

GAPS IN CARE ONTARIO

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EXHIBIT 82 Prevalence of low income (%LIM-AT)* in 2016 and number of comprehensive primary care physicians (CPCF) per 10,000 population in 2015/16, by sub-region, in Ontario**

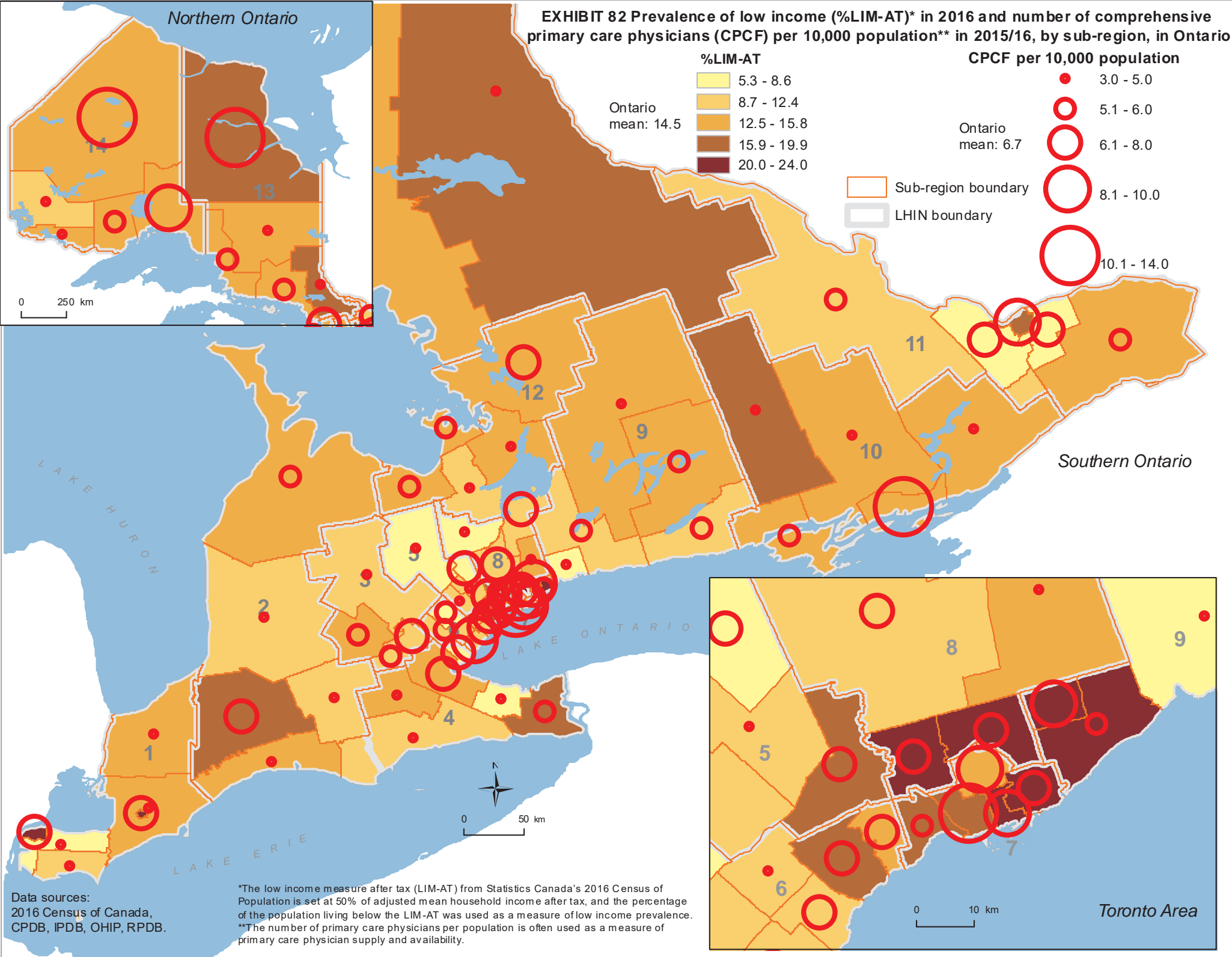
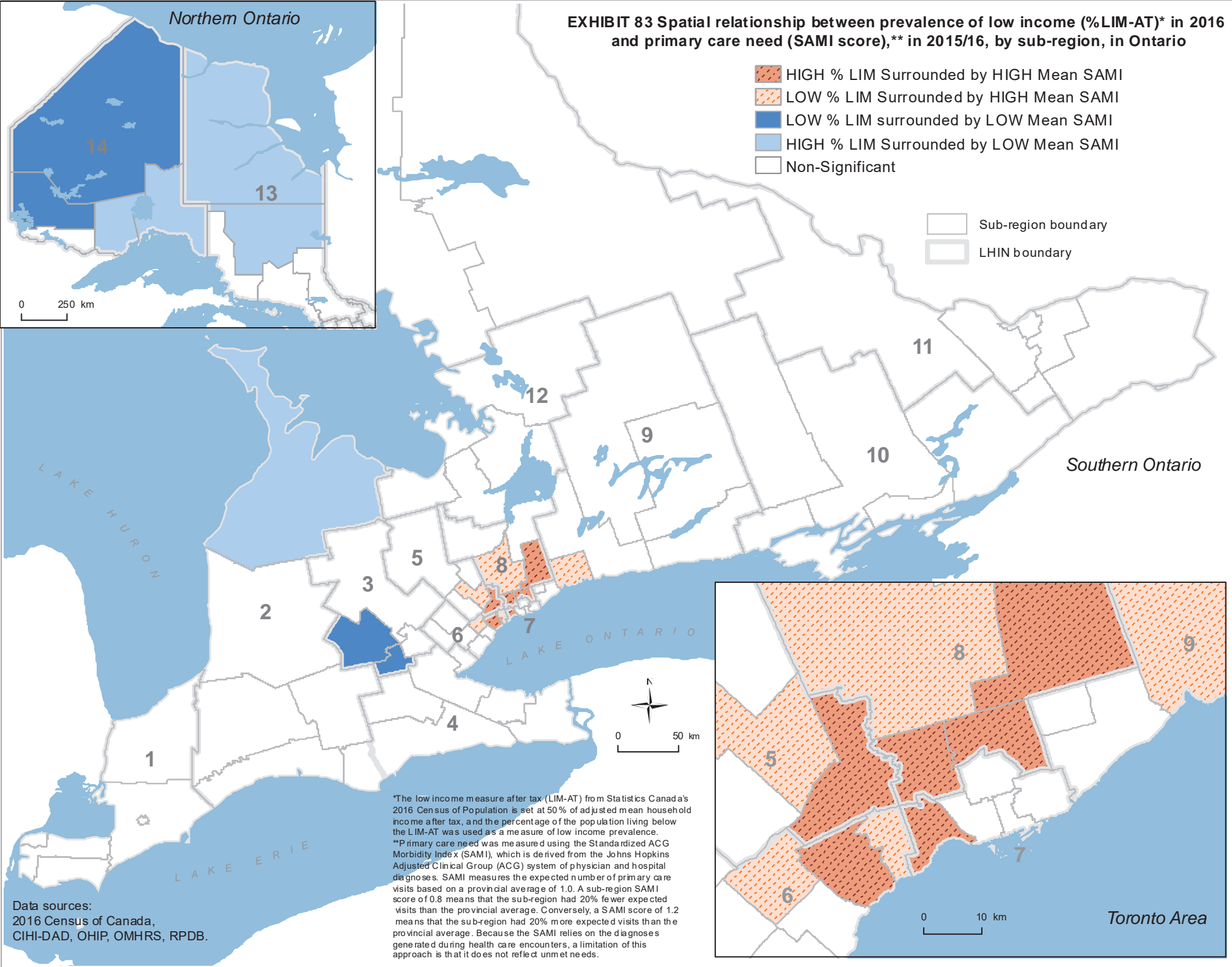


EXHIBIT 83 Spatial relationship between prevalence of low income (%LIM-AT)* in 2016 and primary care need (SAMI score), in 2015/16, by sub-region, in Ontario**










*The low income measure after tax (LIM-AT) from Statistics Canada's 2016 Census of Population is set at 50% of adjusted mean household income after tax, and the percentage of the population living below the LIM-AT was used as a measure of low income prevalence.

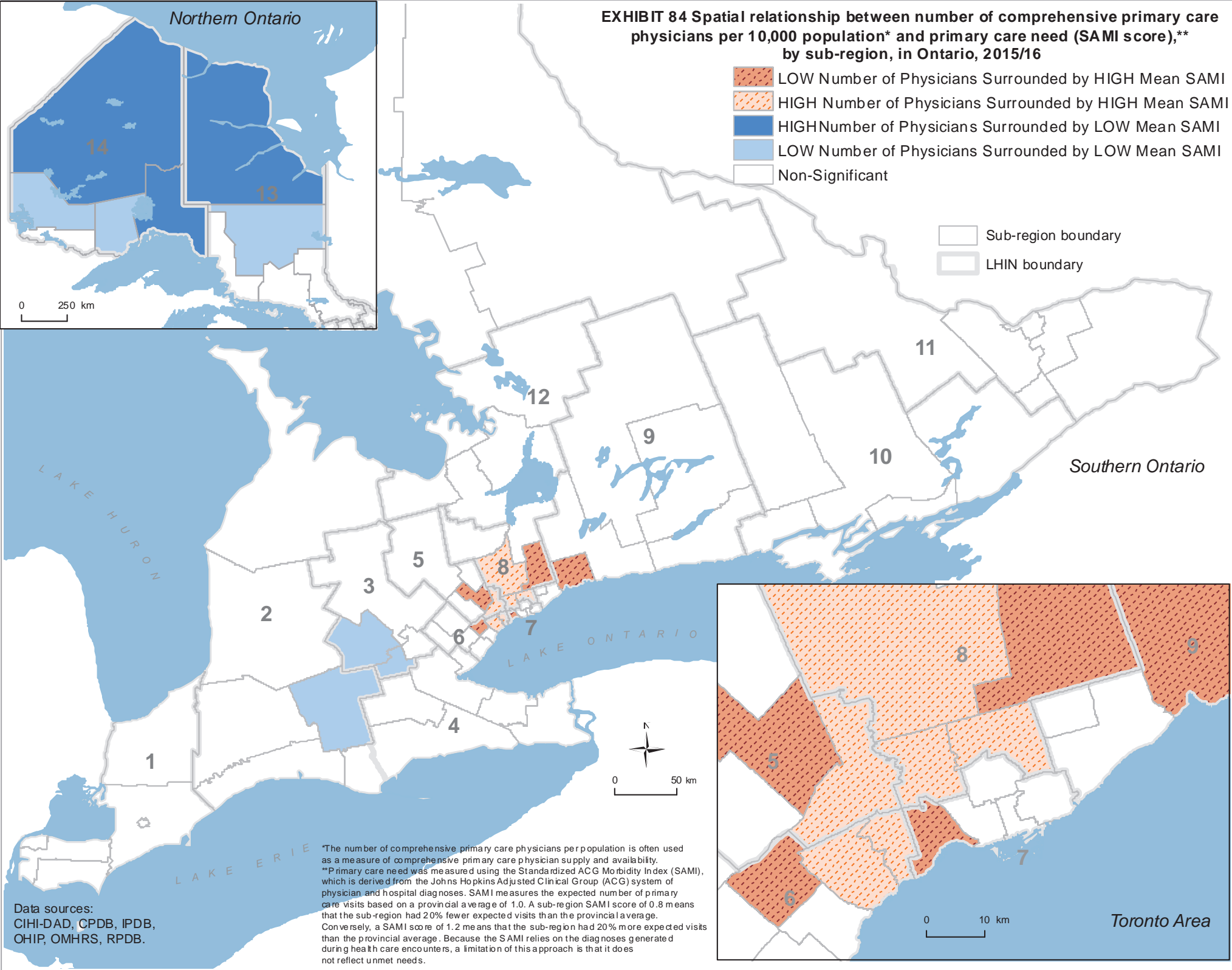
**Primary care need was measured using the Standardized ACG Morbidity Index (SAMI), which is derived from the Johns Hopkins Adjusted Clinical Group (ACG) system of physician and hospital diagnoses. SAMI measures the expected number of primary care visits based on a provincial average of 1.0. A sub-region SAMI score of 0.8 means that the sub-region had 20% fewer expected visits than the provincial average. Conversely, a SAMI score of 1.2 means that the sub-region had 20% more expected visits than the provincial average. Because the SAMI relies on the diagnoses generated during health care encounters, a limitation of this approach is that it does not reflect unmet needs.

Data sources:
2016 Census of Canada,
CIHI-DAD, OHIP, OMHRS, RPDB.

EXHIBIT 84 Spatial relationship between number of comprehensive primary care physicians per 10,000 population* and primary care need (SAMI score) by sub-region, in Ontario, 2015/16**

-  LOW Number of Physicians Surrounded by HIGH Mean SAMI
-  HIGH Number of Physicians Surrounded by HIGH Mean SAMI
-  HIGH Number of Physicians Surrounded by LOW Mean SAMI
-  LOW Number of Physicians Surrounded by LOW Mean SAMI
-  Non-Significant






-  Sub-region boundary
-  LHIN boundary





Data sources:
 CIHI-DAD, CPDB, IPDB,
 OHIP, OMHRS, RPDB.

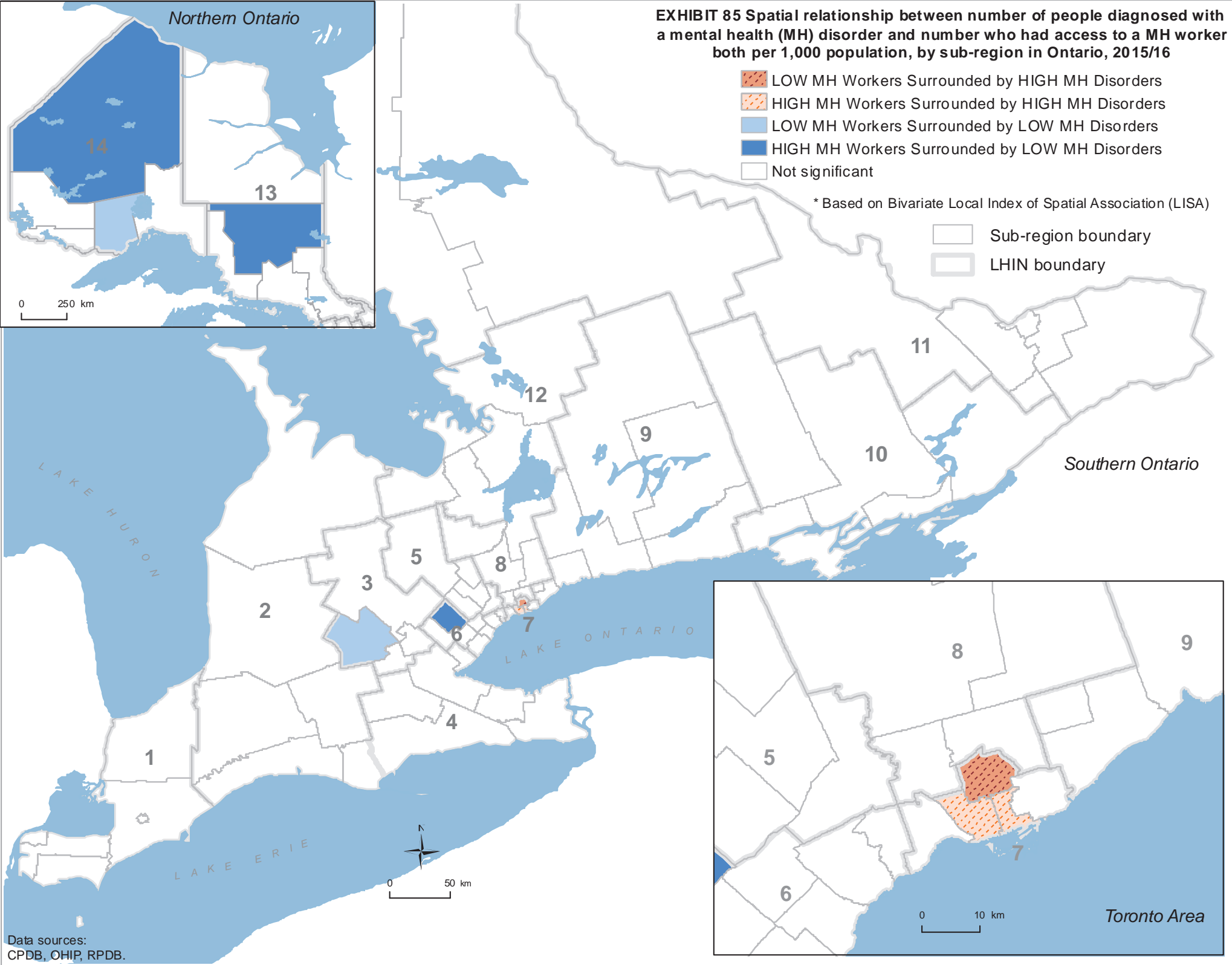
*The number of comprehensive primary care physicians per population is often used as a measure of comprehensive primary care physician supply and availability.
 **Primary care need was measured using the Standardized ACG Morbidity Index (SAMI), which is derived from the Johns Hopkins Adjusted Clinical Group (ACG) system of physician and hospital diagnoses. SAMI measures the expected number of primary care visits based on a provincial average of 1.0. A sub-region SAMI score of 0.8 means that the sub-region had 20% fewer expected visits than the provincial average. Conversely, a SAMI score of 1.2 means that the sub-region had 20% more expected visits than the provincial average. Because the SAMI relies on the diagnoses generated during health care encounters, a limitation of this approach is that it does not reflect unmet needs.

EXHIBIT 85 Spatial relationship between number of people diagnosed with a mental health (MH) disorder and number who had access to a MH worker both per 1,000 population, by sub-region in Ontario, 2015/16

-  LOW MH Workers Surrounded by HIGH MH Disorders
-  HIGH MH Workers Surrounded by HIGH MH Disorders
-  LOW MH Workers Surrounded by LOW MH Disorders
-  HIGH MH Workers Surrounded by LOW MH Disorders
-  Not significant

* Based on Bivariate Local Index of Spatial Association (LISA)

-  Sub-region boundary
-  LHIN boundary



Data sources: CPDB, OHIP, RPDB.