

PRESENTATION TO STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

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Jan. 31, 2023



Good morning, my name is Dr. Stephen Viherjoki. I am Chief of Emergency Services for Dryden Regional Health Centre and Chief Medical Information Officer for Thunder Bay Regional Health Sciences Centre.

I am here today in my role as chair of the Ontario Medical Association's northwest district. Its boundaries reach from the Manitoba border in the west and from Hudson Bay in the north to the United States border in the south. It encompasses 47 per cent of Ontario's landmass, but it is sparsely populated, with only two per cent of its population.

It is a pleasure to speak to the committee during its pre-budget consultations.

As you have heard from my colleague, Dr. Cooper, Ontario's physicians have been working hard to bring forward practical solutions to the challenges that confront our health-care system.

I appreciate the investments made in the last provincial budget, including toward the new cardiovascular surgery program at my hospital in Thunder Bay and the new health campus at the Weeneebayko Area Health Authority. But the urgency of the situation demands that we confront these challenges more aggressively. And that's what I'd like to focus my remarks on this morning.

Over the past several months, we have been working to develop a set of practical solutions that can be implemented quickly to address three of the most pressing issues that are preventing us from providing the care Ontarians need, when they need it.

Our plan deals with the shortage of doctors, long wait times and pressures on our hospitals.

Doctor Shortages

As mentioned, northern Ontario is short more than 350 doctors, including 200 family doctors and 150 specialists.

Ontario doctors are recommending that the province license more foreign-trained physicians by introducing a practice-ready assessment program that would rapidly inject a new supply of internationally trained physicians into the system, and to underserviced communities in particular.

We believe the new practice-ready assessment program coupled with a mentorship program designed to keep physicians in the north, which could be implemented immediately, would potentially be a game-changer in building a lasting supply of doctors in rural northern communities.

Shortening Wait Times

More than 21 million patient services and procedures that should have taken place during the pandemic did not, causing wait times for many diagnostic procedures and surgeries, which were already too long before the pandemic, to exceed provincial guidelines. As a result, patients who would have been diagnosed and treated sooner are coming to us later and sicker.

Ontario doctors are recommending the establishment of centralized wait-lists with single intake, referral and triage management systems for surgeries and procedures in each region, including the north. This initiative would provide enhanced transparency regarding wait times and increased access to care.

Preventing Transfers from Long-Term Care

Finally, we have developed a number of recommendations for the provision of diagnostic equipment and services in long-term care homes aimed at relieving pressure on the hospital system. These include investments in mobile X-ray clinics for LTC homes and the supports that will allow them to deliver IV antibiotics. It also means maintaining the ability of physicians to provide virtual care in LTC homes.

We recognize these recommendations alone will not solve all the problems facing our health-care system. But they are an important start, and can be implemented quickly. For the north, solutions that can be implemented quickly are exactly what we need.

Thank you for the opportunity to present our plan, and we would be happy to answer your questions.