

2026 Targeted Idea Intake – Priority Issues Summary

The OMA advocates for Ontario's doctors through a variety of strategies to generate support from government decision makers, elected officials, influencers and the public. We currently focus our advocacy on a range of issues including scope of practice, family medicine, physician burnout, physician health and wellbeing, OHIP billing delays or non-payment, community-based specialist access and physician-hospital relations.

While advocacy activities are under way in each of these areas, there is an opportunity to lend your support by providing your input and ideas in areas of greatest need, as identified by physician leaders during the recent General Assembly in November 2025. These are identified below.

1. Unsustainable physician workload and/or call schedules in hospitals

The Issue:

Hospital-based physicians reported concerns about being asked by hospital administration to take on unreasonably high workloads, i.e., higher than normal volume of patients or higher on-call burden, which raised concerns about patient safety, quality of care risks, and physician burnout.

What's happened to date?

To gain a deeper understanding of the scope of the issue we conducted a survey which revealed these challenges were not isolated to any care speciality or geographical setting. Rather, they transcended various specialities and regions, underscoring a broader systemic challenge. We also found that although physicians who are being asked to work in situations that may compromise patient safety are required to raise this with hospital administration, support from hospital administration is often lacking. However, there were some examples of hospitals with supportive policies and standards in place and where physicians reported strong collaboration with hospital administration. Currently, there are no policies or standards in place to support doctors in these challenging situations. We are exploring resources to help physicians navigate these situations.

What else can we do?

- What concrete support or policy would make the biggest difference right now (e.g., defined patient caps, on-call limits, escalation pathways)?
- What specific changes (e.g., to scheduling, patient caps, or policies) would make your hospital workload safer and more sustainable over the next year?
- If you've raised workload or safety concerns with hospital administration, what response helped (or didn't)?

2. OHIP billing delays or non-payment

The issue:

OHIP delayed and rejected billings continue to be one of the more critical issues facing our members. It is a key issue we brought forward at Queen's Park Day with the government and with the media which has resulted in news coverage on CBC and in the Toronto Star.

According to a recent OMA survey, almost 90 per cent of respondents have had OHIP claims rejected or flagged for manual review this past year. While the Ministry of Health has said they process 99 per cent of claims, that leaves one million claims a year that are flagged for review. Of these, about 58,000 undergo a more intensive review that takes more than 30 days (and in many cases much longer) to resolve. This means the ministry is rejecting more than 1,000 cases a week that involve a thorough review. Time spent reviewing these cases is less time spent caring for patients.

What's happened to date:

- Consulted with OMA sections to understand the scope and extent of the issue
- OMA convened a cross-functional team to develop a multi-pronged plan comprising our experts in legal affairs, negotiations strategy, policy, GR/advocacy and media.
- The Auditor General's report devoted a whole section to this issue. The report notes that the OHIP system is antiquated and that the ministry has been slow to implement changes. The report also says that the ministry needs to do a better job rostering patients with family doctors through Health Care Connect, and that the government did not adequately plan for its expansion of medical school seats, including by failing to provide enough training spots.
- We continue to advocate for changes to the antiquated system itself in addition to a resolution to the unacceptable delays to payment and non-payment issue.

What else can we do?

How can we further advance this issue?

3. Access to community-based specialists

The issue:

Wait times for specialist appointments, surgery and diagnostics continue to trend in the wrong direction.

While we're working with the government to expand team-based care for family medicine, we need to find more support for community-based specialists, those specialists who work outside hospital settings and provide care closer to where patients live. This will ensure timely access, continuity of care and good patient outcomes. These physicians:

- Reduce the burden on hospitals by managing outpatient settings
- Enhance patient accessibility, including in rural and underserved regions
- Provide longitudinal, relationship-based care that supports prevention and early intervention
- Collaborate closely with family doctors to streamline referrals and follow-up However, these physicians often operate with fewer, if any, institutional supports or resources. They also face administrative burden, from disproportionate paperwork to reporting requirements. We are asking government to:
- Collaborate with the OMA to address the barriers community-based specialists face in accessing team-based care. For instance, OHIP billing rules related to physician delegation have not kept pace with today's team-based delivery models. The OMA is currently reviewing these and other barriers and developing recommendations for solutions
- Ensure meaningful inclusion of community-based specialists in Ontario Health Team (OHTs) governance and planning to help improve system integration
- Continue the work of the OMA and government forms committee to further streamline paperwork and reduce administrative burden such as completing insurance forms

What's happened to date:

We are asking government to:

- Collaborate with the OMA to address the barriers community-based specialists face in accessing team-based care. For instance, OHIP billing rules related to physician delegation have not kept pace with today's team-based delivery models. The OMA is currently reviewing these and other barriers and developing recommendations for solutions
- Ensure meaningful inclusion of community-based specialists in Ontario Health Team (OHTs) governance and planning to help improve system integration
- Continue the work of the OMA and government forms committee to further streamline paperwork and reduce administrative burden such as completing insurance forms

What else can we do?

How can we advance this issue?