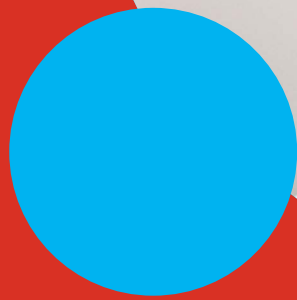
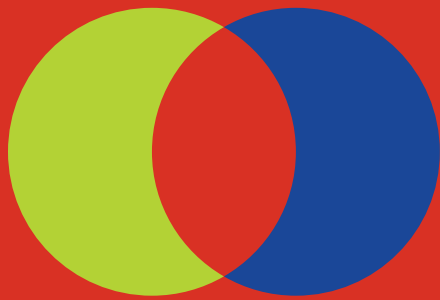


**The Conference
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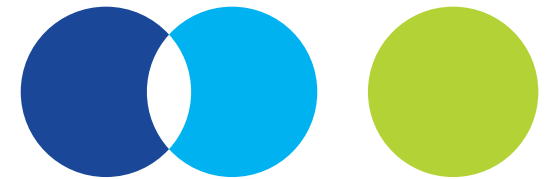


The Economic Influence of Physicians' Offices

Issue Briefing | November 4, 2020

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Key findings

- The economic footprint of physicians' offices has expanded in Canada, not only from an increase in the number of offices but also due to new delivery models that promote multidisciplinary, team-based care.
- In 2019, physicians' offices directly provided 167,000 jobs to Canadians—of which nearly 110,000 were roles for non-physician health care professionals and staff working out of these offices.
- Including indirect and induced effects, nearly 289,000 jobs in Canada can be tracked back to physicians' offices.
- In total, physicians' offices contributed \$39.5 billion to Canada's GDP in 2019. They also contributed over \$13.8 billion in taxes for federal, provincial, and municipal governments.
- COVID-19 is exerting significant financial pressure on physicians' offices. Ninety-one per cent of surveyed Canadian physicians experienced a reduction in patient care, with 33 per cent reporting this drop to be over 50 per cent.
- While the economic contributions associated with physicians' offices still appear poised for future growth, the economic benefits generated are themselves vulnerable—not only to changes in public policy, but also to broader economic challenges.



Introduction

Physicians provide the invaluable and essential service of delivering health care to Canadians. While health care is often considered in terms of costs to governments and taxpayers, it also generates many economic benefits at the national, provincial/territorial, and community levels.

Although Canada's medical care system is largely publicly funded, the provision of services is mostly private. In many respects, private physicians' offices represent the front lines of care for Canada's health care system. Most Canadians access regular health care primarily through their family physicians. Many specialists are also accessed through physicians' offices.¹

While the economics of health care is generally thought of in terms of costs to taxpayers, health care is a significant contributor to the Canadian economy. As major providers of front-line health care, physicians' offices contribute many economic benefits to the communities in which they practise. The objective of this report is to provide an assessment of the economic influence of physicians' offices in Canada.

Physicians' offices are identified to represent a distinct industry group—NAICS 621100—in Canada's national statistical system. As such, they are regularly monitored by Statistics Canada using a variety of measures, including employment, wages, and GDP.

According to the 2014 National Physician Survey,² 64.8 per cent of physicians primarily practise out of an office setting of some sort,

such as a private office/clinic, community clinic/health centre, or free-standing walk-in clinic. Physicians' offices do not include other work settings where physicians practise, including research or teaching facilities, hospitals, long-term care facilities, laboratories, or diagnostic clinics. The distinction is important because this report captures the unique economic benefits associated with physicians' offices in Canada. It does not, however, capture the economic benefits of the approximate one-third (or nearly 29,000) physicians nation-wide that practice primarily in a non-office setting.

How offices evolve

The economic influence associated with physicians' offices changes over time. It fluctuates not only with changes in the number of physicians' offices but also with changes in the scope and way patients are treated. Provincial and territorial health policies have undergone changes that have resulted in more patients being treated out of hospital and an increase in ambulatory care and community visits. This shift in care has grown faster than in-patient activity.³

The structure of physicians' offices has also changed. New models of care differ from traditional models through changes in operating hours, payment structures, and scope of practice by incorporating more of an interdisciplinary workforce. These changes have generally been well received by patients.⁴ The changes to new models of care have occurred across most provinces and territories and include Primary Care Networks in Alberta, My Health Teams in Manitoba, and Family Health Networks in Ontario.

1 College of Family Physicians of Canada, The Canadian Medical Association, and Royal College of Physicians and Surgeons of Canada, 2014 National Physician Survey.

2 *ibid.*

3 Canadian Institute for Health Information, "What Are the Current Trends in Hospital Spending?"

4 Miedema and others, "Do New and Traditional Models of Primary Care Differ With Regard to Access?"

Physicians' offices in Canada

According to data from the Business Register, there were 46,934 physicians' offices operating in Canada as of December 2019. While most of the offices are small, with nearly 86 per cent employing four or fewer employees, just over 2,100 have 10 or more employees. (See Table 1.)

Physicians' offices tend to be spread across Canada roughly in proportion to the provinces' populations. Overall, there are about 1.24 physicians' offices per 1,000 people nationally. There are over 18,200 offices in Ontario, nearly double the number in the next highest province, Quebec, which sits at about 9,300 offices. Overall, there were nearly 47,000 physicians' offices in Canada in 2019. (See Table 2.)



Table 1

Most physicians' offices have 1 to 4 employees

(number of businesses)

Employer	Total businesses with employees	1 to 4	5 to 9	10 to 19	20+
Physicians' offices	46,934	40,174	4,629	1,466	665

Sources: The Conference Board of Canada; Statistics Canada.

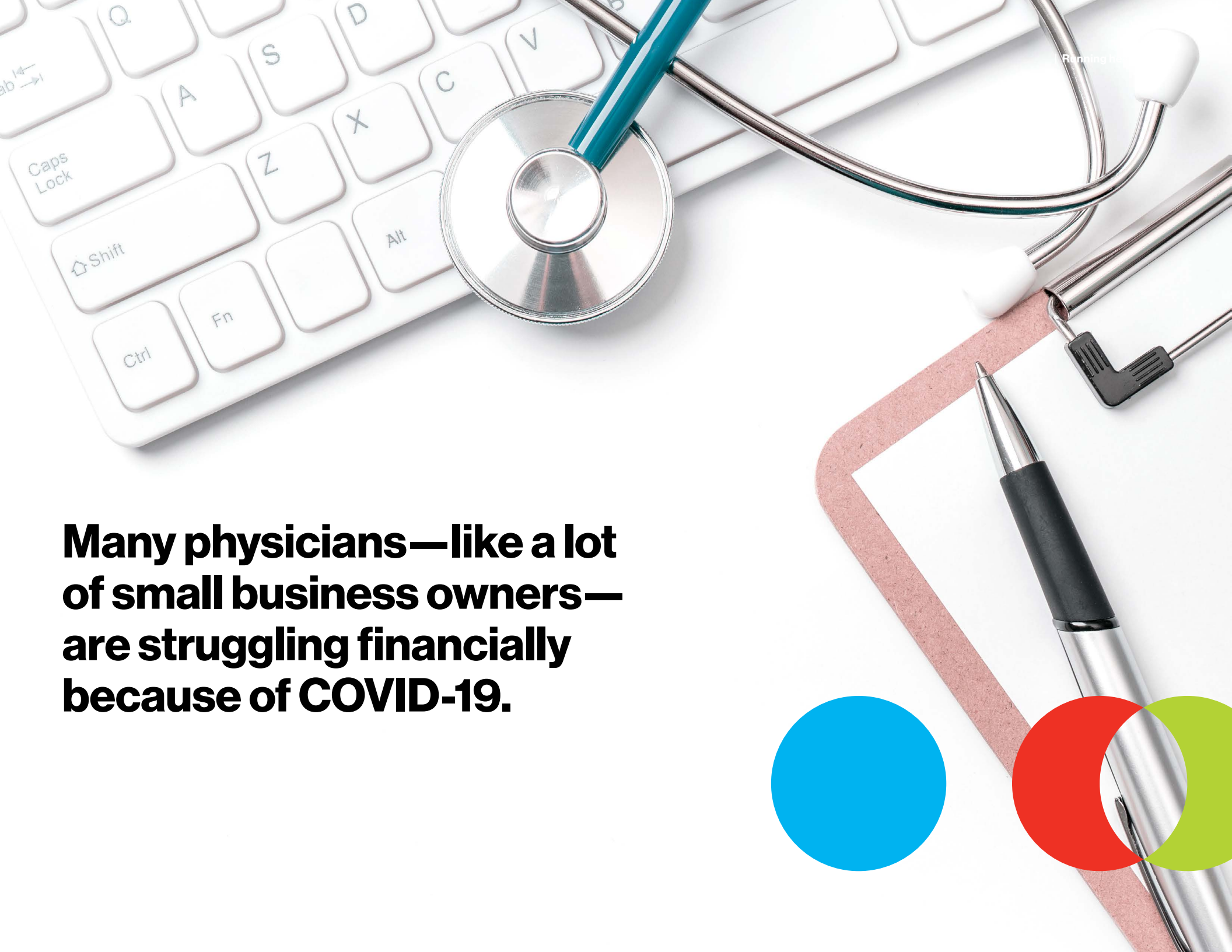
Table 2

Physicians' offices, 2019

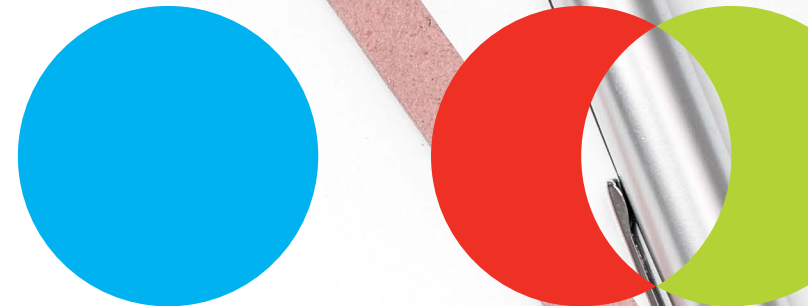
(number of offices)

Alta.	5,945
B.C.	7,782
Man.	1,421
N.B.	1,083
N.L.	590
N.S.	1,207
Ont.	18,248
P.E.I.	134
Que.	9,358
Sask.	1,112
Territories	54
Total	46,934

Sources: The Conference Board of Canada; Statistics Canada.



Many physicians—like a lot of small business owners—are struggling financially because of COVID-19.



Across the country, provinces and territories are increasing the multidisciplinary team-based primary care options for patients. While the goal is principally to enhance health care outcomes, the economic influence associated with physicians' offices has increased in tandem.

In today's environment, much of the attention focuses on how COVID-19 has transformed our daily lives. While the virus has arguably elevated the role of physicians and physicians' offices in Canadians' physical well-being, many physicians—like a lot of small business owners—are struggling with financial challenges brought on by COVID-19. A Canadian Medical Association survey revealed that 91 per cent of physicians experienced a reduction in patient care due to the pandemic. Thirty-three per cent of surveyed physicians reported a drop of over 50 per cent in patient care.⁵ Many family physicians and specialists have seen a dramatic decline in non-COVID-19-related appointments. For those physicians who are not paid a salary, this decline has generated financial hardships that have contributed to staff

layoffs and office closures.⁶ While analysis of the situation lies outside the scope of this report, it must be recognized that it will create significant economic challenges going forward as well as concerns for the provision of front-line health care.

Economic impact analysis

Significant economic benefits (impacts) can be associated with physicians' offices. They extend to many sectors of the economy and most regions of the country.

Benefits include direct, indirect, and induced impacts. Direct impacts relate only to physicians' offices themselves, whereas indirect impacts relate to spin-off economic activity generated by the expenditures incurred to actually operate the office, including the purchase or rent of the physical office space, medical equipment, supplies, and other services. Induced impacts refer to benefits associated with the re-spending of wages and salaries earned by both employees at

physicians' offices and those working at businesses providing supplies or services to these offices. Total impacts include the combined benefits associated with the direct, indirect, and induced impacts.

Appendix A provides a provincial breakdown of the benefits that physicians' offices provide to the economy.



⁵ Canadian Medical Association, *COVID-19 Pandemic: Survey Results*.

⁶ Dickson, "Physicians Facing Financial Difficulty, Struggle to Keep Practices Running."

Direct impacts

An analysis of the direct economic impacts of physicians' offices shows that they contributed \$27.37 billion to Canada's GDP in 2019. This amount reflects the value-added contribution of funds spent in physicians' offices on wages, salaries, and profits. Meanwhile, the direct employment associated with physicians' offices is estimated at 167,238 jobs. This level of employment includes physicians as well as any others working at the offices, including administrative assistants, nurses, and other health care professionals such as social workers and dietitians. (See Table 3.)

In terms of employment, physicians' offices directly employ more Canadians than telecommunications; utilities; legal services; and the postal service, couriers, and messengers. While just over 57,000 of the direct jobs were for physicians themselves in 2019, nearly 110,000 other jobs were provided to other health care professionals and staff working out of these offices.

Overall, this means that, for every physician employed, a further 1.91 jobs were directly supported in their offices in 2019. Ontario had the highest ratio of non-physician jobs to physician jobs of all provinces at 2.66—suggesting a higher prevalence of interdisciplinary teams relative to other provinces or territories. At the other extreme, Newfoundland and Labrador provided the lowest ratio of non-physician jobs to physician jobs at 0.66—suggesting a much lower prevalence of interdisciplinary teams. (See Chart 1.)

Table 3

Direct economic impact of physicians' offices, 2019

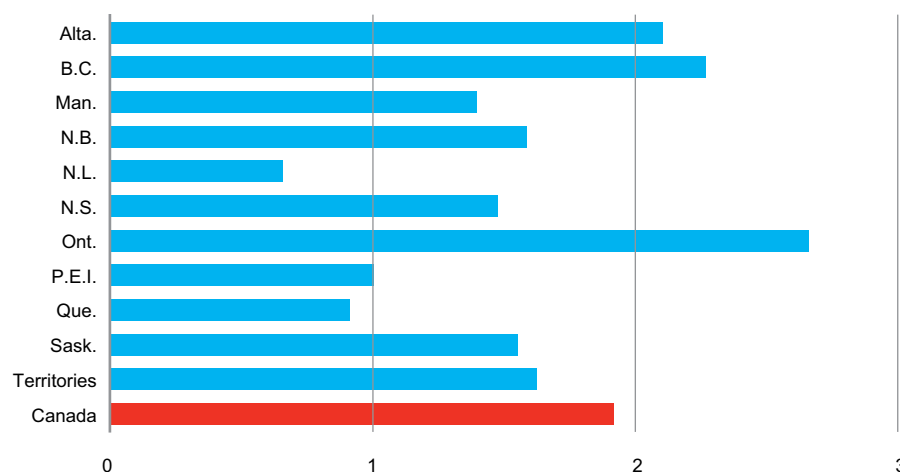
GDP at market prices (\$ billions)	27.37
Wages (\$ billions)	12.13
Employment (number of jobs)	167,238

Sources: The Conference Board of Canada; Statistics Canada.

Chart 1

Interdisciplinary teams centralize health care and boost employment

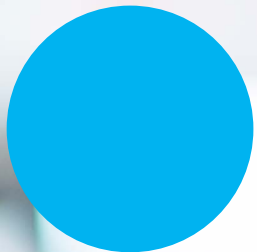
(number of other health care professionals per physician in physicians' offices)



Sources: The Conference Board of Canada; Statistics Canada.



Together, the direct and indirect economic activity associated with physicians' offices contributed \$34.21 billion to Canada's GDP in 2019 and supported a total of 235,426 jobs.



Total impacts

An analysis of the direct economic impact captures only a partial picture of the full economic benefits that physicians' offices generate. The purchases made by physicians' offices support a plethora of other businesses. Without physicians' offices, local producers and distributors would employ fewer people to produce and distribute medical equipment, provide professional services, and so on. Adding the supply-chain impacts ("indirect" impacts) to the direct impacts provides a more comprehensive perspective of the economic importance of physicians' offices. Together, the direct and indirect economic activity associated with physicians' offices contributed \$34.21 billion to Canada's GDP in 2019 and supported a total of 235,426 jobs. (See Table 4.)

Including the re-spending effects of wages and salaries earned through the direct and indirect phases provides a broader perspective of the economic footprint associated with influence of physicians' offices. With the addition of the induced phase, the total economic impact of physicians' offices contributed \$39.46 billion to Canada's GDP in 2019 and supported a total of 288,892 jobs. (See Table 5.)

To a large extent, the regional analysis shows that the level of economic benefit generated by physicians' offices tends to be fairly evenly distributed across provinces on a population basis. Across most measures, physicians' offices in Ontario account for the largest economic influence, followed by Quebec, British Columbia, and Alberta.

Physicians' offices contributed a total of nearly \$14 billion to Ontario's GDP in 2019. This was followed by Quebec at \$9.6 billion. Alberta and British Columbia were next at \$5.7 billion and \$5.6 billion, respectively. (See Table 6.)

Table 4

Direct and indirect economic impact of physicians' offices, 2019

GDP at market prices (\$ billions)	34.21
Wages (\$ billions)	15.97
Employment (number of jobs)	235,426

Sources: The Conference Board of Canada; Statistics Canada.

Table 5

Direct, indirect, and induced economic impact of physicians' offices, 2019

GDP at market prices (\$ billions)	39.46
Wages (\$ billions)	18.6
Employment (number of jobs)	288,892

Sources: The Conference Board of Canada; Statistics Canada.

Table 6

Total GDP impacts by province

(total GDP, \$ billions)

Alta.	5.65
B.C.	5.57
Man.	1.34
N.B.	0.66
N.L.	0.44
N.S.	0.89
Ont.	13.98
P.E.I.	0.1
Que.	9.6
Sask.	1.09
Territories	0.13
Total	39.46

Sources: The Conference Board of Canada; Statistics Canada.

The benefits that physicians' offices provide for employment at a regional level tell a similar story. In Ontario, physicians' offices supported over 125,000 jobs in 2019, followed by Quebec at nearly 50,000 jobs. These provinces were followed by British Columbia and Alberta at 46,000 and 34,000 jobs, respectively. (See Table 7.)

At a regional level, physicians' offices in Ontario contributed the largest amount of taxes in 2019 at nearly \$5 billion, followed by Quebec at \$3.6 billion. Next were British Columbia and Alberta, which each accounted for approximately \$1.8 billion in taxes. (See Table 8.)

**Table 7****Total employment impact by province**

(number of jobs)

Alta.	33,931
B.C.	45,769
Man.	9,399
N.B.	5,764
N.L.	2,960
N.S.	6,998
Ont.	125,284
P.E.I.	870
Que.	49,538
Sask.	7,537
Territories	842
Total	288,892

Sources: The Conference Board of Canada; Statistics Canada.

Table 8**Tax contribution impacts by province**

(total taxes, \$ billions)

Alta.	1.78
B.C.	1.81
Man.	0.46
N.B.	0.24
N.L.	0.16
N.S.	0.33
Ont.	4.97
P.E.I.	0.03
Que.	3.63
Sask.	0.35
Territories	0.04
Total	13.79

Sources: The Conference Board of Canada; Statistics Canada.

Appendix A

Provincial breakdown

Table 1
GDP impacts
(\$ billions)

	Direct	Indirect	Induced	Total
Alta.	4.04	0.75	0.87	5.65
B.C.	3.57	1.07	0.94	5.57
Man.	0.91	0.25	0.19	1.34
N.B.	0.48	0.09	0.09	0.66
N.L.	0.33	0.06	0.05	0.44
N.S.	0.66	0.12	0.11	0.89
Ont.	8.92	2.98	2.07	13.98
P.E.I.	0.07	0.02	0.01	0.1
Que.	7.59	1.29	0.73	9.6
Sask.	0.73	0.19	0.16	1.09
Territories	0.08	0.03	0.02	0.13
Total	27.37	6.85	5.25	39.46

Sources: The Conference Board of Canada; Statistics Canada.

Table 2
Wage impacts
(\$ billions)

	Direct	Indirect	Induced	Total
Alta.	1.92	0.39	0.39	2.7
B.C.	1.8	0.53	0.46	2.8
Man.	0.35	0.13	0.09	0.57
N.B.	0.23	0.05	0.05	0.33
N.L.	0.16	0.04	0.03	0.22
N.S.	0.28	0.07	0.06	0.41
Ont.	4.32	1.79	1.07	7.18
P.E.I.	0.02	0.01	0.01	0.04
Que.	2.67	0.72	0.39	3.78
Sask.	0.33	0.1	0.07	0.5
Territories	0.04	0.02	0.01	0.07
Total	12.13	3.84	2.63	18.6

Sources: The Conference Board of Canada; Statistics Canada.



Table 3
Employment impacts
(number of jobs)

	Direct			Indirect	Induced	Total
	Physicians	Other workers	Total direct			
Alta.	7,100	14,929	22,030	5,290	6,612	33,931
B.C.	7,950	18,035	25,985	9,782	10,002	45,769
Man.	1,944	2,712	4,656	2,817	1,926	9,399
N.B.	1,298	2,057	3,355	1,152	1,257	5,764
N.L.	1,080	709	1,790	614	557	2,960
N.S.	1,639	2,421	4,059	1,560	1,379	6,998
Ont.	19,916	52,954	72,870	31,021	21,393	125,284
P.E.I.	201	202	403	253	214	870
Que.	14,398	13,113	27,511	13,568	8,458	49,538
Sask.	1,663	2,580	4,243	1,789	1,504	7,537
Territories	128	209	337	341	164	842
Total	57,318	109,921	167,239	68,187	53,466	288,892

Sources: The Conference Board of Canada; Statistics Canada.

Table 4
Tax contribution impacts (by impact phase)
(\$ billions)

	Direct	Indirect	Induced	Total
Alta.	1.34	0.19	0.24	1.78
B.C.	1.22	0.32	0.26	1.81
Man.	0.31	0.08	0.06	0.46
N.B.	0.18	0.03	0.03	0.24
N.L.	0.12	0.02	0.02	0.16
N.S.	0.24	0.05	0.04	0.33
Ont.	3.19	1.05	0.73	4.97
P.E.I.	0.02	0.01	0	0.03
Que.	2.65	0.63	0.34	3.63
Sask.	0.25	0.05	0.04	0.35
Territories	0.03	0.01	0	0.04
Total	9.57	2.45	1.77	13.79

Sources: The Conference Board of Canada; Statistics Canada.



Table 5
Tax contribution impacts (by category and level of government)

(\$ millions)

	Federal sales tax	Provincial sales tax	Municipal taxes	Social security	Other	Federal corporate taxes	Provincial corporate taxes	Federal personal income taxes	Provincial personal income taxes	Total	Total federal	Total provincial	Total municipal	Total
Alta.	49.33	13.31	69.93	741	87.24	118.05	78.7	426.89	191.17	1,775.63	1,171.39	534.31	69.93	1,775.63
B.C.	61.01	35.9	93.58	680.01	123.8	136.39	90.93	432.38	151.08	1,805.09	1,135.49	576.01	93.58	1,805.09
Man.	11.18	11.39	19.91	171.05	33.3	34.87	27.9	86.83	60.67	457.1	268.21	168.98	19.91	457.1
N.B.	4.64	7.89	8.25	88.46	24.21	15.48	10.32	51.51	29.37	240.15	142.74	89.15	8.25	240.15
N.L.	3.32	5.2	5.57	60.25	9.71	11.07	10.33	34.39	20.78	160.64	96.13	58.93	5.57	160.64
N.S.	6.2	12.28	11.85	120.23	21.04	22.04	23.51	64	45.93	327.07	186.98	128.24	11.85	327.07
Ont.	135.77	235.18	227.76	1,731.78	399.49	356.85	273.59	1,101.37	508.34	4,970.15	2,974.07	1,768.31	227.76	4,970.15
P.E.I.	0.73	1.35	1.37	13.23	2.94	2.48	2.65	5.87	4.22	34.86	19.62	13.87	1.37	34.86
Que.	51.13	114.44	116.81	1,496.60	378.52	222.37	176.41	511.68	561.25	3,629.22	1,025.34	2,487.07	116.81	3,629.22
Sask.	7.81	5.48	14.94	137.11	17.62	25.93	20.75	77.33	43.59	350.56	218.1	117.53	14.94	350.56
Territories	1.86	0.07	2	15.37	2.65	4.45	3.74	10.41	3.63	44.18	28.82	13.36	2	44.18
Canada	333	442.5	571.98	5,255.11	1,100.51	950	718.83	2,802.67	1,620.04	13,794.63	7,266.90	5,955.76	571.98	13,794.63

Sources: The Conference Board of Canada; Statistics Canada.



Appendix B

Methodology

Developing the economic impact model

To produce economic impact results that are as robust and reliable as possible, we utilized economic impact models at the national and provincial levels that make use of the most current and detailed input-output tables and multipliers available from Statistics Canada. In addition, the economic impact models leverage the credibility and robustness of sector-specific tax data available from Statistics Canada.

Broadly speaking, input-output-based economic models are used to identify and quantify the extent of linkages that exist between different segments (households, businesses, and government) and sectors of the economy. At its core, input-output-based models rely on input-output tables that illustrate not only how goods and services are produced in an economy but also who consumes the goods and services. In this respect, an input-output-based analysis reveals how the output of one industry serves as an input to another industry, thereby linking industries as both producers and consumers of goods and services. Input-output-based models utilize various forms of “impact” matrices to perform scenario analyses pertaining to changes in industry, consumers, government, and even foreign suppliers.

Taxes and employment are two key impact measures that require data sources beyond those available in the input-output model.

Taxes

Even though many of the sales tax ratios are available from the margins tables produced by Statistics Canada, additional work was required to adjust these rates based on whether tax rates had changed between 2015 (the year of the input-output tables) and 2019 (the base year of the analysis).

Employment

Employment is a measure that is available, in aggregate form, from the multiplier tables produced by Statistics Canada. However, the employment multipliers relate to the year of the tables (2015) and not the year of the analysis (2019). To adjust for this, average wage growth was incorporated to reflect the four-year gap.

Once again, to preserve the industry-by-industry detail available from the model, appropriate average wages were applied against industry labour income estimates to largely align with the employment multipliers from Statistics Canada. The one distinction was that the employment multipliers reflected the economy operating in 2015. Hence, the adjustments on average wages that were made would estimate what the employment multipliers would resemble had they been produced for 2019.

Ensuring the expenditures associated with physicians' offices are current and relevant

At the most detailed level, the supply and use tables from Statistics Canada are able to show the outputs and inputs associated with BS621100 (offices of physicians). The challenge is that these figures reflect the 2015 calendar year. To estimate what this category would be in 2019, two distinct adjustments were required.

The first adjustment was to reflect the change in the number of physicians working out of physicians' offices. To do this, data from the CMA were used that reflected the number of GPs and specialists in both 2015 and 2019. To find the number of physicians working in an office, the 2014 National Physician Survey was used to determine the percentage of GPs and specialists that work in an office. These two datasets were then used to calculate the change in the number of physicians that are working out of physicians' offices. To note, the CMA data had no breakdown for the territories; therefore, the number of physicians for each territory was assumed to be distributed relative to their population distribution.

The second adjustment was to reflect the change in the revenues generated by physicians' offices per physician. To do this, the proxy of the cost per physician was used from the Canadian Institute for Health Information's (CIHI's) total public physician spending. The CMA data were used to get per physician spending from the CIHI data. The CIHI data have spending data only until 2017; therefore, the growth rate of the spending from 2012 to 2017 was used to obtain the 2018 and 2019 spending per capita. This was then used to calculate the percentage change in revenues generated by physicians' offices.



Adjustments to direct employment estimates

The employment estimates that stem from an input-output-based analysis are directly related to those derived in the productivity measures of employment.¹ In most instances, the estimates from this approach align closely with those reported from other sources, including Statistics Canada's census, the Labour Force Survey (LFS), and the Survey of Employment, Payrolls and Hours (SEPH). In the case of physicians' offices, the employment estimates from the productivity measures is significantly less than those reported by the other sources.

To find a middle ground, the Conference Board utilized estimates from the SEPH to represent the employment related to payroll employees, while estimates for self-employment came from the relationship observed using Statistics Canada's 2016 Census. A verification check was then performed to establish whether the resulting average wages made sense at the provincial/territorial level.² Based on this verification check, further adjustments were made to direct employment levels in the territories to correct for average wages in the Northwest Territories and Nunavut that were deemed to be too high (particularly in relation to Yukon).

In the end, the adjustments increased the direct employment associated with physicians' offices from approximately 141,000 to 167,000. Despite the adjustments, the direct employment reported in this analysis is still significantly less than the 194,800 reported in the LFS for 2019.

¹ Statistics Canada, Table 36-10-0489-01.

² This is important because the level of wages and salaries generated was not adjusted from the input-output analysis.

Appendix C

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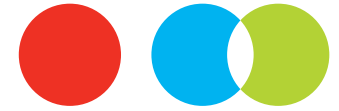
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Acknowledgements

The Conference Board of Canada created this briefing with funding and support from the Canadian Medical Association. In keeping with Conference Board guidelines for custom research, the design and method of research, as well as the content of the briefing, were determined solely by the Conference Board.

The authors would like to recognize contributions from Conference Board staff, including Darren De Jean; and from Canadian Medical Association staff, including Azin Peyrow, Stephen Vail, Owen Adams, John Feely, Laura Myers, and Jennifer Kitts. Any omissions in fact or interpretation remain the sole responsibility of The Conference Board of Canada.

The Economic Influence of Physicians' Offices

Thomas Clarke and Gregory Hermus

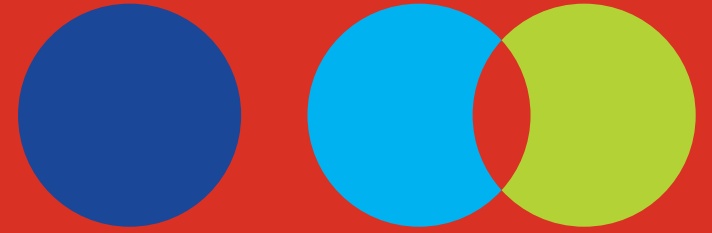
To cite this research: Clarke, Thomas, and Gregory Hermus. *The Economic Influence of Physicians' Offices*. Ottawa: The Conference Board of Canada, 2020.

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