

Sub-Region 501 North Etobicoke Malton West Woodbridge

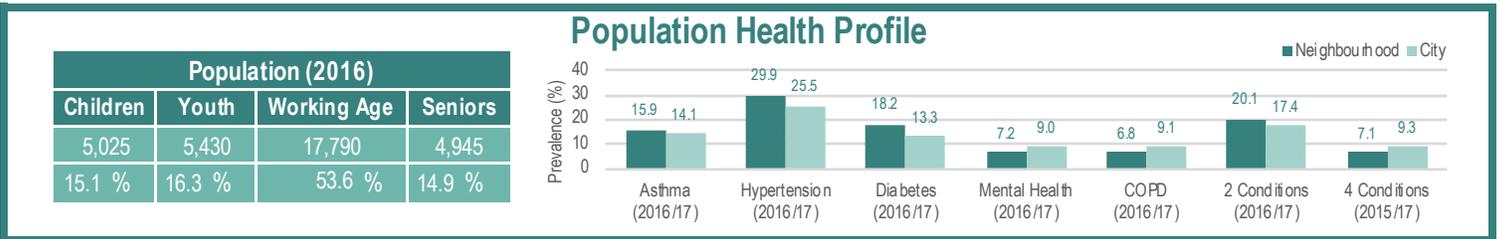
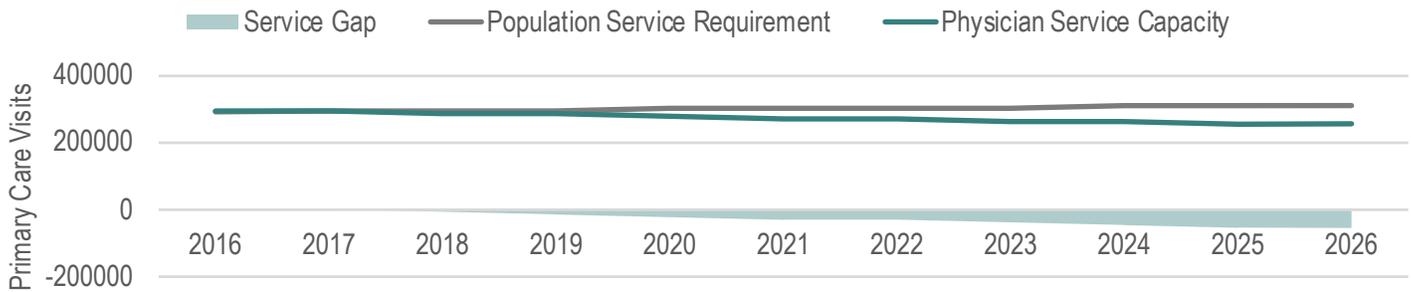
Neighbourhoods	
1	West Humber-Clairville
2	Mount Olive-Silverstone-Jamestown
3	Thistleton-Beaumont Heights
4	Rexdale-Kipling
5	Elms-Old Rexdale
6	Kingsview Village-The Westway
7	Willowridge-Martingrove-Richview





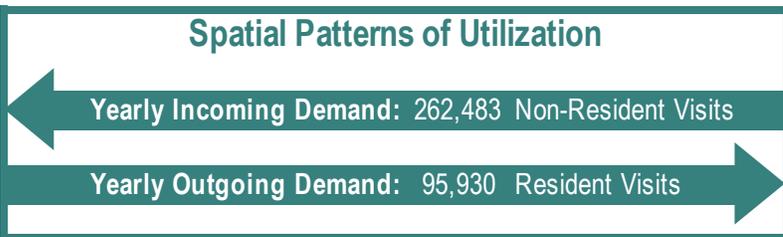
Primary Care Workforce Planning

Neighbourhood Profile: West Humber-Clairville



Year	Population Estimates (Low-High)	Estimated Yearly Growth
2016	33,312	Neigh: 0.21 % - 0.33 % City: 1.60 % - 2.50 %
2021	33,665 - 33,861	
2026	34,017 - 34,410	

Indicator	Neigh. Quintile	City Quintile
Material Deprivation	4	4
Residential Instability	1	5
Dependency	3	1
Ethnic Concentration	5	5



Indicator	Neigh.	City
PEM Attachment (%)	72.9	71.6
ACSC Hospitalization / 100,000	379.4	244.4
Low Urgency ED (%)	54.7	81.5

Number of Comprehensive Primary Care Physicians	Average Weekly Hours Available	Year	Chiropractis	Dieticians	Midwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLPs
		2016	47	28	148	0	134	37	0	824	234	0	783	919	0
2017	42	57	140	0	83	16	167	785	252	0	770	1,017	55	23	
2018		84	81	0	94	38	160	354	165	0	1,004	1,062	31	34	



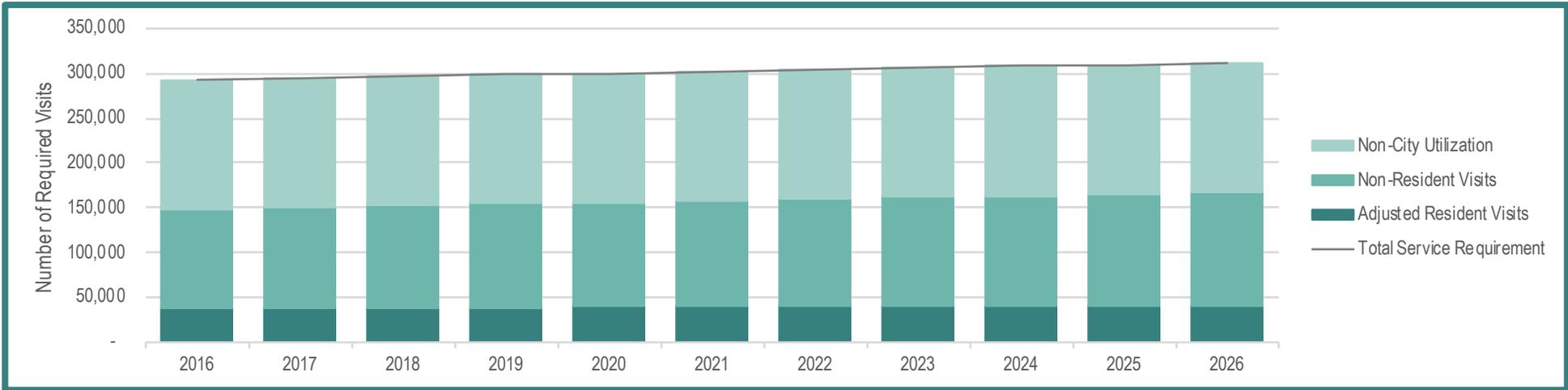
Primary Care Workforce Planning

Service Requirements Module: West Humber-Clairville

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	35,604	35,712	35,821	35,929	36,037	36,146	36,254	36,362	36,470	36,579	36,687
Resident Visits	133,443	134,089	134,255	134,661	135,067	135,473	135,879	136,285	136,690	137,096	137,502
Proportion of Care Accessed Within Home Neighbourhood	29.2%										
Resident Visits Adjusted for Spatial Patterns of Utilization	38,965	39,154	39,202	39,321	39,440	39,558	39,677	39,795	39,914	40,032	40,151
Non-Resident Visits	109,868	110,561	113,364	115,111	116,859	118,607	120,354	122,102	123,850	125,598	127,345
Non-City Utilization	143,972										
Total Service Requirement	292,806	293,686	296,538	298,404	300,271	302,137	304,003	305,869	307,736	309,602	311,468



Primary Care Workforce Planning

Service Capacity Module: West Humber-Clairville

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

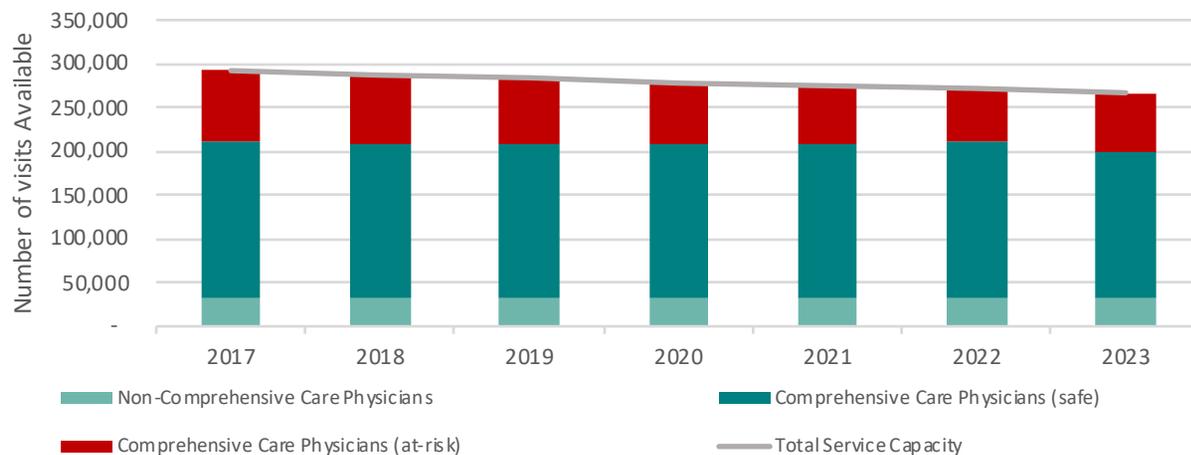
Comprehensive Care Physicians' Safe Service Capacity: Estimated number of services provided by comprehensive care physicians who are not expected to be at risk of exit from the workforce

+

Comprehensive Care Physicians' At-Risk Service Capacity: Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce

+

Service Capacity Generated by Non-Comprehensive Care Physicians: Estimated number of services provided by non-comprehensive care physicians



Allied Health Professionals Average Weekly Hours Available

Profession	2016	2017	2018
Chiroprodists	28	57	84
Dieticians	148	140	81
Midwives	0	0	0
NPs	134	83	94
OTs	37	16	38
Optometrists	0	167	160
Pharmacists	824	785	354
PTs	234	252	165
Psychologists	0	0	0
RNs	783	770	1,004
RPNs	919	1,017	1,062
RTs	0	55	31
SLPs	22	23	34

Number of Comprehensive Primary Care Physicians

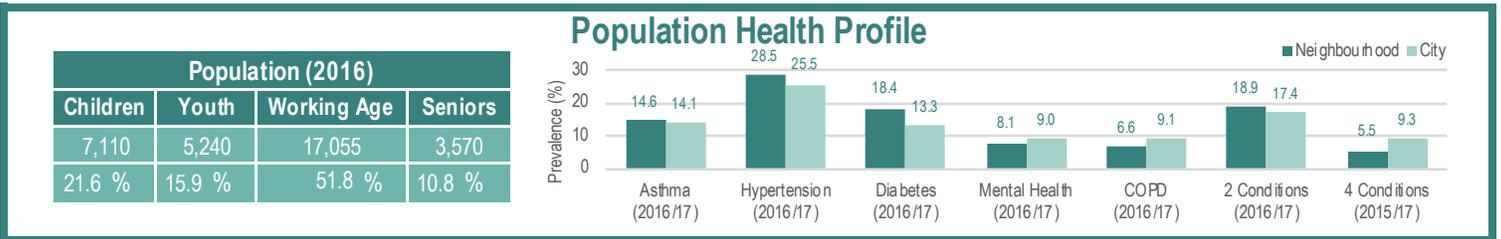
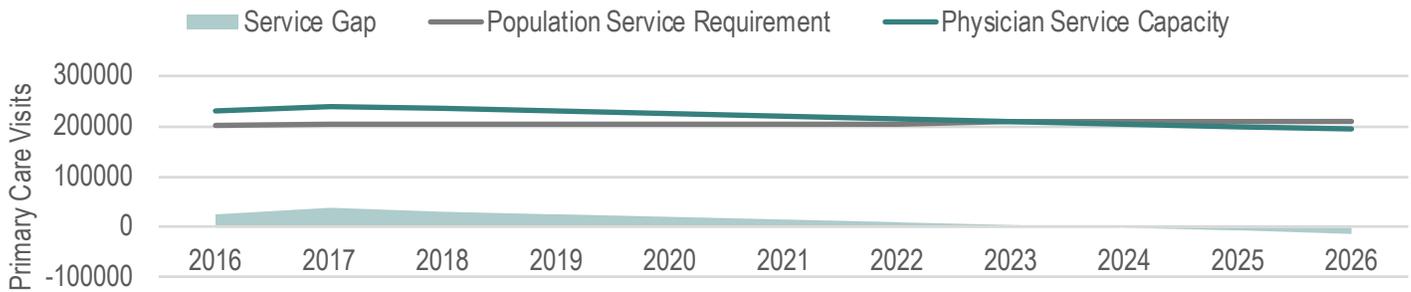
2016	47
2017	42

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	179,676	175,287	175,881	176,475	177,069	177,663	166,041
Comprehensive Care Physicians' At-Risk Service Capacity	79,958	80,051	75,161	70,271	65,381	60,563	68,282
Non-Comprehensive Care Physicians' Service Capacity	32,547						
Total Service Capacity	292,181	287,885	283,589	279,293	274,997	270,773	266,870



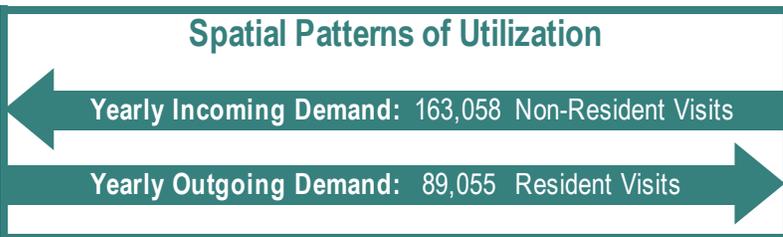
Primary Care Workforce Planning

Neighbourhood Profile: Mount Olive-Silverstone-Jamestown



Year	Population Estimates (Low-High)	Estimated Yearly Growth
2016	32,954	Neigh: 0.10 % - 0.15 % City: 1.60 % - 2.50 %
2021	33,174 - 33,200	
2026	33,394 - 33,445	

Indicator	Neigh. Quintile	City Quintile
Material Deprivation	5	4
Residential Instability	2	5
Dependency	2	1
Ethnic Concentration	5	5



Indicator	Neigh.	City
PEM Attachment (%)	70.1	71.6
ACSC Hospitalization / 100,000	327.1	244.4
Low Urgency ED (%)	57.1	81.5

Number of Comprehensive Primary Care Physicians	Average Weekly Hours Available	Year	Chiropractis	Dieticians	Midwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLPs
		2016	29	8	13	0	0	0	0	404	30	0	14	49	0
2017	28	18	17	0	0	0	75	422	29	0	29	11	0	0	
		2018	20	18	0	0	0	72	206	58	0	20	34	0	0



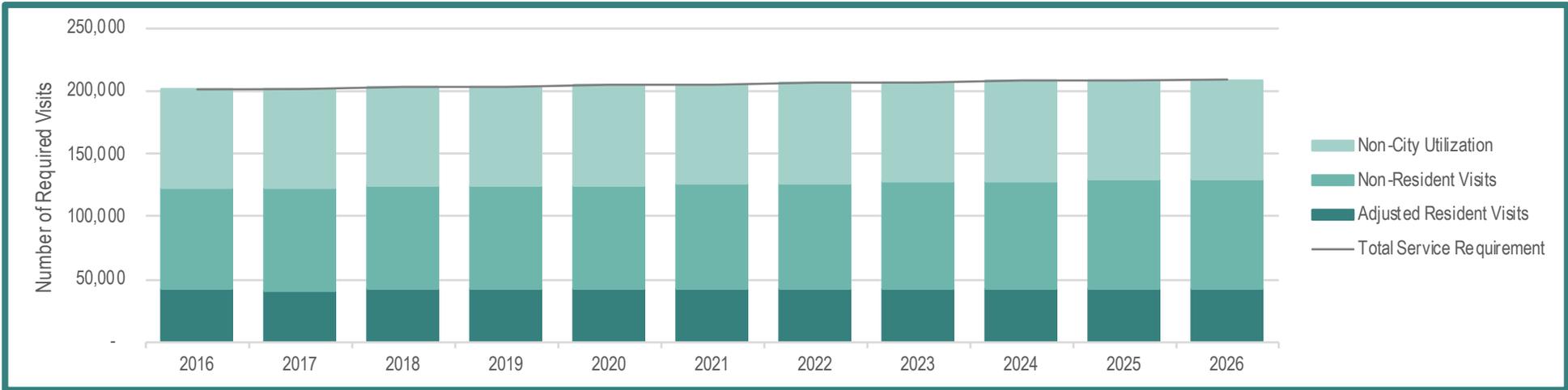
Primary Care Workforce Planning

Service Requirements Module: Mount Olive-Silverstone-Jamestown

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	36,141	36,189	36,237	36,285	36,333	36,382	36,430	36,478	36,526	36,574	36,622
Resident Visits	130,593	129,527	130,940	131,114	131,288	131,462	131,636	131,809	131,983	132,157	132,331
Proportion of Care Accessed Within Home Neighbourhood	32.2%										
Resident Visits Adjusted for Spatial Patterns of Utilization	42,051	41,708	42,163	42,219	42,275	42,331	42,387	42,443	42,499	42,555	42,610
Non-Resident Visits	80,316	80,763	81,779	82,510	83,242	83,973	84,704	85,435	86,167	86,898	87,629
Non-City Utilization	79,111										
Total Service Requirement	201,478	201,581	203,053	203,840	204,627	205,415	206,202	206,989	207,776	208,564	209,351



Primary Care Workforce Planning

Service Capacity Module: Mount Olive-Silverstone-Jamestown

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

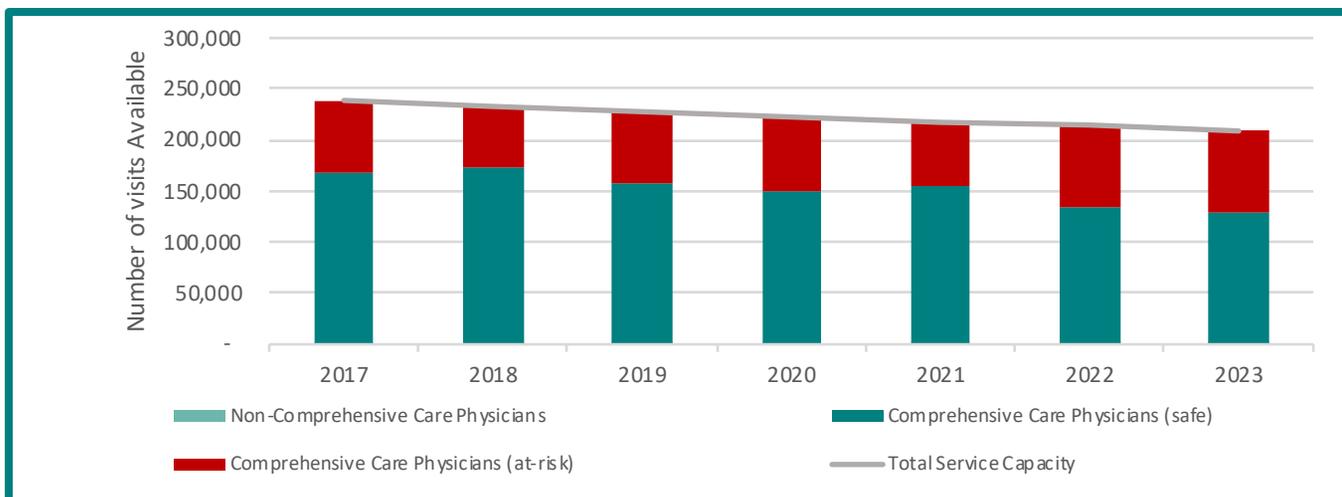
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Comprehensive Care Physicians' At-Risk Service Capacity: Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce

+

Service Capacity Generated by Non-Comprehensive Care Physicians: Estimated number of services provided by non-comprehensive care physicians



Allied Health Professionals			
Average Weekly Hours Available			
Profession	2016	2017	2018
Chiroprodists	8	18	20
Dieticians	13	17	18
Midwives	0	0	0
NPs	0	0	0
OTs	0	0	0
Optometrists	0	75	72
Pharmacists	404	422	206
PTs	30	29	58
Psychologists	0	0	0
RNs	14	29	20
RPNs	49	11	34
RTs	0	0	0
SLPs	0	0	0

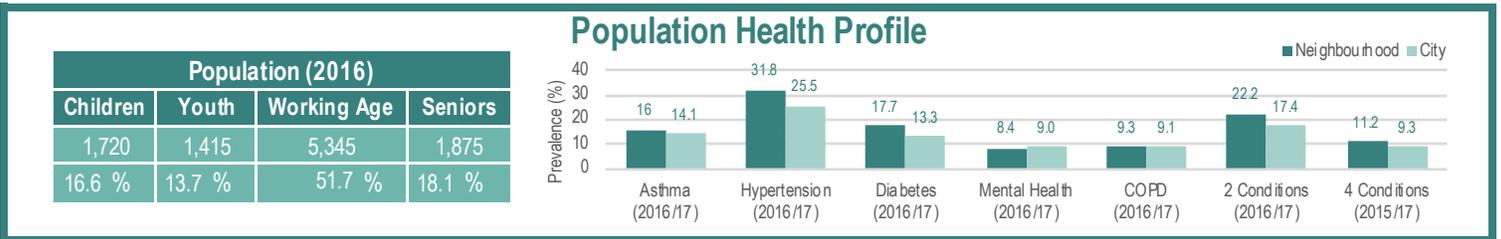
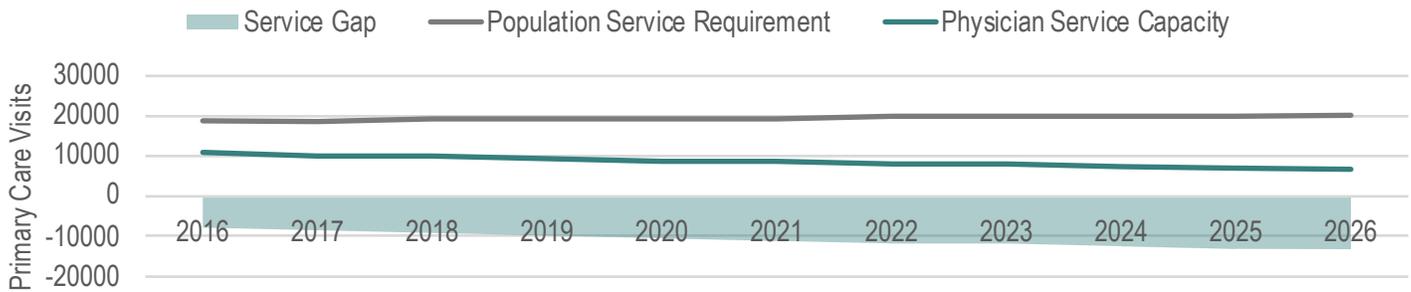
Number of Comprehensive Primary Care Physicians	
2016	29
2017	28

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	168,460	172,155	158,390	149,426	154,144	133,167	127,791
Comprehensive Care Physicians' At-Risk Service Capacity	70,281	61,236	69,840	73,951	64,380	80,504	81,027
Non-Comprehensive Care Physicians' Service Capacity	168						
Total Service Capacity	238,909	233,559	228,398	223,545	218,692	213,839	208,986



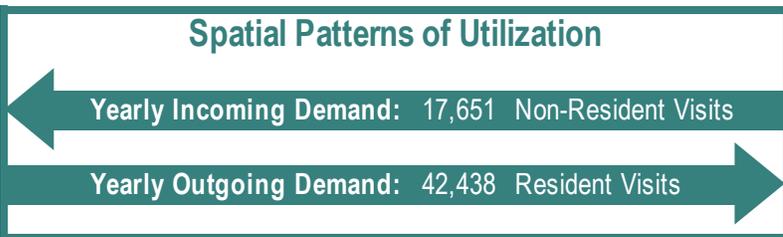
Primary Care Workforce Planning

Neighbourhood Profile: Thistletown-Beaumont Heights



Year	Population Estimates (Low-High)	Estimated Yearly Growth
2016	10,360	Neigh: 0.07 % - 0.11 % City: 1.60 % - 2.50 %
2021	10,411 - 10,418	
2026	10,463 - 10,475	

Indicator	Neigh. Quintile	City Quintile
Material Deprivation	5	4
Residential Instability	1	5
Dependency	5	1
Ethnic Concentration	4	5



Indicator	Neigh.	City
PEM Attachment (%)	70.0	71.6
ACSC Hospitalization / 100,000	346.4	244.4
Low Urgency ED (%)	60.7	81.5

Number of Comprehensive Primary Care Physicians	Average Weekly Hours Available	Year	Chiropractis	Dieticians	Mdwwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLPs
		2016	(1-5)	0	25	0	0	0	0	123	12	0	376	568	0
2017	(1-5)	0	15	0	3	0	8	233	10	0	369	525	0	0	
2018	(1-5)	0	12	0	17	0	10	71	4	0	348	656	0	0	



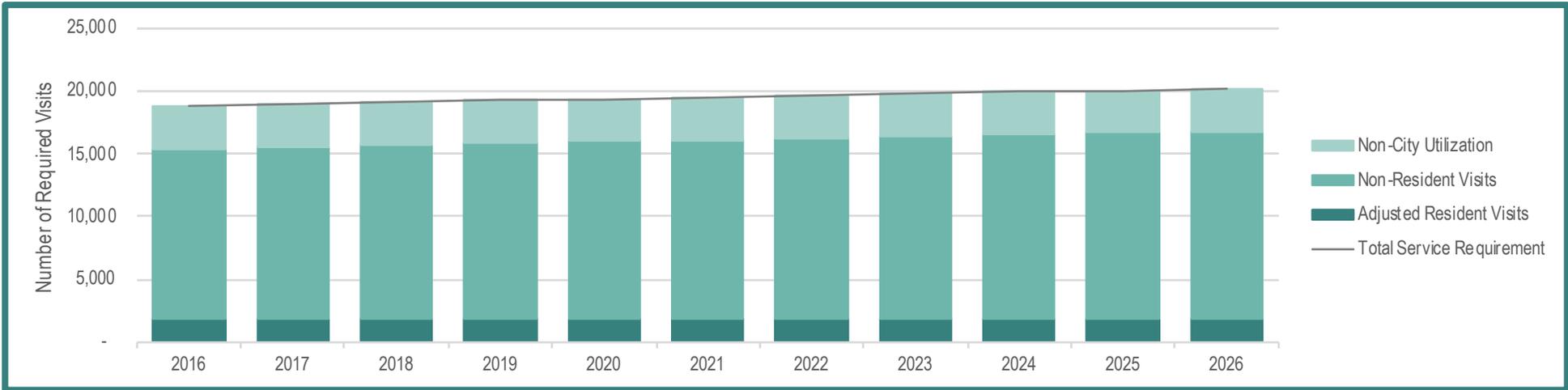
Primary Care Workforce Planning

Service Requirements Module: Thistleton-Beaumont Heights

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	11,258	11,270	11,281	11,293	11,304	11,316	11,327	11,339	11,350	11,362	11,373
Resident Visits	44,077	44,076	44,167	44,213	44,258	44,303	44,348	44,393	44,438	44,483	44,528
Proportion of Care Accessed Within Home Neighbourhood	4.2%										
Resident Visits Adjusted for Spatial Patterns of Utilization	1,851	1,851	1,855	1,857	1,859	1,861	1,863	1,864	1,866	1,868	1,870
Non-Resident Visits	13,600	13,674	13,871	14,006	14,142	14,278	14,413	14,549	14,685	14,820	14,956
Non-City Utilization	3,379										
Total Service Requirement	18,830	18,905	19,105	19,242	19,380	19,517	19,655	19,792	19,930	20,067	20,205



Primary Care Workforce Planning

Service Capacity Module: Thistleton-Beaumont Heights

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

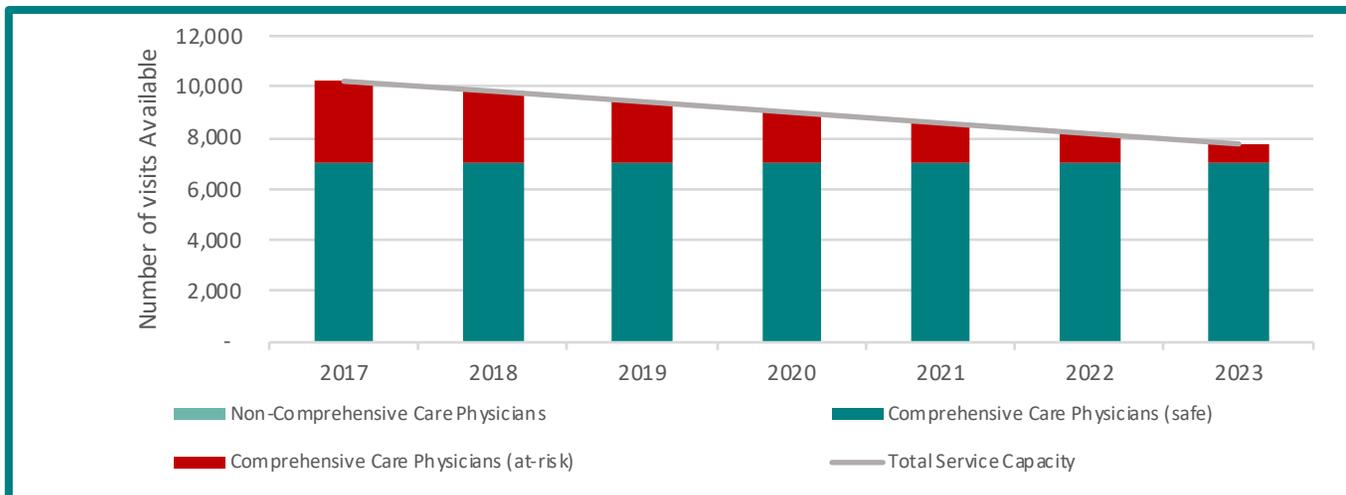
Comprehensive Care Physicians' Safe Service Capacity: Estimated number of services provided by comprehensive care physicians who are not expected to be at risk of exit from the workforce

+

Comprehensive Care Physicians' At-Risk Service Capacity: Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce

+

Service Capacity Generated by Non-Comprehensive Care Physicians: Estimated number of services provided by non-comprehensive care physicians



Profession	2016	2017	2018
Chiroprodists	0	0	0
Dieticians	25	15	12
Midwives	0	0	0
NPs	0	3	17
OTs	0	0	0
Optometrists	0	8	10
Pharmacists	123	233	71
PTs	12	10	4
Psychologists	0	0	0
RNs	376	369	348
RPNs	568	525	656
RTs	0	0	0
SLPs	0	0	0

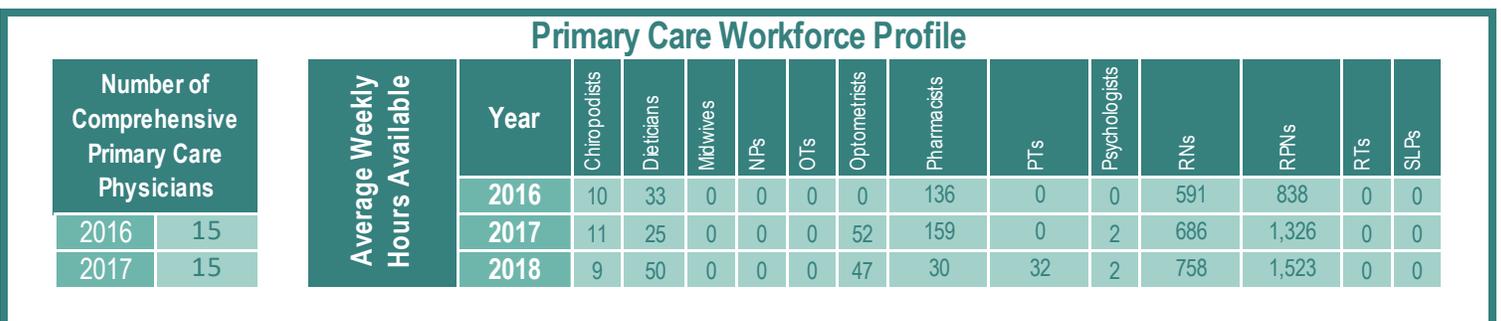
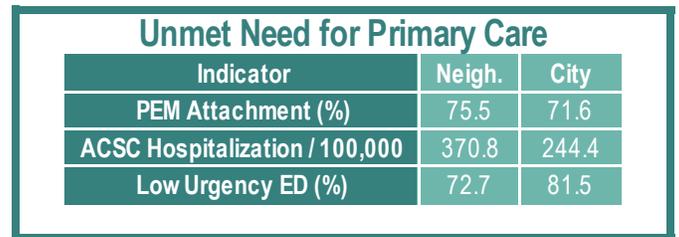
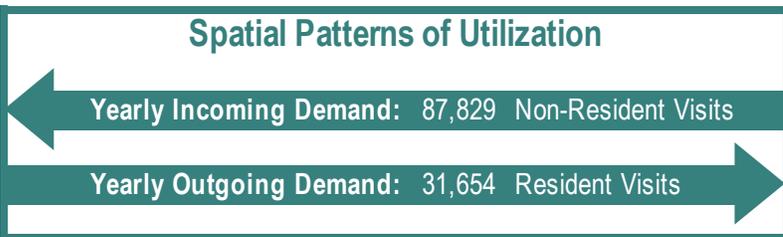
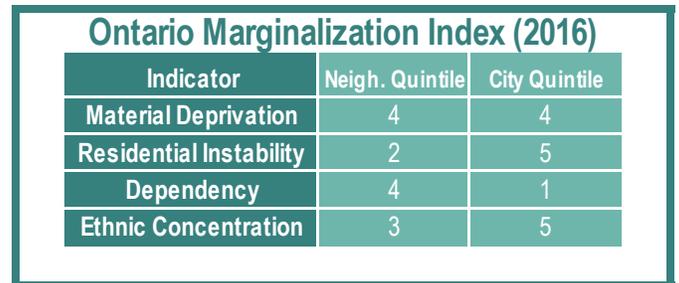
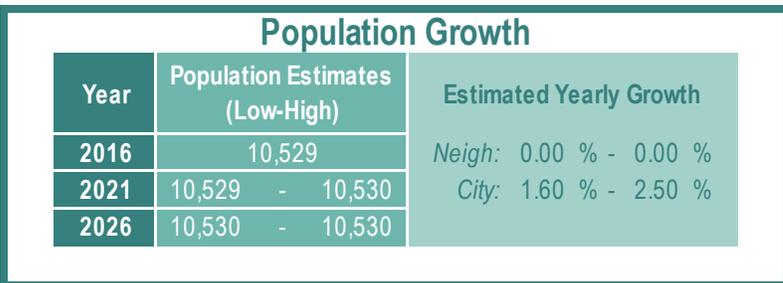
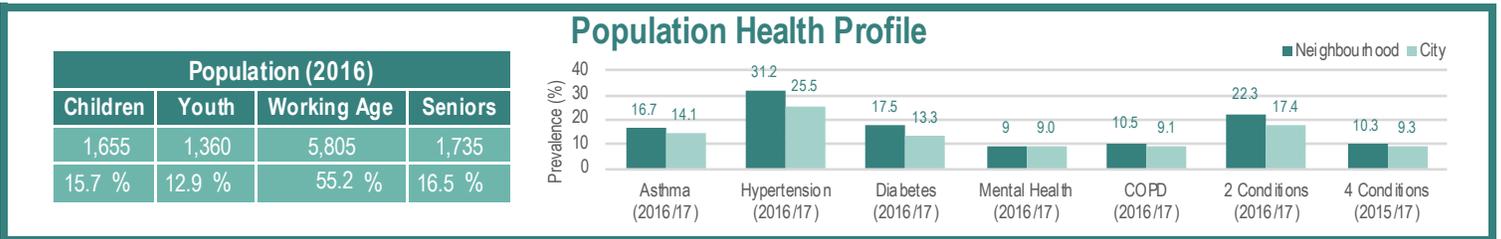
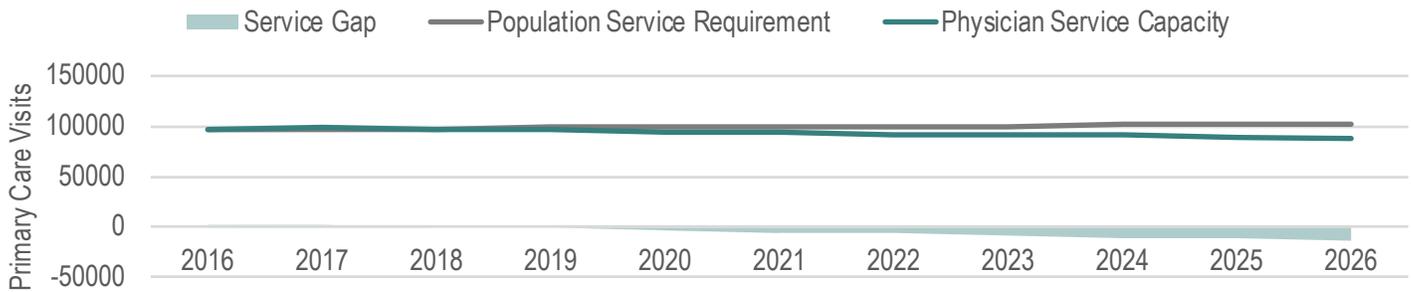
2016	(1-5)
2017	(1-5)

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	7,006	7,010	7,014	7,018	7,022	7,026	7,030
Comprehensive Care Physicians' At-Risk Service Capacity	3,221	2,808	2,395	1,982	1,569	1,156	743
Non-Comprehensive Care Physicians' Service Capacity	0						
Total Service Capacity	10,227	9,818	9,409	9,000	8,591	8,182	7,773



Primary Care Workforce Planning

Neighbourhood Profile: Rexdale-Kipling





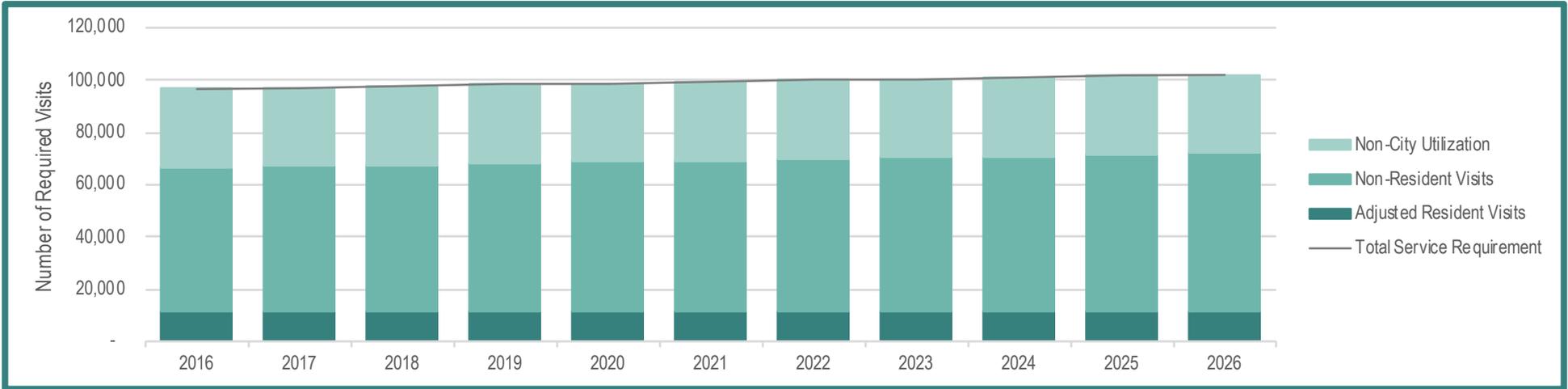
Primary Care Workforce Planning

Service Requirements Module: Rexdale-Kipling

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	11,017	11,017	11,017	11,017	11,017	11,017	11,017	11,017	11,017	11,017	11,017
Resident Visits	42,910	44,625	42,910	42,910	42,910	42,910	42,910	42,910	42,910	42,910	42,910
Proportion of Care Accessed Within Home Neighbourhood	26.5%										
Resident Visits Adjusted for Spatial Patterns of Utilization	11,371	11,826	11,371	11,371	11,371	11,371	11,371	11,371	11,371	11,371	11,371
Non-Resident Visits	55,099	55,355	56,181	56,723	57,264	57,805	58,346	58,888	59,429	59,970	60,511
Non-City Utilization	30,050										
Total Service Requirement	96,520	97,231	97,603	98,144	98,685	99,226	99,767	100,309	100,850	101,391	101,932



Primary Care Workforce Planning

Service Capacity Module: Rexdale-Kipling

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

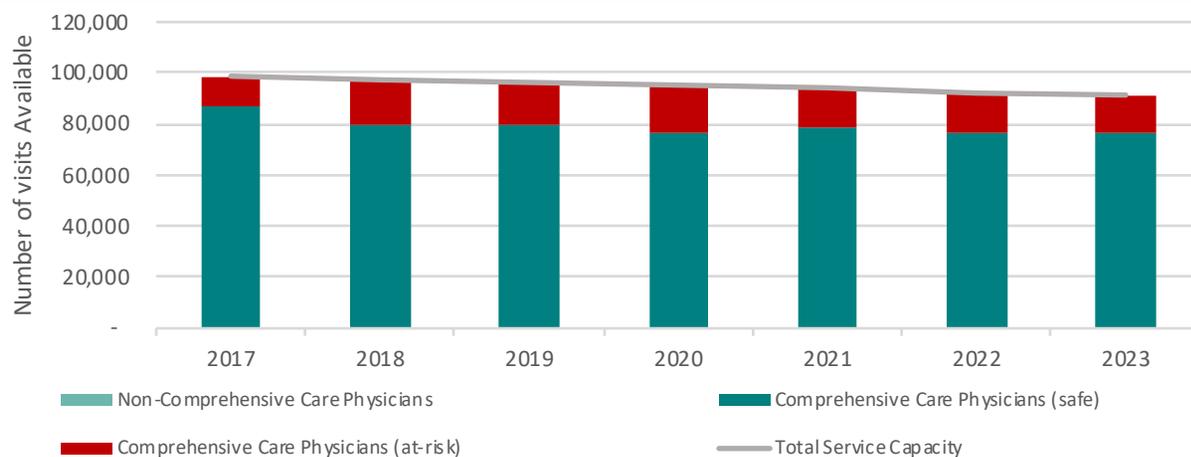
Comprehensive Care Physicians' Safe Service Capacity: Estimated number of services provided by comprehensive care physicians who are not expected to be at risk of exit from the workforce

+

Comprehensive Care Physicians' At-Risk Service Capacity: Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce

+

Service Capacity Generated by Non-Comprehensive Care Physicians: Estimated number of services provided by non-comprehensive care physicians



Allied Health Professionals			
Average Weekly Hours Available			
Profession	2016	2017	2018
Chiroprodists	10	11	9
Dieticians	33	25	50
Midwives	0	0	0
NPs	0	0	0
OTs	0	0	0
Optometrists	0	52	47
Pharmacists	136	159	30
PTs	0	0	32
Psychologists	0	2	2
RNs	591	686	758
RPNs	838	1,326	1,523
RTs	0	0	0
SLPs	0	0	0

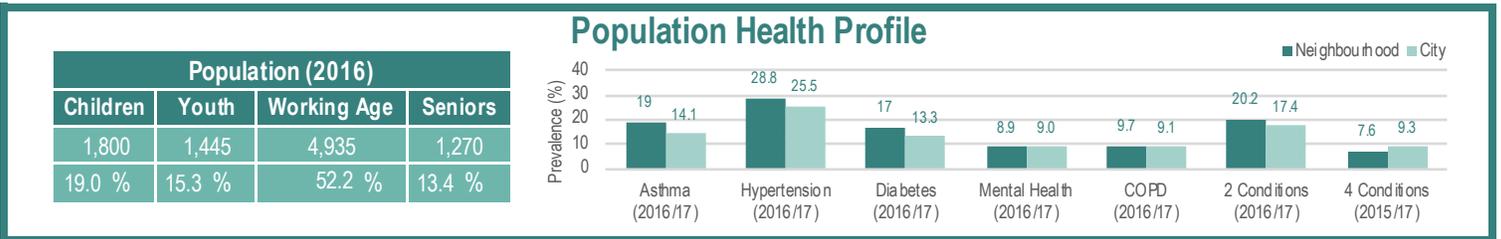
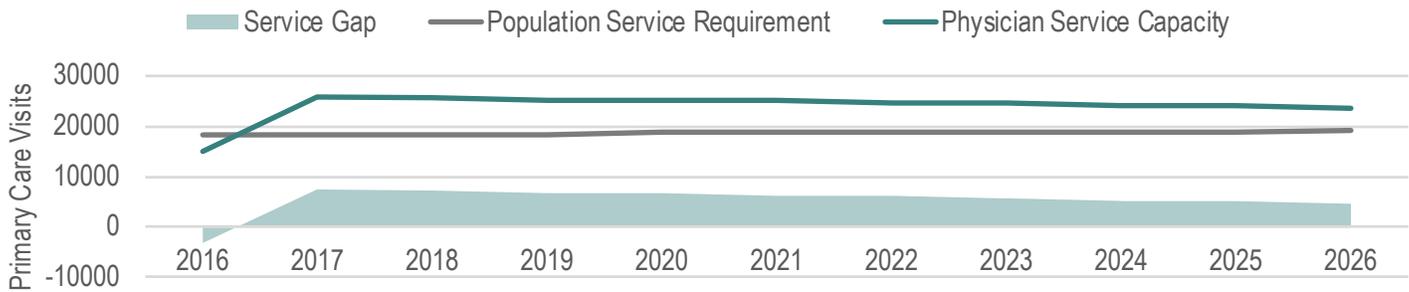
Number of Comprehensive Primary Care Physicians	
2016	15
2017	15

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	87,059	80,091	79,774	76,826	79,140	76,660	76,577
Comprehensive Care Physicians' At-Risk Service Capacity	11,731	17,467	16,552	18,268	14,722	15,970	14,821
Non-Comprehensive Care Physicians' Service Capacity	0						
Total Service Capacity	98,790	97,558	96,326	95,094	93,862	92,630	91,398



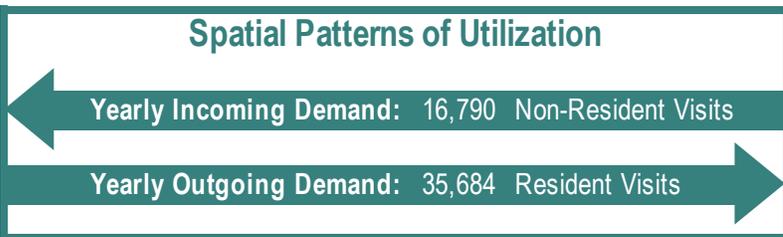
Primary Care Workforce Planning

Neighbourhood Profile: Elms-Old Rexdale



Year	Population Estimates (Low-High)	Estimated Yearly Growth
2016	9,456	Neigh: 0.00 % - 0.00 %
2021	9,456 - 9,456	City: 1.60 % - 2.50 %
2026	9,455 - 9,455	

Indicator	Neigh. Quintile	City Quintile
Material Deprivation	5	4
Residential Instability	2	5
Dependency	2	1
Ethnic Concentration	4	5



Indicator	Neigh.	City
PEM Attachment (%)	70.5	71.6
ACSC Hospitalization / 100,000	320.8	244.4
Low Urgency ED (%)	66.3	81.5

Number of Comprehensive Primary Care Physicians	Average Weekly Hours Available	Year	Chiropractis	Dieticians	Midwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLPs
		2016	(1-5)	8	0	0	0	6	0	131	2	0	0	0	0
2017	(1-5)	12	0	0	0	8	32	122	2	0	0	0	0	0	
2018	(1-5)	9	0	0	0	0	29	75	0	0	0	9	0	0	



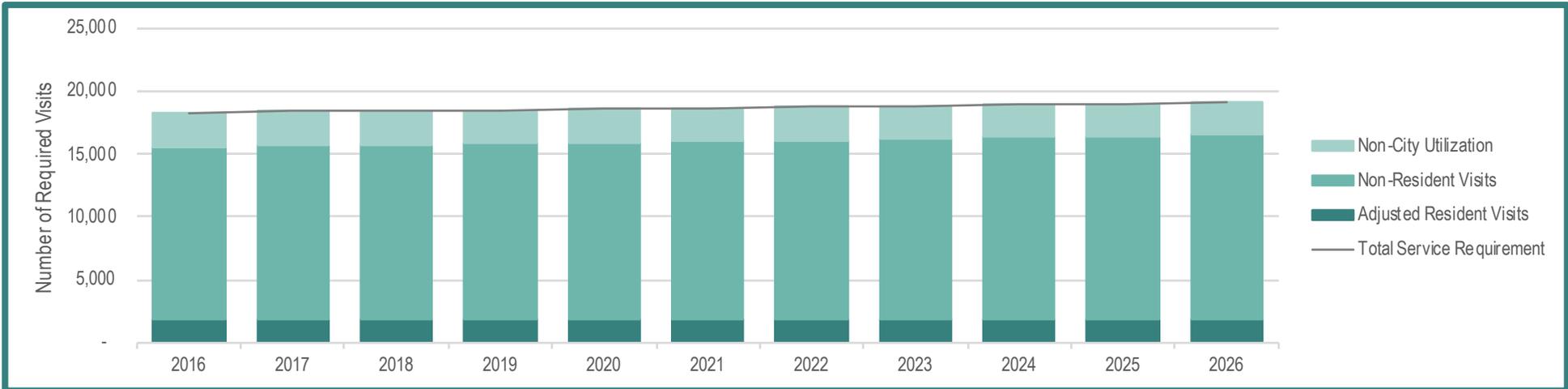
Primary Care Workforce Planning

Service Requirements Module: Elms-Old Rexdale

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	10,344	10,344	10,344	10,344	10,344	10,344	10,344	10,344	10,344	10,344	10,344
Resident Visits	37,599	37,634	37,599	37,599	37,599	37,599	37,599	37,599	37,599	37,599	37,599
Proportion of Care Accessed Within Home Neighbourhood	5.1%										
Resident Visits Adjusted for Spatial Patterns of Utilization	1,918	1,919	1,918	1,918	1,918	1,918	1,918	1,918	1,918	1,918	1,918
Non-Resident Visits	13,708	13,869	13,884	13,973	14,061	14,149	14,237	14,326	14,414	14,502	14,590
Non-City Utilization	2,634										
Total Service Requirement	18,259	18,423	18,436	18,524	18,612	18,701	18,789	18,877	18,965	19,054	19,142



Primary Care Workforce Planning

Service Capacity Module: Elms-Old Rexdale

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

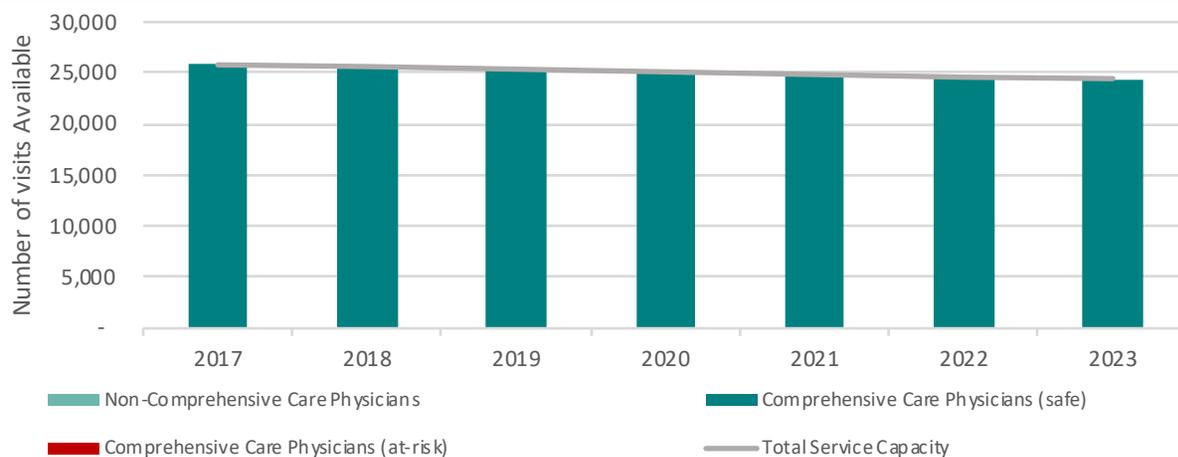
Comprehensive Care Physicians' Safe Service Capacity: Estimated number of services provided by comprehensive care physicians who are not expected to be at risk of exit from the workforce

+

Comprehensive Care Physicians' At-Risk Service Capacity: Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce

+

Service Capacity Generated by Non-Comprehensive Care Physicians: Estimated number of services provided by non-comprehensive care physicians



Allied Health Professionals			
Average Weekly Hours Available			
Profession	2016	2017	2018
Chiroprodists	8	12	9
Dieticians	0	0	0
Midwives	0	0	0
NPs	0	0	0
OTs	6	8	0
Optometrists	0	32	29
Pharmacists	131	122	75
PTs	2	2	0
Psychologists	0	0	0
RNs	0	0	0
RPNs	0	0	9
RTs	0	0	0
SLPs	0	0	0

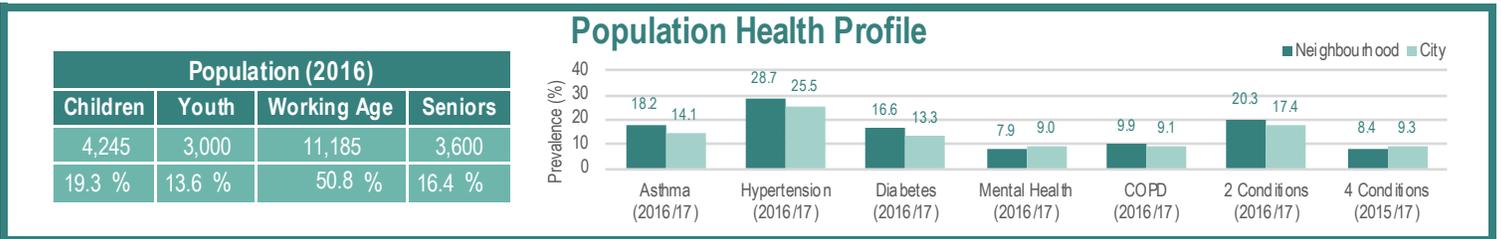
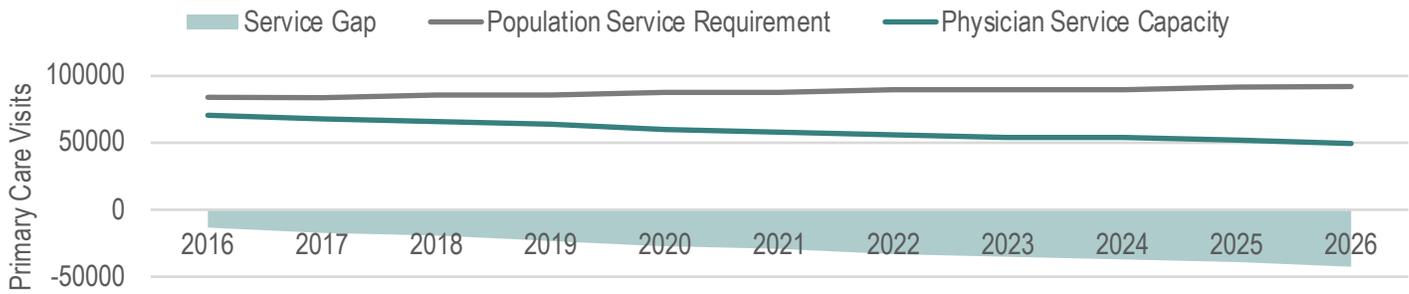
Number of Comprehensive Primary Care Physicians	
2016	(1-5)
2017	(1-5)

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	25,806	25,581	25,356	25,131	24,906	24,681	24,456
Comprehensive Care Physicians' At-Risk Service Capacity	0	0	0	0	0	0	0
Non-Comprehensive Care Physicians' Service Capacity	0						
Total Service Capacity	25,806	25,581	25,356	25,131	24,906	24,681	24,456



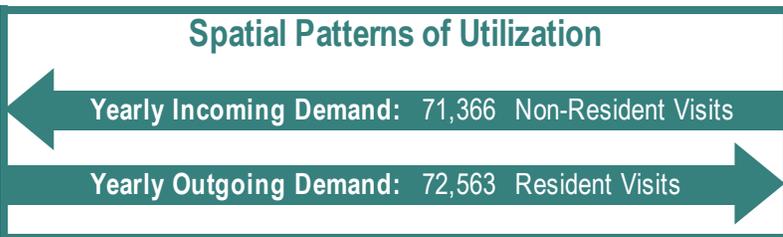
Primary Care Workforce Planning

Neighbourhood Profile: Kingsview Village-The Westway



Year	Population Estimates (Low-High)	Estimated Yearly Growth
2016	22,000	Neigh: 0.00 % - 0.00 %
2021	22,000 - 22,000	City: 1.60 % - 2.50 %
2026	22,000 - 22,000	

Indicator	Neigh. Quintile	City Quintile
Material Deprivation	5	4
Residential Instability	3	5
Dependency	4	1
Ethnic Concentration	4	5



Indicator	Neigh.	City
PEM Attachment (%)	68.7	71.6
ACSC Hospitalization / 100,000	287.2	244.4
Low Urgency ED (%)	76.3	81.5

Number of Comprehensive Primary Care Physicians	Average Weekly Hours Available	Year	Chiropractis	Dieticians	Mdwwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLPs
		2016	17	37	156	0	33	0	0	281	35	0	40	210	0
2017	15	46	83	0	0	0	146	294	36	0	43	132	0	0	
		2018	52	43	0	19	0	186	179	0	0	66	201	0	0



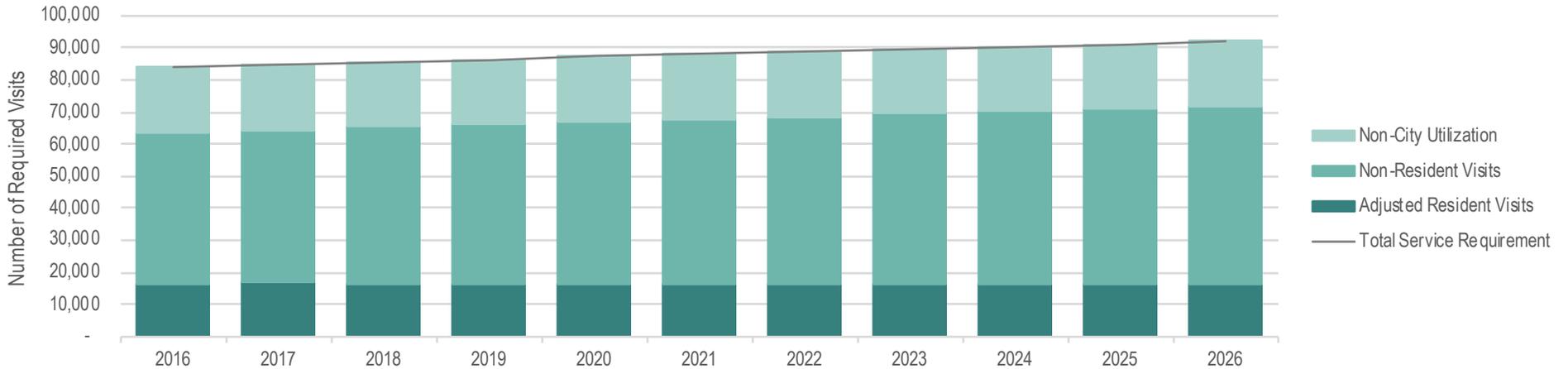
Primary Care Workforce Planning

Service Requirements Module: Kingsview Village-The Westway

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	24,500	24,500	24,500	24,500	24,500	24,500	24,500	24,500	24,500	24,500	24,500
Resident Visits	89,208	89,706	89,208	89,208	89,208	89,208	89,208	89,208	89,208	89,208	89,208
Proportion of Care Accessed Within Home Neighbourhood	18.7%										
Resident Visits Adjusted for Spatial Patterns of Utilization	16,682	16,775	16,682	16,682	16,682	16,682	16,682	16,682	16,682	16,682	16,682
Non-Resident Visits	47,106	47,587	48,716	49,522	50,327	51,132	51,937	52,742	53,548	54,353	55,158
Non-City Utilization	20,263										
Total Service Requirement	84,051	84,625	85,661	86,466	87,272	88,077	88,882	89,687	90,493	91,298	92,103

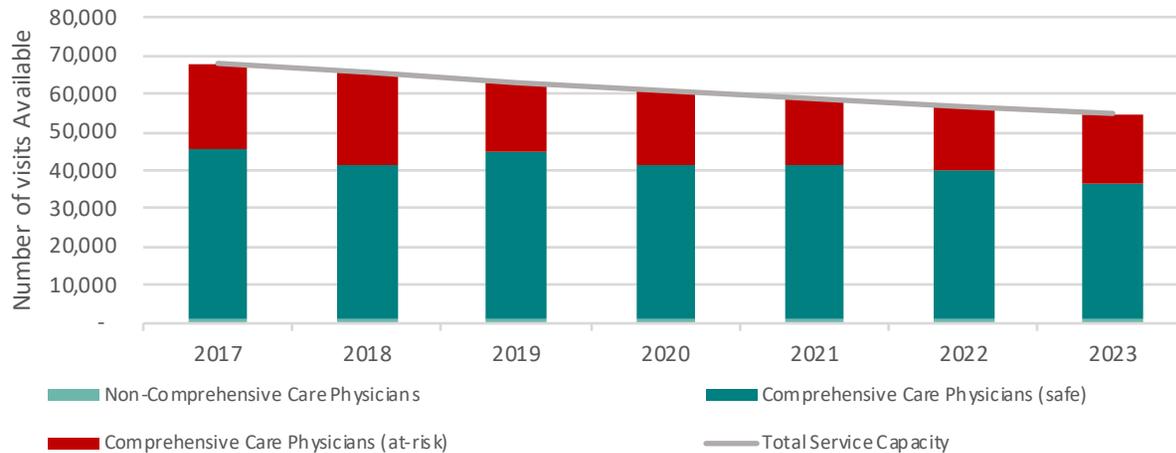
Primary Care Workforce Planning

Service Capacity Module: Kingsview Village-The Westway

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

- Comprehensive Care Physicians' Safe Service Capacity:** Estimated number of services provided by comprehensive care physicians who are not expected to be at risk of exit from the workforce
- +
- Comprehensive Care Physicians' At-Risk Service Capacity:** Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce
- +
- Service Capacity Generated by Non-Comprehensive Care Physicians:** Estimated number of services provided by non-comprehensive care physicians



Allied Health Professionals Average Weekly Hours Available

Profession	2016	2017	2018
Chiroprodists	37	46	52
Dieticians	156	83	43
Midwives	0	0	0
NPs	33	0	19
OTs	0	0	0
Optometrists	0	146	186
Pharmacists	281	294	179
PTs	35	36	0
Psychologists	0	0	0
RNs	40	43	66
RPNs	210	132	201
RTs	0	0	0
SLPs	0	0	0

Number of Comprehensive Primary Care Physicians

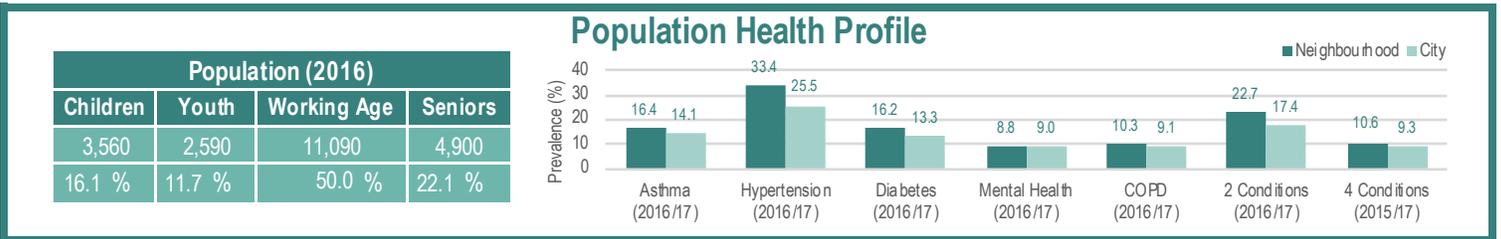
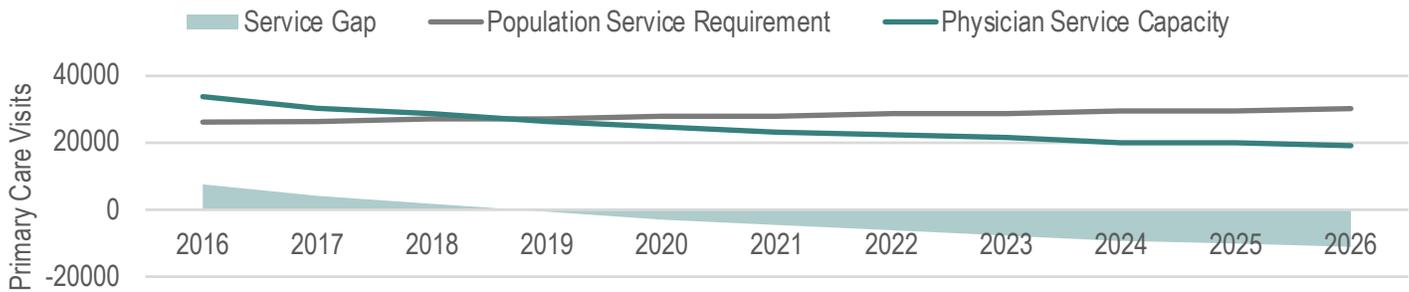
2016	17
2017	15

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	43,838	40,157	43,198	40,009	39,935	38,266	35,379
Comprehensive Care Physicians' At-Risk Service Capacity	22,643	23,940	18,515	19,320	17,010	16,909	18,026
Non-Comprehensive Care Physicians' Service Capacity	1,414						
Total Service Capacity	67,895	65,511	63,127	60,743	58,359	56,589	54,819



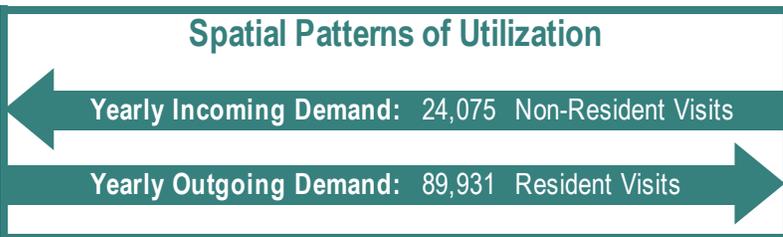
Primary Care Workforce Planning

Neighbourhood Profile: Willowridge-Martingrove-Richview



Year	Population Estimates (Low-High)	Estimated Yearly Growth
2016	22,156	Neigh: 0.86 % - 1.35 % City: 1.60 % - 2.50 %
2021	23,490 - 23,648	
2026	24,824 - 25,140	

Indicator	Neigh. Quintile	City Quintile
Material Deprivation	3	4
Residential Instability	2	5
Dependency	5	1
Ethnic Concentration	3	5



Indicator	Neigh.	City
PEM Attachment (%)	72.8	71.6
ACSC Hospitalization / 100,000	238.9	244.4
Low Urgency ED (%)	92.0	81.5

Number of Comprehensive Primary Care Physicians	Average Weekly Hours Available	Year	Chiropractis	Dieticians	Mdwwives	NPs	OTs	Optometrists	Pharmacists	PTs	Psychologists	RNs	RPNs	RTs	SLPs
		2016	11	40	0	0	0	0	0	221	93	48	22	127	0
2017	9	58	0	0	0	0	14	215	96	48	24	188	0	0	
		2018	50	0	0	0	0	12	144	0	48	12	149	0	0



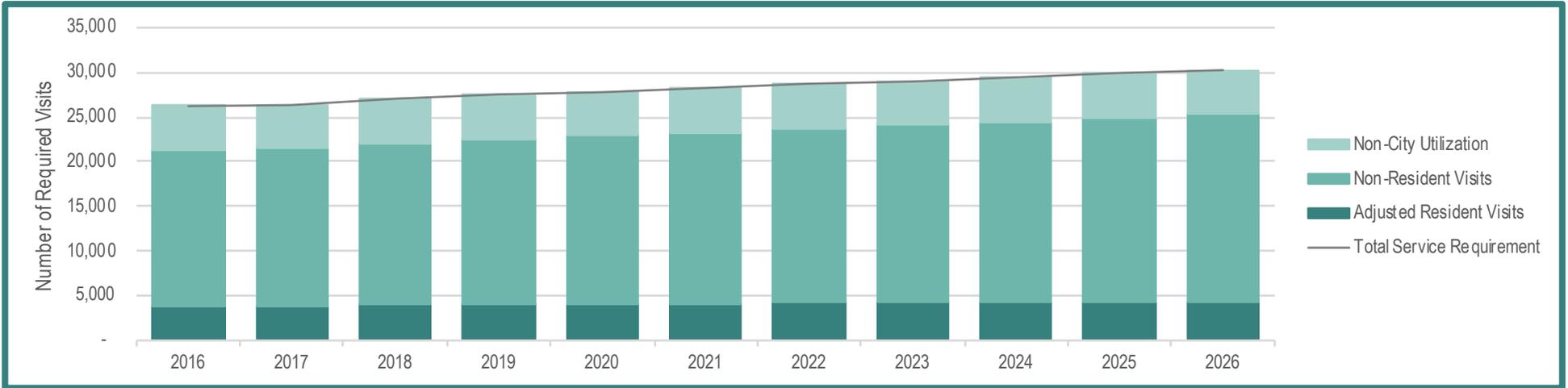
Primary Care Workforce Planning

Service Requirements Module: Willowridge-Martingrove-Richview

Examine the Sources of Service Requirements at a Neighbourhood Level

Total Service Requirements =

- 1 - **Resident Visits:** Number of resident visits expected to be accessed in their neighbourhood of residence based on baseline spatial patterns of utilization
- +
- 2 - **Non-Resident Visits:** Number of non-resident visits expected to be accessed in the neighbourhood based on baseline spatial patterns of utilization
- +
- 3 - **Non-City Utilization:** Number of visits expected to be utilized by non-city residents in the neighbourhood based on baseline spatial patterns of utilization



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of Residents	22,896	23,189	23,483	23,776	24,070	24,363	24,656	24,950	25,243	25,537	25,830
Resident Visits	88,407	89,518	90,673	91,806	92,939	94,072	95,205	96,338	97,471	98,603	99,736
Proportion of Care Accessed Within Home Neighbourhood	4.4%										
Resident Visits Adjusted for Spatial Patterns of Utilization	3,890	3,939	3,990	4,039	4,089	4,139	4,189	4,239	4,289	4,339	4,388
Non-Resident Visits	17,402	17,585	18,107	18,460	18,813	19,166	19,518	19,871	20,224	20,577	20,930
Non-City Utilization	4,925										
Total Service Requirement	26,217	26,449	27,022	27,425	27,827	28,230	28,632	29,035	29,438	29,840	30,243



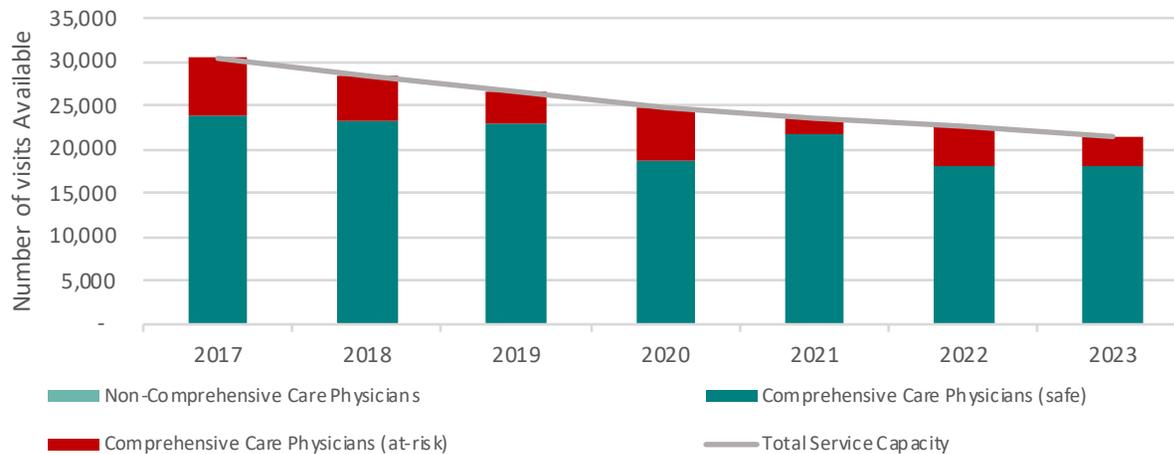
Primary Care Workforce Planning

Service Capacity Module: Willowridge-Martingrove-Richview

Examine the Sources of Service Capacity at a Neighbourhood Level

Total Service Capacity =

- Comprehensive Care Physicians' Safe Service Capacity:** Estimated number of services provided by comprehensive care physicians who are not expected to be at risk of exit from the workforce
- +
- Comprehensive Care Physicians' At-Risk Service Capacity:** Estimated number of services provided by comprehensive care physicians who are considered to be at risk of exit from the workforce
- +
- Service Capacity Generated by Non-Comprehensive Care Physicians:** Estimated number of services provided by non-comprehensive care physicians



Allied Health Professionals			
Average Weekly Hours Available			
Profession	2016	2017	2018
Chiroprodists	40	58	50
Dieticians	0	0	0
Midwives	0	0	0
NPs	0	0	0
OTs	0	0	0
Optometrists	0	14	12
Pharmacists	221	215	144
PTs	93	96	0
Psychologists	48	48	48
RNs	22	24	12
RPNs	127	188	149
RTs	0	0	0
SLPs	0	0	0

Number of Comprehensive Primary Care Physicians	
2016	11
2017	9

	2017	2018	2019	2020	2021	2022	2023
Comprehensive Care Physicians' Safe Service Capacity	23,910	23,382	22,854	18,828	21,798	18,240	17,946
Comprehensive Care Physicians' At-Risk Service Capacity	6,482	5,102	3,722	6,004	1,767	4,270	3,509
Non-Comprehensive Care Physicians' Service Capacity	0						
Total Service Capacity	30,392	28,484	26,576	24,832	23,565	22,510	21,455

Toronto Region Primary Care Workforce Planning Toolkit

Technical Notes – Neighbourhood & Subregion Packages

Project Description

The Toronto Region Primary Care Workforce Planning Toolkit is a fit-for-purpose toolkit to support integrated primary care workforce planning in the Toronto Region. The toolkit is the result of a collaboration between the Health Analytics team at Ontario Health Toronto and consultants from the Canadian Health Workforce Network. A partnership with the City of Toronto, as well as extensive consultation with stakeholders, decision-makers, leaders, and frontline workers in Toronto, informed the development of the toolkit.

The toolkit provides a body of evidence around the current (and projected future) states of population health needs and primary care service provision at a neighbourhood level within the City of Toronto. The goal of the toolkit is to support evidence-based decision-making, particularly with regards to deployment of the primary care workforce and other health system resources. The toolkit looks at population needs and workforce capacity at the neighbourhood, sub-region, and whole city levels. It takes into account variations in population needs, workforce service capacity, and existing assets, and also addresses challenges specific to Toronto, such as patient mobility, anticipated rapid population growth, and physician retirement.

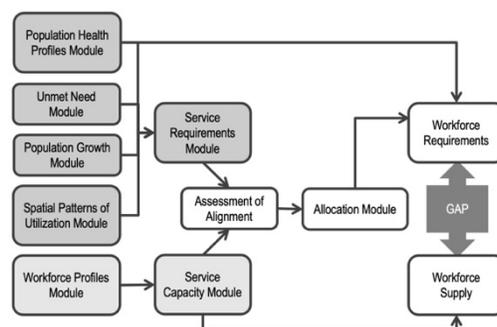
Methodology

The toolkit is composed of a series of modules that assemble information about primary care in the City of Toronto:

- The **Population Health Profiles Module** captures characteristics of the population that impact the need for primary care services.
- The **Population Growth Module** captures neighbourhood-level population growth projections generated by the City of Toronto, allowing us to adjust service requirements to account for anticipated population growth.
- The **Spatial Patterns of Utilization Module** captures a snapshot of primary care utilization patterns and allows us to adjust service requirements to account for patients' care-seeking behaviours.
- The **Unmet Need Module** captures information related to neighbourhood-level unmet healthcare need, which can contribute to an adjustment of service requirements.
- The **Service Requirements Module** estimates primary care service requirements using the CIHI Population Grouping Methodology.
- The **Workforce Profiles Module** captures information about the primary care workforce – including physicians and chiropodists, dieticians, midwives, nurse practitioners, optometrists, occupational therapists, pharmacists, psychologists, physiotherapists, registered nurses, registered practical nurses, respiratory therapists, and speech-language pathologists – practicing in each neighbourhood.
- The **Service Capacity Module** estimates the capacity of the workforce to provide primary care services.

Outputs from these modules are synthesized and summarized in the three static dashboards – Neighbourhood Profiles, Service Requirements, and Service Capacity – that are included in the neighbourhood and subregion packages.

This information is a starting point for local stakeholders wishing to better understand the primary care landscape in their communities. Interpretation of these outputs should consider the local context (factors related to both the community and the local workforce). Engagement and consultation with local stakeholders and frontline healthcare providers are essential parts of the planning process.



Definitions

Sub-Regions: Smaller geographic planning regions within Ontario Regions, developed to help better understand and address patient and population needs at the local level. There are 5 central and 6 peripheral sub-regions in the City of Toronto. One sub-region overlaps with a neighbouring Region and only the part of this sub-region located in Toronto has been included in these analyses. More information about sub-regions is available at <http://www.torontocentrallhin.on.ca/forhsps/subregions.aspx>.

Neighbourhoods: The 140 City of Toronto neighbourhoods were built by the Social Development, Finance & Administration department at the City of Toronto using Statistics Canada Census Tracts. More information about neighbourhoods is available at <https://www.toronto.ca/city-government/data-research-maps/neighbourhoods-communities/neighbourhood-profiles/>.

Comprehensive care physician: Primary care physicians who provide comprehensive care according to the algorithm developed at ICES (<https://www.cmajopen.ca/content/5/4/E856>).

Non-comprehensive care physician: Primary care physicians who practice less than 44 days per year or who otherwise do not meet the criteria to be characterized as providing comprehensive primary care according to the algorithm developed at ICES (<https://www.cmajopen.ca/content/5/4/E856>).

Individual-level Service Requirements: Predicted number of visits to a primary care physician based on clinical and demographic profiles generated by the CIHI Population Grouping Methodology (https://www.cihi.ca/sites/default/files/document/infosheet_popgroupmethod_en_web_0.pdf).

Neighbourhood-level Service Requirements: Neighbourhood-level service requirements are a function of the number of visits to a primary care physician required by neighbourhood residents and by residents of other neighbourhoods in the City, adjusted for spatial patterns of utilization, along with the number of visits required by patients from outside the City of Toronto and an estimate of unmet need.

Total Service Capacity: Neighbourhood-level service capacity is a function of the estimated number of visits provided by comprehensive care physicians who are not expected to exit the workforce, plus the estimated number of visits provided by comprehensive care physicians who are considered to be at risk of retirement, plus the estimated number of visits provided by non-comprehensive care physicians.

Physician Service Capacity: Physician service capacity is estimated on an individual level (based on the total number of visits provided in 2017 (from IPDB)) with adjustment for age-based changes in workload (from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6516703/>) and aggregated to the neighbourhood level.

At-risk Service Capacity: Visits associated with physicians whose age-based risk of retirement is at least 20%.

Allied Health Provider: Allied health providers include Chiropractors, Dietitians, Midwives, Nurse Practitioners, Optometrists, Occupational Therapists, Pharmacists, Psychologists, Physiotherapists, Registered Nurses, Registered Practical Nurses, Respiratory Therapists, and Speech-Language Pathologists.

Primary Care Activities: Activities relating directly to primary care include General Service Provision, Continuing Care, Comprehensive Primary Care, Chronic Disease Prevention and Management, Public Health, Mental Health and Addiction, Primary Maternity Care, Geriatric Care, Infectious Disease Prevention and Control, and Palliative Care.

Average Weekly Hours Available: The average weekly hours of direct professional services in activities identified as relating directly to primary care, estimated based on past hours worked. Note that this estimate represents normal hours of service that the workforce undertook, not "potential" or "extra" available hours. These are descriptive estimates, not projections, and may not represent future workforce service capacity.

Sources of Data

- **Population Health Profiles:** Ontario Community Health Profiles Partnership (OCHPP)
- **Ontario Marginalization Index:** OCHPP
- **Population Growth:** City of Toronto Planning Department
- **Unmet Need:** OCHPP
- **Spatial Patterns of Utilization:** Utilization Matrix generated using data from ICES through an AHRQ request
- **Service Requirements:** CIHI Population Grouping Methodology outputs provided by the Ontario Ministry of Health
- **Primary Care Workforce Profile & Service Capacity (Physicians):** ICES Physician Database (IPDB) accessed through OCHPP
- **Primary Care Workforce Profile & Service Capacity (Other Health Professionals):** Health Professions Database (HPDB) outputs provided by the Ontario Ministry of Health

Assumptions

Service requirements are estimated assuming a Medium population growth scenario and a 10-year horizon.

We assume linear residential development and population growth between the base year and the horizon year.

In our baseline scenario, we assume that new residents of a neighbourhood will have a similar profile and service requirements to those currently residing within the neighbourhood.

We adjust for population mobility using a snapshot of spatial patterns of utilization observed in FY 2017/18.

We assume that providers' age-based changes in workload and retirement probabilities will be consistent with those observed in comprehensive primary care physicians practicing in Ontario between 1992 and 2013 (from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6516703/>).

Limitations

Neighbourhood geographies are not specifically designed for primary care health workforce planning.

Some neighbourhoods are split between subregions. In these cases, neighbourhoods have been assigned to a single subregion as follows:

Neighbourhood Name (Number)	Split Between Sub-Regions	Assigned To
Kingsview Village-The Westway (6)	North Etobicoke Malton West Woodbridge & North York West	North Etobicoke Malton West Woodbridge
Willowridge-Martingrove-Richview (7)	North Etobicoke Malton West Woodbridge & North York West	North Etobicoke Malton West Woodbridge
Islington-City Centre West (14)	South Etobicoke & West Toronto	South Etobicoke
Victoria Village (43)	North York Central & East Toronto	East Toronto
Leaside-Bennington (56)	North Toronto & Mid-East Toronto	North Toronto
South Riverdale (70)	Mid-East Toronto & East Toronto	East Toronto
Waterfront Communities-The Island (77)	Mid-West Toronto & Mid-East Toronto	Mid-East Toronto
Yonge-St.Clair (97)	Mid-West Toronto & North Toronto	North Toronto
Clairlea-Birchmount (120)	East Toronto & Scarborough South	East Toronto
Birchcliffe-Cliffside (122)	East Toronto & Scarborough South	East Toronto

Sub-Region boundaries do not equate to Ontario Health Team (OHT) boundaries, but are used as a proxy to show the approximate catchment area served by OHTs.

Unmet need is currently not accounted for in the estimate of Service Requirements. A process to define quantitative estimates of unmet need through engagement with local stakeholders is in development for operationalization during the next phase of planning.

Estimates of service capacity for physicians are in *visits*, while estimates of service capacity for allied health providers are in *hours per week*.

The information in the HPDB was provided on an "as-is" basis. The data were originally obtained by the Ministry of Health directly from health regulatory Colleges. The Ministry therefore cannot and does not warrant or represent that the information is accurate, complete, reliable or current.

Spatial patterns of utilization and the primary care workforce are not independent; there is an interaction and observed patterns can change over time. For more information about the neighbourhood- and sub-region-level spatial patterns of utilization methodology, results, and visualizations, please contact Ontario Health Toronto.

Due to the data lags associated with the use of administrative data for planning, the most recent year of data input into this planning exercise is for FY 2018/19 and trends that have since emerged are not reflected in our analysis.

Our workforce model projects forward current capacity available within the system and does not model the impact of entry of new health care providers into the workforce. The neighbourhood-level gaps between service capacity and service requirements illustrated in our outputs can be used to identify neighbourhoods where additional resources are required to meet primary care needs.

Abbreviations

ACSC – Ambulatory Care Sensitive Condition
AHRQ – Applied Health Research Question
CIHI – Canadian Institute for Health Information
COPD – Chronic Obstructive Pulmonary Disease
ED – Emergency Department
FY – Fiscal Year
NP – Nurse Practitioner
OCHPP – Ontario Community Health Profiles Partnership
OHT – Ontario Health Teams
OT – Occupational Therapist
PEM – Patient Enrolment Model
PT – Physiotherapist
RN – Registered Nurse
RPN – Registered Practical Nurse
RT – Respiratory Therapist
SLP – Speech & Language Pathologist

Contact

For more Information, please contact:
Ontario Health Toronto, Health Analytics
Healthanalytics@tc.lhins.on.ca

V1 May 2022