



**RÉSEAU FIERTÉ DES
AÎNÉ(E)S D'OTTAWA**
Génération de fierté

**OTTAWA SENIOR
PRIDE NETWORK**
Generations of Pride

LGBTQ2+ PRIMARY CARE PROVIDER SURVEY

Analysis and Recommendations

LGBTQ2+ Primary Care Provider Survey



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ISSUE

OSPN members have voiced concern of a shortage of primary care providers (physician or nurse practitioner) in the Ottawa area. The situation appears that the recent retirement and closing of several medical practices that were LGBTQ2+ positive and providing care to our members have left many without a primary care physician. The situation has been further exacerbated because there are very few physicians who are accepting new patients.

BACKGROUND

Although the majority of Canada's seniors are in good health, seniors remain significant users of the health care system. This includes primary care providers, hospitals, clinics, pharmacies, mental health services, chronic disease management, caregiving, home care, long term care and palliative care. As people age that demand for these services increases.

A family doctor or nurse practitioner is a persons' **primary health care provider** – meaning they are the person they make an appointment with when they have a new, non-emergency health concern. Primary care is not a defined program but rather an integrated and comprehensive system of care that includes health promotion; illness and injury prevention; first contact and triage services; and the diagnosis and management of emergency, acute and chronic health concerns. Primary care should be person-centered and easily accessible to enable patients to work with health professionals for care plans suited to their needs and wishes.

Primary care providers can help seniors navigate the continuum of care and overcome some bureaucratic hurdles. Family physicians are the most common point of first contact for seniors with health care and related needs, and they often act as gatekeepers to more specialized services, including home care and long-term care. Primary care providers can make sure seniors are not just being treated for what ails them but are also aware of and following wellness and health promotion practices that enhance their independence. An effective primary care system is crucial for keeping seniors out of hospitals.

In short, the role of a primary care provider is to provide:

- **diagnosis and treatment** for common illnesses and injuries
- **referrals** to health care specialists who can help with a specific condition
- support in managing a **chronic condition** (such as diabetes or high blood pressure)
- **prescriptions** for medication
- regular **check-ups** including physicals and routine screening tests (e.g., for cancer)

Every senior, and indeed every Canadian, should have the opportunity to be part of a family practice that serves as a patient's medical home. It is the central hub for the timely provision and coordination of the comprehensive menu of health and medical services patients need.

It has been reported that there is a shortage of qualified medical service personnel in Canada. The Ontario Medical Association has noted a province wide challenge in the number of family physicians entering and currently in practice. The number of physicians and those accepting new patients to a medical practice varies by community and geographic location. The delivery and coordination of primary health care services is further completed by the limited number of alternative service providers, such as nurse practitioners to help address this problem. The Ottawa medical community has informally noted that more than forty (40) family physicians have either retired or left practice in the past two years, including two physicians who had large gay practices.

CONTEXT

The LGBTQ2+ community has distinct medical needs and care considerations. The Ontario Minister of Health has acknowledged these unique needs with the funding of Rainbow Health initiatives and the identification within the health planning priority directives to recognize these needs across the spectrum of age and diversity community members.

Noteworthy, the LGBTQ2+ senior population faces additional and particular challenges when navigating and receiving health care services. For many seniors there are three main areas of significant concern and barriers;

1. Many have experienced historical prejudices when interacting with medical professionals, receiving care and navigating the health care system. The need to have a safe environment, respectful and trusting relationship with health professionals is paramount.
2. The practitioner's medical knowledge base must be non-judgemental, inclusive and relevant to LGBTQ2+ patients and their needs.
3. Most senior adults have a variety of complex medical conditions and problems requiring coordinated management. LGBTQ2+ patients may also have longstanding medical management issues associated with HIV infection, hormonal therapies and trauma.

EXPLORING THE ISSUE

OSPN Coordinating Committee supported the establishment of a time limited working group to explore and begin to scope the magnitude of the problem. To get a fact-based understanding of the issue the working group developed a “snapshot” survey. The survey had questions that followed two branches, one for those who presently had a primary care provider and the other for those who did not have one. Included in the survey were other questions about the demographics of the people completing the survey so that if there were differences based on gender, income, marital status etc. they could be explored. Based on survey findings a follow up plan will be developed. The engagement of various community allies would be considered in the approach for moving forward.

APPROACH TAKEN

A six person-working group consisting of five OSPN members and the LGBTQ2+ Program Coordinator was established. A survey questionnaire was developed, refined and launched on February 25, 2022. The main vehicles of distribution were:

- OSPN Facebook notice and link
- OSPN Membership email list
- Older and Bolder discussion group
- OSPN bowling members and other email lists that included Trans and a gay hockey team
- Word of mouth / personal networks
- Other Facebook groups such as the Public Service Pride, Time Out hiking, Rainbow Rockers curling, Gay Ottawa Volleyball, Ottawa Queer Softball League and other groups

The survey was active and accepted responses for approximately five weeks.

Once the data was collected it was analysed for trends and correlation of responses by specific groups.

To gather additional information OSPN hosted a focus group for members without a primary care practitioner to further gain an understanding of their unique needs. During this session, held at the Good Companions on April 09, 2022, we heard personal stories, validated the survey findings and obtained additional information and insights. In addition, some members who were not able to attend the session provided comments/input by email. (Appendix 2). The focus group also provided the opportunity to discuss member interest in exploring solutions with community partners.

THE SURVEY

The main focus of the survey was to determine firstly if the respondent had a primary care provider or not. If they did have a primary care provider the subsequent questions asked about their satisfaction and experience with them. For those who indicated that they did not have primary care provider we asked questions about how long they have been without a primary care provider and what methods they had used to find a new one. Subsequent question for both groups asked about interaction with their primary care provider. There were many opportunities to provide additional comments. The survey also gathered additional data points related to the respondent's income, housing, social support network etc. The complete survey questions and answers are provided in Appendix 1.

FINDINGS

The survey response was encouraging. We received more responses than expected with a broad cross-section of people based on the demographic information received.

We did note, however, that cultural diversity/representation was low. Also, since it was an on-line survey, we acknowledge that it would not have captured the input from those who do not have access to the survey due to not being connected to the internet.

It is important to recognize and acknowledge that this survey captures a "snapshot" from a limited number of respondents from a targeted group.

Consequently, there is some caution and a caveat especially when trying to extrapolate or generalize many of the findings to a broader Ottawa community population of LGBTQ2+ seniors. That said, the preliminary results do spotlight a number of issues that require further inquiry.

- 85% have a primary care provider
- 40% with a practitioner are fearful of losing that person in the near future
- 77% report a good level of happiness/confidence/relationship with their practitioner
- 80% respondents did not feel the location of practitioner to be a barrier to receiving care, although for some transportation is an issue
- 96% of respondents would be comfortable having a primary care provider who does not identify as LGBTQ2+ *BUT* does have specific training and is knowledgeable of LGBTQ2+ issues and concerns.
- 15% DO NOT have a primary care provider (physician or nurse practitioner).
- 65% have been without a primary provider for more than a year with 50% reporting two years or more.
- 35% have recently lost their practitioner within the last year.
- Few were given options or referral to a new practitioner and were usually left to their own resourcefulness to find a replacement
- Default locations for care:
 - Walk-in Clinics (37%)
 - Hospital Emergency Rooms (26%)
 - CHC's or clinics (22%)

THEMES AND CHALLENGES

The survey identified a number of common issues and challenges that respondents faced. Here are some of the findings from the survey that are concerning:

- Some respondents have been without a primary care provider for more than 2 years
- Continuity and care coordination is lacking. Many receive fragmented care from multiple services providers
- Many have needs that require seeing a practitioner more frequently and getting access to assessment and follow up visits with medical practitioners is difficult, impossible or have very lengthy waiting times.
- Quality of the patient visit: rapid/rushed, one issue only, impersonal, transactional/uncaring
- Mental health needs are seldom addressed
- Access to addiction and substance use services lacking
- Sexual health - discomfort discussing issues with practitioner as well as practitioner not well informed on LGBTQ2+ sexual health issues, for example, Prep, transitioning, hormones and sexual activity.
- Virtual Care - mixed and varied comments of benefits/pitfalls. Challenges with organizing, quality, and usefulness/appropriateness of this type of visit for certain problems and issues
- COVID - added another layer of challenge, delay and navigation issues for those trying to manage multiple health problems, virtual care options, service delays and no primary care practitioner. (e.g., service delays and misdiagnosis of a basal cell cancer)

RECOMMENDATIONS

Based on the main issues identified in the survey the following three recommendations are being made to address the problem.

Our first recommendation is to identify key community allies and partners to address these findings and explore opportunities to engage in collaborative problem solving.

We will then develop a communications strategy/approach for engaging our community and other partners to advocate on this issue.

And finally, identify other approaches to address the situation as the present method of providing primary health care is not providing adequate health care for the LGBTQ2+ community.

OTHER INFORMATION

In 2001 Pink Triangle Services conducted an extensive Health Survey. We used this survey to prompt many of the additional questions included in our snapshot survey. Given the significance and rigor of the original 2001 study, there may be merit in seeking funding to re-issue a follow up comparative study. The complete survey can be found on the OSPN website. <https://ospn-rfao.ca/>

Appendix 1

Primary Care Physicians Survey

Primary Physician Survey

This report was generated on 13/04/22. Overall 179 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

Do you currently have a Family Doctor or Primary Care Physician such as a Nurse Practitioner?



How would you describe your primary care situation?

- this month my family doctor left the clinic where I've been a patient for several years
- I am trying to find a doctor
- Vulnerable. My primary care doctor recently retired without selling his practice, and so far I have not been able to find a new one.
- My GP closed his practice last month. I am still looking for a new one.
- Absent of any care provider
- Had a doctor but has been on sick leave for a year.
- overall good
- Je dois attendre deux ans pour avoir un médecin de famille, mais je crains que ce sera plus. Je suis chanceux quand même d'avoir un spécialiste pour mon diabète.
- No current need for medical care
- don't want to see a doctor or nurse or dentist
- need a doctor for my meds
- I am trying to find a doctor. If I become ill or need medical attention I have no one to help me
- I go to a clinic to get prescription renewals
- Walk in clinics
- My doctor just closed his office. I would have to rely on a walk-in clinic.
- appletree clinics when needed
- Looking for a family doctor
- Depending on emergency at the hospital
- My former doctor has retired
- walk in clinic if i need a doctor
- Do the best i can with telemedicine and such, learning by the seat of my pants, so to speak.

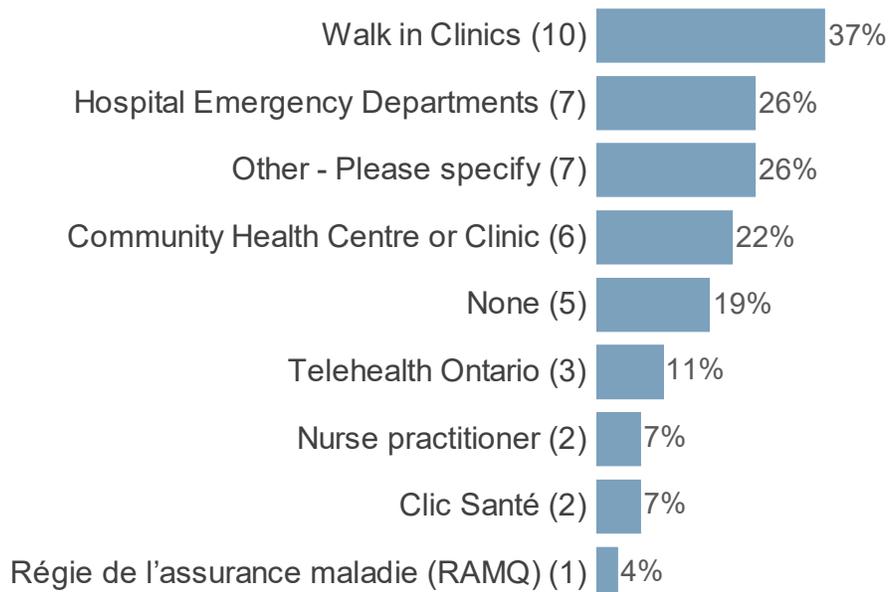
Primary Physician Survey

How would you describe your primary care situation?

my GP has changed practices. the clinic has signed me up with one who was to start in Feb. don't know if she arrived as expected / won't until i need to book an appt.

My Family Dr is closing her practice after only 10 months in April, 2022 leaving me without a family dr.

How do you currently manage your medical care needs?



What other way do you manage your medical needs?

I have not had any medical needs in the few months since my doctor retired. If I did, I would go either to a walk-in clinic or hospital emergency department. I have called the community health centres, but have been told they are not accepting new patients and my understanding is that I would not be able to get an appointment for one-time services.

exercise and eat well

my doctor prescribe my meds for one year

Have just lost my doctor, so starting the search for another.

Haven't needed a doctor yet

Appletree clinics for renewals of previously established essential medications.

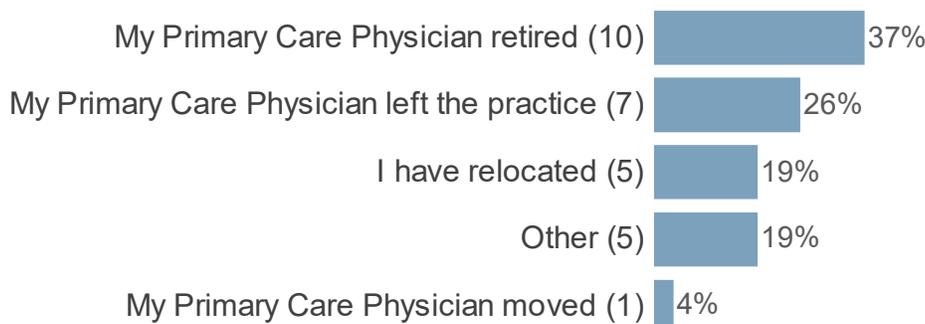
I will be without a family dr. Next month and I don't know what to do

Primary Physician Survey

How long have you been without a Primary Care Physician?



What is the reason you do not presently have a Primary Care Physician?



Reason you no longer have a Primary Care Physician.

On sick leave for the last year.

J'ai déménagé et il y a pénurie, beaucoup de médecins qui prennent leur retraite. Je suis sur une liste au travers du guichet provincial

don't want the service

Irrational fear of medical and dental professionals

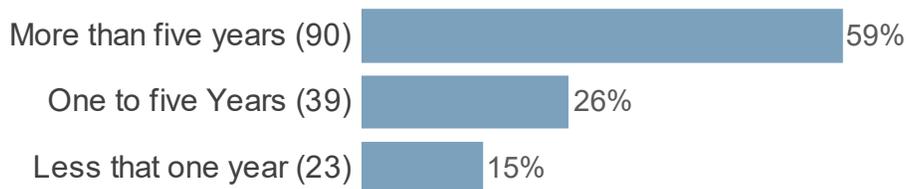
Combination of misadventure, five years ago, cutting ties with a longtime GP and naively signing up with a university clinic which promised a new GP and subsequently has had to cut the general public from all services including its walkin clinicl

What resources have you used in searching for a NEW family doctor?



Primary Physician Survey

How long have you had your present Primary Care Physician?



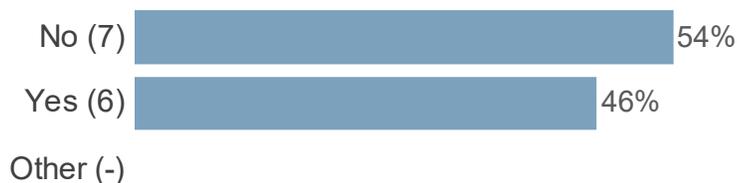
Are you concerned about the possibility of losing the practitioner you have?



Has your current Primary Care Physician advised you of their intention to retire in the future?



Have they advised you of a plan for your continuity of care?



What did they suggest to you?

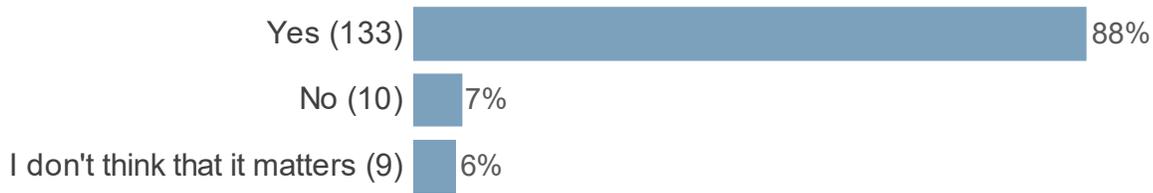
He was evasive on the subject ... he took the past six months off as a trial retirement, and arranged for coverage if needed

Nothing

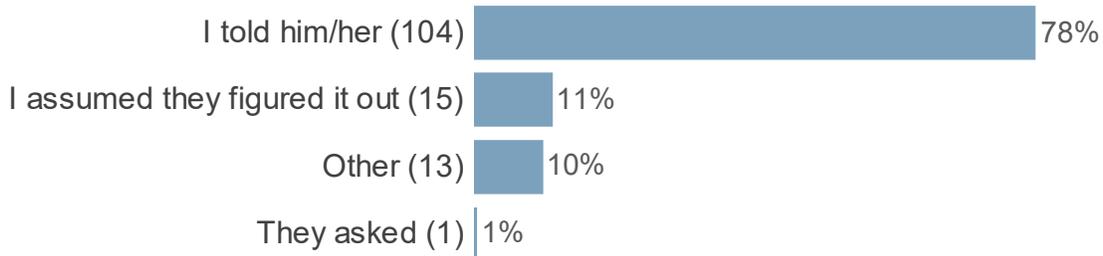
Find my own

Primary Physician Survey

Are you open to your practitioner about your sexual orientation/gender identity?



How did you come out to your Primary Care Physician?

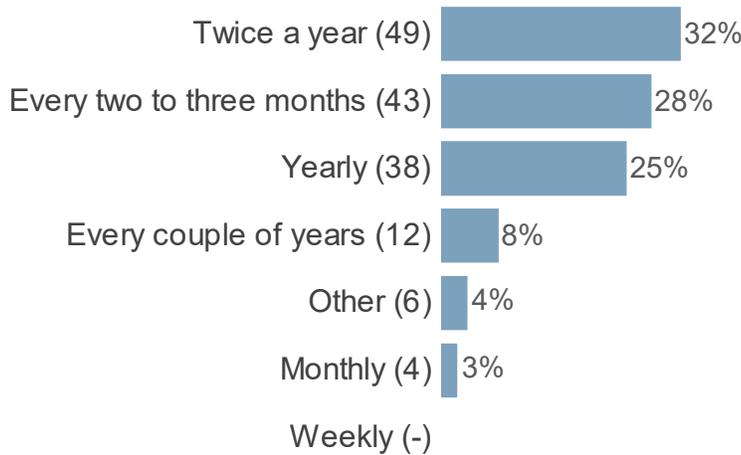


What other way were they aware of your sexual orientation/gender identity?

- Information was passed along
- It is in the medical records transferred to him.
- I've been out in that practice for many years ,so I assume it's part of my records
- Its obvious by my appearance
- My partner and I had the same primary doc. It was too obvious not to see.
- We met at a gay party
- Je fréquente une clinique pour gay,l'acruel
- It is on my medical file.
- Health status
- I believe they have paperwork wherein I said I was non-binary. Otherwise I just talk about my partner.
- I have HIV and they asked me if I used drugs. I said no. I got it from sex.
- She treats me and my partner
- They took over my file from my previous doctor who had documented the fact.

Primary Physician Survey

On average how often do you visit your Primary Care Physician?



Please explain.

since the pandemic, I can't get to even talk to him--no email, no voicemail.

whenever i need him

Have email contact for prescription renewal and referrals. Have not had an appointment since COVID

She's always available if I need her.

When needed

Just whenneeded

Are you satisfied with the care you are getting from your present Primary Care Physician?



Describe what are the issues.

La ck of follow up

Mental health, I feel he doesn't really care

When I decided I wanted to take PReP (in 2018) he didn't know anything about it. I gave him some links to review which satisfies me and he gave me a prescription but fact he wasn't informed before hand was not encouraging.

Receive care through a family health team, but do not have access to the same Dr. Consistently. No long term relationship with the same care provoder

I used to have excellent care--but not now.

Primary Physician Survey

Describe what are the issues.

He's competent, understanding, doesn't appear to be homophobic but he's often abrupt hard to read at times and i feel he's not keen on listening.

Covid - she is exhausted - hard to access - remote visits only - she teaches - high burn out

To be determined as he is still a new physician.

I have only had one appointment, he is that 'new'. But things were good so I don't need to see him yet again and so I opted to answer Q12 with "every couple of years" as that would be routine checkup only.

3+ weeks to get a telephone appointment

Very difficult to get any care in the pandemic

There is only 1 doctor in the hospital that serve the municipality, so visit are quick and not frequent. Test are not performed as often as it should.

I don't like his bedside manner and the fact that he's in Ottawa and I'm in carleton place. Also I can only bring one issue per visit

I've never seen the doctor — only the NP. I do like his NP, however I do not feel comfortable discussing my sexual health issues with either practitioner. In fact, I go to the Ottawa Sexual Health Clinic for anything related to sexual health concerns.

Attached to Bruyere clinic fir maybe 40 years - a teaching clinic so I see mostly internns

he does not listen to all my concerns. I have press him on certain issues

Mental health

My doc is in a family practice group, so there is backup at all times. However, my original doc retired - she was fantastic in terms of taking the time to know me as a lesbian. My current young doc is much more transactional and has been quite brusque so far. At this point, this is unpleasant but not a big problem for me.

Pas de rendez-vous en personne, seulement au téléphone. Il n'est pas francophone, ni lui, ni personne dans son cabinet.

GP just left practice. Will be referred to team, nurse practitioner, etc. So no continuity or personal relationship

New primary care physician

Limited availability and time. Basic care only.

The office has been difficult to contact during the pandemic. Files have gone missing. It takes weeks for a phone appointment.

My original primary care physician was extremely queer positive and affirming. He relocated to Vancouver and assigned me to another doctor on his team. I do not feel that my new doctor is queer affirming and I feel he may discriminate against me so I'm looking for a new doctor.

I find my physician a bit distant and seems to treat me more like a widget. For example, he has not discussed with me, given my age and health condition, how frequently I should have a general check up. It was me who had to say maybe it is time. It appears that some procedures have been centralized, such as breast exams and pap smears. These exams don't appear to be initiated by my physician. However, he gets the results. In addition, it appears that relationship between many patients and their physicians have changed and is now quite impersonal, which impacts trust.

They have no training in dealing with autistic people like me. She doesn't understand the need for accommodation, like extra time, and other things

Dr. Kilby was better.

Considering changing due to lapses in care but don't want to be without a Dr.

Primary Physician Survey

Describe what are the issues.

With Covid-19 he is only seeing patients two days a week. If anything comes up, I have to go to emergency as it can takw weeks, even a month to get an appointment.

My physician retired August 2021; she did give me notice of this. I have only had a “meet and greet” with my new physician and asked her to schedule a 5 year test for me.

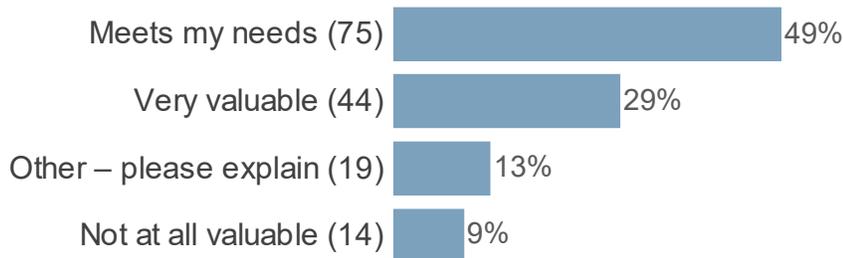
I’m mostly satisfied, but I find my doctor isn’t overly sympathetic to my depressive episodes.

office does not call back, physician reluctant to do physical exams

He moved from 2 blocks away to 25 km away. Even without the pandemic it would be difficult to get there. That’s why I see him only 1-2 times per year. Three of my last four doctors moved to the suburbs. They don't just retire or die.

I was recently cut off abruptly from my pain medications

How valuable to your health care are virtual meetings (phone or video) with your Primary Care Physician?



What are your thoughts on virtual meetings?

Great for some visits because I save the travel time and energy. Other visits need to be in person.

I had an eye issue I had a basil cell carcinoma issue couldn't get an in person visit - misdiagnosis was the result

not applicable

Haven't had one yet, would prefer that I have the choice to either chat or SEE the physician in virtual sense on the screen; especially if I were to 'show' anything that might need looking at, such as a swollen ankle or something. Phones can't do that without a virtual screen showing.

I see my doctor in person. Otherwise, a virtual meeting Might be useful. Depends on my needs at the time

We have no virtual meeting, Internet service is really bad.

I never had a virtual yet.I see the nurse for hormone injections every two weeks

Not as satisfying as in person

I do not do those with my Primary Care Physician

Je n'ai pas eu de rencontres virtuelles, que des visites en personne

I like seeing and hearing my doctor in person. I can only do phone meetings. I need the to see her to understand her (I am hard of hearing), so I often read lips..

During the pandemic the appointments are by phone. It is rather difficult to do physical examinations. If my physician must examine me, I can go in for a visit in person.

Primary Physician Survey

What are your thoughts on virtual meetings?

Haven't had a virtual meeting.

She uses the regular phone, and due to hearing issues related to autism, it hard to understand and focus
A few specialists I see use zoom and other voip services. They are perfect. Easier than going in person.

Next to useeless for anything new that could be seerious. I don't know if he does video...will inquire.

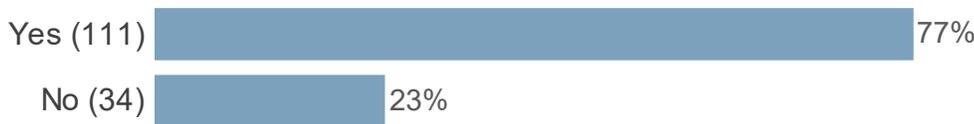
Have not had to do one with family physician

Il me semble que c'est plus difficile d'avoir une conversation franche et ouverte.

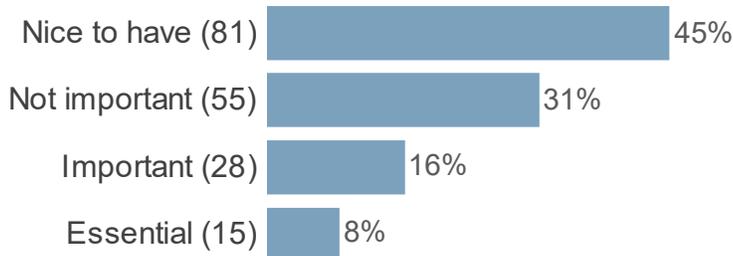
They are valuable, of course, but the lack of human face to face contact is less therapeutic for me.

oK sometimes

Do you feel your current Primary Care Physician is knowledgeable of, and sensitive to LGBTQ2+ health issues and concerns?



How important to you is having a Primary Care Physician who is a member of the LGBTQ2+ community?



Would you be comfortable having a Primary Care Physician who does not identify as LGBTQ2+ but has had specific training and is knowledgeable of LGBTQ2+ health issues and concerns.

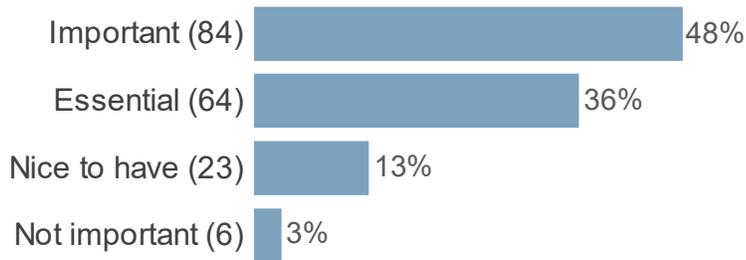


Primary Physician Survey

Please explain

If they are a decent human being - training is unnecessary
 doesn't matter
 It doesn't matter
 I feel that they always have hidden issues.
 prefer to to have to use any Medical Services
 Only if they had the genuine compassion to go with the training.

How important to you is having a Primary Care Physician who is familiar with geriatric health issues?



Are there issues you would prefer not to discuss with your current practitioner?



What would those issues be?

Impotence
 As I saw with PReP I'm not confident he is well informed.
 some issues regarding sexual practices
 I am not having any particular issue at the moment but I can imagine having trouble talking about certain sexual aspects or issues, plus others relating to say my spouse which affect me directly (such as sexual intimacy). No matter the sexual orientation of the doctor, those can be off-limits at some point or for a time in one's life if one feels overwhelmed or unable to talk.
 no problem discussing issues but getting a complete physical is something I try to avoid.
 If I wont talk to a practitioner about it, I sure wont talk about it here. (also tired of getting the cold shoulder for what ever reason.)
 related to sexual health issues
 Female reproductive health issues like Pap smears
 Anything related to my sexual health health.
 Sexuality

Primary Physician Survey

What would those issues be?

I am reluctant to open up about any mental health issues (i.e. during the pandemic) to her given her brusque nature. I don't really have a relationship with her as I did with my previous doc.

Sexual matters

Sexual issues

My sex life.

recreational drug use

My sexuality. Prep etc

Définivement mon médecin à un biais p/r vie sexuelle gay

Since I am in a committed relationship, I don't discuss sexual health however, if my situation changed, I would not feel comfortable discussing sexual health with my new primary care physician.

Abuse

Some aspects of sexual health, also because they are a different gender than I am

Past sexual related condition called anal venereal warts remotely but possibly leading to complications including cancers making me wonder if an OLD MAN might want to ask his doctor whether HPV vaccine targeted at women and, only recently, young sexually active males, might be recommendable for him as well.

As I mentioned before, she doesn't seem to be the most compassionate when it comes to depression.

my current doctor is dismissive, so I am careful about what I bring up

I don't mention anything sexual with him. Anatomy yes, but what is done with anatomy, no.

My being a lesbian

In general, do you feel Medical/Health practitioners are sensitive to and knowledgeable of health issues and challenges faced by LGBTQ2+ patients?



Please explain

Some are; others are not.

Not sure I'm equipped to answer that

It varies depending on the provider. Most are okay.

Have not been able to assess.

Community Health Centres should be seen as the best model of health care

I don't have experience with enough practitioners to have an informed opinion.

je ne le sais pas

not sure

Primary Physician Survey

Please explain

Since I've been unable to connect with any practitioner in so very long, I have no idea whether sensitivity and knowledge are present.

Not sure if enough data is available on this.

A certain percentage are, but there's no way of knowing who is or who isn't. And even if they are 'sensitive' one cannot be sure they'd be FULLY sensitive as required, when a certain issue may crop up.

don't know

Not quite there yet in specific knowledge, but adequate enough for overall care.

I don't know. Can't generalize.

Many are but still need to improve in lots of areas.

dont know

I feel this is important for family docs, but not for specialists - for them I want their expertise, not necessarily understanding of me personally. Good relationships with family docs allow for access to good specialists...

Never discussed it with my physician therefore no idea

prefer not to be engaged with medical care or public health care

No way to know, hope most are, some very, some homophobes no doubt.

My doctor is a "doctors without borders" doctor. So she is sensitive to a lot. However, I have found some doctors not really wanting to know about my identification.

new doctor

I assume most physicians get trained for this in medical school now.

Some are, some aren't - hard to answer.

don't know; I suspect that many are not

Young doctor - still gathering experience and comfort level on issues specific to our community

I truly don't know.

I don't know.

I have no idea what training they have

I actually don't know in general I know the doctors I interact with are

I don't know

Some might well be... but still ..needle in a haystack chance to encounter them... in current limbo.

Je ne sais pas.

Individuals vary. Some know a lot and some know very little.

I don't know

some

Somewhat sensitive and knowledgeable.

I just can't generalize about this.

Primary Physician Survey

Is location of a Primary Care Physician a barrier to receiving care?**Why is location a barrier?**

He no longer practices in Ottawa, Ontario, only in Gatineau, Quebec.

I don't own a car and have some minor mobility issues. Current doctor is not far but who knows about the future.

It can't be too far or difficult to get to

Transportation not always available or reliable

Public transit access

At this stage in my life I do not wish to drive a car, and don't want to own one as I prefer transit and walking when I can. But doctors can re-locate to distant parts of the city which make transit off-putting too. I don't want to spend so much time going to and from, it's draining enough emotionally to go in the first place!

It's about 20 km from my new home

Si c'est trop loin ou difficile d'accès, le patient risque d'être ne pas s'y rendre régulièrement pour les suivis

Care for any treatments are hours drive away, Gas cost money, I dont think that people from away are treated the same as people residing in the area where care is provided.

None in my area

My doctor is in Ottawa and I live in carleton place. There are no doctors accepting new patients in carleton place

because I do not have a car. So must be within bus range

My health care providers office is in Quebec.

S'il est trop loin cela peut insiter le patient à retarder les rendez-vous

question d'accessibilité, voir les distances, transport

Vanier or Ottawa downtown

There are none available in my area. I am not mobile

Thwre are physicians in Navan and rural but no bus service there. I do npt drive

large distances make it inconvenient.

travel when unwell

I sold my car during COVID and now I need to pay for an Uber as my doctor is not on transit.

Not for me, but being outside an urban core and mobility issues contribute to lesser access to health care.

He's a five minute drive. However, by bus it' can be an hour or more depending on connections. And then a ten minute walk.

ça dépend de l'accessibilité physique à son cabinet (visite en personne) et le lieu du cabinet, situé à un autre coin de la ville (toutefois, ce n'est pas le cas pour moi).

Primary Physician Survey

Why is location a barrier?

Currently my doctor is in Toronto. I live in the Ottawa Valley and I'm in my 50's. There will come a time where getting to her will not be easy. I need a dr closer but can't get one.

i don't drive. the only reason i have stayed with this clinic is that they do eventually get me a GP & i can use walk-in service when i don't have a GP

Y a t'il un stationnement (si voiture) ou station de transport public près de son bureau

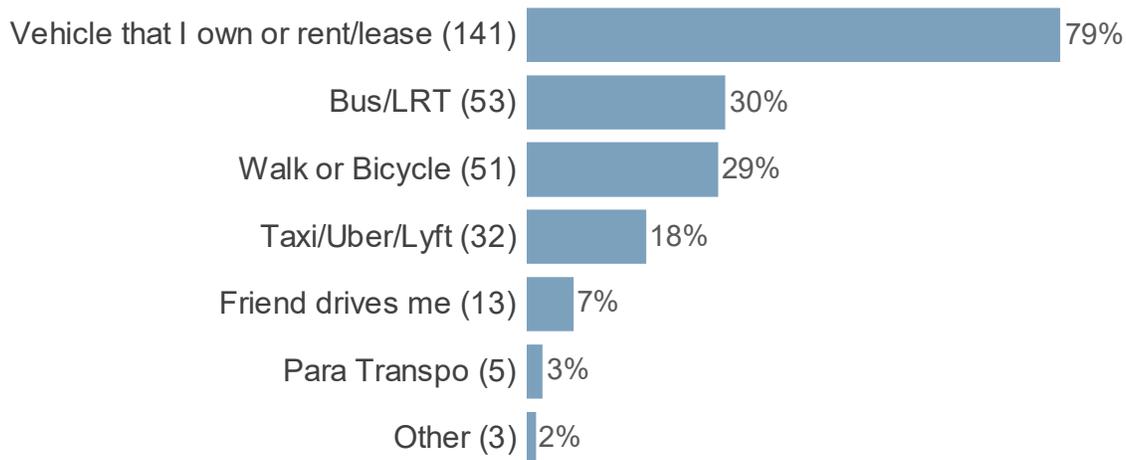
I don't have a barrier personally, but distance and transportation could be barriers.

As indicated above, mine moved far away. I do not have a car. During the pandemic it has not felt safe to use public transport.

En région, la distance implique le besoin d'avoir accès à un véhicule. Ce n'est pas toujours facile selon la capacité, l'âge et les moyens financiers.

I live in Gatineau, Doctor is in West Ottawa and I can't always get a ride there and am not always up to the bus health wise.

How do you get around? (Click all that apply)



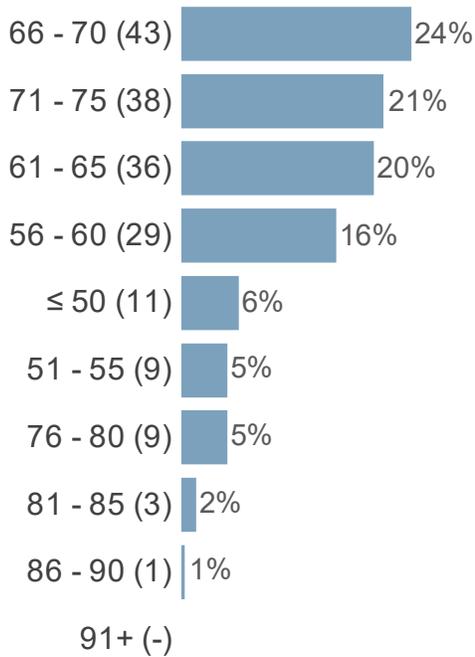
What other means of transportation do you use?

Bike

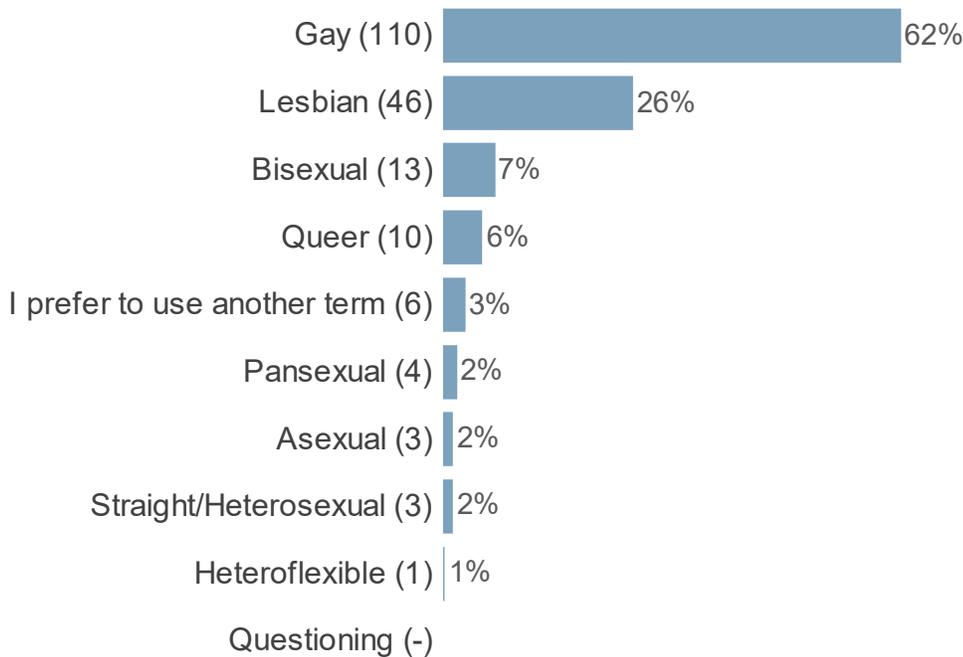
Partner Drives Me.

Primary Physician Survey

How old are you?



What is your sexual orientation? (choose all that apply)



Primary Physician Survey

How do you describe your sexual orientation?

- homosexuel

- 2 Spirit

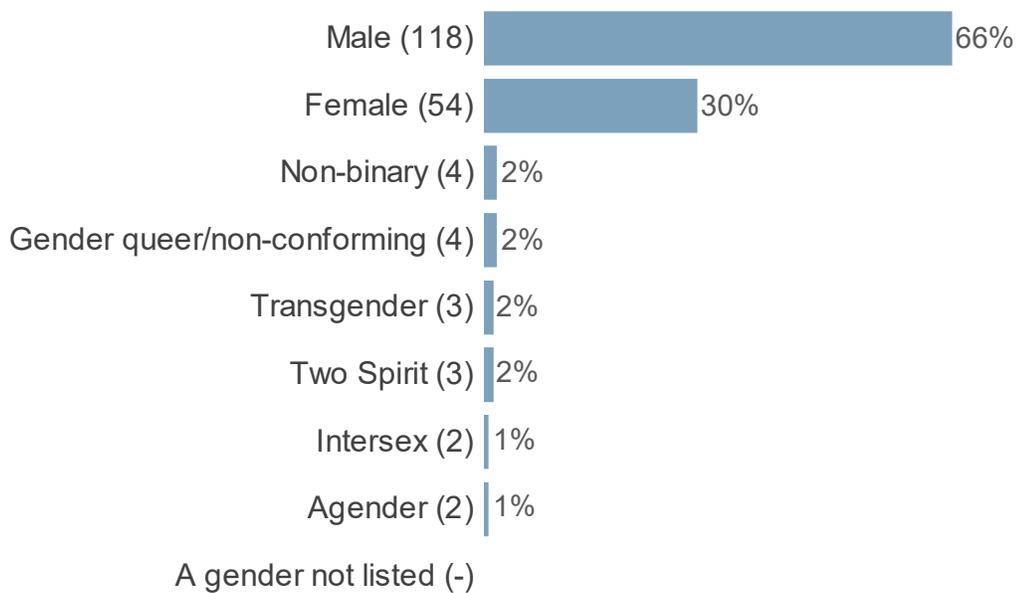
- Gay woman (a lesbian is someone who lives on the island of lesbos)

- Queer DYKE

- Woman who love woman

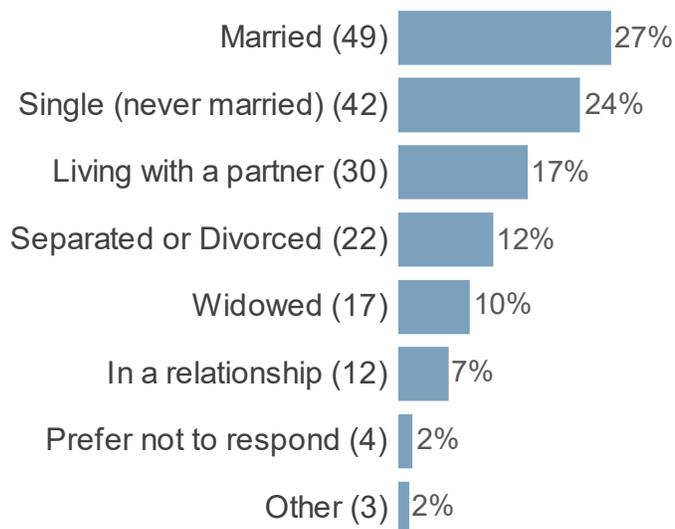
- woman who loves women

What is your gender identity? If you have lived experience as trans, a history of gender transition or are transgender please select the gender you identify as presently. (Select all that apply.)



Primary Physician Survey

Please indicate your relationship status.



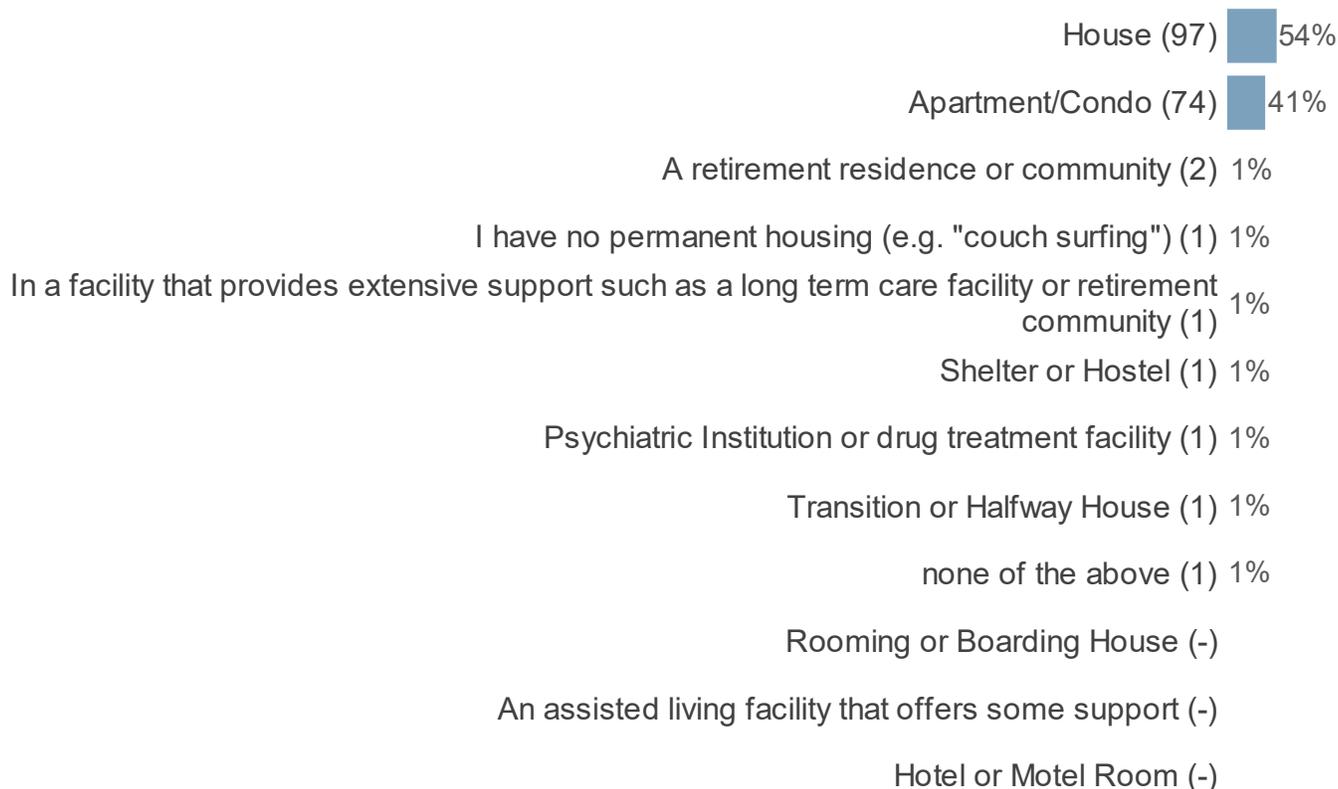
I would describe my relationship status as:

Single

I live with my partner of 27 years but it became platonic many years ago.
 single is single. You shouldn't add (never married.)

Primary Physician Survey

Which of the following best describes the place where you live?

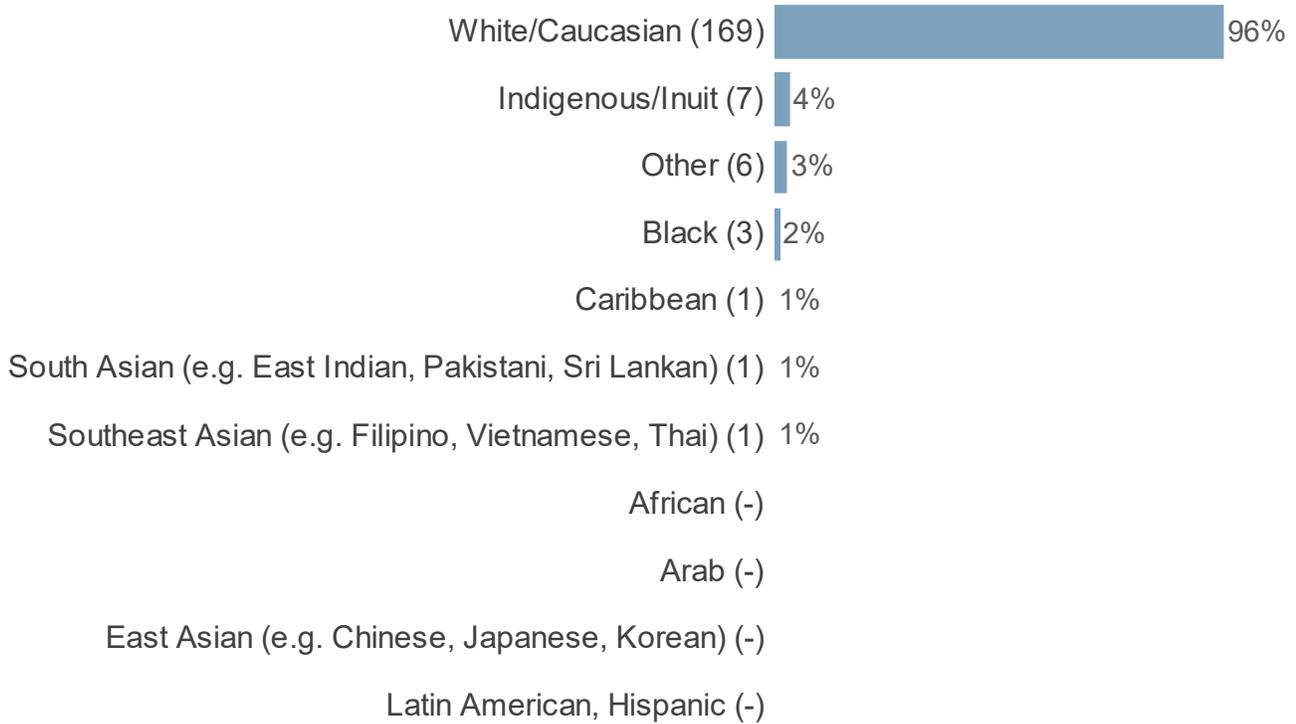


What is your postal code? Example K1X 5B3 with a space between first and second set of characters.

K1R 7X1	J0S 1V0	K1R 6N2	K1K 4K5	K1N 7K7	K1V 8Y4	K1H 8C6	K2P 2L3
K1Z 7S9	K1N 1A7	K1L 5M9	K1K 4T4	K1R 7H8	K1N 5T8	K0A 1A0	K1Y 2J3
M4Y 2X4	K1M 5N6	K1V 6M8	K2P 2P5	K1Y 2M2	K2J 6M7	K2P 0L2	K7S 2M9
L0R 1W0	K2E 7G6	K1C 2W1	K1K 4C5	K0A 1R0	K2P 1S3	K1H 8A2	K2A 2V6
K2M 0E4	K2A 5B3	K1K 1C6	K1R 6H2	K1L 6Y5	K2P 0L2	K1H 6M8	K0B 1K0
K1K 2V5	K1L 8K8	K1Y 3V8	M6C 2Z7	M1V 0B5	K1N 8X6	K1J 8Z7	K0A 2R0
K2B 7S9	K0G 1J0	K1Y 4S3	K1K 4S4	K1M 0Z3	K1X 0A3	K1E 1X2	J8X 1X4
K1N 7S4	K2B 6X8	K2J 4G1	K1R 7W9	K1G 6L1	K0A 1M0	K2B 8P5	K1K 4E9
K1V 0X6	K1L 5M4	K1H 7B9	K2B 6A8	K1S 5P8	K1K 2V5	K1N 6G6	K2P 2P4
J1J 3Z2	K2C 1R3	K2H 5K2	K2A 1Z1	K1S 4P6	K1H 8C6	K1L 8K8	
K1L 8B6	K2B 8S5	K1Y 1L5	K2K 3M2	K2P 0T9	K1J 1A7	K1T 2N5	
M4Y 1H5	K2A 1X4	K1Y 4X9	J8X 4G9	K2H 5N1	K0J 1T0	K2C 3B2	
K4B 1N8	K0C 2H0	K1K 1C3	K7C 3P2	K1J 8M8	K0A 2T0	K1Y 0X7	

Primary Physician Survey

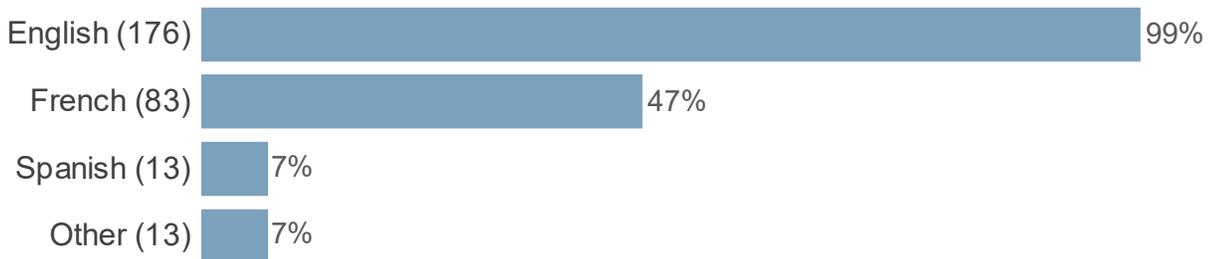
Which of these do you identify with? Check all that apply.



What is your ethnic identity?

- Jewish, Mohawk, French, Italian, Irish
- Métis
- Franco-Ontarien
- Indo, Chinese, Carib and white
- English Canadian (UELoyalist)

What languages do you speak/write

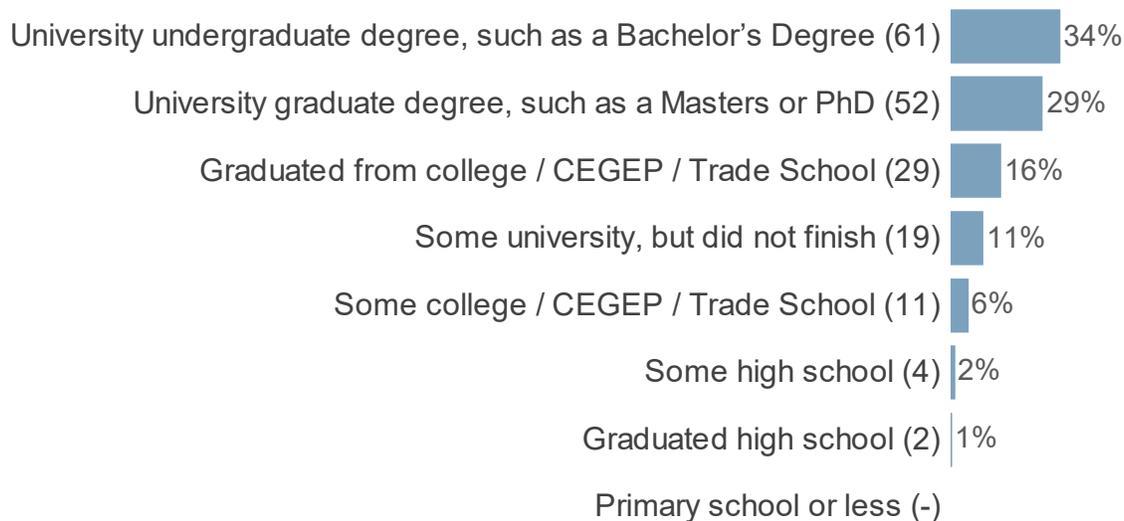


Primary Physician Survey

What other languages do you speak/write?

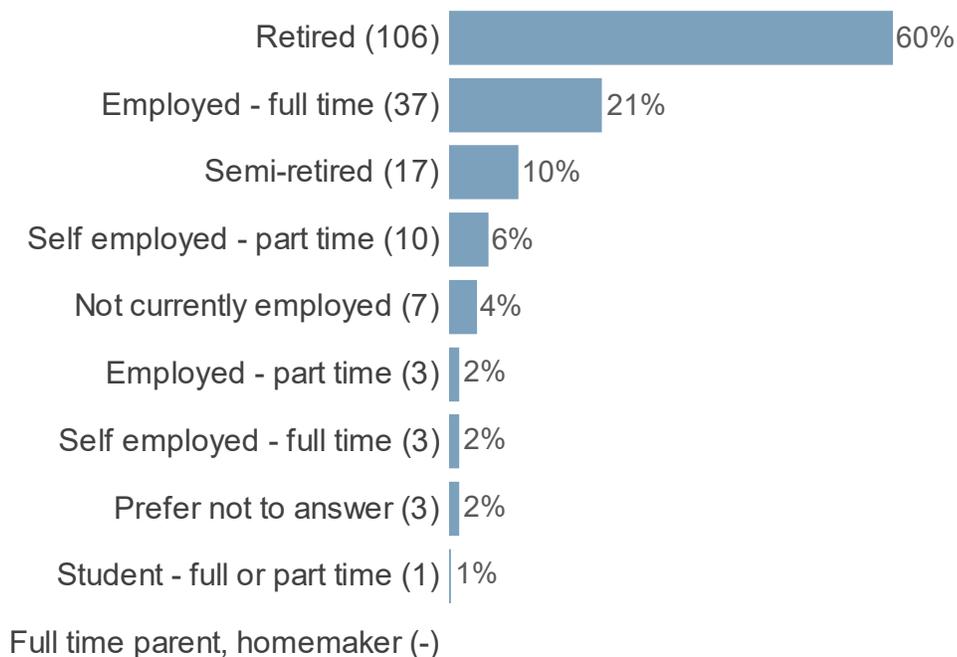
German
private
Hungarian
Polish
créole et je comprends un espagnol de base
ASL
Dutch
Dutch
Swedish
German
A get by but not fluent grasp of French
German (spoken, written); Polish (spoken); can get around in others as well.

What is the highest degree or level of school you have completed?

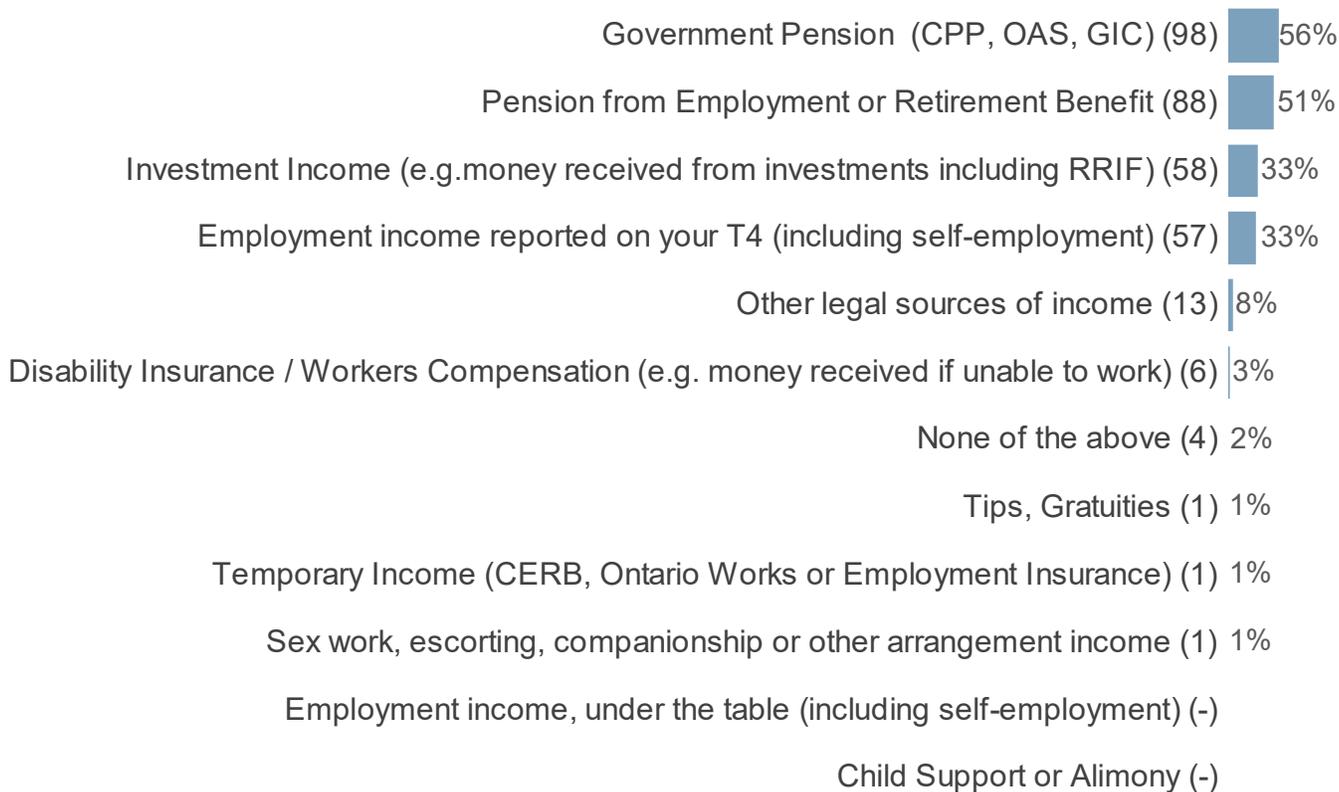


Primary Physician Survey

Which of the following best describes your employment status? Select all that apply.

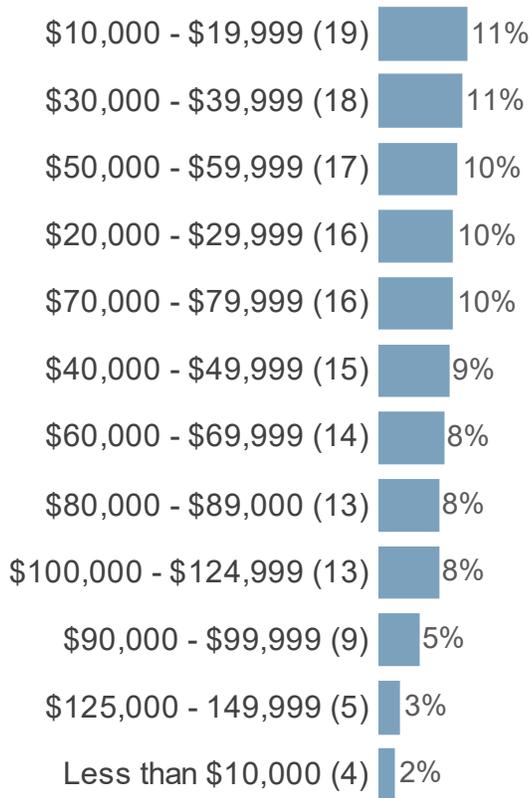


What is your source(s) of Income? Select all that apply.

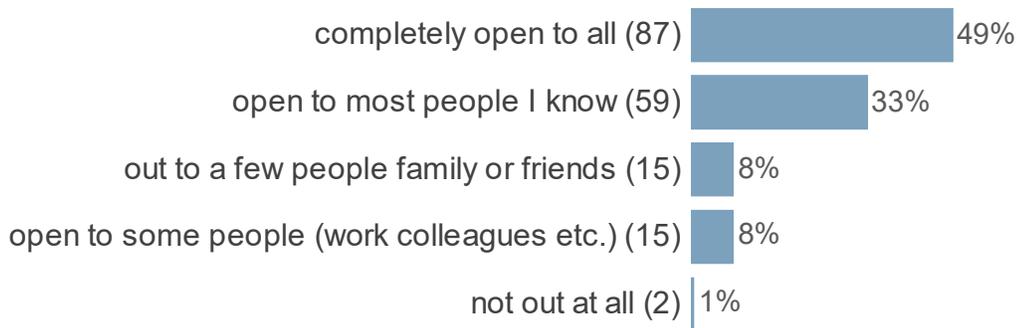


Primary Physician Survey

Which of the categories best describes YOUR current annual income?

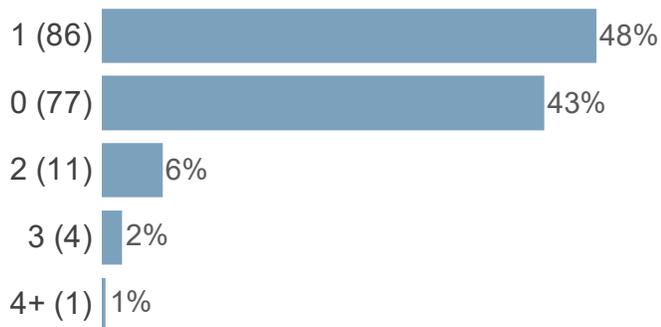


How open (out) are you about your sexuality and or gender identity?

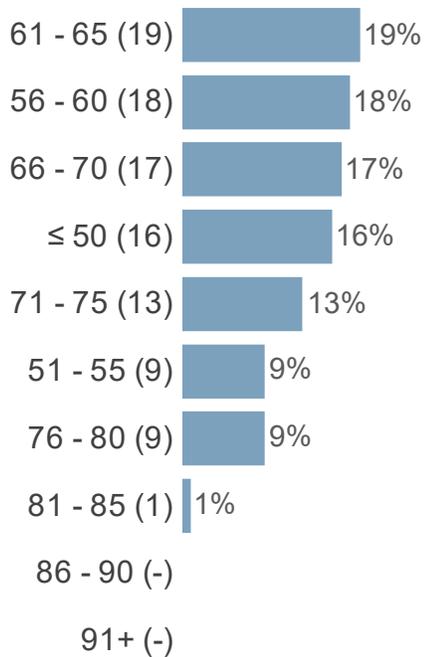


Primary Physician Survey

How many other people do you live with?

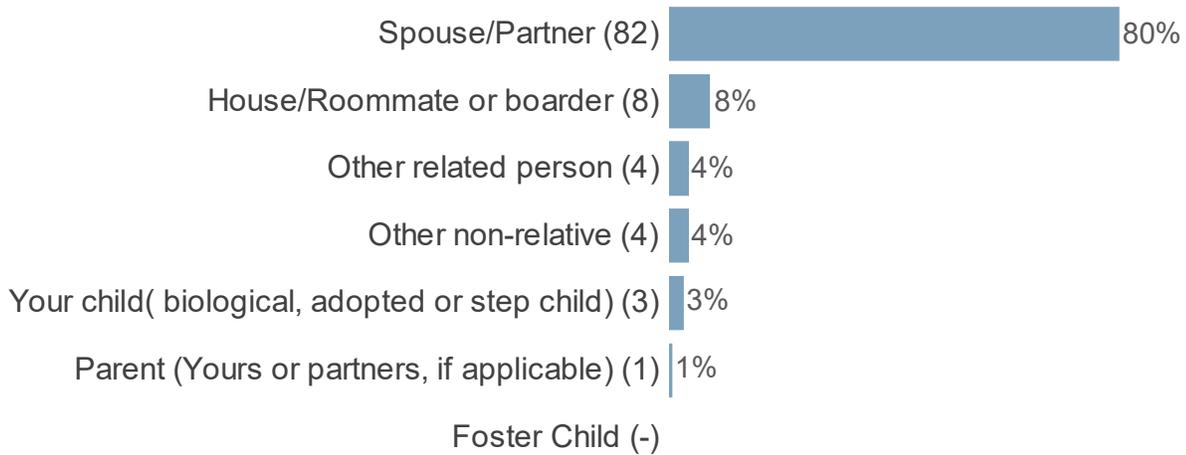


How old is person 1

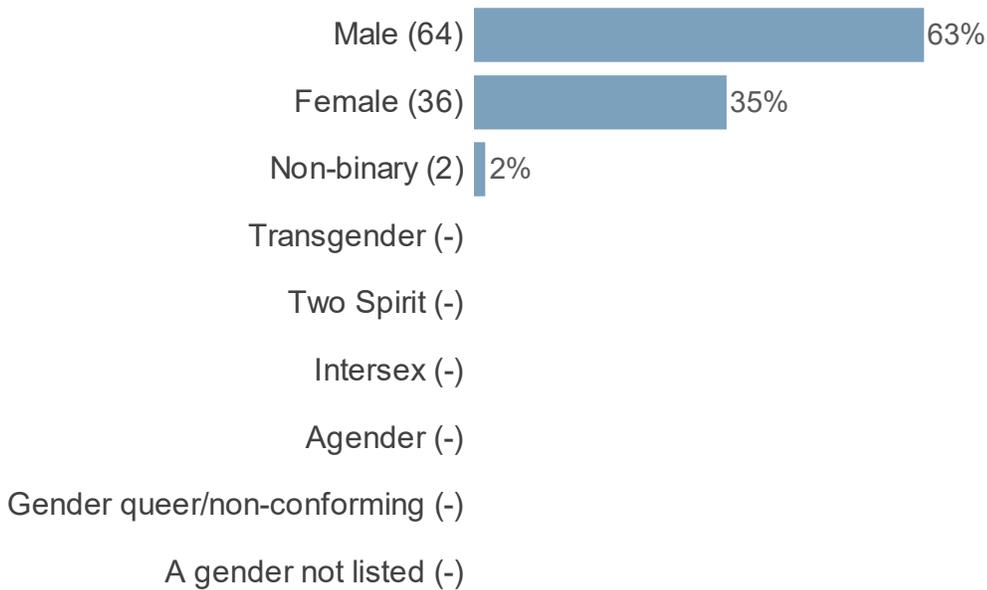


Primary Physician Survey

What relationship do you have with person 1?

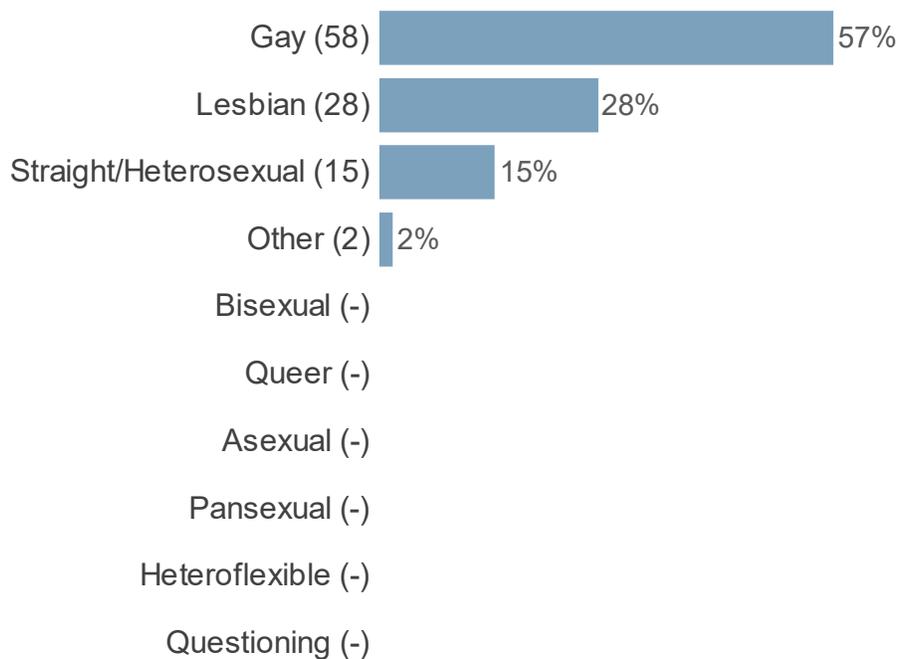


What is the gender identity of person 1? If they have lived experience as trans, a history of gender transition or are transgender please select the gender they identify as presently. (Select all that apply.)

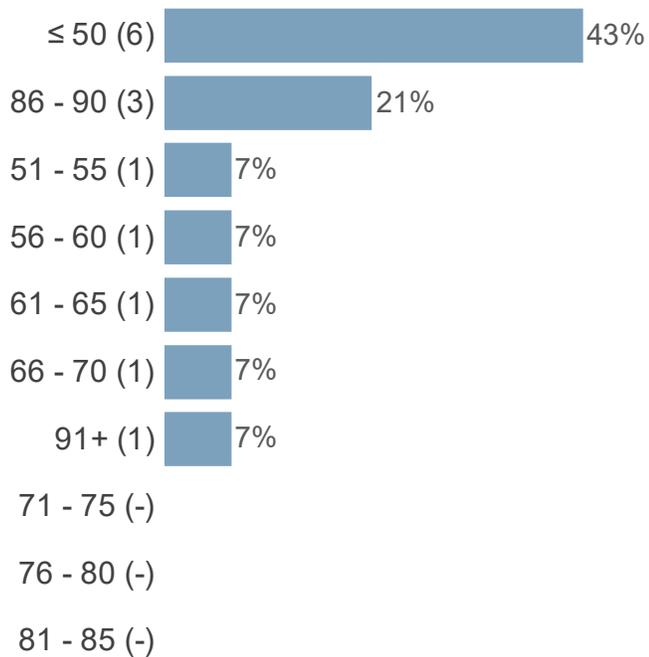


Primary Physician Survey

What is the sexual orientation of person 1? (choose all that apply)

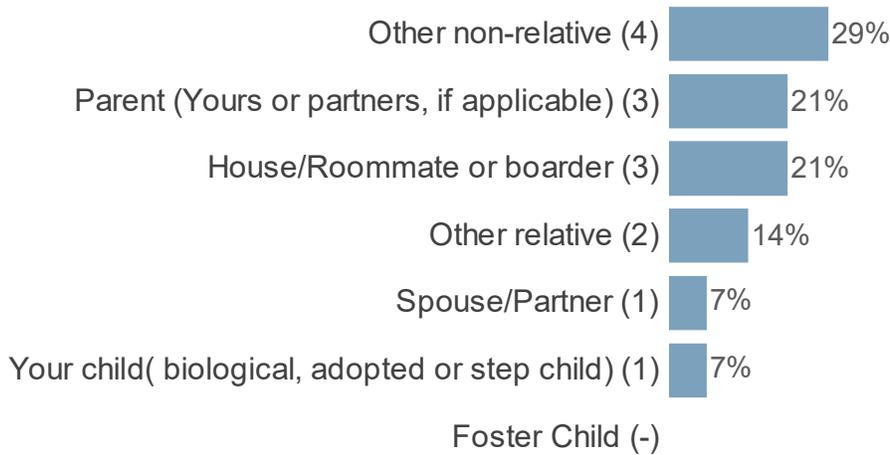


How old is person 2

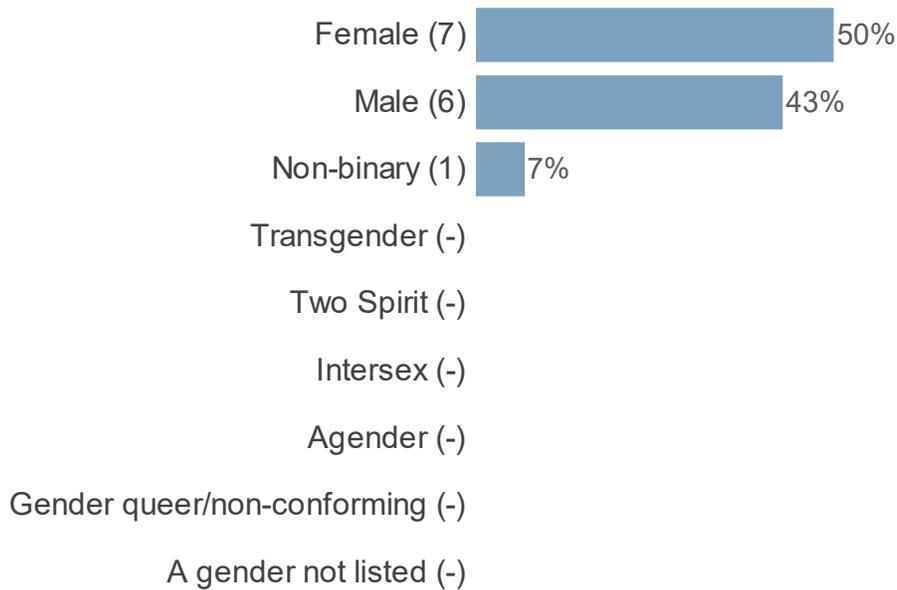


Primary Physician Survey

What relationship do you have with person 2?

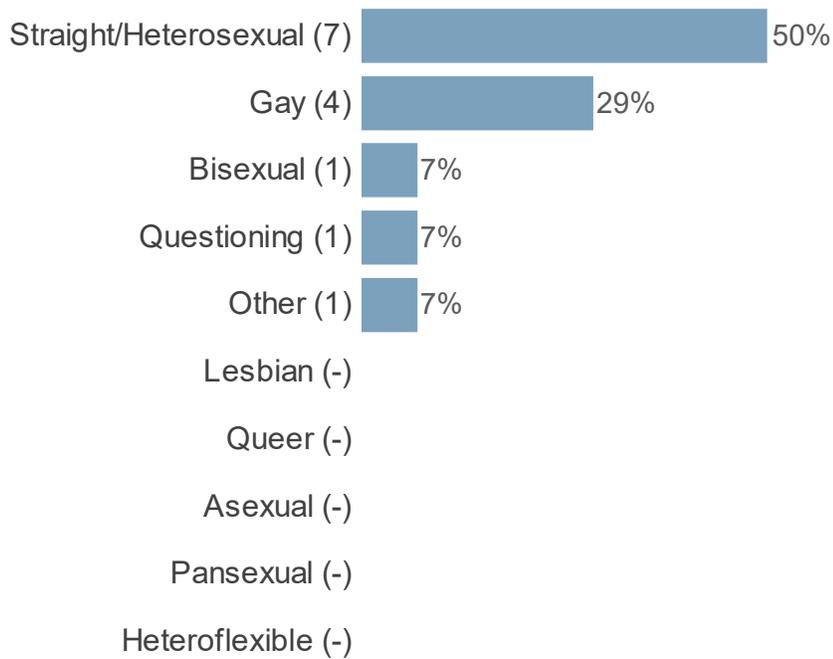


What is the gender identity of person 2? If they have lived experience as trans, a history of gender transition or are transgender please select the gender they identify as presently. (Select all that apply.)

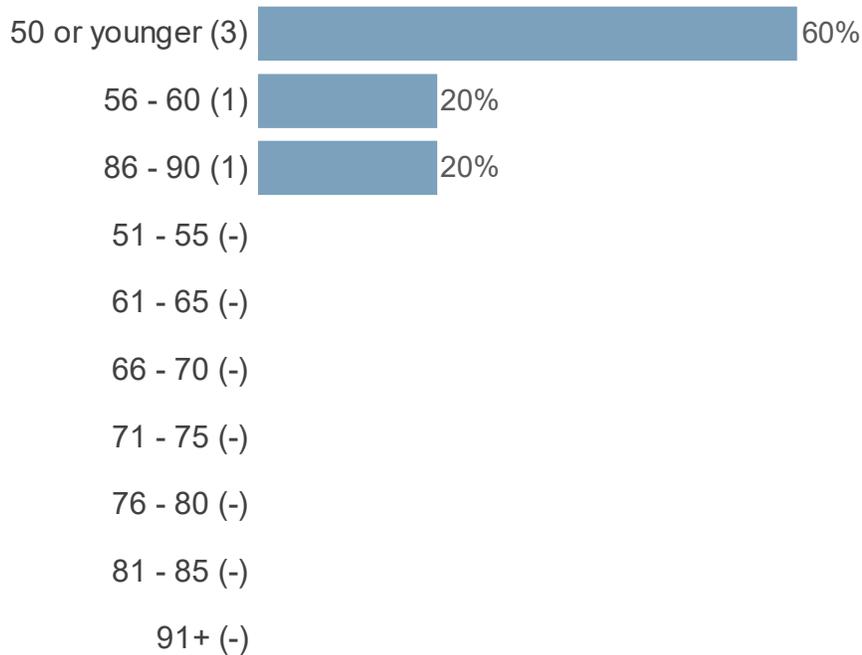


Primary Physician Survey

What is the sexual orientation of person 2? (choose all that apply)

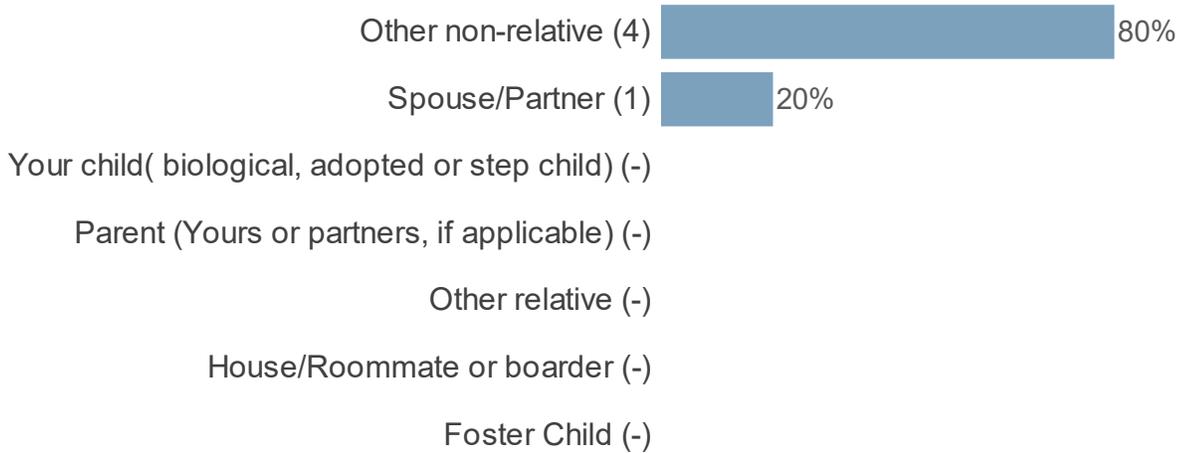


How old is person 3

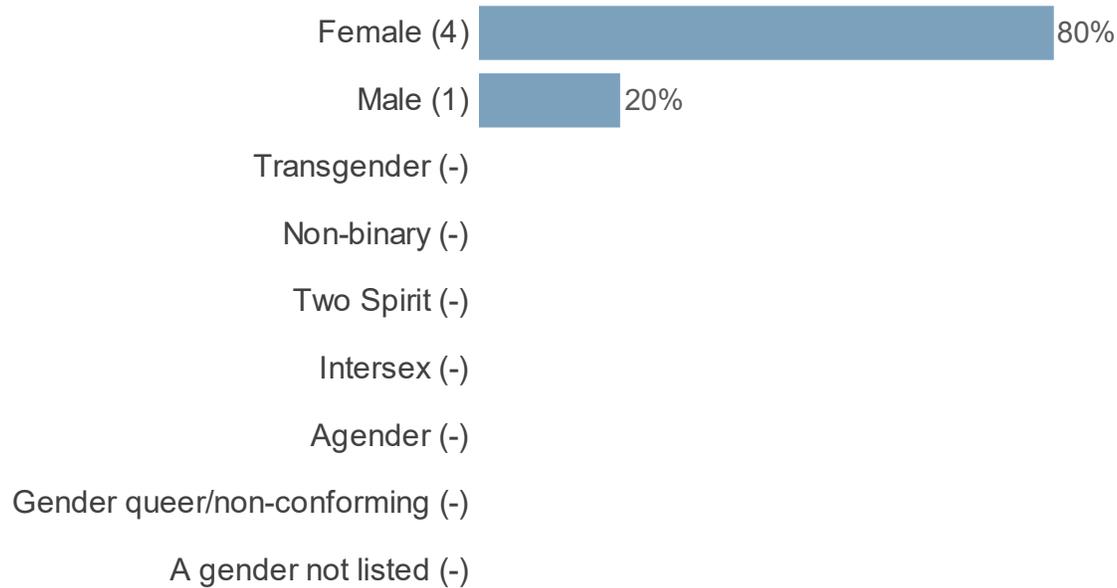


Primary Physician Survey

What relationship do you have with person 3?

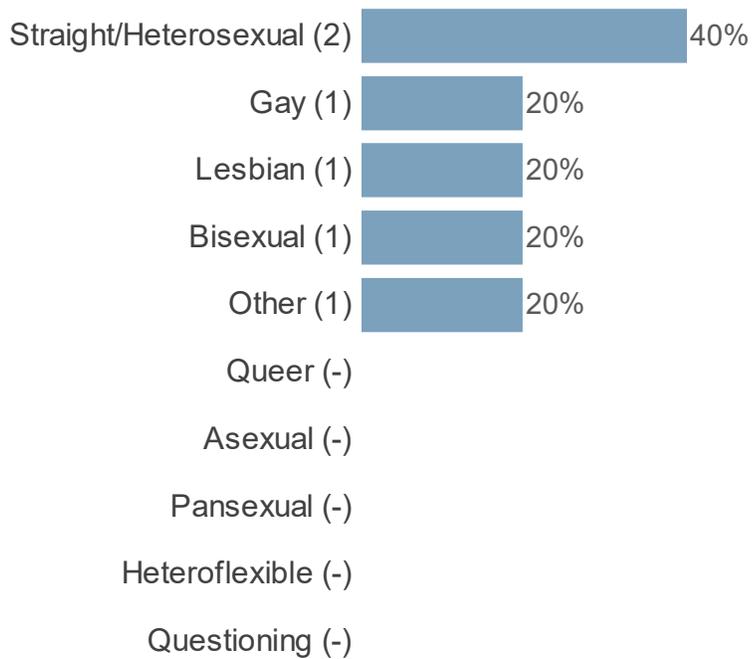


What is the gender identity of person 3? If they have lived experience as trans, a history of gender transition or are transgender please select the gender they identify as presently. (Select all that apply.)

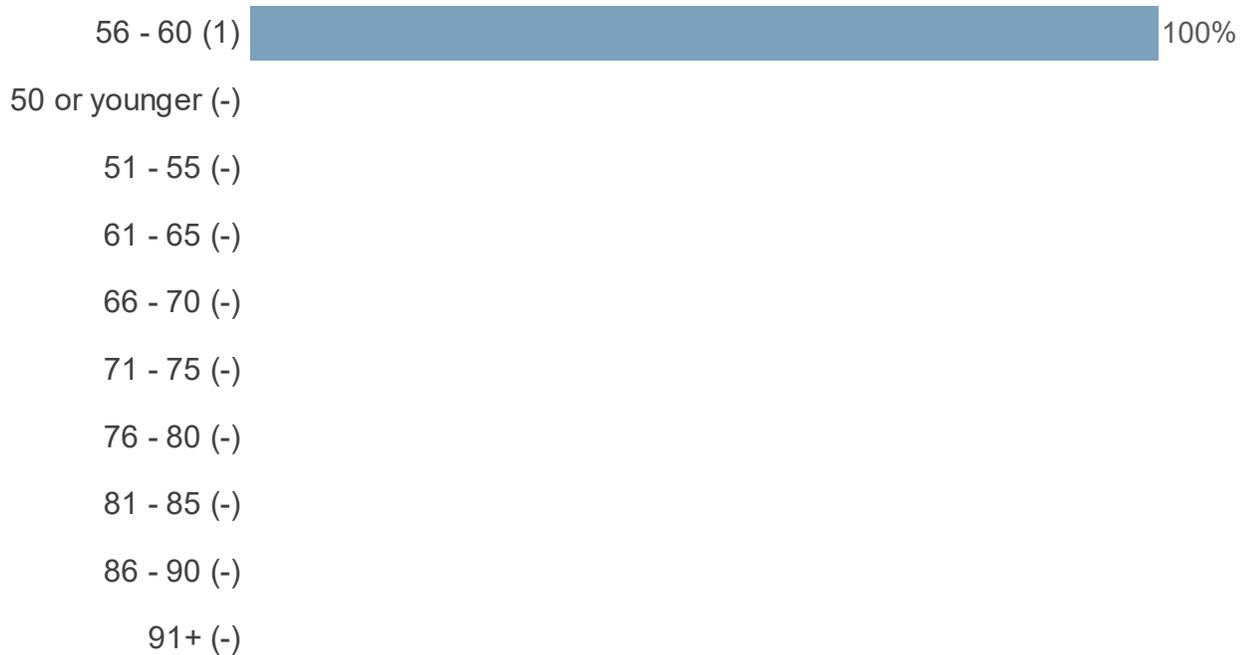


Primary Physician Survey

What is the sexual orientation of person 3? (choose all that apply)

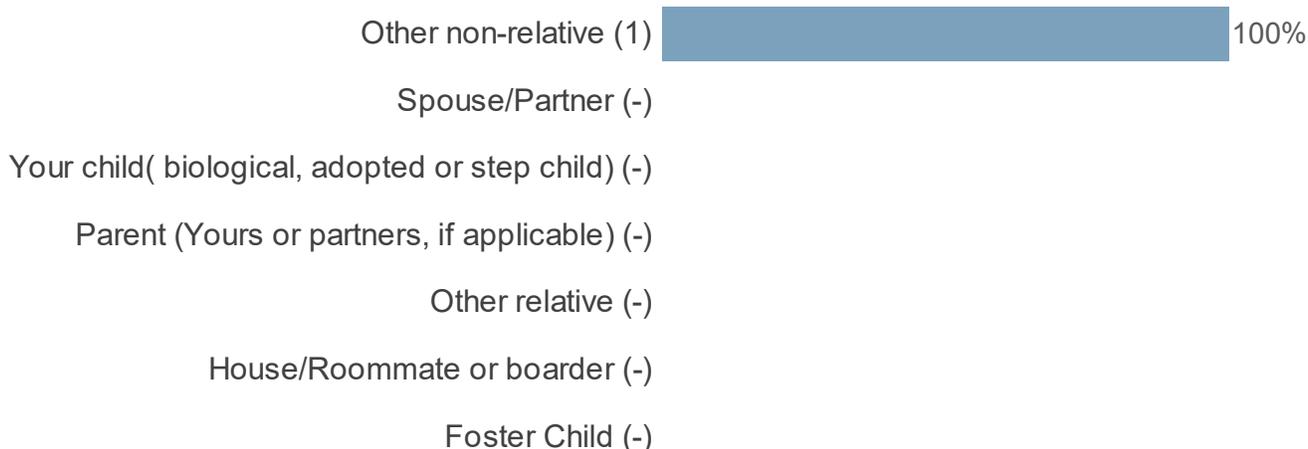


How old is person 4

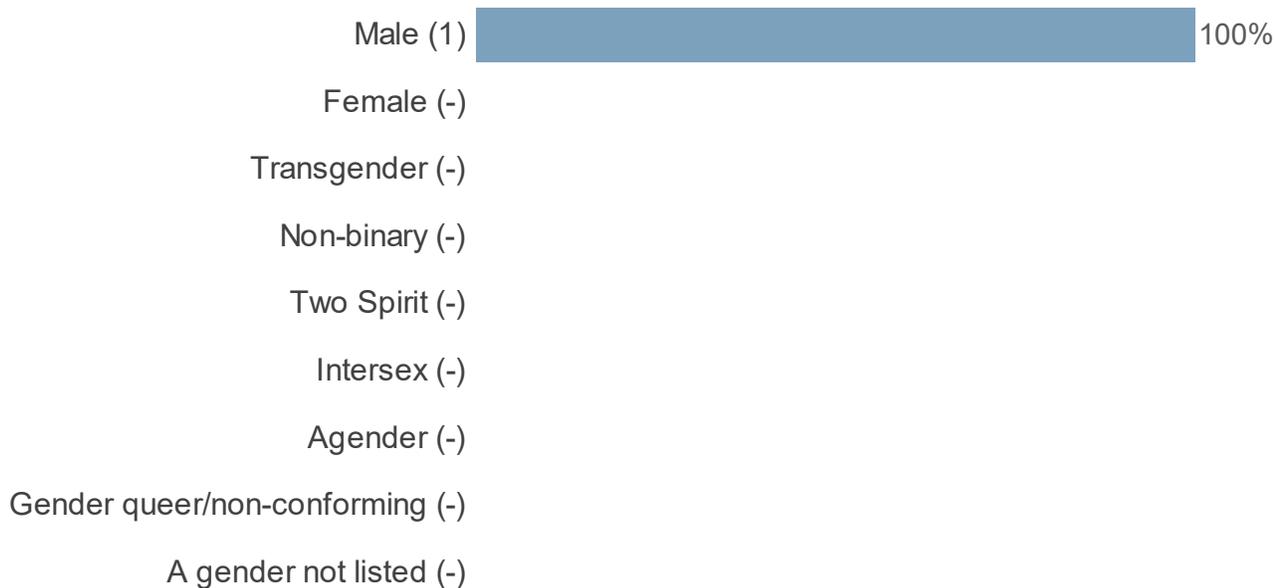


Primary Physician Survey

What relationship do you have with person 4?

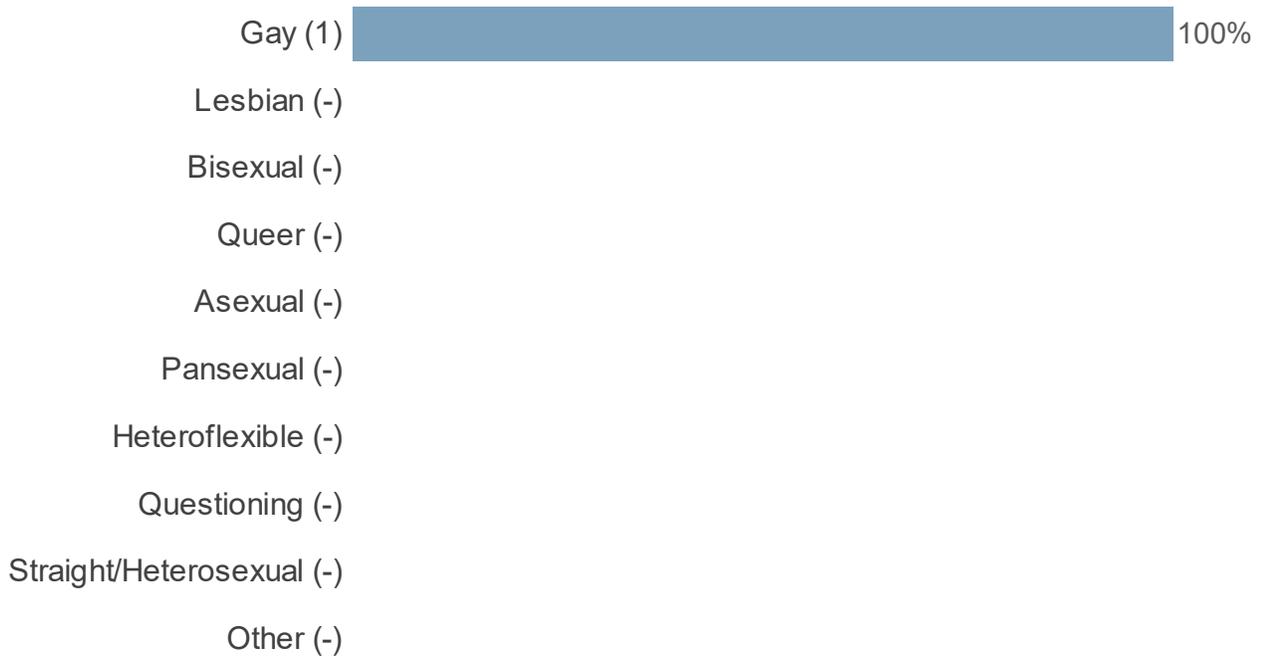


What is the gender identity of person 4? If they have lived experience as trans, a history of gender transition or are transgender please select the gender they identify as presently. (Select all that apply.)

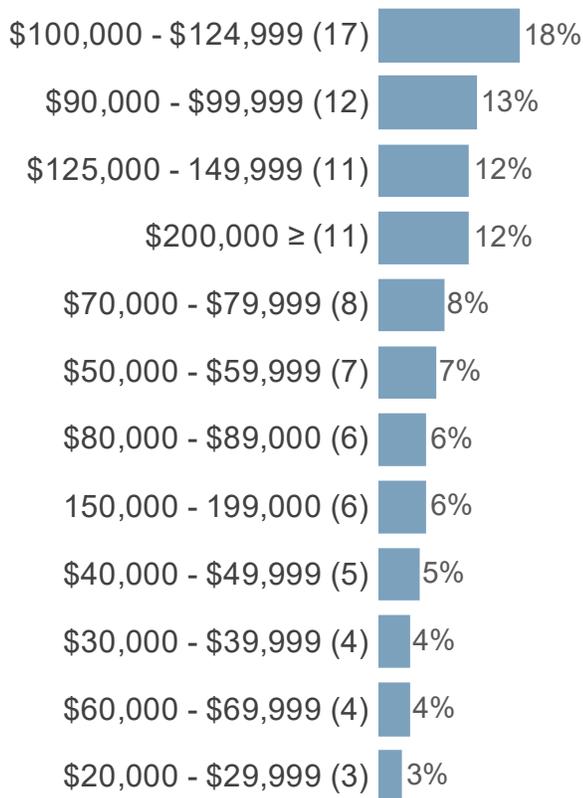


Primary Physician Survey

What is the sexual orientation of person 4? (choose all that apply)



Which of the categories best describes your HOUSEHOLD annual Income?



Appendix 2

FOLLOW-UP DISCUSSION NOTES

To gather additional information not captured in the survey we hosted an in-person focus group which consisted of eight participants (five male, three female) at the Good Companions on Saturday April 9th. All of the participants did not have a primary care practitioner. During this session we heard more detail about their circumstances.

To facilitate the discussion, we provided background information on the issue and work undertaken by OSPN to date. The findings of the survey responses received were highlighted to provide context. To facilitate discussion a “roundtable” approach was undertaken where attendees had the opportunity to share their experiences.

Comments collected during in-person session:

- 1) I have recently moved back to Ottawa and am living in a Seniors Building that has a visiting nurse who is connected to the Somerset West Health Collective. Currently, I am without a practitioner. The nurse suggested that I contact Somerset West would assist with any care needs I might have. When I contacted Somerset West they had no idea what the building nurse was referring to. I am a 75-year-old woman, fortunately in good health, but I have not had a “physical examination” in years, nor have I received any cancer screening.
- 2) Having and maintaining a regular physician has been an issue ever since I moved to Ottawa. I thought I was settled and then I just lost my GP. She just left the practice with no follow or linkage to another doctor. I had been a patient at the University of Ottawa Clinic, but since my GP left, they will not take me on or transfer my care to another doctor. Seems I am now not eligible since I am not affiliated to the U of O. Now, if I go to U of O it is as a walk-in patient. I see someone new every time, there is no “relationship” with any provider and there is no physical examination. The MD interacts with the computer.
- 3) Using a walk-in clinic, I get no continuity of care, Tests are ordered, I get them completed but there is no follow up. Who is reviewing the results? I never hear back. Where is my medical file? I feel like I am “left up in the air”. There is a new person (MD) every time I need a prescription renewal.
- 4) I contacted a clinic/new doctor, filled in an application and thought I was on a waiting list to be accepted. It was more than 6 months, actually closer to year and I thought I should follow up and confirm that I was on the list or had been accepted as patient into the practice, to my disappointment, I was not accepted as a patient, but no one had informed me of this reality.
- 5) I have tried a variety of strategies to find a doctor, friends, personal referrals, new clinics, the provincial website and the local medical academy with no success.
- 6) There is a provincial website Ontario.ca. and Health Care Connects. These have been useless. You complete an application but you never know where you stand. I have been on that list for 3yrs.
- 7) Community Health Centers, I’ve contacted them all, none are taking on new patients.

- 8) I live in Quebec and it is no better than Ottawa. The CLC has not been helpful. I have seen an MD, but their cultural background did not make me comfortable divulging my sexual orientation and when I did see this doctor they always wanted to prescribe medications. They had no bedside manner and I felt I was being over prescribed. Consequently, I am no longer attending this clinic.
- 9) I have been told that Ottawa has a problem with the high number of physician billing numbers that currently exist in the city and the province will not issue anymore. Seems there is no consideration that many MD's with billing numbers do not see patients but work for government or other non-direct patient care settings. This discourages and limits any new doctors from practicing.
- 10) I have been able maintain my doctor at U of O, registering as a student. I have to pay for the course, but then I am considered a U of O student and eligible to be part of the clinic.
- 11) Lost my doctor in December/January and left on my own to find a new doctor. I see a number of specialists so have been fortunate that one of my "specialists" who I see frequently has taken the place of ensuring there is some continuity in my care.
- 12) Since losing my doctor I have contacted 50+ doctors and clinics, I have used the College of Physician and Surgeons listing for doctors in Ottawa. Like others have mentioned, I have also asked friends, neighbours and even a consultant if they have any connections for finding a new doctor...so far, no luck.
- 13) I was living in a rural community and had a great doctor, unfortunately living in Ottawa it has been impossible to find a new physician and it is not practical to travel to my old doctor.
- 14) Generally, I now use a walk-in clinic, but having multiple issues to discuss and the doctor says "one issue only" I never am certain which is the most important issue to identify.
- 15) I am never certain I can see a doctor when I need one
- 16) Seems there is more interest in doctors being "specialist" than being a family MD
- 17) New doctors seem to be discouraged from setting up practices in Ottawa and are encouraged to go to non-urban communities
- 18) There seems to be such a distorted picture of how the health care system is functioning and accessing care to the actual reality.
- 19) COVID has made the situation even worse. Virtual and telephone appointments may be good for some situations, but when it happens from a walk-in clinic it is less than adequate.

We posed the following question:

Is the location of a doctor a barrier to receiving care?

Answer:

Unanimous, response from the group – NO, I will travel anywhere in the city if there is a doctor who will take me on as a patient.

Feedback provided in writing

- 1) There were a few people who were not able to attend the in-person session and provided the written feedback below:
- 2) My thoughts are quite simple: Nobody is taking patients and Health Care Connect is useless. That's about it.
- 3) I do have a primary care provider; however, he is far away from me and I don't have a car. I don't think there are any near where I live that are taking new patients but I'd love one that is downtown or in the Vanier/Eastbrook/Manor Park area.
- 4) While I have a care provider in Toronto, I am not able to obtain one here. This is as a result of the current ministry of health protocols pertaining to obtaining a doctor.
- 5) In order for me to get a doctor closer the ministry of health requires me to stop seeing mine and go on a list. This means that I will be without a doctor until my name gets placed with a doctor in the area. In the Ottawa Valley I've been told by many physicians that I may be without a doctor for up to 5-10 years!!! Hence my reluctance to stop seeing mine in TO. I don't believe your survey covered this "gap" issue but if it's on the table for discussion I'd be interested in knowing more.

SEMI-URGENT COMMUNITY CARE REQUEST

We are looking for a family doctor in Ottawa that can accept a new patient permanently. She is a young trans woman recovering from a recent affirming operation, and experiences chronic health issues. She presently has no consistent access to healthcare in Ottawa and this is causing her a lot of stress. Ideally, the doctor will be educated in trans-specific care such as HRT, affirming operations, and associated recovery.