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PRESENTATION TO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

NORTHERN ONTARIO

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Good morning, my name is Dr. Stephen Cooper and I have been a rural physician on Manitoulin Island since 1992.

I am speaking to you today in my role as OMA Chair as District 9 – better known as NE Ontario. Wawa to Temiskaming Shores, Moosonee to Parry Sound. It is a large area that includes downtown Sudbury and remote Manitouwadge. Mining and resort communities. Remote and downtown indigenous communities. A large francophone population as well as Italian and Finnish communities. A health science centre that is striving to be a world-class health-care centre and health-care centres like the one that I work at that provide general cradle-to-grave care by a handful of all purpose nurses and physicians.

I appreciate the opportunity to present to this Committee as the government develops its 2022 budget. The message from Ontario's doctors is simple: health-care spending must be prioritized, especially in northern Ontario where the situation is most dire.

I don't need to tell you that access to health care in the northeast is problematic.

Just over 89 per cent of people in the northeast report having a family doctor, nurse practitioner or other regular health-care provider, well below the Ontario average of 94 per cent. The region also has the second highest proportion of people over 65 or more in the province, and the second highest proportion of those over 75.

And life expectancy is the north is 2.5 to 2.9 years lower than the Ontario average.

Today, northern Ontario is short some 300 family doctors, internists, psychiatrists, pediatricians, anaesthetists, and other subspecialists. Many of my patients must travel to Barrie or Toronto for specialist care, particularly in rheumatology, neurology, respirology.

Manitouwadge has been without any practicing physicians.

Matheson, Iroquois Falls and Cochrane have less than half the number of doctors required, and Geraldton has only two-thirds of their required physician workforce.

Chapleau has only two practicing physicians.

Wawa should have six doctors, but has four, and soon there will be three.

Timmins and North Bay are struggling to fill ED roster and the shortage of GP anaesthesia and general surgeons risks surgical and OBS programs in smaller cities.

The north was disproportionately affected by mental health and addiction challenges before the pandemic, and the situation has worsened significantly. I can say my shifts in emergency – the challenges of mental health and addiction -- are a large portion of my work.

Let me touch on virtual care. Like you – the pandemic as pushed us to embracing working virtually. To many patients and physicians – it has been a wonderful addition to providing health care. For the north – with its large geography it has always been critical to providing with access to medical care including mental health care delivery and in addiction medicine. Time to accept virtual care as standard and make temporary OHIP codes permanent.

Each day for almost two years, the OMA and the province's 43,000 doctors have seen our health-care system stumble under the weight of COVID-19, not only in the north but throughout the province. The negative impact on patients is incalculable and it will take years to catch up.

That's why last year the OMA undertook the largest stakeholder and public consultation in our 140-year history to understand where the gaps are and how to fix them.

The eight-month consultation began in northern Ontario and included round tables of northern Ontario leaders representing a broad range of sectors, and extensive input from northern physicians.

The result is *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care,* launched in Sudbury in October. It is a roadmap of 75 recommendations to get health care on the road to recovery, and contains 12 specific recommendations to improve delivery of health care in northern Ontario.

It all comes down to these five priorities:

- Reduce wait times and the backlog of services
- Expand mental health and addiction programs in the community

- Improve and expand home and other community care
- Strengthen public health and pandemic preparedness
- Give every patient a team of health-care providers and link them digitally

To fix the shortages of doctors and other health providers in the north, the OMA recommends the following:

- Patients should have equitable of access to care in their own communities
- The incentives and supports for doctors and other health-care professionals to practise in northern Ontario should be reviewed and updated
- We need a greater focus on education, training, innovation, and opportunities for collaborative care in remote communities
- Resourced opportunities need to be created so that specialist and subspecialist trainees can do electives and core rotations; and
- Medical students and residents need the skills and opportunities they need to be confident in choosing rural and remote practices

We note and welcome the government's recent investment of $10.6 million in northern Ontario to train 500 workers in hospitals and long-term care, and as home care providers. This is a good start.

Ontario's doctors also call for more resources to combat the profound and disproportionate impact of the opioid crisis and mental health issues in the north, and especially more social workers, mental health and addiction care providers and resources for children's mental health.

Virtual care codes must be made permanent and enable care provided by phone, video, text, and email. They must also ensure that patients can access virtual care for any insured health-care service that can be appropriately delivered electronically.

However, virtual care must never be considered a replacement for health human resources shortages in northern Ontario. It does not and should not replace in-person care.

The social determinants of health are non-medical factors that influence health outcomes. This connection has been obvious during the pandemic as the highest

rates of COVID-19 continue to be in communities with low incomes, that are racialized and with poor housing.

That's why the OMA is also calling for a collaborative partnership with Indigenous Services Canada and Health Canada to address issues of safe drinking water and adequacy of health-care facilities and resources in Indigenous communities. We also must address the education gaps in Indigenous communities and non-Indigenous communities, as health is directly affected by education.

The types of investments just described are not only critical to the health of northerners, but also to the northern economy. The pandemic has proved we cannot have a strong and sustained economy without a robust health-care system. We need to keep small businesses alive, restaurants full and schools open– our economy stays open when our health-care system stays strong.

This link is more pronounced in northern Ontario. One of the first questions businesses and professionals ask when they're thinking of moving to the north is "What's the health care like there?" and "Are there family doctors available in the community?" A strong health care system in the north will help attract new businesses, residents, and investment, bringing with it new opportunities for our young people.

Thank you, and I would be very pleased to take your questions.