure retention in the community. In addition to local incentives, communities that are considered high needs or rural have access to financial resources offered by the provincial government. These incentives include the Income Stabilization (IS) program for family physicians who choose to practice with established FHO/FHTs in high-needs areas and the Northern & Rural Recruitment and Retention Initiative which offers grants ranging from \$80K - \$117K to qualifying physicians. The City of Kingston does not have access to these provincial supports.

Non-provincial physician recruitment initiatives in Ontario are generally led by the county, the municipality or a Family Health Team. Irrespective of who is leading the initiatives, they are primarily funded by the municipalities.

The most common financial incentive offered by municipalities is \$100K over 5 years. Municipalities that are in dire need of physicians or have few amenities might offer more to stand out in a very crowded field. In the region, Hastings County and Belleville both offer \$150K. While the focus has traditionally been on enticing practicing physicians to move, that has begun to shift toward attracting medical students and residents who have not started practicing yet. The benefit of this approach is access to a larger pool of future doctors without poaching from other communities.

In the face of fierce competition from surrounding municipalities offering significant financial supports, Council approved the Family Physician Recruitment Incentive program in November 2021 ([Report Number 21-287](#)). The program encompasses a \$100K financial incentive paid out over five years for eligible family physicians who roster patients as well as access to the Dual Career Support Program. To date, the program has recruited 14 physicians.

While the success of the program has alleviated some pressure on the primary care system, we continue to face ongoing physician retirements in Kingston. The average age of a family doctor in Ontario in 2022 was 49.5. During the research for the Family Physician Supply plan in 2020, the City learned that 21 out of 125 practicing physicians hoped to retire within the next 3 – 5 years. We saw the impact of this when 5 physicians retired simultaneously in May 2023, leaving 7,000+ patients without access to primary care. With dozens of Kingston physicians slated to leave active practice within the decade, the City has to continue recruiting and retaining young doctors, piloting innovative models of care, and lobbying for better access and sufficient funding from other levels of government.

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Analysis

Family Physician Supply and Demand in Kingston

In December 2020, City staff delivered a family physician supply plan as directed by Council. This plan highlighted several concerning findings:

- Of the 312 Kingston physicians surveyed, 173 were identified as not practicing family medicine in the community. They were instead engaged in other activities such as teaching, research, student health, or more sub-specialized areas of family medicine such as long-term care and sports medicine. This left a net of 139 active physicians practicing comprehensive family medicine.
- Of the 125 family physicians who responded to the survey question regarding retirement plans:
 - 38 (30.4%) are planning to retire within the next decade
 - 21 (16.8%) family physicians planning to retire within the next 3 to 5 years
 - 17 (13.6%) within the next 6 to 10 years, or by 2030

While family physician retirements slowed during the pandemic, we have seen a significant acceleration of retirements over the past 18 months.

- As many as 43,980 patients from outside the Kingston region are currently attached to local family physicians. This is greatly compounding the physician supply problem in Kingston.
- The best estimation, based on several available data sources, would suggest that as many as 28,746 residents living in the Kingston region may be unattached or may be forced to see physicians outside the Kingston region because they are unable to attach to a local physician. A report prepared for the City by a group of Queen's University PhD Students estimated that number to be approximately 33,000 based on emergency room data. As of December 31, 2023, 8,877 Kingston residents were registered with Healthcare Connect from a total of 10,086 in the FLA Ontario Health Team region.
- The average panel (roster) size of surveyed Kingston family physicians is 1,230. The median age of all physicians in the region is 48.5 years, well above the average age in the community at 42.7.

Family Physician Recruitment Program Assessment Report – Insights from Year 1

The City engaged researchers at St. Lawrence College to conduct interviews with the first cohort of family physicians recruited as part of the incentive program. The purpose of the project was to engage with physicians through one-on-one interviews, learn about their experience, and identify areas of opportunity and growth for the incentive program.

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This project commenced in February 2023 and focused on understanding the experiences of new physicians in Kingston, identifying gaps in the program and proposing areas of improvement in the following areas:

- The recruitment process
- The relocation experience
- Current work environment experience

Based on the insights and information uncovered during the interviews, four themes emerged:

- Physicians selected Kingston because of its sense of community, slower pace/lifestyle, and favorable standard of living compared to other cities. These factors and closeness to family influenced their decision to choose Kingston.
- Incentive positively influenced the decisions and was a good tie breaker when they had to choose between two cities. However, it was not the only factor physicians considered when make the decision to settle.
- Recruitment of physicians is highly driven by family, friends and existing networks of fellow doctors frequently developed during residency. Consistent, ongoing recruitment requires a sustainable approach that leverages both networking and word of mouth. Findings suggest that an online community could be a great channel to engage and promote opportunities in the community and beyond in attracting the right talent.
- All physicians shared positive experiences at their various practices and the support within the team as keystones for retention.

Indigenization, Inclusion, Diversity, Equity & Accessibility (IIDEA) Considerations

Currently, more than 2M Ontarians do not have a family physician and the data forecasts a worsening trend with more than 4M Ontarians expected to be without a family doctor by 2026. While lack of primary care impacts all, systematically excluded and vulnerable populations face the highest barriers to access. This includes racialized individuals, newcomers to Canada, linguistic minorities, homeless individuals, as well as those suffering from addiction and mental illness. Increasing the number of family physicians in the community and focusing on diversity in recruitment will ensure that all Kingstonians receive the care they need.

Several initiatives currently underway support better access for vulnerable populations:

- The City has set aside incentive funds for physicians joining the new Periwinkle Clinic once approved. While Periwinkle will accept any unattached patient through Healthcare Connect, it will have a specialized focus on vulnerable populations such as people exiting the hospital without a primary care provider, and francophones struggling to obtain access to care in French.
- The City provided a letter of support for the expansion of the Indigenous Interprofessional Primary Care Team in Kingston which serves people who identify as Indigenous as well

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as their families with a special focus on those at risk or living with chronic diseases, mental health conditions, and/or addictions.

- The City is in the process of launching a social media recruitment campaign into the greater Montreal region to attract bilingual physician that will not only add capacity but also provide linguistically accessible care to the many francophones in Kingston.

Financial Considerations:

Funds to support this project have been approved by City Council and will be taken from Working Fund Reserve.

Contacts:

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Other City of Kingston Staff Consulted:

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