Chartbook

Primary Care Clients at Ontario Community Health Centres

Characteristics and Service Use

Canadian Institute for Health Information
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Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

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About this chartbook

This chartbook examines the characteristics of clients served by community health centres (CHCs) in Ontario, Canada, and explores their use of CHC services, access to ambulatory and acute care, and prescription drug use.

- **Section 1** describes the socio-demographic and health characteristics of primary care clients at Ontario CHCs to understand their social and health needs.
- **Section 2** describes the services provided to primary care clients in the Ontario CHC model, which focuses on interdisciplinary team-based care.
- **Section 3** looks at CHC primary care clients' ambulatory and acute care use to illustrate the importance of collecting and sharing standardized and interoperable data between health sectors to facilitate care coordination and improve patient outcomes.
- **Section 4** looks at prescription drug patterns among primary care clients who use the Ontario Drug Benefit program.

CIHI's Primary Health Care Database

CIHI's Primary Health Care Database (PHCD) contains electronic medical record (EMR) data from 73 CHCs in Ontario. The data set includes data on client demographics, service use, immunization, diagnoses and referrals for 7 fiscal years, from 2015–2016 to 2021–2022. PHCD data is submitted by the Alliance for Healthier Communities — a network of primary health care organizations — under data-sharing agreements with each of the member organizations.

Alliance for Healthier Communities

The **Alliance for Healthier Communities** and its member CHCs serve diverse communities across the province, and they are rooted in the communities they serve. They share a commitment to advancing health equity through the delivery of comprehensive primary health care. CHCs have a mandate to provide care to populations facing barriers to health services, such as people experiencing homelessness, seniors, refugees, new immigrants and people with a lower household income. CHCs also provide services at no cost to people who do not have a health card.[1]

For more information about the Alliance and its member CHCs, please visit allianceon.org.

Primary care clients

Primary care clients are, by definition, registered to a physician or nurse practitioner at a CHC. Clients receive ongoing care from an interdisciplinary team of health care providers for a range of health conditions or concerns, such as management of chronic conditions, mental health care, routine care, or maternity and child care.

CHCs also provide services to other persons in the community, but only those registered to physicians or nurse practitioners are included in the data presented in this chartbook.

Data limitations

- Data in this chartbook is limited to the following population: primary care clients at the 73 CHCs in Ontario that are members of the Alliance for Healthier Communities network. Data on individuals who received services but are not registered as ongoing primary care clients with a physician or nurse practitioner at these 73 CHCs is not included in the analyses.
- There may be differences across CHCs in the characteristics and health and social needs of the primary care clients. The results presented in this chartbook may not be representative of the individual CHCs.
- The number of primary care clients included in CIHI's PHCD represents approximately 2% of the Ontario population. The proportion of people living in the lowest-income neighbourhoods is higher for the CHC primary care population than for Ontario's general population; therefore, the results presented here cannot be generalized to the Ontario population.

Value of Alliance CHC data

- There has long been a significant data gap in primary health care information in Canada, with very little data available to compare how various primary care models support equitable access to primary care. Data for this sector could also be used to examine the characteristics and needs of the changing population to help address the growing challenges faced in the health workforce.[2] Alliance CHC data demonstrates the value and potential of standardized primary health care data.
- Marginalized populations are typically under-represented in health care data because sensitive socio-demographic information — such as gender, race and income — is most appropriately collected when a client has an ongoing relationship with a health care provider. This is the type of relationship that exists in primary care. In Ontario, CHCs have a mandate to serve marginalized populations, making CHC data incredibly important because this information helps to identify health disparities. Addressing these disparities can lead to a more inclusive and equitable health care system.
- CHC clients are typically treated by the same health care team over time, resulting in longitudinal Alliance CHC data. This provides a unique perspective of care. Linking this information to emergency department (ED) visits, inpatient hospital admissions or prescription drug use enables a better understanding of the patient journey and continuity of care.

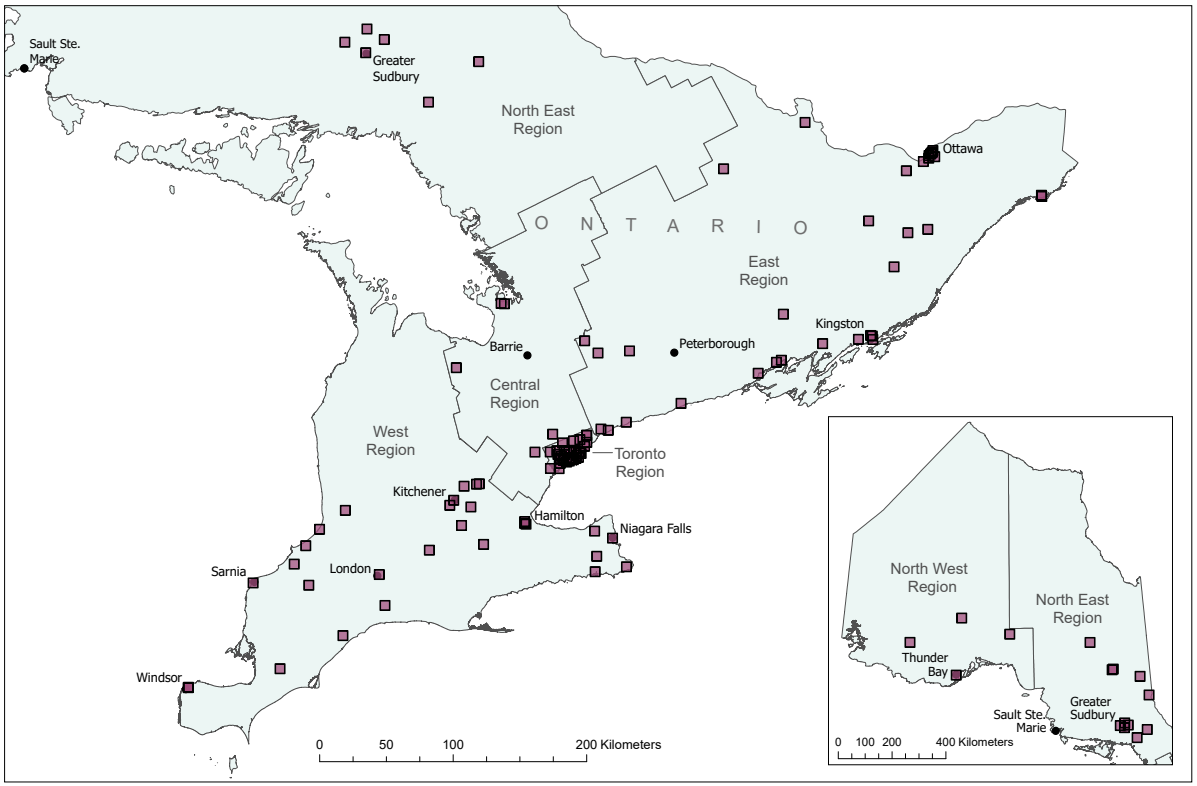
Section 1: Profile of primary care clients served by CHCs in Ontario

Key messages: Primary care population

1. In 2021–2022, there were 332,572 clients registered as ongoing primary care clients in 73 CHCs in Ontario. Of these clients, 56% were female, the median age was 36 years and 7% were not covered by a public health insurance plan.
2. Females age 18 to 44 were the largest group of primary care clients. They most often sought care to address nervousness, depressive episodes and other symptoms related to mental health.
3. Ontario CHCs serve a large number of clients who are economically disadvantaged. Over 30% of primary care clients lived in the lowest-income neighbourhoods, while less than 10% lived in the highest-income neighbourhoods.
4. Primary care clients at CHCs had a higher prevalence of diabetes and a similar prevalence of chronic obstructive pulmonary disease (COPD) compared with the Ontario general population; this may be due to the specific clientele who access chronic disease management programs offered by CHCs.

There was wide variation in the geographic and demographic characteristics of Ontario CHC clients

Figure 1 Location of CHCs in Ontario



In 2021–2022, 332,572 clients accessed primary care services through 73 CHCs across Ontario.

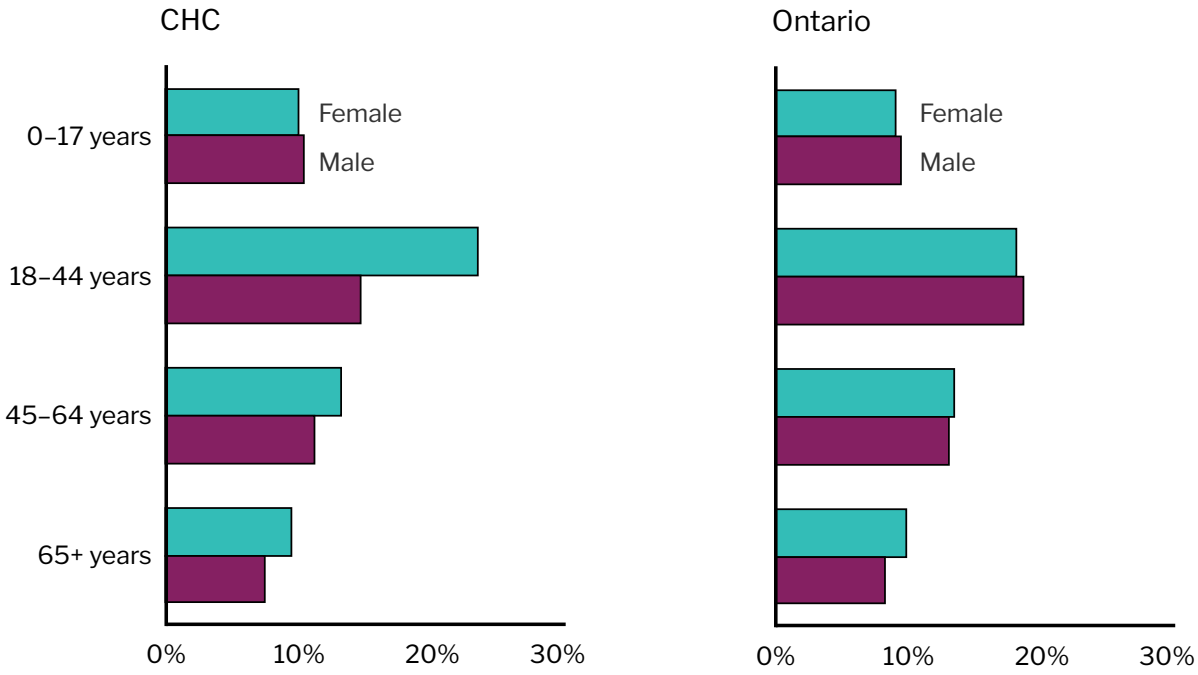
Approximately 3 in 4 clients lived in an urban setting.

7% of clients were not covered by a public health insurance plan.

Note
Some community health centres have multiple sites.
Source
Primary Health Care Database, Canadian Institute for Health Information.

A high percentage of CHC primary care clients were young adult females

Figure 2 Percentage of CHC primary care clients and Ontario population, by sex and age group, 2021–2022



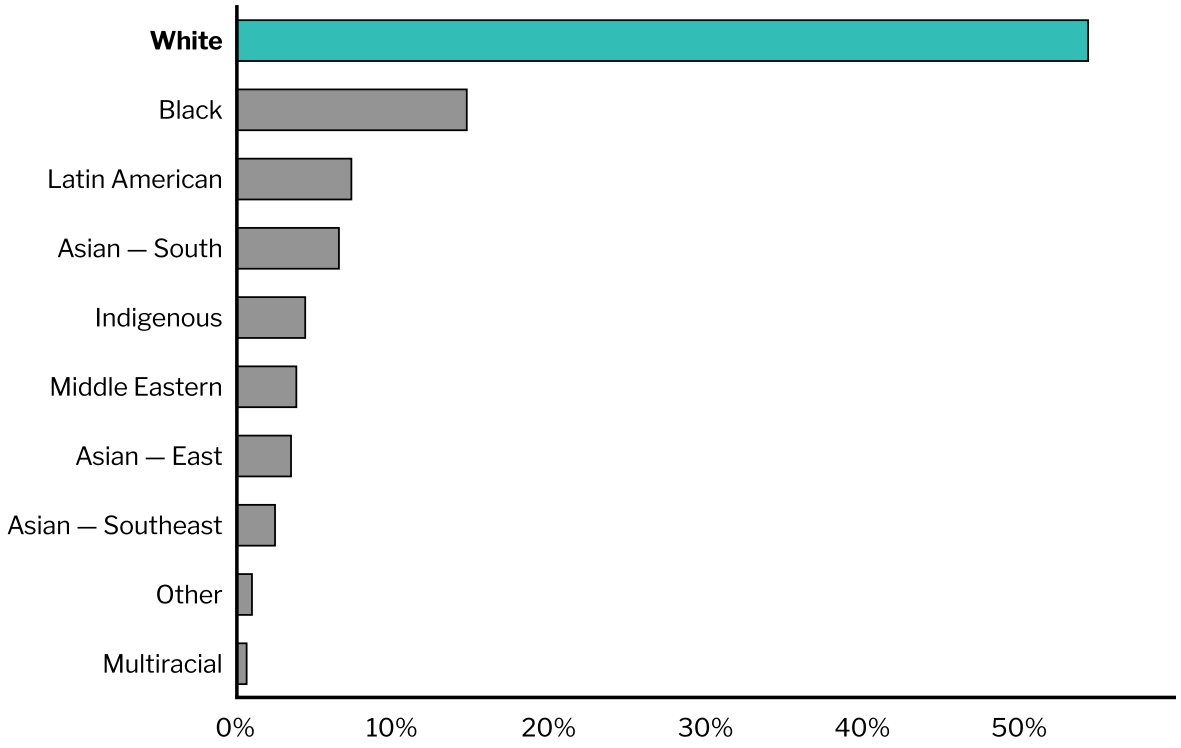
The distribution of primary care clients at CHCs in 2021–2022 was similar to the 2021 general Ontario population across most sex and age groups.

Notably, young adult females accounted for a higher percentage of primary care clients at CHCs. They often sought care to address nervousness, depressive episodes and other symptoms related to mental health.

Note
Comparisons are made with the 2021 Ontario population estimates.
Sources
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information; and Census Profile, 2021 Census of Population, Statistics Canada.

Over half of CHC primary care clients who reported their race identified as White

Figure 3 Percentage of CHC primary care clients, by self-reported race, 2021–2022



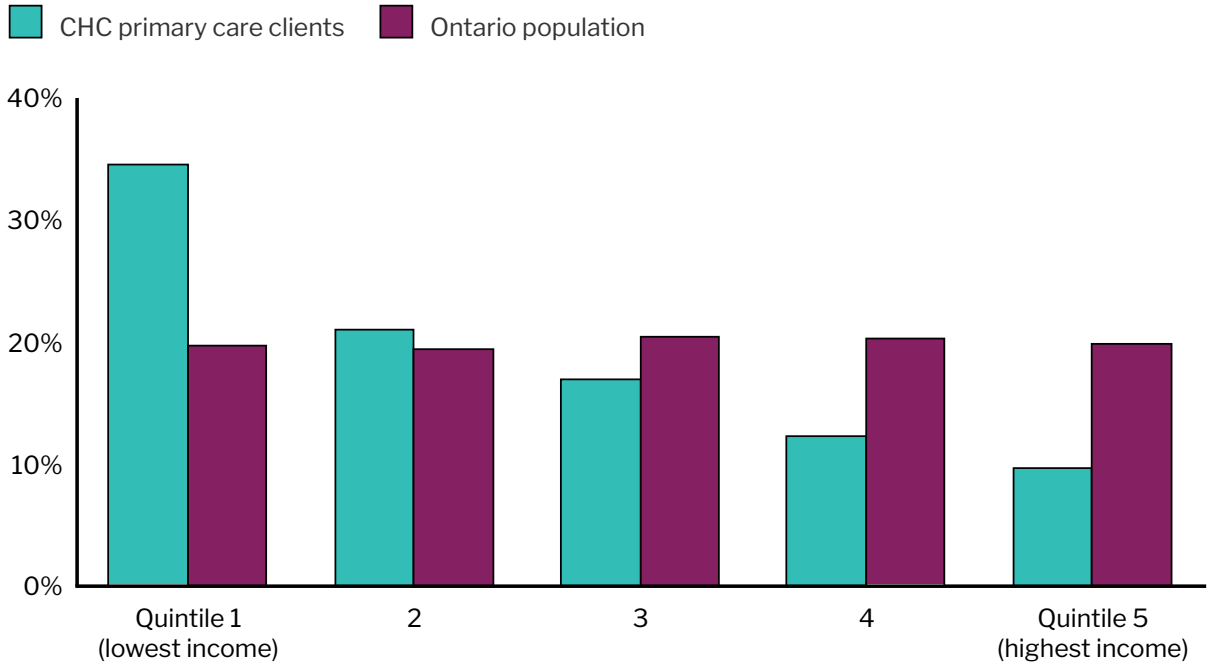
Race-based and Indigenous identity data is vital for the identification and monitoring of health inequalities that stem from racism, bias and discrimination, and for informing interventions to improve equity in health care access, quality, experiences and outcomes.[3]

Race-based data was available for 37% of CHC primary care clients; of these clients, over 50% self-reported as White.

Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Ontario CHCs served a large number of economically disadvantaged clients

Figure 4 Percentage of CHC primary care clients and Ontario population, by neighbourhood income quintile, 2021–2022

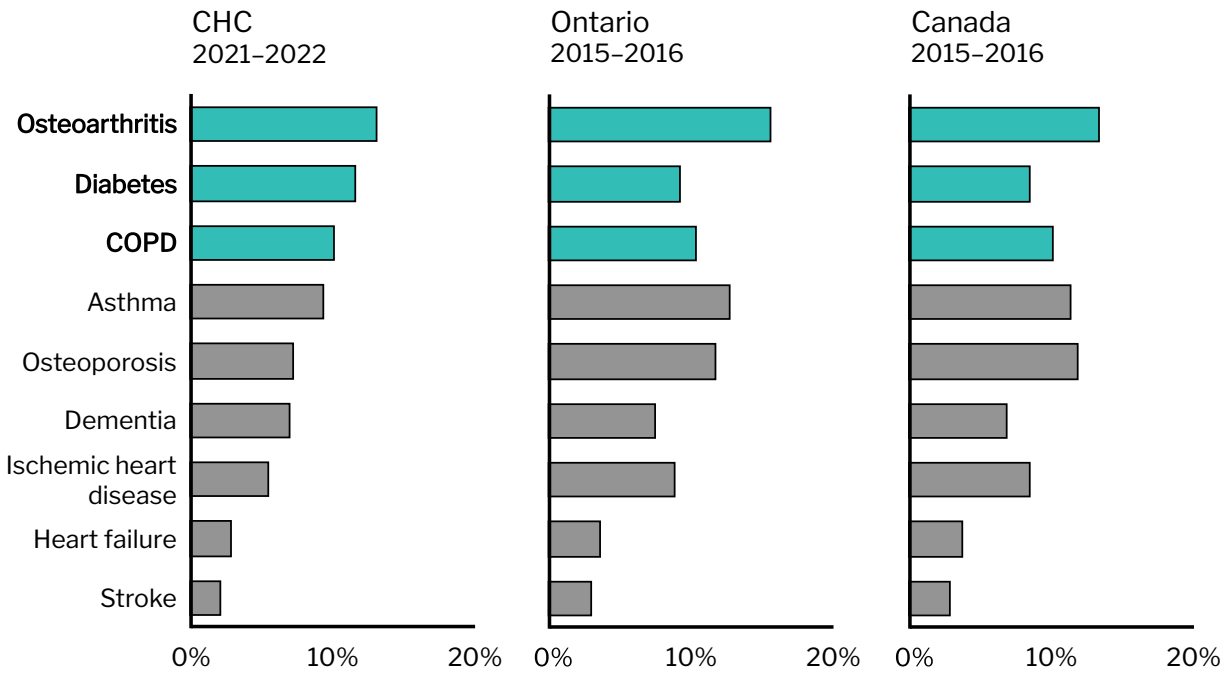


Over 30% of CHC primary care clients lived in the lowest-income neighbourhoods, while less than 10% of clients lived in the highest-income neighbourhoods.

Sources
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information; and Postal Code Conversion File Plus (PCCF+), Statistics Canada.

Osteoarthritis, diabetes and COPD were the most prevalent chronic conditions among CHC primary care clients

Figure 5 Prevalence of chronic conditions among CHC primary care clients (2021–2022) and Ontario and Canadian populations (2015–2016)



Notes
COPD: Chronic obstructive pulmonary disease.
CHC prevalence rates are for 2021–2022; Ontario and Canada rates are for 2015–2016 from the Canadian Chronic Disease Surveillance System.
Sources
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information; and Canadian Chronic Disease Surveillance System, 2015–2016, Public Health Agency of Canada.

Compared with the general Ontario population, primary care clients at CHCs had a higher prevalence of diabetes and a similar prevalence of COPD, which may be attributed to targeted services offered for diabetes and COPD management at CHCs.

A lower prevalence of other conditions among CHC primary care clients may be explained by the fact that the Canadian Chronic Disease Surveillance System uses multiple data sources to calculate prevalence for the general Ontario population.

Other socio-demographic data collected

CIHI's PHCD contains other socio-demographic data that is important to consider as part of a client's care. This data includes a client's preferred language, country of origin, housing, education, and perceived mental and physical health rating.

Due to a high degree of missing data in these data elements, this chartbook does not present all results of those socio-demographic characteristics. The Alliance for Healthier Communities is seeking to improve the completeness of the socio-demographic characteristics through collaborative initiatives.

For more information, please visit CIHI's Primary health care electronic medical record metadata web page or email phc@cihi.ca.

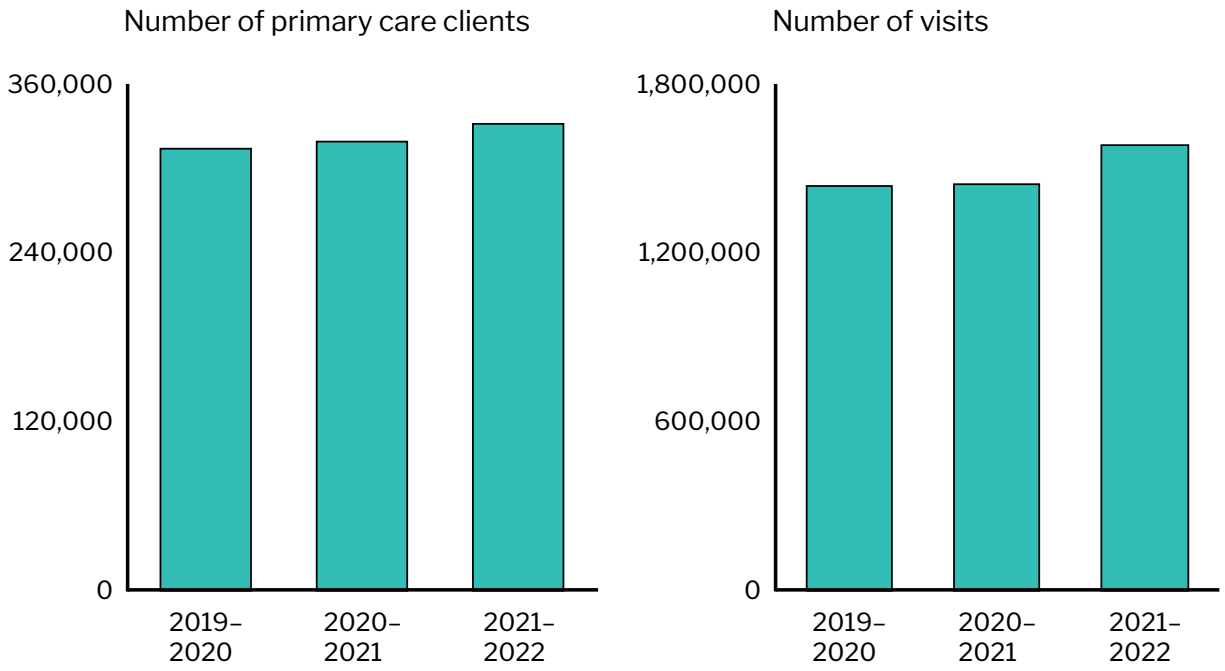
Section 2: Services provided by CHCs in Ontario

Key messages: Primary care services

1. CHCs provide interdisciplinary team–based primary care. Care was most frequently provided by physicians and nurse practitioners; other types of allied health professionals that were frequently seen for care included social workers, dietitians and counsellors.
2. CIHI's PHCD contains rich data on client visits, diagnoses, interventions, vaccinations and referrals related to primary care services.
   - Total yearly visits to CHCs increased with age and were highest among seniors (age 65 and older).
   - From 2019–2020 to 2021–2022, the top health concerns were nervousness, type 2 diabetes and hypertension.
   - Beyond primary care, the most common referrals to specialists were to dermatologists, surgeons, obstetricians and gastroenterologists.
   - Virtual care rose from an average of 13% of monthly visits (pre-pandemic) to an average of 52% during the COVID-19 pandemic (2021–2022).
   - Immunization of children at CHCs was not impacted by the COVID-19 pandemic.
3. Currently, information on prescribed medications and lab results is not available, which limits the use of data to provide a complete client health profile and care needs.

Primary care clients and visit volumes have risen over the years

Figure 6 Total CHC primary care client population and annual number of visits, 2019–2020 to 2021–2022



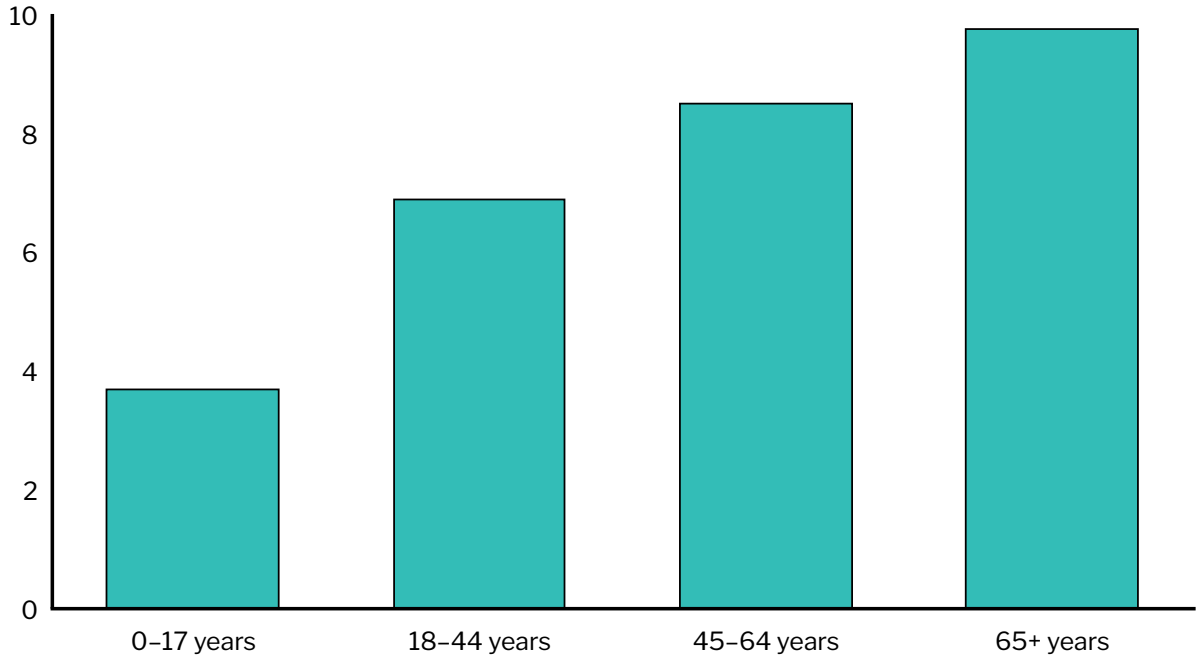
From 2019–2020 to 2021–2022, across all CHCs, the number of primary care clients increased by an average of 3% per year. There was no corresponding increase in the number of physicians and nurse practitioners.

Over the same period, the number of visits among CHC primary care clients increased from 1.44 million to 1.59 million. Primary care clients visited CHCs an average of 7 times per year.

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Visit frequency among CHC primary care clients increased with age

Figure 7 Average number of CHC primary care client visits, by age group, 2021–2022



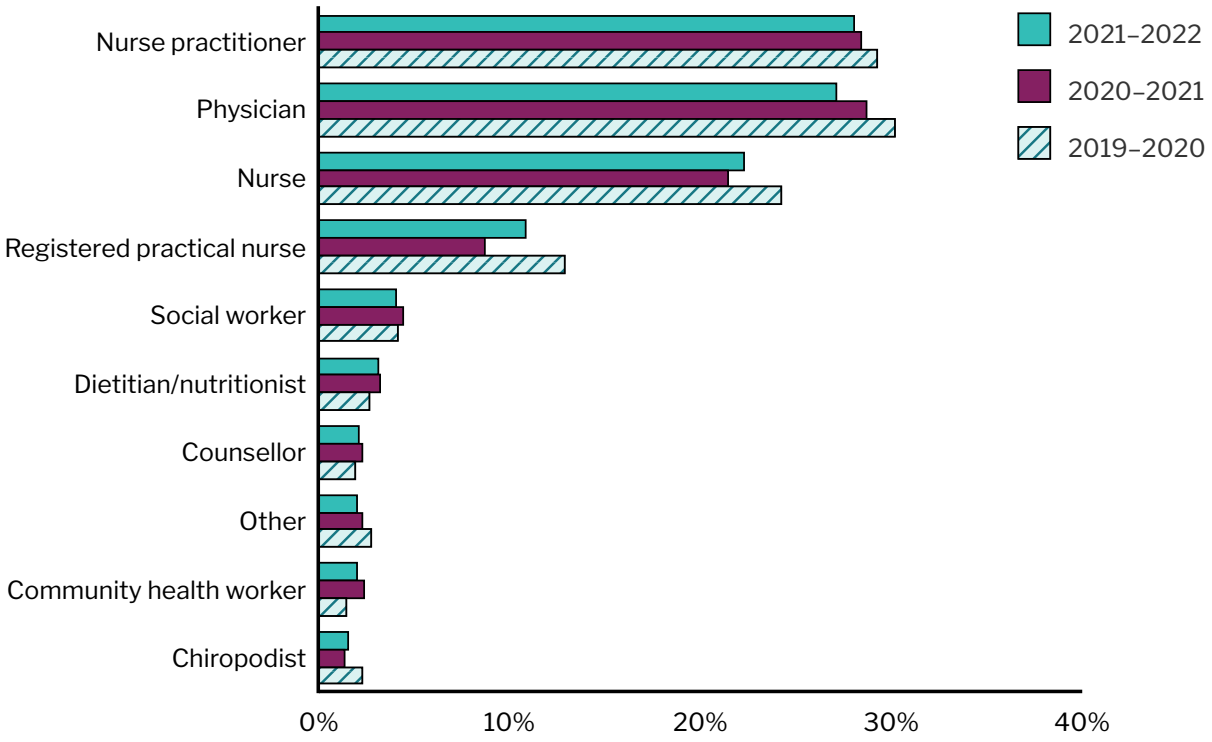
In 2021–2022, children (0 to 17 years old) visited CHCs an average of 4 times per year.

Visit frequency increased with age, as seniors (age 65 and older) visited CHCs 10 times per year, on average.

Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

CHCs provide care from a wide range of health care providers

Figure 8 Percentage of CHC primary care client visits, by health care provider type, 2019–2020 to 2021–2022



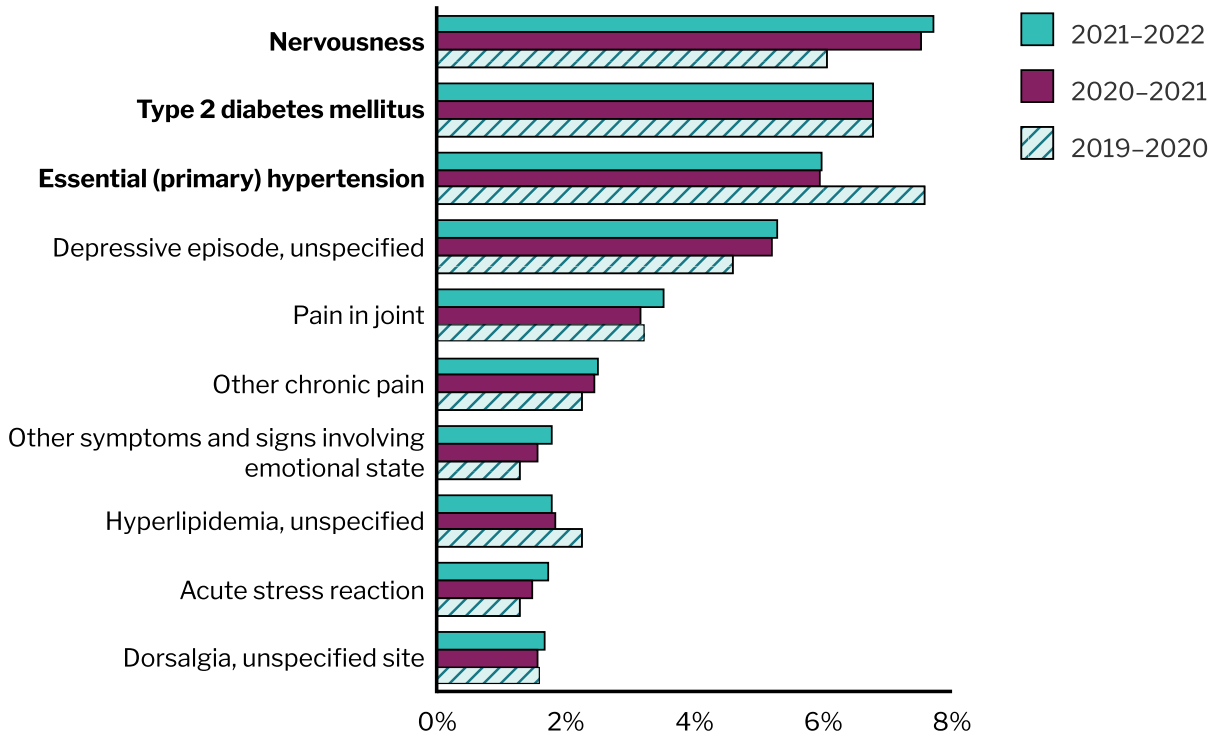
Physicians and nurse practitioners provided over 50% of primary care in CHCs.

Allied health professionals — including social workers, dietitians, counsellors, community health workers and chiropodists — were also prominently involved with primary care clients.

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Nervousness, type 2 diabetes and hypertension were the top 3 issues addressed among CHC primary care clients

Figure 9 Percentage of CHC primary care client visits, by main diagnosis, 2019–2020 to 2021–2022



Other top diagnoses between 2019–2020 and 2020–2021 included depression, joint pain, other chronic pain and hyperlipidemia.

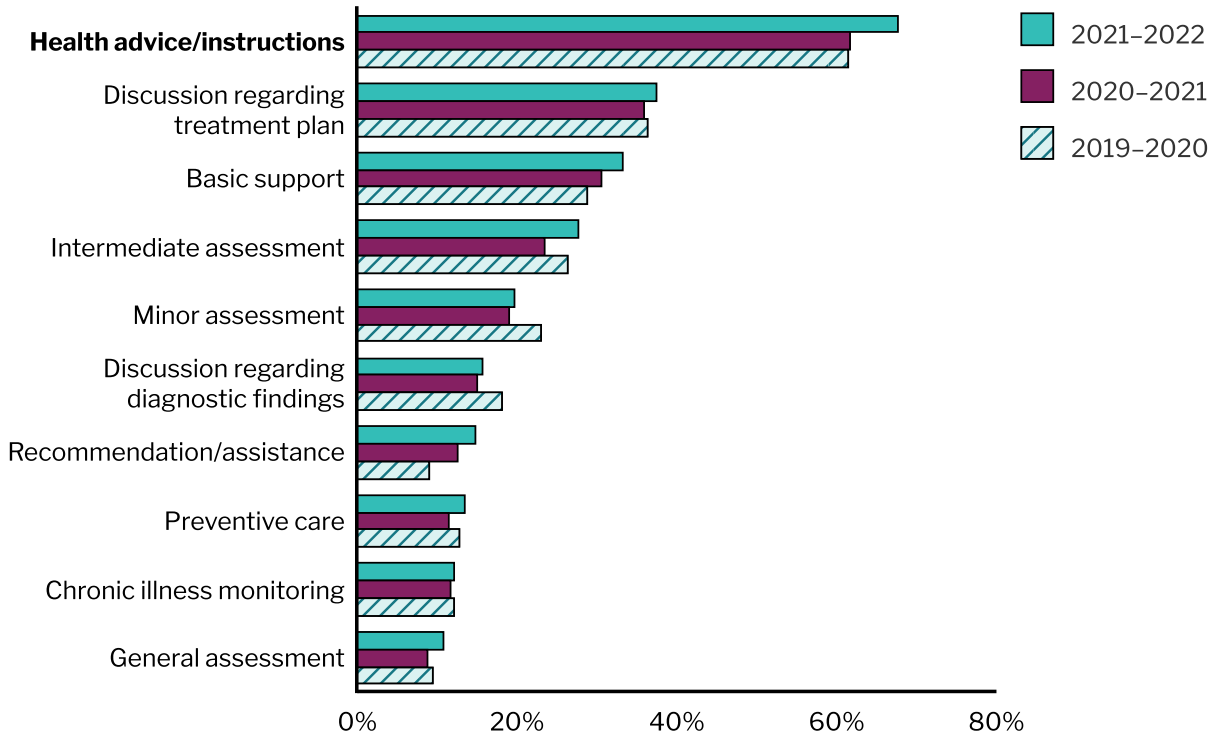
Visits to address nervousness, depression and other symptoms and signs involving emotional state increased significantly in 2020–2021 and continued to increase in 2021–2022.

Visits to address hypertension dropped between 2019–2020 and 2020–2021, and remained consistent in the following year.

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

The most common service delivered to CHC primary care clients was health advice and instructions

Figure 10 Percentage of CHC primary care client visits, by service type, 2019–2020 to 2021–2022

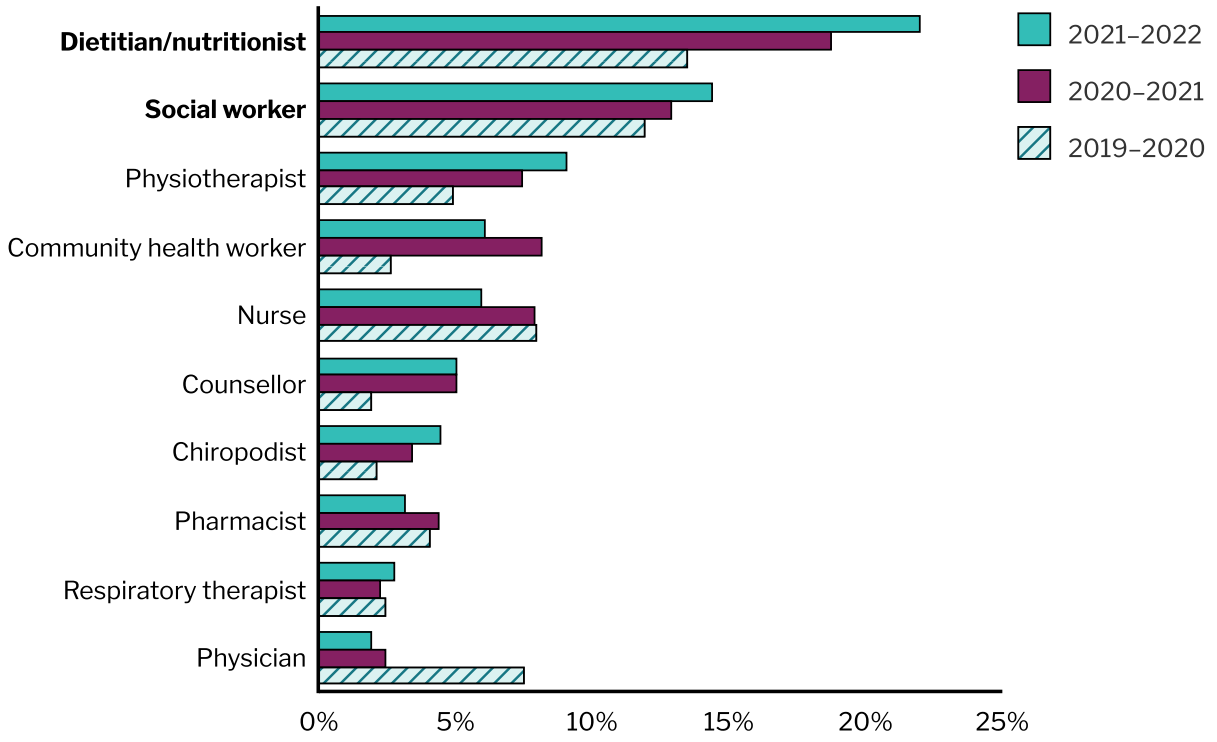


Other frequently provided services included discussion regarding the client's treatment plan, basic support and intermediate assessment.

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Dietitians and social workers were the most frequently referred providers within CHCs

Figure 11 Percentage of referrals of CHC primary care clients to another CHC provider, by type of provider referred to, 2019–2020 to 2021–2022



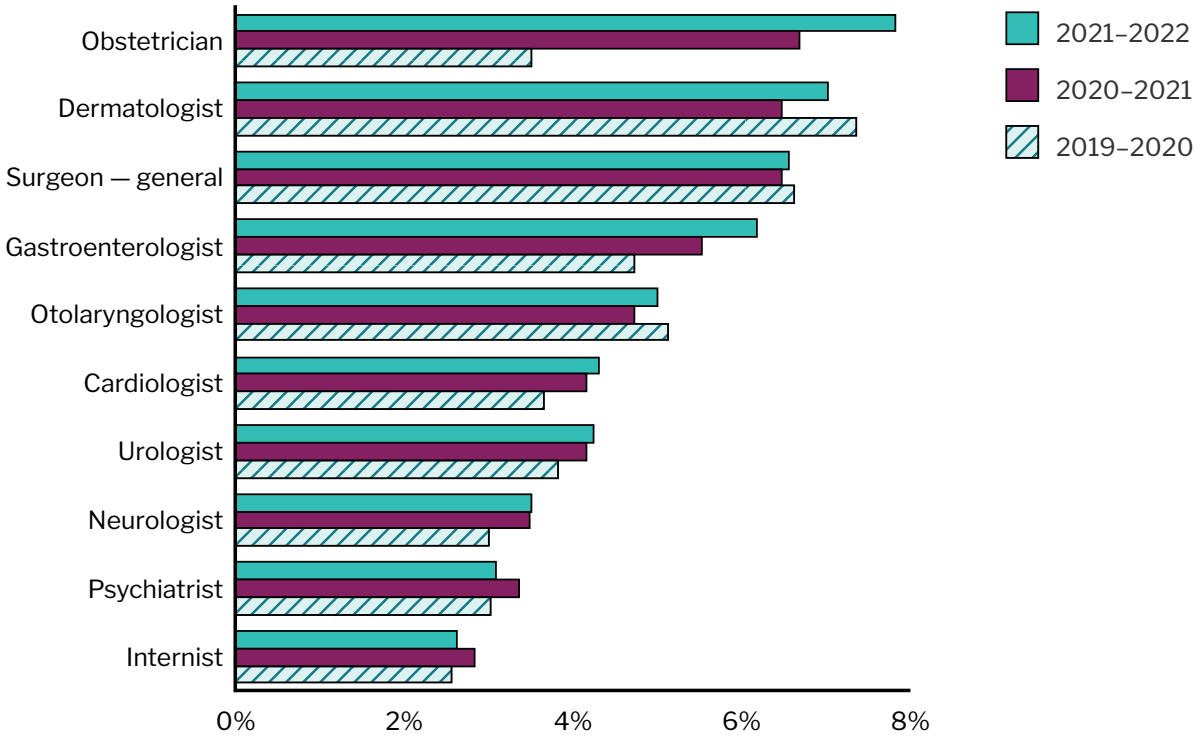
From 2019–2020 to 2021–2022, the number of referrals to allied health professionals increased.

In 2021–2022, 3% of all visits required a follow-up with another provider in the same CHC. Of these visits, the most common referrals were made for specialists relating to nutrition, social work and physiotherapy.

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

A wide range of specialists was available through referrals to external providers

Figure 12 Percentage of referrals of CHC primary care clients to an external health care provider, by type of provider referred to, 2019–2020 to 2021–2022

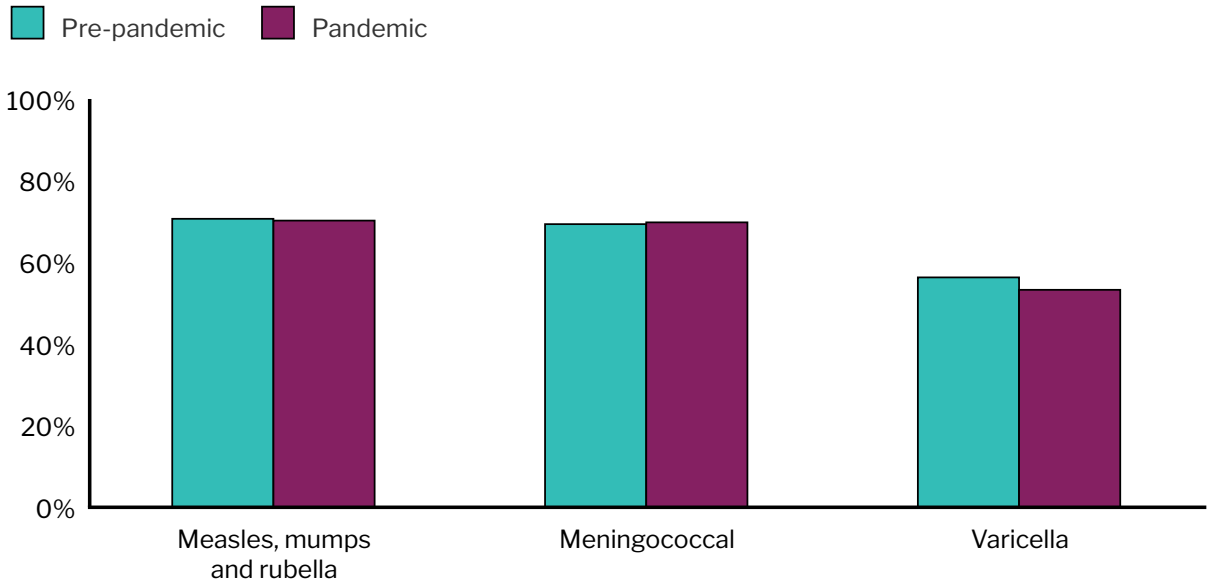


In 2021–2022, 7% of all visits required a follow-up with specialists outside of the CHC network. For these visits, the most common referrals were to obstetricians, dermatologists, surgeons and gastroenterologists.

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Childhood immunization rates were not impacted by the COVID-19 pandemic

Figure 13 Percentage of children (CHC primary care clients) who received mandatory vaccinations by target age* plus 3 months leeway, January 2019 to March 2022



Notes

* The target age for measles, mumps and rubella (MMR) and meningococcal vaccinations is 12 months old; for the varicella vaccination, the target age is 15 months old.

The Pre-pandemic cohort is children born after January 1, 2018, who reached the vaccination target age plus 3 months by March 1, 2020 (before the COVID-19 pandemic). The Pandemic cohort is children born after March 1, 2019, who reached the vaccination target age plus 3 months by the end of the data period (March 31, 2022), which was during the pandemic.

Sources

Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Public Health Agency of Canada. Highlights from the 2021 childhood National Immunization Coverage Survey (cNICS). Accessed June 2024.

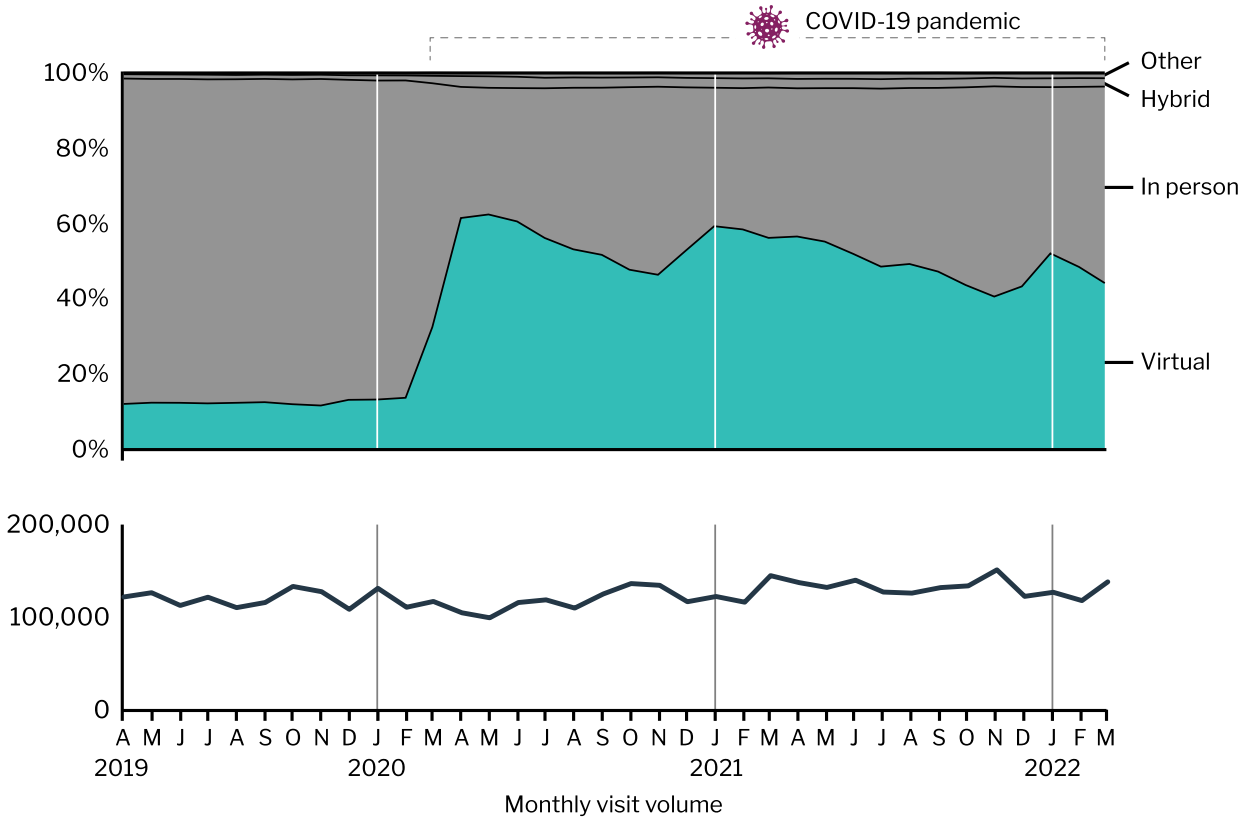
Recorded immunization rates at CHCs were lower than the immunization coverage estimates reported by the childhood National Immunization Coverage Survey.[2]

Lower immunization rates at CHCs may be attributed to children receiving vaccinations outside of the CHC (such as from public health units) and using a shorter 3-month follow-up time.

Childhood immunization rates at CHCs held steady during the COVID-19 pandemic.

Shift toward virtual care during the COVID-19 pandemic

Figure 14 CHC visits by modality and volume, April 2019 to March 2022

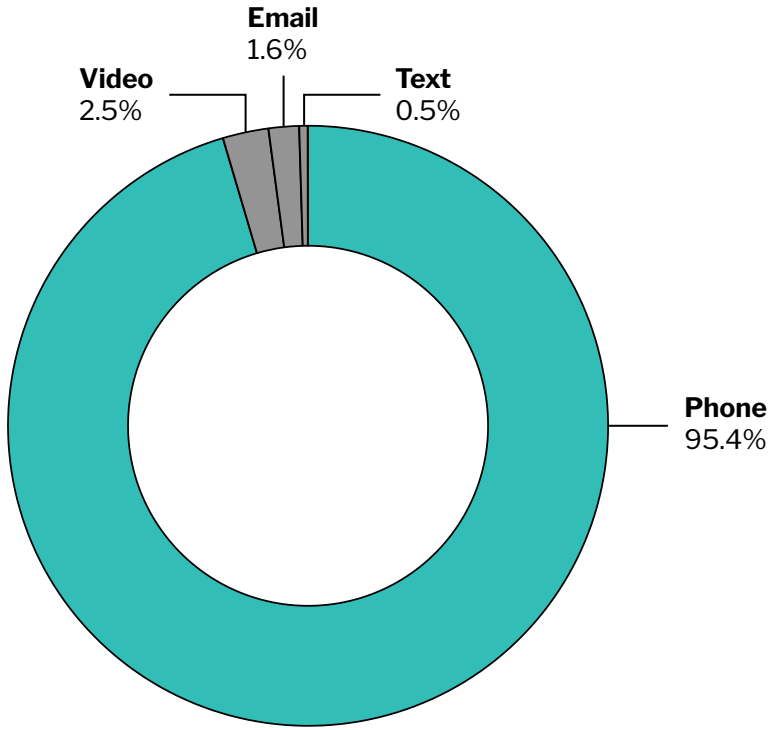


Note
Hybrid visits involved both virtual and in-person care.
Source
Primary Health Care Database, April 2019 to March 2022, Canadian Institute for Health Information.

Between February and April 2020, virtual care increased from 14% to 61% of visits and remained at an average of 52% of visits during the COVID-19 pandemic, from May 2020 to March 2022. Similar trends in virtual care uptake were reported in other jurisdictions.[4]

The majority of virtual care visits were delivered by phone

Figure 15 Percentage of virtual care visits, by modality type, 2021–2022

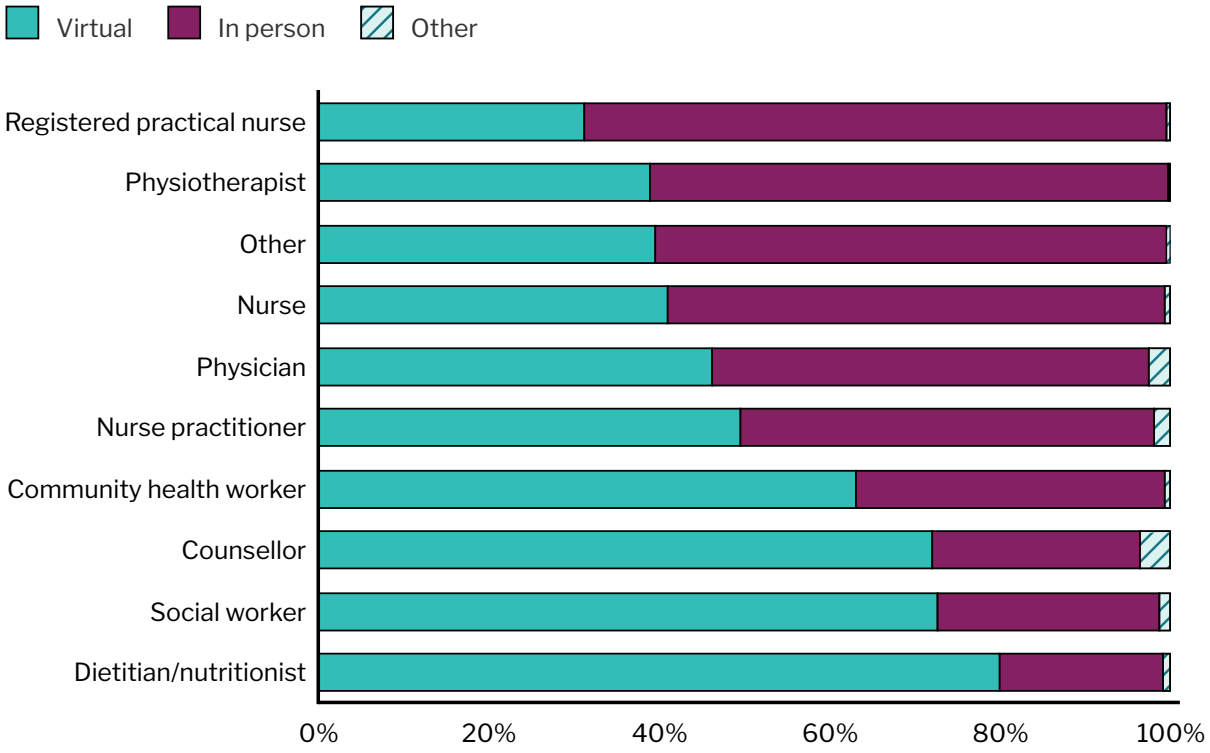


In 2021–2022, 95% of virtual care visits were delivered by phone. Other modalities included video, email and text.

Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Allied health professionals were more likely to provide virtual care

Figure 16 Percentage of CHC visits, by modality and health care provider type, 2021–2022



Among the providers involved in virtual client care, the top 3 types of providers were dietitians/ nutritionists, social workers and counsellors, delivering over 70% of their visits virtually.

Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Section 3: Examination of ambulatory and acute care use

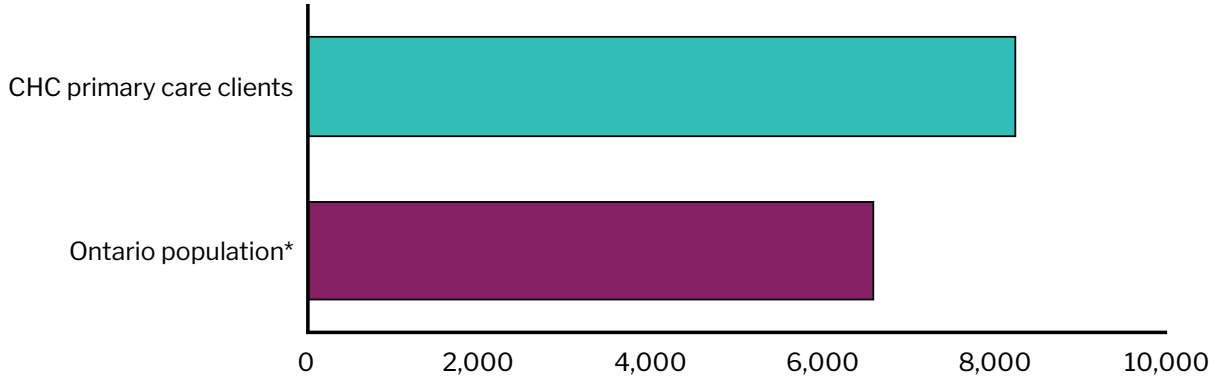
Key messages: Ambulatory and acute care use

1. Primary care clients at CHCs had higher rates of inpatient hospitalizations and ED visits, demonstrating a heightened tendency to seek care for mental health concerns including schizophrenia, substance use disorders and mood (affective) disorders, in contrast to the general Ontario population. Higher rates among the primary care clients at CHCs could be attributed to their patient characteristics and complexity.

2. Primary care clients at CHCs had higher hospitalization rates for ambulatory care sensitive conditions (ACSCs) than the general Ontario population across all income groups. A high rate for the Ambulatory Care Sensitive Conditions indicator could reflect challenges in obtaining access to appropriate primary care. The Alliance for Healthier Communities targets its services toward disadvantaged communities and marginalized clients, and thus the cohort of CHC primary care clients has more complex health and social needs than the general population in Ontario. They might experience barriers to care due to immigrant status, language, homelessness, poverty and not having access to public health insurance plans.

Rates of inpatient hospitalizations

Figure 17 Age–sex-standardized rates of inpatient hospitalizations per 100,000, CHC primary care clients and Ontario population, 2021–2022



Primary care clients at CHCs had 25% more inpatient hospitalizations than the Ontario population, adjusting for age and sex but not other patient characteristics and complexity such as income, comorbidity and rurality.

Note

* The Ontario age–sex-standardized rate may differ slightly from previously published values due to changes in population estimates and geography assignments over time.

Sources

Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Top 10 most responsible diagnoses for inpatient hospitalizations

Table 1 Percentage of inpatient hospitalizations for top 10 most responsible diagnoses, CHC primary care clients and Ontario population, 2021–2022

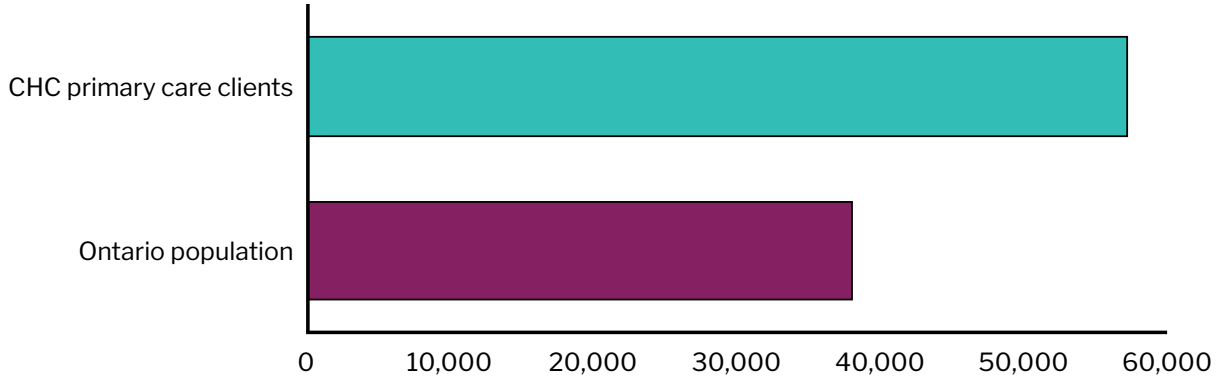
Top 10 most responsible diagnoses for hospital stays	Percentage of inpatient hospitalizations	
	CHC primary care clients	Ontario population
Giving birth	12.9	12.8
Schizophrenia, schizotypal and delusional disorders	3.8	1.6
Substance use disorders	3.3	—
Mood (affective) disorders	3.1	2.0
COVID-19	2.6	3.0
COPD and bronchitis	2.2	1.6
Other mental health disorders	1.9	—
Heart failure	1.7	2.6
Acute myocardial infarction	1.6	2.2
Osteoarthritis of the knee	1.4	1.6
Neurocognitive disorders	—	1.8
Other medical care (e.g., palliative care, chemotherapy)	—	1.6

Notes
— Not applicable.
COPD: Chronic obstructive pulmonary disease.
Sources
Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Giving birth was the top main reason for hospitalizations in both populations (CHC primary care clients and Ontario). While other results for most responsible diagnosis were similar for CHC primary care clients and the Ontario population, they do vary in magnitude. Notably, mental health disorders, including schizophrenia, substance use and mood (affective) disorders, were more pronounced among CHC primary care clients compared with the Ontario population.

Rates of ED visits

Figure 18 Age–sex-standardized rates of ED visits, CHC primary care clients and Ontario population, 2021–2022



CHC primary care clients had 1.5 times more ED visits than the Ontario population, adjusting for age and sex. When adjusted for additional factors such as income, comorbidity and rurality, ED visit rates for CHCs were lower than expected.[5]

Sources
Primary Health Care Database and National Ambulatory Care Reporting System, 2021–2022, Canadian Institute for Health Information.

Top 10 main problems for ED visits

Table 2 Percentage of ED visits for top 10 main problems, CHC primary care clients and Ontario population, 2021–2022

Top 10 main problems for ED visits	Percentage of ED visits	
	CHC primary care clients	Ontario population
Abdominal and pelvic pain	5.1	4.7
Pain in throat and chest	4.1	4.5
Dorsalgia (back pain)	2.6	2.3
Mental and behavioural disorders due to use of alcohol	1.9	—
Other disorders of urinary system	1.9	2.1
Cellulitis	1.8	1.5
COVID-19	1.6	1.8
Other soft tissue disorders, not elsewhere classified	1.6	1.3
Acute upper respiratory infections of multiple and unspecified sites	1.4	1.6
Open wound of wrist and hand	1.4	1.7
Open wound of head	—	1.3

Note
— Not applicable.
Sources
Primary Health Care Database and National Ambulatory Care Reporting System, 2021–2022, Canadian Institute for Health Information.

The top 10 main problems for ED visits were similar for CHC primary care clients and the Ontario population; the top 3 problems were the same for both populations: abdominal and pelvic pain, pain in throat and chest, and dorsalgia. Mental and behavioural disorders due to alcohol use was the fourth most prevalent main problem among CHC primary care clients, but it didn't appear in the top 10 for the Ontario population. This highlights the distinctive characteristics and specific needs of the population served at CHCs.

Ambulatory care sensitive conditions

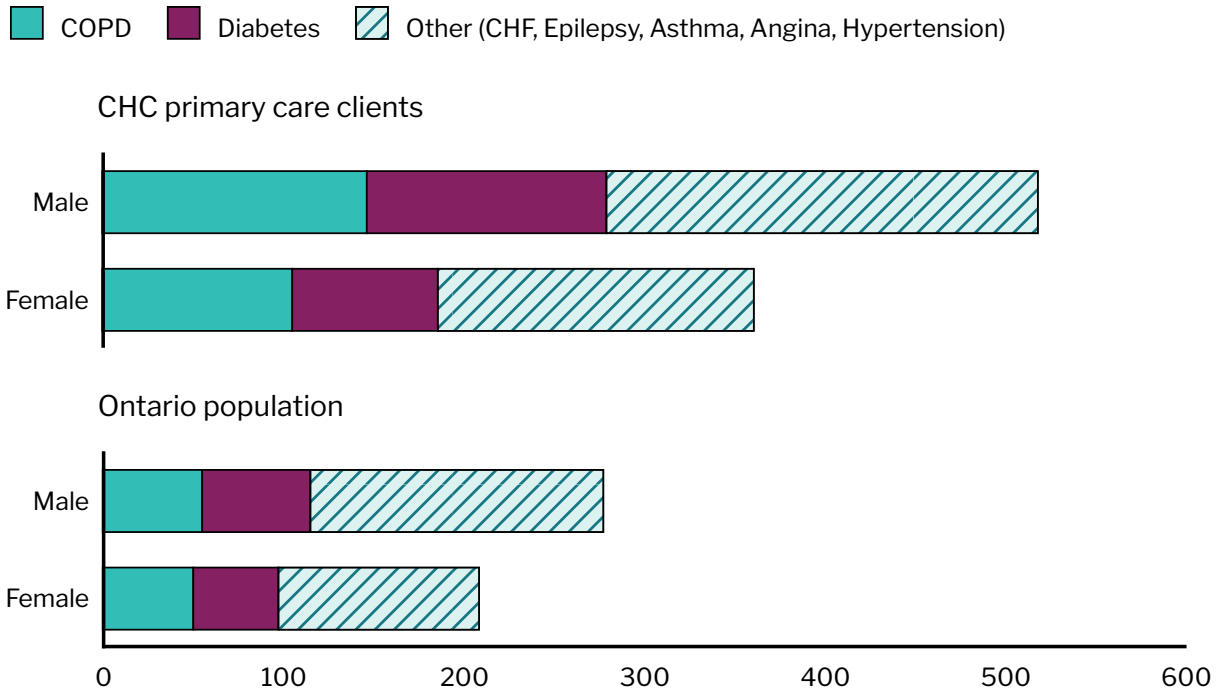
ACSCs are health conditions for which appropriate ambulatory care prevents or reduces the need for admission to hospital. ACSCs include angina, asthma, congestive heart failure, COPD, diabetes, epilepsy and hypertension.

Hospitalization for an ACSC is considered to be a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.

For details about the Ambulatory Care Sensitive Conditions indicator, visit CIHI's Indicator library.

CHC primary care clients were more likely to be admitted to hospital for ACSCs

Figure 19 Age-standardized rates of hospitalization for ACSCs per 100,000, by sex, CHC primary care clients and Ontario population, 2021–2022



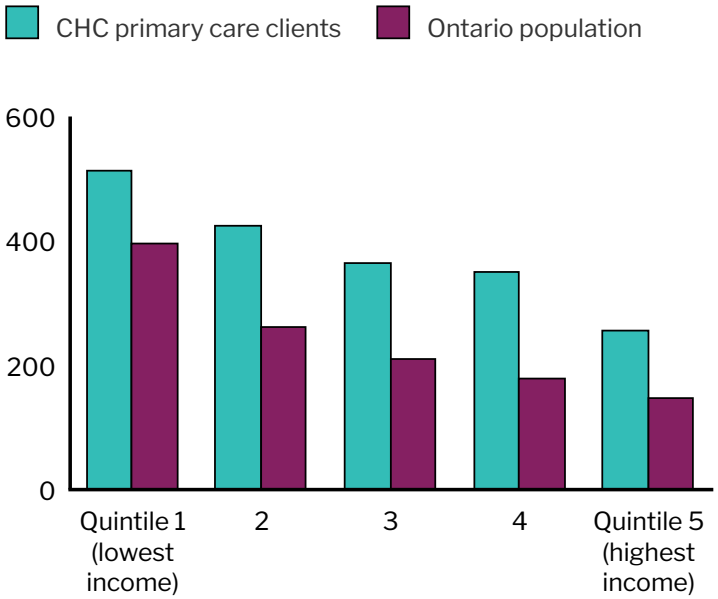
Compared with the Ontario population, CHC primary care clients had higher rates of hospitalization for ACSCs. A high rate for this indicator could reflect challenges in obtaining access to appropriate primary care.

Hospitalizations for COPD and diabetes were the most frequent.

Notes
COPD: Chronic obstructive pulmonary disease.
CHF: Congestive heart failure.
Sources
Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Hospitalization rates for ACSCs were higher for CHC clients across all income groups

Figure 20 Age-standardized rates of hospitalization for ACSCs per 100,000, by neighbourhood income quintile, CHC primary care clients and Ontario population, 2021–2022



Inequality measure	CHC primary care clients	Ontario population
Income rate ratio	1.9	2.6
Potential rate reduction	38	37

Note
See Ambulatory care sensitive conditions in the Methodology notes for definitions of income rate ratio and potential rate reduction.
Sources
Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information; and Postal Code Conversion File Plus (PCCF+), Statistics Canada.

CHC primary care clients living in the lowest-income neighbourhoods had the highest rate of hospitalizations for ACSCs. However, compared with the Ontario population, CHC primary care clients had higher hospitalization rates across all income groups, indicating income was not the only factor affecting their health and chronic illness management.

Health disparities were seen among primary care clients at CHCs and in the Ontario population. If all income quintiles in both populations (CHC primary care clients and Ontario) had the same ACSC hospitalization rate as the rate for the highest-income neighbourhood, the overall rate would be reduced by 37–38% in both populations.

Section 4: Use of the Ontario Drug Benefit program

Ontario Drug Benefit program

The Ontario Drug Benefit (ODB) program is a provincial public drug program that provides coverage based on age, income and medical conditions. Ontario residents qualify for the ODB program at age 65. In addition, people qualify earlier if they are

- Living in a
  - Long-term care home
  - Home for special care
  - Community Home for Opportunity
- Age 24 or younger and not covered by a private insurance plan
- Receiving professional home and community care services
- Receiving benefits from Ontario Works or the Ontario Disability Support Program
- Enrolled in the Trillium Drug Program

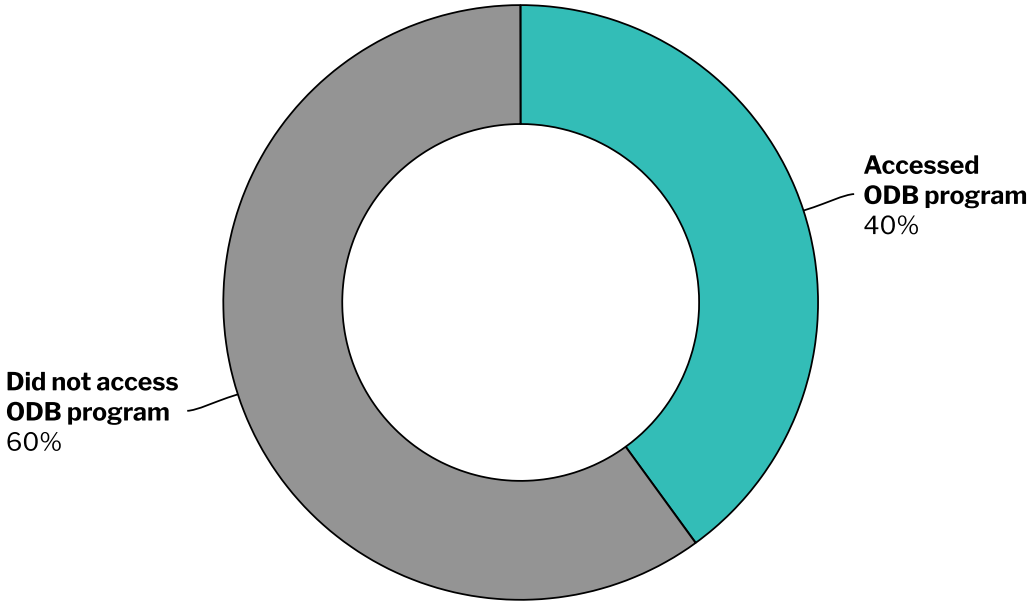
Publicly funded drug claims data is captured in CIHI's National Prescription Drug Utilization Information System (NPDUIS). For details about this database and drug plan eligibility, see CIHI's National Prescription Drug Utilization Information System.

Key messages: Use of the ODB program

1. CHCs serve populations that historically face barriers to access, such as persons with low income. In 2021, 40% of primary care clients had 1 or more drug claims accepted by the ODB program. This rate is higher than the rate for the Ontario general population (33%).
2. Drugs used to lower cholesterol levels and reduce the risk of cardiovascular events, called HMG-CoA reductase inhibitors, were the most frequently dispensed drug class in both CHC primary care clients and the Ontario population in 2021.
3. Drugs used to treat mental health and substance use disorders were frequently dispensed to CHC primary care clients. In 2021, antidepressants were the most frequently dispensed drug class for mental health and substance use disorders for all age groups; the 45–64 age group had the highest use.
4. Alliance data contains detailed diagnostic information that can be used to assess reasons for drug use. However, prescription information, which can be used to examine factors leading to prescriptions not being filled or dispensed, is currently not available. The analysis was restricted to dispensing records for clients accessing the ODB program but did not capture prescriptions that were never filled or accepted by the ODB program.

40% of CHC primary care clients accessed the ODB program

Figure 21 Percentage of CHC primary care clients who accessed the Ontario Drug Benefit program, 2021

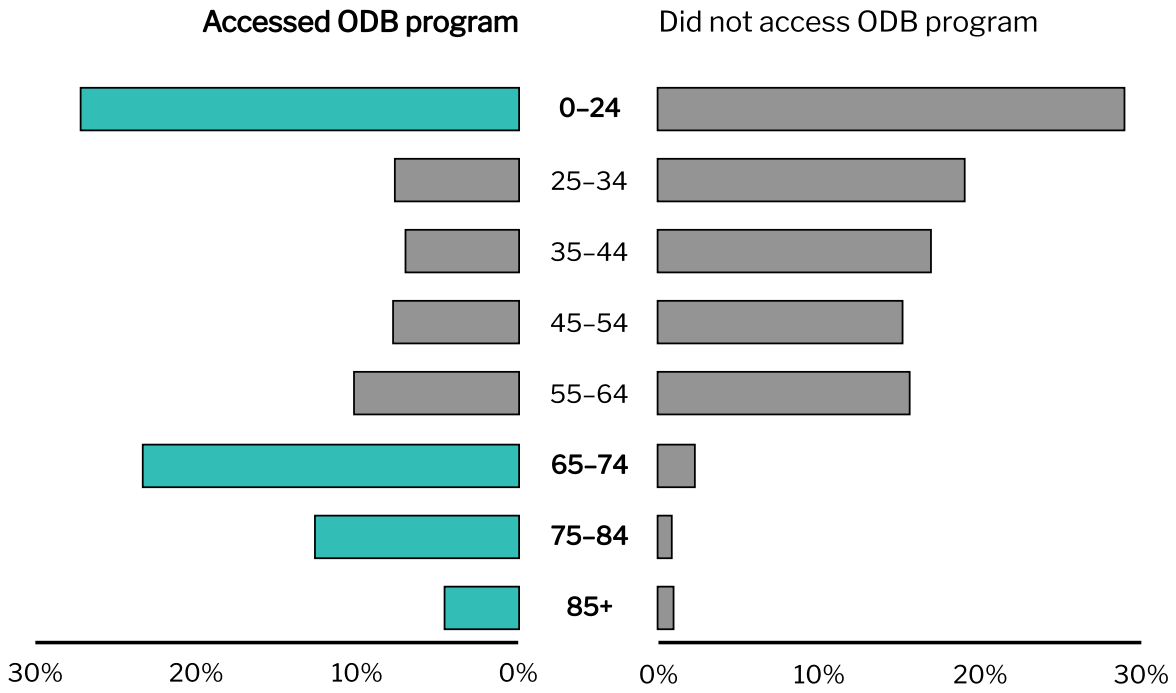


112,626 CHC primary care clients accessed the ODB program in 2021. The rate of ODB program coverage was higher for CHC primary care clients (40%) compared with the rate for the general population in Ontario (33%).

Sources
Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

CHC primary care clients younger than 24 and older than 65 were most likely to access the ODB program

Figure 22 Percentage of CHC primary care clients who accessed the Ontario Drug Benefit program, by age group, 2021



The age distribution of clients accessing the ODB program reflects the eligibility criteria for the ODB streams.

Sources
Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

Cholesterol-lowering drugs were the most frequently dispensed drug class among CHC primary care clients

Table 3 Rate of use for the 10 most frequently dispensed drug classes (ATC 4), CHC primary care clients and Ontario population, 2021

Therapeutic group	Drug class	Rate of use (%)	
		CHC primary care clients	Ontario population
Lipid-modifying agents	HMG-CoA reductase inhibitors	30.3	32.8
Drugs for acid-related disorders	Proton pump inhibitors	23.8	21.7
Psychoanaleptics	Other antidepressants	16.3	10.6
Psychoanaleptics	Selective serotonin reuptake inhibitors	14.6	10.2
Agents acting on the renin-angiotensin system	Angiotensin-converting enzyme (ACE) inhibitors, plain	14.5	14.4
Drugs for obstructive airway diseases	Selective beta-2-adrenoreceptor agonists	14.3	—
Calcium channel blockers	Dihydropyridine derivatives	12.1	14.3
Antibacterials for systemic use	Penicillins with extended spectrum	11.4	10.3
Analgesics	Anilides	11.0	—
Beta-blocking agents	Beta-blocking agents, selective	10.7	12.9
Agents acting on the renin-angiotensin system	Angiotensin II receptor blockers (ARBs), plain	—	10.8
Thyroid therapy	Thyroid hormones	—	10.2

Notes
— Not applicable.
Excludes non-drug products and vaccines.
See Ontario Drug Benefit program analysis in the Methodology notes for information about ATC classifications and the rate of use calculation.
Ontario results are published in CIHI's Prescribed drug spending in Canada, 2022.
Sources
Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

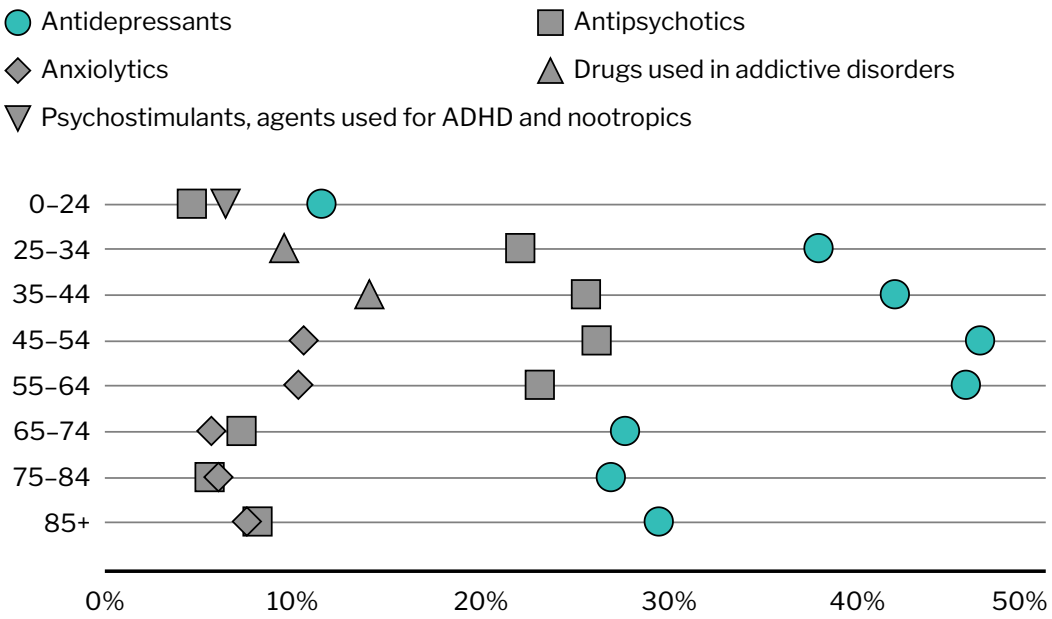
Drugs used to lower cholesterol levels and reduce the risk of cardiovascular events, called HMG-CoA reductase inhibitors, were the most frequently dispensed drug class in both populations (CHC primary care clients and Ontario) for those who were covered by the ODB program in 2021.

Drug classes mainly prescribed to treat depression, including selective serotonin reuptake inhibitors and other antidepressants, were more frequently dispensed to CHC primary care clients compared with the Ontario population.

Notably, of those who accessed the ODB program, CHC primary care clients were younger than those in the Ontario population (see Appendix A for a comparison of age distributions). This may, in part, explain differences in the rate of use of specific drug classes.

Antidepressants were the most frequently used drug to treat mental health and substance use disorders in CHC primary care clients for all ages

Figure 23 Rate of use for the 3 most frequently dispensed drug classes used to treat mental health and substance use disorders, by age group, CHC primary care clients, 2021



Note
See Ontario Drug Benefit program analysis in the Methodology notes for information about ATC classifications and the rate of use calculation.
Sources
Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

Drugs used in the treatment of mental health and substance use disorders were frequently dispensed to CHC primary care clients who accessed the ODB program.

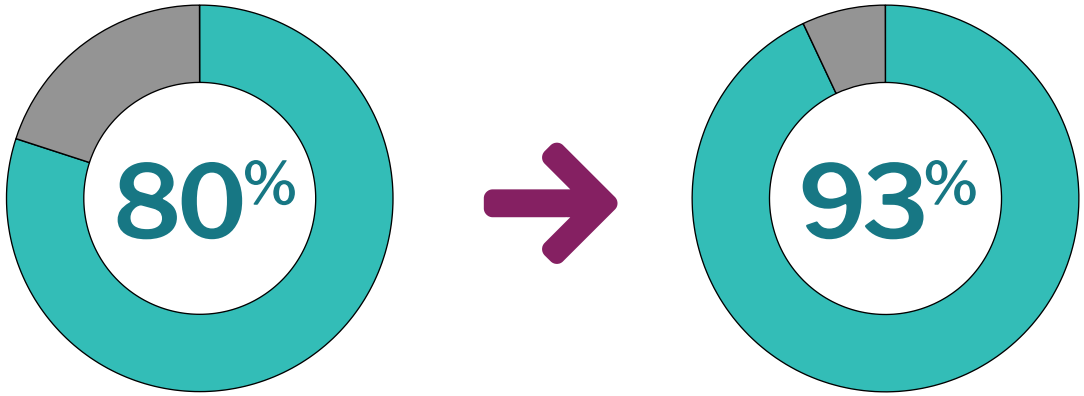
Antidepressant drugs had the highest rate of use in 2021. This was consistent across all ages. However, the rate of use peaked among older adult clients: around 46% of clients age 45 to 64 were identified as having been dispensed an antidepressant in 2021.

Future opportunities

The widespread use of electronic medical records (EMRs) in Canada presents an opportunity to better standardize diagnosis, treatment and patient information across vendor systems.

The Alliance for Healthier Communities has demonstrated that standardization of EMR data is possible and has shown the value of EMR data in exploring health inequalities. Standardized data can help drive better care, health outcomes and health system use.

Figure 24 Primary health care data has incredible potential



Sources

Abrahamsson B, et al. To recommend the local primary health-care centre or not: What importance do patients attach to initial contact quality, staff continuity and responsive staff encounters?. *International Journal for Quality in Health Care*. 2015.
Canada Health Infoway. Infoway Insights: National Survey of Canadian Physicians. Accessed April 30, 2024.

Methodology

Data sources

CIHI's Primary Health Care Database (2015–2016 to 2021–2022), Discharge Abstract Database (2015–2016 to 2021–2022), National Ambulatory Care Reporting System (2015–2016 to 2021–2022), Ontario Mental Health Reporting System (2015–2016 to 2021–2022) and National Prescription Drug Utilization Information System (2021); and Statistics Canada's Census Profile, 2021 Census of Population.

Primary care population analysis

Primary care client definition: Using the PHCD, we included primary care clients with an enrolment status recorded as "Ongoing primary care client," indicating that the client is rostered with a primary care provider at a CHC. To account for a client's possible change in primary care enrolment over time, we used the enrolment status designated at the end of each fiscal year to assign a client's primary care enrolment for that fiscal year.

Age calculations: Age was calculated based on the client's age on March 31, 2022, which reflects the end date of the PHCD. For analysis by age, the following age groups were used: younger than 17 (children), 18 to 44 (adults), 45 to 64 (older adults) and 65 and older (seniors).

Prevalence of chronic conditions

Table 4 describes the age and diagnosis criteria applied to identify chronic conditions among the primary care population in the PHCD. To estimate prevalence rates, we included primary care clients who visited a CHC for the chronic diseases listed below.

Table 4 Inclusion criteria used to identify chronic conditions

Chronic disease	Age criteria	ICD-10 code
Asthma	1 year and older	J45, J46
COPD	35 years and older	J41, J42, J43, J44
Dementia	65 years and older	G30, F00, F01, F02, F03
Diabetes	1 year and older	E10, E11, E12, E13, E14
Heart failure	40 years and older	I50
Ischemic heart disease	20 years and older	I20, I21, I22, I23, I24, I25
Osteoarthritis	20 years and older	M15 to M19
Osteoporosis	40 years and older	M80, M81
Stroke	20 years and older	G08, G45.x (exclude G45.4), H34.0, H34.1, I60.x, I61.x, I62.9, I63.x, I64, I67.6

Note
COPD: Chronic obstructive pulmonary disease.
Source
Canadian Chronic Disease Surveillance System, Public Health Agency of Canada.

Analysis of services provided by CHCs in Ontario

For analyses on provider types, issues addressed, health services, internal referrals and external referrals, only the overall top 10 results are shown for each year.

Immunization analysis

Coverage rates for 3 routine childhood vaccinations — measles, mumps and rubella (MMR), meningococcal and varicella — were analyzed using the PHCD. The cohort included primary care clients born after January 1, 2018, who

- Had a primary care enrolment at the time of their birth year; and
- Had at least 2 visits to a CHC before the child's first birthday.

These criteria were chosen to ensure inclusion of children who were active clients and likely to receive primary care services (such as vaccinations) at a CHC.

The study period was from January 1, 2019, to March 31, 2022. Vaccination coverage rates were calculated as the number of clients receiving the vaccine by the target age plus 3 months leeway divided by the total number of eligible clients who reached the vaccination target age plus 3 months by the end of the study period. The vaccination target age is 12 months old for MMR and meningococcal vaccinations, and 15 months old for the varicella vaccination.

The pre-pandemic cohort included children born after January 1, 2018, who had reached the vaccination target age plus 3 months by March 1, 2020. The pandemic cohort included children born after March 1, 2019, who had reached the vaccination target age plus 3 months by the end of the study period (March 31, 2022).

Virtual care analysis

Visits: Visits were defined as service events recorded as an Encounter; these events indicated a one-on-one interaction between a client and provider. To reduce over-reporting, multiple service events occurring on the same day for a client were grouped together and reported as 1 visit.

Contact modality: The following modes of contact indicate how the care was delivered: in person, virtual (specifying phone, text, video) or other/unknown. The Hybrid category represents visits involving 2 or more contact modes.

Linkage

Primary care clients in the PHCD were linked to the Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), Ontario Mental Health Reporting System (OMHRS) and National Prescription Drug Utilization Information System (NPDUIS) by valid Ontario Health Insurance Plan numbers. Data for clients with missing or invalid health card numbers could not be linked and accessed in other databases.

Acute care analysis

To examine the top 10 reasons for ED visits, we used the Main Problem recorded for an ED visit in NACRS and calculated age–sex-standardized ED visit rates for CHC primary care clients and the general population in Ontario.

To examine the top 10 reasons for inpatient hospitalizations, we used the Most Responsible Diagnosis recorded for a hospital stay in the DAD and OMHRS and calculated age–sex-standardized hospitalization rates for CHC primary care clients and the general population in Ontario.

ED visits and inpatient hospitalization age–sex-standardized rates were calculated for 2021–2022. For the CHC primary care population, we included primary care clients if they remained enrolled at a CHC in 2020–2021 and 2021–2022. This was to ensure that primary care clients were enrolled at a CHC prior to a hospitalization event.

Ambulatory care sensitive conditions

CIHI developed the Ambulatory Care Sensitive Conditions indicator as a measure of access to appropriate primary health care. We used the DAD to calculate age-standardized acute care hospitalization rates for conditions where appropriate ambulatory care prevents or reduces the need for hospital admission, per 100,000 population younger than 75 (for both the CHC primary care and Ontario populations).

ACSC hospitalizations among primary care clients in 2021–2022 were examined. Primary care clients were included in this analysis if they remained registered at a CHC in 2020–2021 and 2021–2022. This was to ensure that primary care clients were registered at a CHC prior to a hospitalization event.

Income rate ratio and potential rate reduction are used to measure health inequalities in a population.

- **Income rate ratio** is a relative comparison of the rate for the lowest-income quintile group (comparison group) divided by the rate for the highest-income quintile (reference group).
- **Potential rate reduction** is a relative measure of the potential reduction in ACSC hospitalization rate that would occur in the hypothetical scenario that each lower-income quintile group experienced the same rate as the highest-income quintile group with the most desirable rate.

Details on the methodology for the Ambulatory Care Sensitive Conditions indicator are available in the Indicator library; measures of health inequalities are available in *Measuring Health Inequalities: A Toolkit*.

Ontario Drug Benefit program analysis

The cohort included primary care clients with an enrolment status recorded as “Ongoing primary care client” in 2020–2021 and 2021–2022 who had at least one dispensing record identified in NPDUIS in 2021. The ODB coverage was estimated from data published in Prescribed drug spending in Canada, 2022 and from the 2021 Ontario population estimates in Statistics Canada’s Census Profile, 2021 Census of Population.

NPDUIS includes claims accepted by public drug programs either for reimbursement or to be applied toward a deductible. Public drug program spending does not include spending on drugs dispensed in hospitals or on drugs funded through cancer agencies and other special programs. The data set does not include information regarding prescriptions that were written but never dispensed or prescriptions that were dispensed but not accepted by public drug programs.

Anatomical Therapeutic Chemical (ATC): The ATC is a classification system that divides drugs into different groups according to the organ or system on which they act and their chemical, pharmacological and therapeutic properties. This analysis made use of the third (ATC 3) and fourth levels (ATC 4), which are chemical, pharmacological or therapeutic subgroups.

Rate of use: The most commonly dispensed medications (ATC 4) in 2021 were identified. The rate of use was calculated by dividing the number of active beneficiaries who had at least one claim for the drug class by the total number of clients who had a drug claim approved in 2021.

Table 5 ATC 4 drug classes

ATC 4	Drug class description
A02BC	Proton pump inhibitors
C07AB	Beta-blocking agents, selective
C08CA	Dihydropyridine derivatives
C09AA	ACE inhibitors, plain
C09CA	Angiotensin II receptor blockers (ARBs), plain
C10AA	HMG-CoA reductase inhibitors
H03AA	Thyroid hormones
J01CA	Penicillins with extended spectrum
N02BE	Anilides
N06AB	Selective serotonin reuptake inhibitors
N06AX	Other antidepressants
R03AC	Selective beta-2-adrenoreceptor agonists

Source
Anatomical Therapeutic Chemical (ATC) Classification, World Health Organization.

Drugs used in the treatment of mental health and substance use disorders: For analysis relating to drugs used to treat mental health and substance use disorders, results were presented at the ATC 3 level and disaggregated by age group. Relevant drug classes are shown in Table 6.

Table 6 ATC 3 drug classes

ATC 3	Drug class
N05A	Antipsychotics
N05B	Anxiolytics
N05C	Hypnotics and sedatives
N06A	Antidepressants
N06B	Psychostimulants, agents used for ADHD and nootropics
N06C	Psycholeptics and psychoanaleptics in combination
N07B	Drugs used in addictive disorders

Source
Anatomical Therapeutic Chemical (ATC) Classification, World Health Organization.

Other general methodology notes

For all analyses of the Ontario population, unless indicated otherwise, the results are based on the 2021 Ontario population estimates from Statistics Canada's Census Profile, 2021 Census of Population.

To calculate standardized rates, the direct standardization process was used, with the 2011 Canadian population as the reference year.

Analyses used fiscal-year data, from April 1 of one year to March 31 of the next, with the exception of analyses relating to the Ontario Drug Benefit program, which used data for calendar year 2021.

Appendices

Appendix A: Supplementary data table

Table A1 Percentage of active beneficiaries, by sex, and age group, CHC primary care clients and Ontario population, 2021

	CHC primary care clients			Ontario population	
Age group (years)	Male	Female	Other/unknown	Male	Female
0–19	8.4	9.0	0.1	9.8	9.6
20–44	8.8	15.2	0.2	7.3	8.9
45–64	8.4	9.5	0.1	4.1	4.5
65–74	10.5	12.7	0.0	14.3	15.9
75–84	5.4	7.2	0.0	8.1	9.6
85+	1.6	2.9	0.0	3.0	5.0
Total	**43.1**	**56.5**	**0.4**	**46.6**	**53.5**

Sources

Primary Health Care Database, 2020–2021 and 2021–2022, and Prescribed drug spending in Canada, 2022, Canadian Institute for Health Information.

Appendix B: Text alternative for figures

Text alternative for Figure 1: Location of CHCs in Ontario

Ontario health region	Number of CHCs
West Region	20
Central Region	4
Toronto Region	21
East Region	19
North East Region	7
North West Region	2

Note
Some community health centres have multiple sites.
Source
Primary Health Care Database, Canadian Institute for Health Information.

Text alternative for Figure 2: Percentage of CHC primary care clients and Ontario population, by sex and age group, 2021–2022

	CHC primary care clients		Ontario population	
Age group (years)	Female	Male	Female	Male
0–17	10%	10%	9%	9%
18–44	23%	15%	18%	19%
45–64	13%	11%	13%	13%
65 and older	9%	7%	10%	8%

Note

Comparisons are made with the 2021 Ontario population estimates.

Sources

Primary Health Care Database, 2021–2022, Canadian Institute for Health Information; and Census Profile, 2021 Census of Population, Statistics Canada.

Text alternative for Figure 3: Percentage of CHC primary care clients, by self-reported race, 2021–2022

Self-reported race	Percentage of CHC primary care clients
White	54.5%
Black	14.8%
Latin American	7.4%
Asian — South	6.7%
Indigenous	4.5%
Middle Eastern	4.0%
Asian — East	3.6%
Asian — South East	2.7%
Other	1.1%
Multiracial	0.7%

Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 4: Percentage of CHC primary care clients and Ontario population, by neighbourhood income quintile, 2021–2022

Neighbourhood income quintile	Ontario population	CHC primary care clients
1 (lowest income)	20%	35%
2	19%	21%
3	20%	17%
4	20%	12%
5 (highest income)	20%	10%

Sources
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information; and Postal Code Conversion File Plus (PCCF+), Statistics Canada.

Text alternative for Figure 5: Prevalence of chronic conditions among CHC primary care clients (2021–2022) and Ontario and Canadian populations (2015–2016)

Chronic condition	CHC primary care clients	Ontario population	Canada population
Osteoarthritis	13.1%	15.6%	13.4%
Diabetes	11.6%	9.2%	8.5%
COPD	10.1%	10.3%	10.2%
Asthma	9.3%	12.8%	11.4%
Osteoporosis	7.2%	11.8%	11.9%
Dementia	7.0%	7.6%	6.9%
Ischemic heart disease	5.5%	8.8%	8.5%
Heart failure	2.9%	3.6%	3.7%
Stroke	2.1%	3.0%	2.8%

Notes

COPD: Chronic obstructive pulmonary disease.

CHC prevalence rates are for 2021–2022; Ontario and Canada rates are for 2015–2016 from the Canadian Chronic Disease Surveillance System.

Sources

Primary Health Care Database, 2021–2022, Canadian Institute for Health Information; and Canadian Chronic Disease Surveillance System, 2015–2016, Public Health Agency of Canada.

Text alternative for Figure 6: Total CHC primary care client population and annual visit volume, 2019–2020 to 2021–2022

Fiscal year	Total visits	Number of primary care clients
2019–2020	1,438,465	314,043
2020–2021	1,445,928	319,907
2021–2022	1,586,142	332,572

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 7: Average number of CHC primary care client visits, by age group, 2021–2022

Age group (years)	Average number of visits
0–17	4
18–44	7
45–64	9
65 and older	10

Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 8: Percentage of CHC primary care client visits, by health care provider type, 2019–2020 to 2021–2022

Provider type	2019–2020	2020–2021	2021–2022
Physician	30.3%	28.7%	27.1%
Nurse practitioner	29.3%	28.5%	28.1%
Nurse	24.3%	21.5%	22.3%
Registered practical nurse	12.9%	8.7%	10.8%
Social worker	4.2%	4.4%	4.1%
Dietitian/nutritionist	2.7%	3.3%	3.2%
Other	2.8%	2.3%	2.1%
Counsellor	2.0%	2.3%	2.1%
Community health worker	1.5%	2.5%	2.0%
Chiropodist	2.3%	1.4%	1.5%

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 9: Percentage of CHC primary care client visits, by main diagnosis, 2019–2020 to 2021–2022

Main diagnosis	2019–2020	2020–2021	2021–2022
Nervousness	6.1%	7.5%	7.7%
Type 2 diabetes mellitus	6.8%	6.8%	6.8%
Essential (primary) hypertension	7.6%	6.0%	6.0%
Depressive episode, unspecified	4.6%	5.2%	5.3%
Pain in joint	3.2%	3.2%	3.5%
Other chronic pain	2.2%	2.5%	2.5%
Other symptoms and signs involving emotional state	1.3%	1.6%	1.8%
Hyperlipidemia, unspecified	2.3%	1.9%	1.8%
Acute stress reaction	1.3%	1.5%	1.8%
Dorsalgia, unspecified site	1.6%	1.6%	1.7%

Source

Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 10: Percentage of CHC primary care client visits, by service type, 2019–2020 to 2021–2022

Service	2019–2020	2020–2021	2021–2022
Health advice/instructions	62%	62%	68%
Discussion regarding the treatment plan	36%	36%	37%
Basic support	29%	31%	33%
Intermediate assessment	26%	23%	28%
Minor assessment	23%	19%	20%
Discussion regarding the diagnostic findings	18%	15%	16%
Recommendation/assistance	9%	13%	15%
Preventive care	13%	12%	14%
Chronic illness monitoring	12%	12%	12%
General assessment	10%	9%	11%

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 11: Percentage of referrals of CHC primary care clients to another CHC provider, by type of provider referred to, 2019–2020 to 2021–2022

Type of provider client was referred to within the CHC	2019–2020	2020–2021	2021–2022
Dietitian/nutritionist	13.5%	18.8%	22.0%
Social worker	12.0%	12.9%	14.4%
Physiotherapist	5.0%	7.5%	9.1%
Community health worker	2.7%	8.2%	6.1%
Nurse	8.0%	7.9%	6.0%
Counsellor	1.9%	5.1%	5.1%
Chiropodist	2.1%	3.5%	4.5%
Pharmacist	4.1%	4.4%	3.2%
Respiratory therapist	2.5%	2.3%	2.8%
Physician	7.5%	2.4%	2.0%

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 12: Percentage of referrals of CHC primary care clients to an external health care provider, by type of provider referred to, 2019–2020 to 2021–2022

Type of external provider client was referred to	2019–2020	2020–2021	2021–2022
Obstetrician	3.5%	6.7%	7.8%
Dermatologist	7.4%	6.5%	7.0%
Surgeon — general	6.6%	6.5%	6.6%
Gastroenterologist	4.7%	5.5%	6.2%
Otolaryngologist	5.1%	4.7%	5.0%
Cardiologist	3.7%	4.2%	4.3%
Urologist	3.8%	4.2%	4.3%
Neurologist	3.0%	3.5%	3.5%
Psychiatrist	3.0%	3.4%	3.1%
Internist	2.6%	2.9%	2.6%

Source
Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 13: Percentage of children (CHC primary care clients) who received mandatory vaccinations by target age* plus 3 months leeway, January 2019 to March 2022

Vaccination type	Percentage of children vaccinated by target age*	
	Pre-pandemic	Pandemic
Measles, mumps and rubella	71%	70%
Meningococcal	70%	70%
Varicella	56%	53%

Notes

* The target age for measles, mumps and rubella (MMR) and meningococcal vaccinations is 12 months old; for the varicella vaccination, the target age is 15 months old.

The Pre-pandemic cohort is children born after January 1, 2018, who reached the vaccination target age plus 3 months by March 1, 2020 (before the COVID-19 pandemic). The Pandemic cohort is children born after March 1, 2019, who reached the vaccination target age plus 3 months by the end of the data period (March 31, 2022), which was during the pandemic.

Sources

Primary Health Care Database, 2019–2020 to 2021–2022, Canadian Institute for Health Information.

Public Health Agency of Canada. Highlights from the 2021 childhood National Immunization Coverage Survey (cNICS). Accessed June 2024.

Text alternative for Figure 14: CHC visits by modality and volume, April 2019 to March 2022

Year	Count and type of visit	Month											
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
2019	Monthly visit volume	—	—	—	121,988	126,546	112,812	121,698	110,460	116,011	133,329	127,666	108,650
	In person (%)	—	—	—	86.4	86	86	86	85.9	85.8	86.2	86.7	85
	Virtual (%)	—	—	—	12.1	12.4	12.4	12.3	12.4	12.6	12	11.7	13.2
	Hybrid (%)	—	—	—	1.1	1.2	1.2	1.2	1.1	1.1	1.2	1.1	1.2
	Other (%)	—	—	—	0.3	0.4	0.4	0.5	0.5	0.4	0.5	0.5	0.6
2020	Monthly visit volume	131,293	110,880	117,132	104,892	99,515	115,964	118,844	109,975	125,228	136,401	134,531	116,824
	In person (%)	84.7	84.3	64.7	34.8	33.6	35.4	39.7	42.9	44.4	48.5	49.9	43.4
	Virtual (%)	13.3	13.8	32.5	61.5	62.4	60.6	56.2	53.2	51.7	47.8	46.4	52.8
	Hybrid (%)	1.4	1.3	2	2.9	3	3	2.8	2.7	2.7	2.6	2.5	2.5
	Other (%)	0.6	0.7	0.8	0.8	0.9	1	1.3	1.2	1.2	1.2	1.2	1.3
2021	Monthly visit volume	122,460	116,343	144,951	137,416	132,225	140,044	127,265	126,104	132,063	133,930	151,186	122,602
	In person (%)	36.8	37.5	39.9	39.4	40.7	44	47.3	46.7	48.8	52.5	55.8	52.9
	Virtual (%)	59.3	58.5	56.2	56.6	55.2	52	48.6	49.3	47.3	43.7	40.6	43.3
	Hybrid (%)	2.6	2.6	2.4	2.5	2.5	2.5	2.5	2.5	2.4	2.4	2.3	2.3
	Other (%)	1.4	1.4	1.4	1.6	1.5	1.5	1.6	1.5	1.6	1.5	1.3	1.5

Year	Count and type of visit	Month											
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
2022	Monthly visit volume	127,017	118,037	138,253	—	—	—	—	—	—	—	—	—
	In person (%)	44.1	47.8	52.2	—	—	—	—	—	—	—	—	—
	Virtual (%)	52.1	48.5	44.2	—	—	—	—	—	—	—	—	—
	Hybrid (%)	2.3	2.3	2.2	—	—	—	—	—	—	—	—	—
	Other (%)	1.4	1.4	1.4	—	—	—	—	—	—	—	—	—

Notes

— Not applicable.

Hybrid visits involved both virtual and in-person care.

Source

Primary Health Care Database, April 2019 to March 2022, Canadian Institute for Health Information.

Text alternative for Figure 15: Percentage of virtual visits, by modality type, 2021–2022

Modality type	Percentage of virtual visits
Phone	95.4%
Video	2.5%
Email	1.6%
Text	0.5%

Source

Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 16: Percentage of CHC visits, by modality and health care provider type, 2021–2022

Provider type	Percentage of CHC visits using this modality		
	Virtual	In person	Other
Dietitian/nutritionist	79.9%	19.3%	0.8%
Social worker	72.8%	26.0%	1.3%
Counsellor	72.0%	24.5%	3.5%
Community health worker	63.0%	36.3%	0.6%
Nurse practitioner	49.5%	48.5%	1.9%
Physician	46.3%	51.2%	2.4%
Nurse	41.1%	58.2%	0.7%
Other	39.6%	59.9%	0.4%
Physiotherapist	38.9%	60.8%	0.3%
Registered practical nurse	31.3%	68.3%	0.4%

Note
Percentages may not add to 100 due to rounding.
Source
Primary Health Care Database, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 17: Age–sex-standardized rates of inpatient hospitalizations per 100,000, CHC primary care clients and Ontario population, 2021–2022

Group	Age–sex-standardized inpatient hospitalizations per 100,000 population
CHC primary care clients	8,248
Ontario population	6,590*

Note

* The Ontario age–sex-standardized rate may differ slightly from previously published values due to changes in population estimates and geography assignments over time.

Sources

Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 18: Age–sex-standardized rates of ED visits, CHC primary care clients and Ontario population, 2021–2022

Group	Age–sex-standardized ED visits per 100,000 population
CHC primary care clients	57,250
Ontario population	38,112

Sources

Primary Health Care Database and National Ambulatory Care Reporting System, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 19: Age-standardized rates of hospitalization for ACSCs per 100,000, by sex, CHC primary care clients and Ontario population, 2021–2022

Group	Sex	Age-standardized hospitalizations per 100,000 population, by ACSC						
		COPD	Diabetes	CHF	Epilepsy	Asthma	Angina	Hypertension
Ontario population	Female	50	47	39	33	21	10	9
	Male	55	60	65	42	24	20	11
CHC primary care clients	Female	105	81	54	58	31	18	14
	Male	147	132	82	78	46	25	9

Notes

COPD: Chronic obstructive pulmonary disease.

CHF: Congestive heart failure.

Sources

Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Text alternative for Figure 20: Age-standardized rates of hospitalization for ACSCs per 100,000, by neighbourhood income quintile, CHC primary care clients and Ontario population, 2021–2022

Group	Age-standardized hospitalizations per 100,000 population, by neighbourhood income quintile				
	1 (lowest income)	2	3	4	5 (highest income)
CHC primary care clients	513	426	365	351	258
Ontario population	396	264	211	179	149

Inequality measure	CHC primary care clients	Ontario population
Income rate ratio	1.9	2.6
Potential rate reduction	38	37

Note

See Ambulatory care sensitive conditions in the Methodology notes for definitions of income rate ratio and potential rate reduction.

Sources

Primary Health Care Database and Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information; and Postal Code Conversion File Plus (PCCF+), Statistics Canada.

Text alternative for Figure 21: Percentage of CHC primary care clients who accessed the Ontario Drug Benefit program, 2021

Group	CHC primary care clients (%)
Accessed ODB program	40
Did not access ODB program	60

Sources
Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

Text alternative for Figure 22: Percentage of CHC primary care clients who accessed the Ontario Drug Benefit program, by age group, 2021

Age group (years)	Accessed ODB program (%)	Did not access ODB program (%)
0–24	27.1	29.0
25–34	7.6	19.1
35–44	6.9	17.0
45–54	7.8	15.2
55–64	10.2	15.6
65–74	23.2	2.3
75–84	12.6	0.9
85+	4.6	1.0

Sources
Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

Text alternative for Figure 23: Rate of use for the 3 most frequently dispensed drug classes used to treat mental health and substance use disorders, by age group, CHC primary care clients, 2021

ATC 3	Drug class	Age group (years)	Rate of use (%)	Rank
N06A	Antidepressants	0–24	11.6	1
N06B	Psychostimulants, agents used for ADHD and nootropics	0–24	6.4	2
N05A	Antipsychotics	0–24	4.7	3
N06A	Antidepressants	25–34	38.0	1
N05A	Antipsychotics	25–34	22.1	2
N07B	Drugs used in addictive disorders	25–34	9.6	3
N06A	Antidepressants	35–44	42.1	1
N05A	Antipsychotics	35–44	25.6	2
N07B	Drugs used in addictive disorders	35–44	14.1	3
N06A	Antidepressants	45–54	46.5	1
N05A	Antipsychotics	45–54	26.2	2
N05B	Anxiolytics	45–54	10.6	3
N06A	Antidepressants	55–64	45.8	1
N05A	Antipsychotics	55–64	23.1	2
N05B	Anxiolytics	55–64	10.4	3

ATC 3	Drug class	Age group (years)	Rate of use (%)	Rank
N06A	Antidepressants	65–74	27.7	1
N05A	Antipsychotics	65–74	7.4	2
N05B	Anxiolytics	65–74	5.7	3
N06A	Antidepressants	75–84	26.9	1
N05B	Anxiolytics	75–84	6.1	2
N05A	Antipsychotics	75–84	5.6	3
N06A	Antidepressants	85+	29.4	1
N05A	Antipsychotics	85+	8.1	2
N05B	Anxiolytics	85+	7.6	3

Note

See Ontario Drug Benefit program analysis in the Methodology notes for information about ATC classifications and the rate of use calculation.

Sources

Primary Health Care Database, 2020–2021 to 2021–2022, and National Prescription Drug Utilization Information System, 2021, Canadian Institute for Health Information.

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2. Canadian Institute for Health Information. Changes in practice patterns of family physicians in Canada. Accessed March 26, 2024.

3. Canadian Institute for Health Information. *Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada*. 2022.

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media@cihi.ca

CIHI Ottawa
495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto
4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria
880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal
1010 Sherbrooke Street West
Suite 511
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca
51343-0524