

# Analysis of Emergency Department Physician Human Resources Utilization in Ontario: 2004 to 2009

HealthForceOntario

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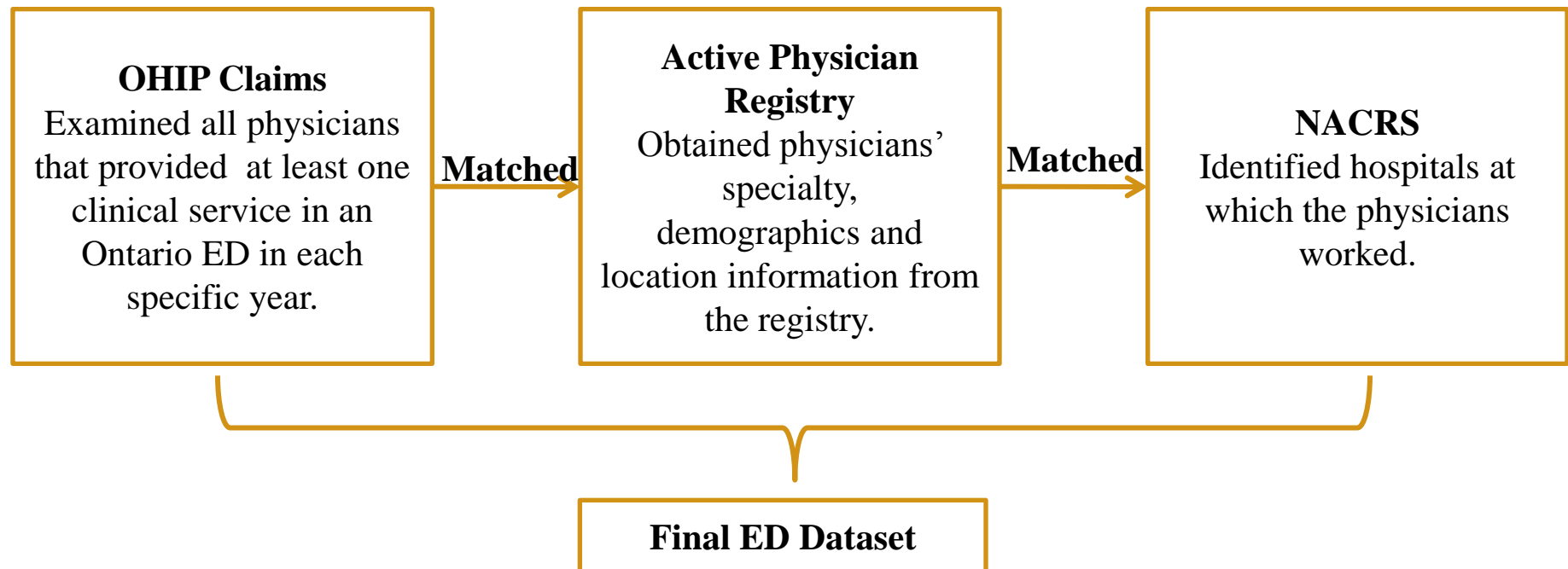
## Purpose

- In Ontario, planners and decision-makers are faced with the challenge of planning for a sustainable physician workforce for emergency departments (EDs).
- To appropriately plan, we must first understand:
  - 1) Who is the ED workforce?
  - 2) How much do they work?
  - 3) How is the practice profile changing?
- This work was completed to inform and support the ED Taskforce, made up of a diverse group of ED experts, in their deliberations to address the HHR and system issues in EDs across Ontario.

## Data Sources and Methodology

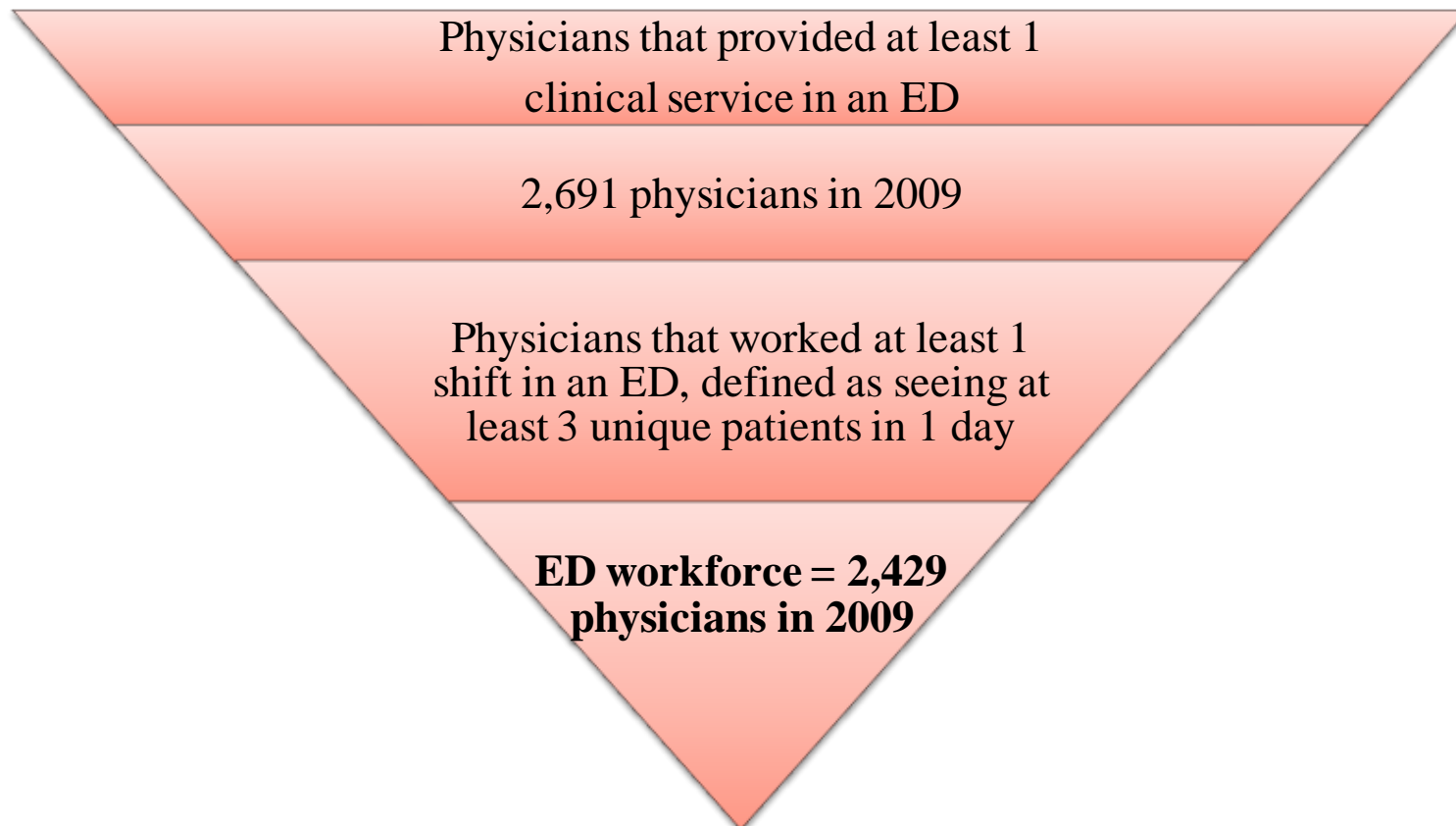
### Data Sources

- OHIP Claims Data for Fiscal Years 2007-2009 for ED billings
- National Ambulatory Care Reporting System (NACRS) Data for Fiscal Years 2007-2009 for Hospital information
- Physicians in Ontario (PIO), Ontario Physician Human Resources Data Centre Data for Years 2007-2009



## Identifying the ED Workforce

- The analysis is focused on Family Medicine (FM), Family Medicine - Emergency Medicine (CCFP-EM), and Royal College of Physicians and Surgeons of Canada - Emergency Medicine (RCPSC-EM) physicians.

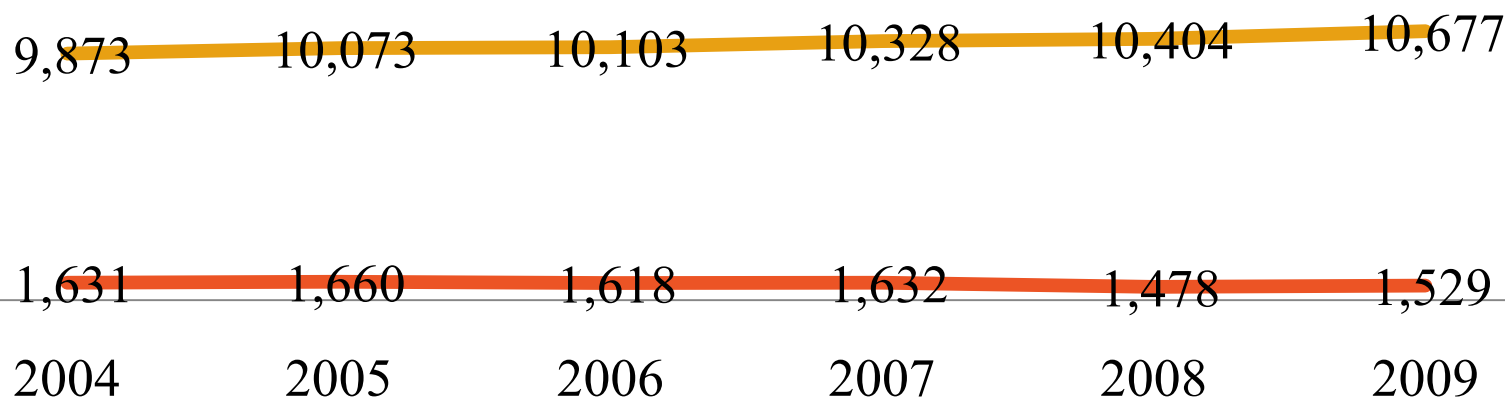


## Family Medicine Supply

- In 2009, 14% of the FM provincial workforce worked at least one shift in an ED in Ontario.
- From 2004 to 2009, the total provincial FM physician supply increased by 8%, however the FM ED workforce decreased by 6%.

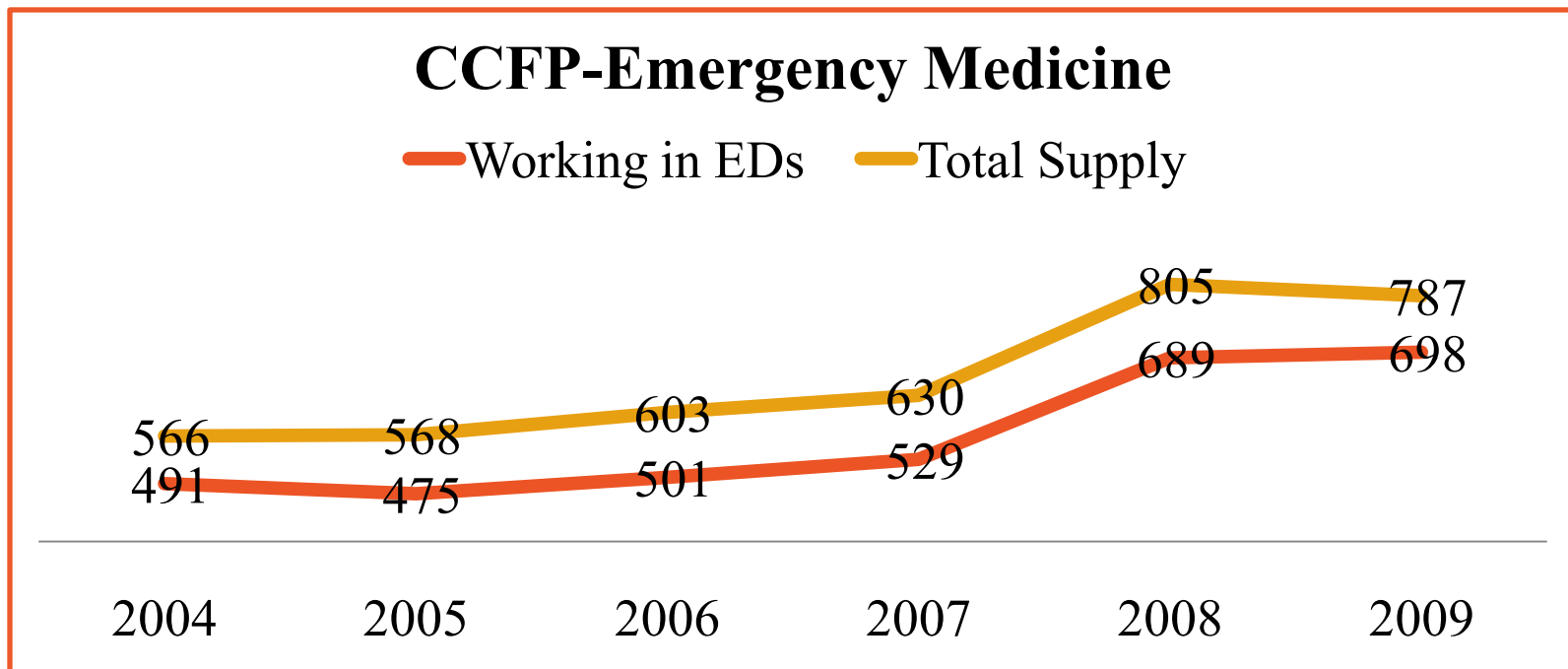
### Family Medicine

— Working in EDs — Total Supply



## CCFP-EM Supply

- In 2009, 89% of the CCFP-EM workforce worked in EDs.
- From 2004 to 2009, there was a 39% increase in the total supply and 42% increase in the ED workforce for CCFP-EM.

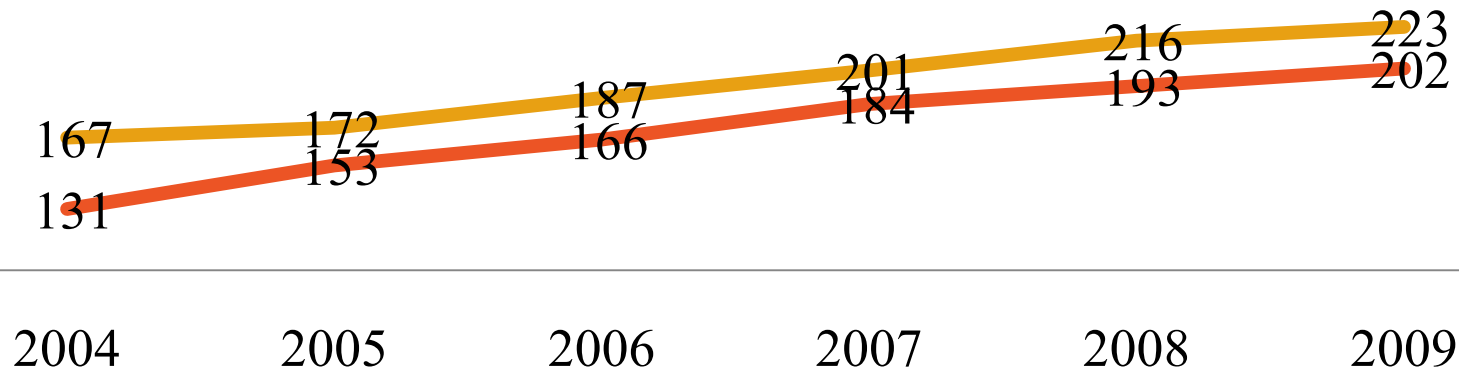


## RCPSC-EM Supply

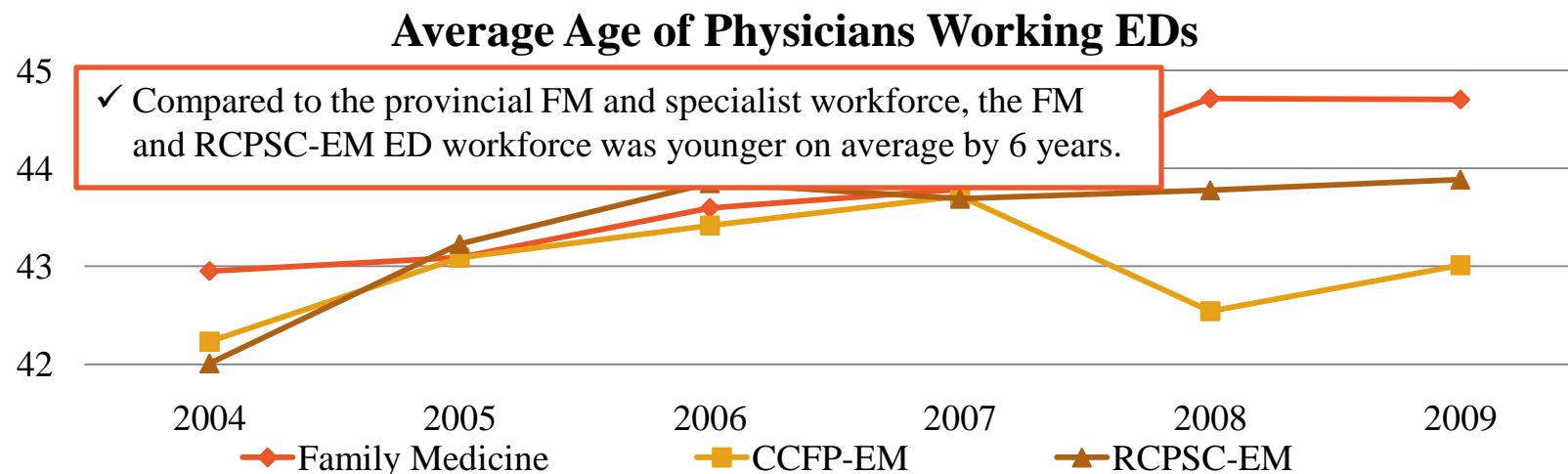
- In 2009, 90% of the RCPSC-EM provincial workforce worked at least one shift in an ED in Ontario.
- From 2004 to 2009, the total provincial RCPSC-EM supply increased by 34% and the ED workforce increased by 54%. This could also be an artefact of an improvement in data collection.

### RCPSC -Emergency Medicine

— Working in EDs — Total Supply



## Average Age and Sex Distribution in EDs



## Sex Distribution by Specialty in EDs and Total Supply

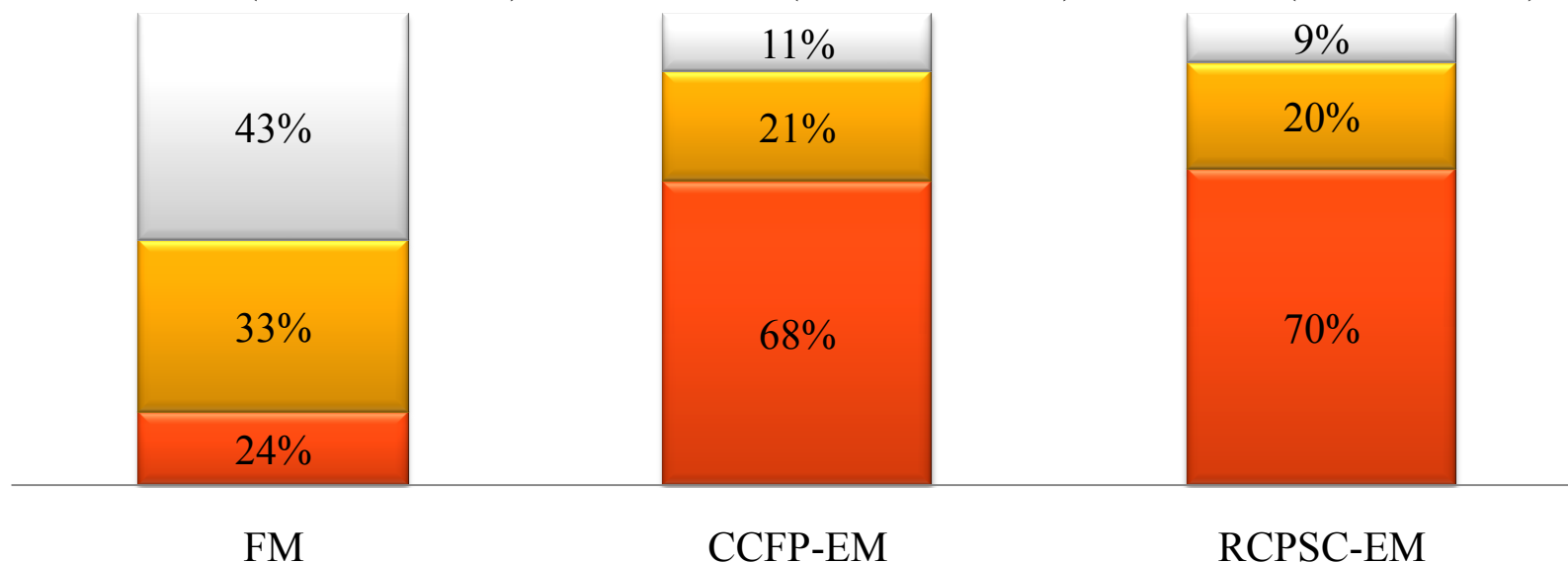
	Family Medicine		CCFP-EM		RCPSC-EM	
	2004	2009	2004	2009	2004	2009
<b>Working in EDs</b>						
<b>F</b>	27%	30%	21%	27%	18%	24%
<b>M</b>	73%	70%	79%	73%	82%	76%
<b>Total Supply</b>						
<b>F</b>	36%	41%	24%	28%	19%	24%
<b>M</b>	64%	59%	76%	72%	81%	76%

## Full-Time/Part-Time/Casual Distribution by Specialty, 2009

- Of the FM physicians working in EDs with their primary practice in 40+ communities, 15% worked FT in an ED.

### Full-Time/Part-Time/Casual ED Workforce, 2009

■ Full-Time (100+ Shifts/Yr)   ■ Part-Time (50-99 Shifts/Yr)   ■ Casual (<50 Shifts/Yr)

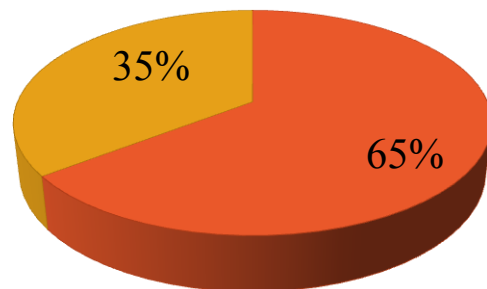


## Distribution Under RIO 40, Northern LHINs or RIO 40+ by Specialty, 2009

- FM physicians working in EDs were more likely to be in the two northern LHINs or rural (RIO 40+) communities than CCFP-EM or RCPSC-EM physicians based on primary practice location.

### FAMILY MEDICINE

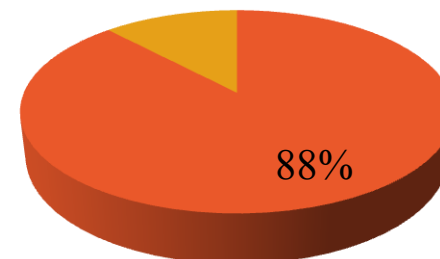
■ Under 40 ■ Northern LHINs or 40+



### CCFP-EM

■ Under 40 ■ Northern LHINs or 40+

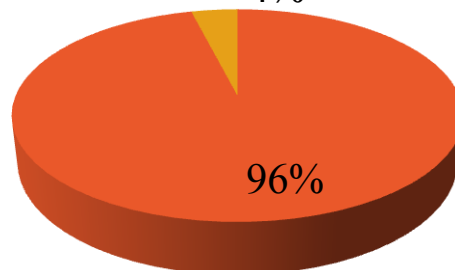
12%



### RCPSC-EM

■ Under 40 ■ Northern LHINs or 40+

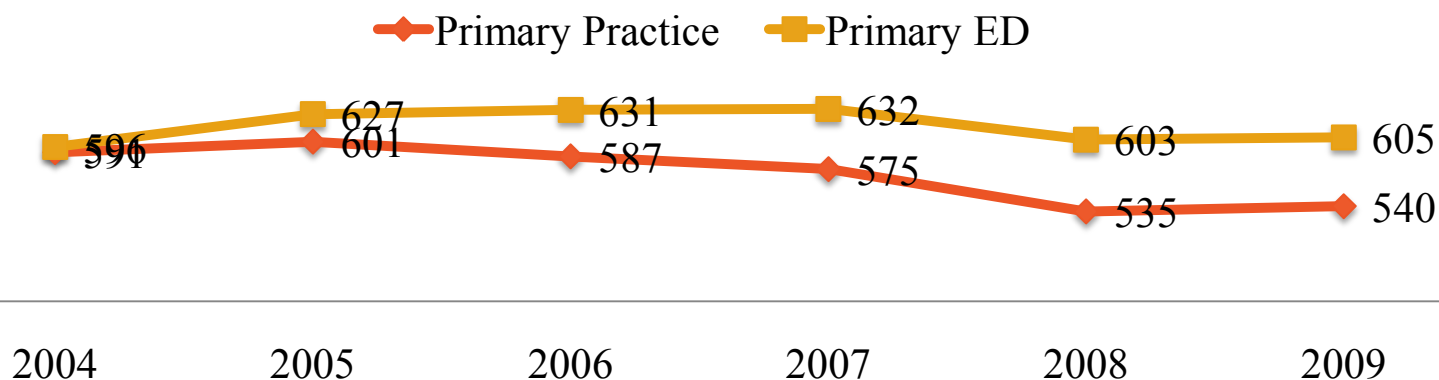
4%



## ED Workforce in the Northern LHINs and RIO 40+ Communities

- In 2009, of the total ED workforce in the northern LHINs or RIO 40+ communities, based on primary practice, was:
  - 85% FM physicians
  - 13% CCFP-EM physicians
- There were 12% more FM physicians with their primary ED in the northern LHINs or RIO 40+ communities than their primary practice location.

### FM Physicians Working in EDs in the Northern LHINs or RIO 40+ Communities





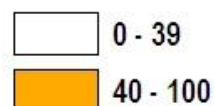
Ontario

# Ontario RIO Score Analysis by Census Subdivision

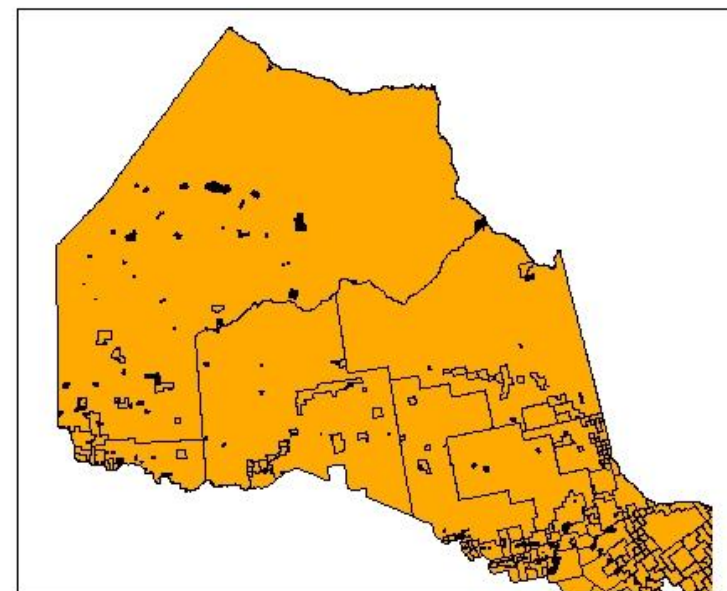
Standard  
Census Subdivisions  
Classification, 2006



RIO Values



First Nations Reserves



Better Information.  
Better Decisions.  
**Better Health.**

HHR Forecasting and Modelling Unit

Created: March 25, 2010  
Updated: November 25, 2010

## Summary

- FM physicians made up a large component of the ED workforce, especially in EDs located in the northern LHINs and rural areas.
  - The northern LHINs and 40+ communities include 74 EDs (about 40%) with an average of 15,088 (including the AHSCs) ED visits in 2009/10.
- FM physicians were more likely to work casually in EDs, while the CCFP-EM and RCPSC-EM physicians tended to work full-time in EDs.
- From 2004 to 2009, the total provincial FM physician supply increased by 8%, however the FM ED workforce decreased by 6%. During the same timeframe, both the CCFP-EM and RCPSC-EM provincial supply and ED workforce increased.