Ontario Medical Association

Reducing delays in patient care working group

Report & Recommendations

March 2025

Table of Contents

Introduction

Palliative care in Ontario is a critical yet often underfunded and fragmented component of the healthcare system. While the province has made strides in recognizing its importance, significant gaps remain in access, coordination, and funding. Many patients with life-limiting illnesses still experience delays in receiving palliative care, leading to unnecessary hospitalizations, increased suffering, and strain on families and caregivers. The demand for palliative care services continues to rise, yet many regions in Ontario lack adequate resources and trained professionals to meet this need.

Recognizing these challenges, the Reducing Delays in Patient Care Working Group has taken a proactive role in addressing the systemic barriers that prevent patients from accessing timely palliative care.

While exploring advocacy options for palliative care, the working group and advocacy staff recognized a gap in resources to guide grassroots members through their own advocacy journey. Getting started in advocacy can feel overwhelming, and while OMA members are passionate about improving patient care, many express uncertainties about how to navigate political systems, communicate effectively with decision-makers, and mobilize support.

To empower members, the working group developed an OMA Advocacy Toolkit, a practical resource designed to help members take their first steps in advocacy. This toolkit offers clear guidance on setting advocacy goals, engaging with stakeholders and crafting impactful messages.

With this this toolkit, the working group has developed a targeted advocacy plan to prioritize palliative care, ensuring that it becomes an integrated and well-supported part of Ontario’s healthcare system.

This report outlines the vision, recommendations, and next steps for advancing palliative care advocacy, providing a strategic framework to address the delays and barriers patients face in accessing essential care.

Mandate

To develop high quality actionable recommendations to address delays in patient care through looking at patient flow from an advocacy lens (e.g., campaign, advocacy approach)

Vision

The Reducing Delays in Patient Care Working Group envisions an Ontario where all patients have equitable and timely access to high-quality palliative care, regardless of their location, diagnosis, or background. By addressing systemic barriers and inefficiencies, the working group hopes that these recommendations will help integrate palliative care more effectively into the healthcare system, improving patient outcomes, reducing hospital strain, and ensuring compassionate, person-centered care at the end-of-life.

At the same time, advocacy plays a crucial role in driving these systemic changes. Many OMA members are deeply committed to improving patient care but may feel uncertain about how to navigate political systems, communicate with decision-makers, and mobilize support. The working group is committed to empowering OMA members to take action in their own advocacy journeys.

Deliverables

To achieve this vision, the working group had two deliverables:

1. **Develop and implement an advocacy toolkit**
    - Provide OMA members with clear guidance on effective advocacy strategies.
    - Distribute the toolkit through OMA platforms, medical schools, and advocacy groups.
    - Gather member feedback to refine and enhance its impact.
2. **Develop palliative care advocacy recommendations**
    - Advocate for policy changes to expand access to palliative care services, particularly in underserved regions.
    - Push for sustainable funding models to reduce reliance on fundraising for palliative care operations.
    - Support initiatives that integrate palliative care into primary care and Ontario Health Teams (OHTs).

The working group considers success in the following forms:

Reducing delays in patient care by prioritizing palliative care

- Impacted staff, constituency groups and committees are aware of palliative care advocacy plan
- More palliative care and hospice beds, strategically placed based on data-driven assessments of provincial needs
- Reduced wait times for palliative care services
- Increased access to 24/7 palliative care with virtual and in-person services available to rural, remote, and underserved areas
- Expansion of home-based palliative care programs
- Reduction in hospitalizations and alternate-level-of-care (ALC) days for palliative patients, leading to less overcrowding in acute care settings

OMA advocacy toolkit

- Members are aware of the toolkit and it is easily accessible
- The toolkit is actively used by OMA members and is integrated into physician leader advocacy education

- OMA members feel more confident about creating and achieving their advocacy goals
- Members provide constructive feedback on the toolkit, and the toolkit is amended regularly to suit member needs

Palliative care advocacy recommendations

Below are the recommendations to reduce delays in patient care by prioritizing palliative care. Further details on rationale and impact can be found in Attachment B.

1. Equitable and timely access to palliative care

1.1. Create a heat map that shows Ontario's gaps in palliative care versus the areas of the province with the greatest number of ALC days and longest hospital wait times and use it as a guide to determine how many palliative care and hospice beds Ontario needs, and where they should be placed.

1.2. Address inequities and imbalances in the existing physician funding models, such as AFP and Community Palliative On-Call applications, to help reduce system fragmentation.

1.3. Consistent access to specialized palliative care and resources in the community to provide guidance around end-of-life care and symptom management.

1.4. Identify areas of the province with limited or no 24/7 support for patient, families, and caregivers, and invest in provision of on-call supports for those areas

1.5. Expand access to telemedicine-based palliative care consultation for patients in rural, remote, and underserviced areas.

1.6. Work to ensure telephone/virtual access to on-call palliative specialists for areas of the province where direct palliative care consultation is not yet available, to help provide the opportunity for all patients to die at home, should they choose.

2. Reduce reliance on acute care settings at end of life

2.1. Calculate the cost of palliative care ALC days, and reinvest that money into palliative home and community supports.

2.2. For the areas of the province with the greatest need, fund, create, and operate new chronic palliative care beds within existing infrastructure such as long-term care homes.

2.3. Amend criteria for hospice and palliative care involvement to focus on provider recommendation and patient benefit, rather than expected prognosis.

2.4. Address barriers to home care support—especially in rural and remote settings.

2.5. Increase number of skilled palliative care providers, including physicians, nurses, and other allied professionals.

3. Integrated person-centered system

3.1. Reduce preventable admissions by identifying successful home frailty programs, investing further in them, and expanding them into other areas of the province.

3.2. Ensure that all patients have discharge options to allow for them to die in their preferred setting, whether in the hospital or community.

Advocacy toolkit recommendations

The advocacy toolkit is attached (attachment A). The working group recommends full adoption of the toolkit. Suggested distribution of advocacy kit is listed below.

Next Steps

Suggested Distribution of Advocacy toolkit

Internal launch to OMA Members

- **OMA Website & Member Portal:** Create a dedicated landing page for the toolkit within the OMA advocacy webpage, easy access for all members.
- **OMA News:** Include launch of the toolkit in OMA news, highlighting key resources, and providing direct download links.
- **OMA App Integration:** If applicable, include the toolkit in the OMA mobile app for quick access.
- **Constituency leaders:** Share the toolkit directly with constituency leaders, who can share it more widely among their constituents
- **Key leadership groups at the OMA:** Share with groups such as OMA Healthcare Advocate Program and OMA Physician Leadership Program
- **Member advocacy education:** Toolkit will be used as the foundation for future advocacy education programs

External distribution

- **Medical schools and residency**
    a. Distribute to Ontario medical schools, Professional Association of Residents of Ontario and Ontario Medical Student Association to guide medical students through grassroots advocacy
- **Physician advocacy groups**
    - Black Physicians’ Association of Ontario
    - Canadian Women in Medicine
    - Family Medicine Residents of Ontario
    - Ontario Health Teams
    - Indigenous Physicians Association of Canada
    - Canadian Association of Physicians with Disabilities
    - Physician Mothers of Ontario
    - Canadian Muslim Medical Association

Member feedback and advocacy outcomes

- Conduct pre and post distribution surveys with constituency groups to assess OMA members’ awareness of the toolkit, and confidence and knowledge of advocacy before and after using the toolkit

- Collect real-world examples of OMA members using the toolkit to achieve their advocacy goals
- Track number of downloads from webpage
- Revisit the toolkit after 1 year, and revise based on user feedback and new resources

Palliative care advocacy recommendations

Integrate into OMA work

- Use advocacy asks to strengthen advocacy campaigns that focus on reducing delays in patient care
- Share with OMA sections that are impacted by palliative care

Strengthen Collaboration with Advocacy Partners

- When appropriate, partner with organizations such as the Ontario Palliative Care Network (OPCN), Ontario College of Family Physicians (OCFP), and Canadian Society of Palliative Care Physicians (CSPCP) to align efforts.
- Work with hospital administrators and long-term care leaders to push for increased funding and staffing for palliative care units.

Engage the Public and Patient Advocacy Groups

- Collaborate with patient advocacy organizations like the Canadian Hospice Palliative Care Association (CHPCA) and grassroots caregiver networks.

Conclusion

The Reducing Delays in Patient Care Working Group is committed to addressing systemic healthcare challenges through strategic advocacy efforts. By prioritizing palliative care, this initiative aims to reduce patient care delays, improve quality of life, and create a more resilient healthcare system. The recommendations outlined in this report provide a clear roadmap for achieving meaningful reforms, ensuring that every Ontarian has access to timely and compassionate palliative care services.

Appendices

Approach/Methodology

The working group's approach was structured around evidence-based advocacy, stakeholder engagement, and continuous evaluation:

Environmental Scan & Data Analysis

- Conducted a review of palliative care accessibility, funding models, and workforce shortages.
- Identified key barriers and disparities in service delivery across Ontario.

Stakeholder Consultation

- Collaborated with OMA advocacy panel, Health Policy team and the Section of Palliative Medicine executives to refine recommendations.
- The working group wanted to consult with the Ontario Palliative Care Network (OPCN). The OMA had a strong working relationship with the OPCN, bolstered by monthly touchpoint meetings. However, these meetings are currently on hold during negotiations.

Alignment with previous OMA recommendations for palliative care

- Aligned and echoed recommendations from OMA's 2021 Prescription for Ontario

Workplan

Meeting Date	Deliverables and Actions between meetings
2023	
May 18	• Orientation, introduction of expression of interest of chair and vice chair
July 24	• Discussed the fluctuation of ALC numbers through COVID, wait-times, referrals per specialist, and the limited access to team-based care
October 25	• Environmental scan on source of delays in patient care
December 6	• Created a list of potential recommendation areas • Working group decided there were too many possible recommendation areas, and would need to narrow down and focus the recommendations
2024	
September 9	• After a pause beginning-mid February, working group reconvened • Significant progress made on surgical beds and day surgery centres via Stop the Crisis and Prescription for Ontario

	• Decided to shift focus to the specific priority of reducing delays in care by prioritizing palliative care
September 25	• OMA Advocacy approached working group to provide member lens on an advocacy support request process • Working group realized there are many grassroots members who want to advocacy to reduce delays in patient care through different channels, and need support • Working group decided to create an advocacy toolkit to guide members through their advocacy journey and apply that kit toward advocacy for palliative care
November 29	• Draft content for advocacy toolkit created and reviewed
2025	
January 23	• Fully designed advocacy toolkit shared with working group • Advocacy toolkit shared with select constituency leaders active in the advocacy space • Palliative care advocacy plan developed using the toolkit • Palliative care advocacy plan shared with OMA Section of Palliative Medicine
February 20	• Advocacy toolkit and palliative care advocacy plan shared with advocacy panel

Working Group Membership

- Dr. Jesse Wheeler (Chair)
- Dr. Samir Gupta (Vice-Chair)
- Dr. Jiwei li
- Dr. Pamela Liao
- Dr. Tumushabe Mutungi
- Dr. Sylvia Pillon
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OMA Staff

- Holly Barimah (Lead, Branded Content)
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- Corey Hull (Advisor, Government Relations & Advocacy)
- Abid Malik (Director, Government Relations & Advocacy)

Attachments

Attachment A: OMA advocacy toolkit
Attachment B: Palliative care advocacy rationale and impact
Attachment C: Palliative care advocacy plan

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