



Ontario Medical Association

# WE WON'T GIVE UP

Ontario's doctors won't give up.  
Despite the challenges in the  
health-care system, we are not giving up  
on our promise to care for you.

Here are our solutions for the next budget.

## Ministry of Finance

Frost Building South, 7th Floor  
7 Queen's Park Cres  
Toronto, ON M7A 177

Dear Minister Bethlenfalvy,

Ontario's doctors share your commitment to solving the most pressing challenges in our health-care system. The Ontario Medical Association has been working collaboratively with your government to achieve our common goal of ensuring that every patient in Ontario has access to a family doctor.

Your government was elected to unlock Ontario's economic potential during a time of global economic uncertainty. For decades, Ontario's publicly funded health care system has been one of our greatest strengths, drawing people here to create jobs and invest in our great province. Connecting every Ontarian with a family doctor will only strengthen that value proposition.

Imagine what universal access to family doctors would mean: happier, healthier lives, longer life expectancy, fewer sick days, stronger economic growth, and a more resilient workforce.

The Ontario Medical Association has been collaborating with the Ministry of Health and the Primary Care Action Team to advance this vision. In October, we launched our "[We Won't Give Up](#)" campaign, reaffirming that despite the challenges they face, Ontario's doctors will never give up on their promise to care for Ontarians. The campaign focuses on five key priorities:

- Modernizing the outdated OHIP system
- Ensuring every Ontarian has a family doctor
- Improving access to community-based specialists
- Accelerating innovation in digital health care
- Support physician wellness

In late October, 150 doctors visited Queen's Park to meet with Ministers and MPPs to share this plan. Our offices are working to find an opportunity for some local doctors to meet with you in your riding.

Below you will find our solutions to strengthen health care and help make Ontario the greatest place in the world to live, work, and invest in.

We want to continue the progress we've made together and are committed to our partnership. We welcome the opportunity to discuss our submission. Please feel free to contact [Bianca.Turchiaro@oma.org](mailto:Bianca.Turchiaro@oma.org) so we can work together for patients.

Sincerely,



Kimberly Moran  
CEO, Ontario Medical Association



Dr. Zainab Abdurrahman  
President, Ontario Medical Association



# Help doctors see more patients by fixing OHIP

## Summary

Dr. Braden Gammon, an Ottawa surgeon, was called urgently to deal with an emergency. He raced into the operating room to [find a patient whose hand had been crushed by farm equipment](#).

Knowing there was still hope, Dr. Gammon spent 15 hours meticulously reconstructing the patient's hand and reattaching four fingers. Thanks to his work, the patient regained the use of their hand and could go on to live a normal life.

It took Dr. Gammon two and a half years to get paid. Although he billed OHIP correctly, his claim was delayed for manual review because he re-attached all four fingers in one procedure instead of separately. For physicians like Dr. Gammon, chasing paperwork months after surgeries takes precious time away from caring for patients. We estimate that an additional 57,528 Ontario patients could have been seen in 2024 if rejected claims were not an issue. Let's fix this problem together and free up capacity in our system. It is clear from the Auditor General's recent report that OHIP needs to be fixed. We agree and we are ready and willing to help. Four major problems exist:

- **Rejected claims:** More than 58,000 patient services are rejected each year through OHIP and take more than 30 days to resolve.
- **Lack of a valid card:** Some Ontarians seeking care may not have a valid OHIP card for many reasons. Doctors aren't receiving funding for the care they provide.
- **Failure to keep pace with innovation:** The process of adding new billing codes is not keeping pace with new treatments available. Some are denied outright, while others lack specific fee codes and must be billed under another code. This makes it harder for patients to get novel procedures and slows down innovation in our health care system. New and innovative procedures represent improved patient care and can reduce complications and lengthy, costly hospital stays. For example, a made-in-Ontario

## IN THE NEWS

[A Toronto-area doctor spent 10 days caring for a dying baby without pay](#)



Dr. Jane Healey faced an impossible choice. Ask grieving parents to wait in line at ServiceOntario for an OHIP card, or give up ten days of pay. Like many others, she chose to forgo pay. Her wish? More time caring for patients, less time worrying about OHIP.

technique for breast reconstruction for women after mastectomies took more than three years to get approved and doctors still face challenges billing for it.

- **Errors in funding:** From delayed payments to underpayments or overpayments, the system lacks agility to keep up with the province's health-care needs.

## Ontario's doctors recommend:



Ensure reasonable timelines for appeal of rejected claims.



Establish an ombuds office staffed with those who have clinical expertise to help resolve funding disputes in a timely and informed manner.



Create a committee of the OMA and government to review innovative procedures and ensure they are funded.



Make certain the system can process funding as outlined in the Physician Services Agreement. When errors are made, they should be accompanied and complemented with appropriate financial considerations to ensure clinical operations are not compromised.

The OMA is eager to collaborate with the government in addressing these issues that affect our economic success, patient health, and overall well-being.

## IN THE NEWS

### [These Ontario surgeons are so fed up with OHIP's billing system that they've opened up a private practice](#)

Two surgeons pioneered an innovative, made-in-Ontario breast reconstruction technique for women after mastectomies to remove cancer. OHIP took three years to approve the procedure, yet billing codes are still arbitrarily rejected. Frustrated, the surgeons plan to move to private practice so they can focus on patients instead of OHIP paperwork.



# Ensure every Ontarian has a family doctor

## IN THE NEWS

[More than half of Ontario doctors eyeing retirement in the next five years, survey shows](#)

More than half of Ontario doctors are planning to retire or considering that option in the next five years, according to a new survey that underscores the challenges for the health system as baby boomer physicians approach the end of their working lives.

## Summary

Last year, hundreds of patients lined up outside the Walkerton Legion Hall hoping to be rostered with a family doctor. Some physicians in Toronto now have patients living 400 km away because those patients can't find local care. We share the government's goal of ensuring every Ontarian has access to a family doctor. The steps the government has taken so far, like the Primary Care Action Table and FHO+ will be a big help. There are currently more than 2.5 million Ontarians without access to a family physician, and that number is expected to almost double by next year. Ontario needs to continue to focus on its strategy to attach more patients to family doctors by employing team-based care that wraps around the needs of patients and their ability to access care. Patient core teams focus on the objective of attaching patients and providing timely access to high-quality family medicine. This includes providing routine and acute care visits, chronic and preventive services, and coordinating care with outside services.

## Ontario's doctors recommend:



Expand eligibility for all family physicians and primary care pediatricians in future rounds of Primary Care Action Team funding to build patient core teams with funding directed to support physician capacity to attach. The patient core teams' model, where physicians are supported by and direct the work of team members, will strengthen capacity for patient attachment and is essential to achieving the goal of 100% attachment.



Publish a public, province wide dashboard of attachment rates including total attachment and net new attachment rates, updated frequently, so progress towards PCAT's goal of attaching every patient can be tracked.



# Improve access to community-based specialists

## IN THE NEWS

[New data shows how long Ontarians are waiting to see a medical specialist](#)

Long wait times frustrate patients and delay diagnosis and treatment, leading to worse health outcomes. In Ontario, more than a third of patients are dissatisfied with how long they must wait for care.

## Summary

Wait-times for specialist appointments, surgery, and diagnostics continue to trend in the wrong direction. Reducing wait times means that diseases are treated before they progress, patient outcomes and quality of life are improved, and the burden on hospitals and emergency rooms are reduced.

Patients deserve timely access to care. While we're working with the government to expand team-based care for family medicine, it is critical that there is more support for community-based specialists; 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 support or resources. They also face an administrative burden like disproportionate paperwork and reporting requirements.

## Ontario's doctors recommend:



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.



Community based specialists frequently lack support to enable implementation of new technologies that can improve patient experience and reduce wait times. As eReferral, central intake, and other digital infrastructure comes online, provide funding to help them incorporate new tools and manage change.



Ensure meaningful inclusion of community-based specialists in Ontario Health Team governance and planning to help improve system integration.



Fund the development of the digital infrastructure necessary to reduce wait times such as centralized referrals.



# Accelerate innovation in digital health care

## Summary

Ontario needs to accelerate the development of digital health care. From access to patient records and centralized intake, to the use of artificial intelligence to improve efficiencies in care, Ontario needs a digital health strategy.

While people can travel across the world and have access to their banking information, they cannot do the same with their health information even close to home. Health information is not readily accessible or available to share between doctors and specialists, which can have an impact on patient care.

## IN THE NEWS

[The price Ontarians' pay for the lack of access to their medical records](#)

Giving patients access to their medical records empowers them and leads to better medical care, writes Dr. Iris Gorfinkel, a family physician in Toronto

## Ontario's doctors recommend:



Co-design a central intake system with physicians and other end users, to link patients more quickly with physician care. Establish referral processes to assist in navigating people to the care they need as efficiently as possible. The government and OMA have begun discussing central intake together, and we look forward to making meaningful progress together for Ontario's patients.



Create an electronic patient record and a vaccine registry for everyone in the province that follows the patient. From vaccine history (it is time to retire the yellow card), and prescriptions, to test results and medical history, this information should be easily accessible to patients and to doctors and other clinicians so they can have a complete picture of their patients to make the best care decisions.



Collaborate with the OMA and system partners to develop a provincial AI health strategy that defines a clear pathway and timelines for application and adoption in multiple clinical settings.



# Support physician wellness

## Summary

Physicians have the same needs as their patients. Caring for those who care for patients is a critical component of ensuring the system remains viable and accessible. Mounting administrative tasks and unremunerated work, contribute to professional fatigue and threaten recruitment and retention.

While physicians are impacted by mental health and substance abuse challenges at similar rates to the general population, the risks are higher, and the treatment options are limited. Supporting the well-being of health professionals is not only a workforce engagement or satisfaction issue, but also a core patient-safety strategy. It should be measured and funded with the same accountability as other important safety measures in our system.

## Ontario's doctors recommend:

- ✔ Support hospitals, long-term care homes, home and community care, and interprofessional organizations to develop quality improvement plans and improve targets related to physician and health professional experience and well-being grounded in historical baseline data.
- ✔ Ensure Collaborative Quality Improvement Plans (cQIP) for Ontario Health Teams (OHT) include a collaborative experience and a well-being measurement tool to identify baseline well-being for physicians and health professionals connected to the OHT. The baseline will inform future improvement targets and planning.
- ✔ Provide overhead support for community physicians, which will help fund practice improvement that supports physician well-being through investment in time, products or services that reduce administrative burden.
- ✔ Provide support for physicians returning to work from an illness or injury. Physicians are largely self-employed and do not have the same structures in place as other professionals to facilitate their safe and effective return to work.
- ✔ Accelerate the implementation of provincial programs to support in-patient treatment for substance-use disorders and co-occurring conditions.