[Geographic Access to Primary Care and Hospital Services in Rural and Northern Ontario](http://www.ruralontarioinstitute.ca/file.aspx?id=4451b6c0-815f-4ffb-a79e-6aad35780767" \t "_blank)

These results should be interpreted taking into account several limitations.

* Not every location was checked to determine alignment with roadways;
* Accuracy of postal codes was not checked;
* Of the 12K doctors in Ontario the proportion in primary care is higher in rural than in urban communities;
* Did not take into account walk-in clinics or after-hour access;
* Many communities had access to practical nurses in recent years;
* Analysis was based on geographical access under ideal conditions (e.g., road and weather conditions, available transportation, staffing, wait times, accessibility, etc.

**Rural Ontario Institutes Analysis of Report**:

Overly Hospital Focused?   Although there is much recognition in the report regarding family health teams, community health centres, nurse practitioners, scope of practice and the like, the emphasis of the report returns again and again to hospital based services.  The relative absence of discussion or recommendations surrounding the role of home care services is notable.   More consideration of these elements of the health care system is likely warranted.

Overcoming Distance Through Technology:  Understandably the report places considerable emphasis on distances and the movement of people to points of service. However, this attention to distance should not distract the Government from dealing with the other aspects of the panel recommendations which address ways to overcome distance (see R 7.3, R 8.5, R 12).  In the recent northern health forum report published by the Rural Ontario Institute many valuable ideas came forward regarding innovative ways to provide **mobile services** or to use technology to overcome distances

Transportation Review:  The Rural Ontario Institute has a key role to play in connecting organizations in rural Ontario so they can share their successes and lessons learned.  As part of the implementation of the transportation review recommended by the Panel, the Rural Ontario Institute would support or assist with outreach to document and transfer learnings about communitybased solutions to non-urgent transportation.  For example, we are hearing many anecdotal stories of elderly citizens being unable to get to diagnostic appointments in nearby centres due to transportation hurdles and consistent with the Panel are convinced that the Government should be exploring how to strengthen and broaden community based solutions to these types of problems.

The Advisory Committee recognizes the government’s mandate and vision to improve health care for patients with high-cost needs through the implementation of [Health Links across the province](http://healthydebate.ca/2013/02/topic/innovation/the-ontario-health-links-initiative-what-is-it).  Similar to the rural health hubs approach, the Health Links’ vision encompasses the need to foster collaboration across the continuum of local health and social service providers. Given the similarities between Ministry/ LHINs, Hospital  Care, Community Services, Physician Care, Mental Health and Addictions, Home Care, Long Term Care, Multi-Sector Rural  Health Hub Advisory Committee, the two models and their potential contribution toward a sustainable local health care system, the Advisory Committee is hoping for a similar commitment from government that will support the implementation and sustainability of rural health hubs. (See Appendix C for a Health Link/ Hub comparison chart).

Recent GIS mapping work such as that by the Institute for Clinical and Evaluative Sciences (Geographic Access to Primary Care and Hospital Services for Rural and Northern Communities: Report to the Ontario Ministry of Health and Long-Term Care) should be further resourced and analyses performed using various definitions and finer levels of geography.  In parallel, collaborative mechanisms to enable LHIN staff to compare the implications of different definitional approaches across LHINs should help create more understanding of equity and promote the rural planning perspective the Panel is recommending (see R 8.4).

* See page five of [Rural Health Hubs Framework  for Ontario](https://www.oma.org/wp-content/uploads/ruralhealthhubframework_ontario_fnl.pdf) for a list of **Key Characteristics of Rural Communities**
* See suggested solutions on pages 14-15 of [Transforming Northern Health: Innovations Making a Difference](http://www.ruralontarioinstitute.ca/file.aspx?id=b205e183-8744-4d39-afb9-4f4c9263de2f))
* Consider apps to assist multi-sector collaborative care teams as part of Health Links
* See [data that ICES](https://datadictionary.ices.on.ca/Applications/DataDictionary/Default.aspx) uses to support research and evaluation of healthcare programs in Ontario
* Newly  launched [Maple](https://www.getmaple.ca/v/home-chat?utm_expid=119926708-1.QFCBzRfSQUaJCDnNBfboQw.1), an online doctor consultations to residents of Ontario anytime, 24/7, including diagnosis, prescriptions and sick notes – in minutes and [Poprex prescriptions](https://www.poprx.ca/) to “help reduce strain on our healthcare system by moving suitable primary care out of our hospitals and into our communities.” (see survey results below. Note: this is a fee-based service. I’m surprised the liberal government would introduce privatization into our public healthcare system through MarS innovations like this one)
* [Digital health service for rural communities in the US](http://www.patientriciti.com/) they get tickies by reducing re-admission rates

 Maple Survey Findings:

* Only 25% of Canadians choose to see a doctor as a first response to feeling sick.
* When they don’t see a doctor, it turns out the most common first response to feeling sick is to self-medicate: one in three Canadians (36%) buy an over-the-counter remedy at the first signs of illness. Others will seek out more information about their symptoms online, with 15% turning to Google as a first response.
* One in three (36%) Canadians say they use technology to help manage their health, while two in three (64%) do not. Millennials (47%) are the most likely to adopt technological health management aids, while Boomers (26%) are less likely to use tech in this area of their lives.
* Smartphone-based health apps are less commonly used: two in ten Canadians (19%) say they use these apps to help manage their health, while eight in ten (81%) do not.
* With convenience and timeliness being the predominant motivators, among respondents polled, 49% of Ontarians said they would be interested in seeking a medical consult online.
* Women (19%) are nearly twice as likely as men (11%) to Google their symptoms as a first response, as are younger Canadians compared to older ones (31% of those 18-34, vs. 12% of those 35-54 and 7% of those 55 and over). Men, meanwhile, are more likely than women to visit their family doctor (17% vs. 11%) or a walk-in clinic (13% vs 7%) as a first reaction to feeling sick. Canadians aged 55 and over (21%) are the most likely to turn to their family doctor at the first sign of illness, compared to 12% of those 35-54 and 7% of those 18-34.