

# Putting Health Care First

## **2022 Pre-budget Submission**

January 26, 2022



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Ontario's return in January 2022 to modified Step 2 pandemic restrictions reinforces the risk to the well-being of Ontario patients and economic impact that result from a weakened health-care system.

Each day for almost two years, the Ontario Medical Association and our province's 43,000 doctors have seen the deficiencies in our health-care system magnified under the weight of COVID-19. The impact on patient care is incalculable and it will take years to catch up.

### A strong economy is impossible without a strong health-care system

As the government formulates its 2022 budget, Ontario's doctors urge the prioritization of investments in health care. This will not only ensure the continued well-being of our population, but it will help protect our economy. As COVID-19 has shown, the strength of our economy depends on the strength of our health-care system.



Ontario cannot have a strong and sustained economy without a robust, resilient and reliable health-care system that reduces the need for lockdowns and other measures in a public health emergency.

We need to keep small businesses alive, schools open and people spending – our economy stays open when our health-care system stays strong.

We must also future-proof health care – and by extension our economy – so we don't have to make the same sacrifices when the next public health emergency strikes.

A strong health-care system must therefore be the priority, and Ontarians agree.

According to an Ipsos survey conducted by the OMA in Dec 2021, Ontarians want the government to prioritize clearing the backlog of health-care services built up during the pandemic, even if it means a short-term impact on economic recovery. When asked to identify the issue that was most important to them, 40 per cent of Ontarians surveyed chose COVID-19, followed by almost 30 per cent who said either wait times or the backlog in health-care services. Seven per cent said economic growth should be the government priority.

## More investments needed to address pandemic backlog and future-proof health care

Before the Jan 5 pause on non-emergent surgeries and procedures necessitated by the rapid spread of the Omicron variant, the COVID-19 pandemic had created a significant backlog of some 20 million delayed health-care services – more than one for every Ontarian, from the youngest to the oldest. It will take years to resolve this backlog, on top of the wait times that existed before the pandemic.

For example, some 1,960 cases of malignant melanomas and 46,000 cases of squamous cell carcinomas went undiagnosed. Before the pause, it would have taken 30 months to catch up on knee replacements, 25 months for cataract surgeries, 19 months for hip replacements, 14 months for heart bypass surgery and 11 months for delayed MRIs. There is also a tsunami of mental health and addiction issues brought on or exacerbated by the pandemic.



Adding to the stress on the system is a growing – and ageing – population, and a shortage of doctors in certain specialties and regions of the province. For example, northern Ontario is

critically short 325 family doctors, internists, psychiatrists, pediatricians, anaesthetists, and other subspecialists. Many patients must travel to large southern centres for specialist care, particularly in rheumatology, neurology and respirology.

More than one million Ontarians do not have a family doctor. This is especially concerning as family doctors not only provide preventive care but are also the gateway to specialists, diagnostic tests and other required medical services as required.

## Prescription for Ontario: the roadmap to better health care

On Oct 26, 2021, the OMA released [\*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care\*](#), a roadmap of realistic and achievable recommendations to fix the gaps in our health-care system over the next four years and beyond.

The consultation for *Prescription for Ontario* took place over the spring and summer of 2021 and was the largest in the OMA's 140-year history. We listened to over 1,600 physicians representing every specialty and every region of the province; associations representing hospitals, nurses and many other health-care professionals; health charities and patient advocacy groups; health sciences and technology companies; municipal and business sectors; labour unions; and social service agencies and non-profit organizations serving clients of all demographics and throughout the province.

The alignment among stakeholders and the public was clear. To improve the delivery of health care in Ontario, it all comes down to these five priorities:

- *Reduce wait times and the backlog of services* for patients needing a test or treatment, waiting for any type of surgery or procedure, or living with a chronic disease
- *Expand mental health and addiction services in the community* so professional help is there for anyone who needs it
- *Improve and expand home care and other community care* so hospital and long-term care admissions might be avoided, stable patients can leave hospital sooner with more choice about where they receive follow-up care, and palliative patients can be cared for in a more appropriate setting
- *Strengthen public health and pandemic preparedness* so our communities are protected every day and especially in public health emergencies
- *Give every patient a team of health-care providers and link them digitally* so patients can receive the different types of care they need faster, and care providers – doctors' offices, emergency departments, pharmacies, hospitals and home and long-term care – can share information more quickly and efficiently

The Dec 2021 Ipsos survey referenced above also found that 96 per cent of respondents support the *Prescription for Ontario's* five pillars. This kind of alignment is rare and tells us that our plan is on the right track.

*Prescription for Ontario* also includes 12 recommendations to address the unique health-care challenges in northern Ontario. It also clearly states that climate change, equity and the social determinants of health are major factors impacting human health and need to be addressed immediately. Progress to date is encouraging, but there's more to do

On Nov 4, 2021, the Ontario government released its Fall Economic Statement entitled *Build Ontario*, which provided an update on the province's finances as well as new spending commitments.

It was very encouraging that many of the health-care commitments announced in *Build Ontario* aligned with the key themes in *Prescription for Ontario*, with many speaking directly to specific recommendations in our plan. This includes:

- Funding to build, expand and enhance hospitals
- A plan to increase and upskill registered nurses and registered practical nurses
- \$12.4 million to continue rapid access to existing and expanded mental health and addictions supports for health and long-term care workers
- Additional funding to combat the opioid crisis and for student mental health
- Additional funding to expand home and community care, and build additional long-term care beds
- Expansion of the Enhanced Extern Program to allow students in nursing, respiratory therapy, medicine, paramedicine, occupational therapy and physiotherapy to participate
- A plan to provide all regions of Ontario with access to affordable, reliable high-speed internet by the end of 2025, which will improve access to virtual care

More recently, the government has announced other investments, including \$23 million in additional supports to hospices and up to \$10 million to train 500 workers for health-care jobs in hospitals, long-term care homes and home care in northern Ontario.



As the government prepares its 2022 budget, Ontario's doctors look forward to seeing continued progress within the five key themes as outlined in *Prescription for Ontario*, as well as additional measures to address more of the systemic issues in our health-care system.

## Investing in Ontario's Health-Care System

*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* is a key document that identifies priorities for investment in our health-care system that Ontario's doctors believe are necessary. Many recommendations are interrelated and have investment and saving aspects that are difficult to estimate.

The biggest unknowns are the duration of the pandemic and its ultimate effect on the health-care system. This includes the level of care that affected patients will require to improve their physical and mental health, as well as the associated demands on the system to resolve the pandemic backlog of almost 20 million delayed patient services and treat sicker patients.

We also do not know what impact the pandemic will have on human resources in the health system, including absences caused by the Omicron variant and early retirements of burned-out doctors, nurses and other frontline health-care professionals – who were already experiencing high levels of burnout before the pandemic. According to surveys conducted by the OMA's Burnout Task Force, in March 2020 29 per cent of Ontario doctors had high levels of burnout with two-thirds experiencing some level of burnout. By March 2021, these rates had increased, with 34.6 per cent reporting high levels of burnout and almost three-quarters reporting some level of burnout. Burnout is primarily caused by issues in the health-care system, so system-level solutions are needed to address it.

What Ontario's doctors do know is that the current piecemeal model of health-care planning was outdated and inefficient even before the pandemic. It did not work to improve health care then, and certainly will not work now.

Decision-making about our health-care system needs and structure must be looked at as a whole rather than in unconnected silos. And what is good for patients must be the most important consideration. It will take political will to strengthen Ontario's health-care system and convene all key health-care stakeholders – physicians, nurses, hospital administrators and other care providers – to work together.

As we consulted with stakeholders across Ontario, it was clear that by working together, we can begin to leverage some immediate benefits and improve planning for the longer term.

## Significant savings are available in the system

*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* recommends many efficiencies that, if adopted, would avoid costs and/or realize savings.

One example where hundreds of millions of dollars in annual costs could be avoided is through the reduction in the number of alternate level of care (ALC) patients in our hospitals. An ALC patient is defined as a patient in hospital who is stable enough to leave but there isn't a long-term care bed, hospice bed or rehabilitation bed for them to transfer to, or not enough home-care services available for them to return home safely.

In 2019-20 there were 1.3 million hospital bed days in Ontario used by ALC patients.<sup>1</sup>

According to the Ontario Hospital Association, "it costs approximately \$500 per day to provide care for a patient in hospital, \$150 in long-term care and even less for home and community care. More importantly, hospitals have less room to treat people who really need to be there, or to accommodate a sudden increase in patients during the winter flu season. Unfortunately, this means too many patients receive care in hallways and other unconventional spaces. It is impossible to end hallway medicine without addressing these rising [alternate level of care] rates."<sup>2</sup>

The current estimated cost of keeping these patients in hospital is \$650 million dollars a year. The math is clear: providing care in other more appropriate settings would avoid hundreds of millions of dollars a year in health-care spending.

## Ontario cannot do it alone: Increasing the Canada Health Transfer

Regardless of savings that can be realized and efforts made by the provincial government to increase health-care funding, Ontario does not have the means to effect all the required changes on its own.



<sup>1</sup> Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020

<sup>2</sup> Ontario Hospital Association. A Balanced Approach: The Path to Ending Hallway Medicine For Ontario Patients and Families, Pre-Budget Submission / 2019 Ontario Budget

Ontario's health-care funding hasn't kept pace with demand for 30 years, in part because the portion to cover health care costs provided by the federal government has diminished over time.

That is why the OMA strongly supports the call by Premier Ford and the other premiers for the federal government to increase the Canada Health Transfer to 35 per cent of provincial-territorial health-care spending.

While it was originally envisioned that health-care spending be shared equally by the federal government and the provinces and territories, the federal government's share has gradually decreased. Today, the Canada Health Transfer funds only an average of 22 per cent of total provincial health-care costs.

Ontario has lost and continues to lose billions of dollars that could be used to provide better health care for all of us.

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.

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In conclusion, Ontario's doctors urge the government to continue to build on the gains it has made and ensure that investments in our health-care system as described in *Prescription for Ontario* are paramount in the 2022 budget.



Appendix I:

# Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care

R<sub>x</sub>

Patient: Ontario

Physician: Ontario's doctors

# Prescription for Ontario:

Doctors' 5-Point Plan  
for Better Health Care



Oct. 26, 2021

OMA



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# ONTARIO'S HEALTH-CARE SYSTEM MUST BE FIXED NOW

The people of Ontario want – and deserve – the very best integrated health-care system possible.

We need a more collective way of thinking about health care, one that focuses on solutions, strengthens the alignment between patient priorities and system capacity, and directs provincial financial and human resources toward the best possible health outcomes.

We must address Ontario's physician shortage – both specialists and primary care doctors – and enable them to work in a team-based way. This is particularly true outside the Greater Toronto Area and in rural and remote communities. We need to focus on a multi-stakeholder solution to the regional and northern disparities in health care. The Ontario Medical Association is calling on the federal government to increase the Canada Health Transfer payment to enable better health care for all Ontarians.

The pandemic has highlighted that a disconnected system is a barrier to achieving the most effective, integrated and equitable care that Ontarians expect. It has also highlighted that the social determinants of health matter.

Representing Ontario's 43,000 doctors, the OMA held the largest consultation in our 140-year history to develop *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*.

More than 1,600 physicians and physician leaders provided their expert advice. Doctors navigate the health-care system every day to get the best and fastest care possible for their patients. They bring a unique view of the roadblocks to achieving access, equity and integration, and they understand the best possible health outcomes.



More than 110 health-care stakeholders, social service agencies and community leaders provided solutions from their unique perspectives. Almost 8,000 Ontarians representing 600 communities shared their health-care priorities through an online survey.

*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* is the result of this extensive consultation: a roadmap of realistic and achievable recommendations to fix the gaps in our health-care system. The COVID-19 pandemic has made these gaps more visible, but Ontario's doctors, nurses, pharmacists, hospital administrators and other health professionals have been speaking out about most of them for years.

Ontarians also recognize that the system should work better. Fifty-eight per cent of respondents to an OMA online survey said the pandemic had worsened their views on the way health care is delivered in their communities.

To improve the delivery of health care in Ontario, it all comes down to these five priorities:

- **Reduce wait times and the backlog of services** for patients needing a test or treatment, waiting for any type of surgery or procedure, or living with a chronic disease
- **Expand mental health and addiction services in the community** so professional help is there for anyone who needs it
- **Improve and expand home care and other community care** so hospital and long-term care admissions might be avoided, and stable patients can leave hospital sooner with more choice about where they receive followup care
- **Strengthen public health and pandemic preparedness** so our communities are protected every day and especially in public health emergencies

- **Give every patient a team of health-care providers and link them digitally** so patients can receive the different types of care they need faster, and care providers – doctors' offices, emergency departments, pharmacies, hospitals and home and long-term care – can share information more quickly and efficiently

Health care also must be built around the principles of access, equity, efficiency and integration. All Ontarians deserve the best care possible – no matter who they are, what they do or where they live. Care providers and caregivers should be supported and appreciated. We must make the best use of the resources we have.

These imperatives echo the principles of the Quadruple Aim, an internationally recognized framework to deliver an effective health-care system. These aims should be universal in Ontario:

- **Better patient and population health outcomes**
- **Better patient, family and caregiver experience**
- **Better provider experience**
- **Better value**

And there has never been greater urgency than now as our health-care system grapples with the devastation of COVID-19.

The pandemic has also proved that Ontario cannot have a strong and sustained economy without a robust, resilient and reliable health-care system that reduces the need for lockdowns and other measures in a public health emergency. We need to keep small businesses alive, restaurants full, schools open and people spending – our economy stays open when our health-care system stays strong. We must future-proof health care – and by

extension our economy – so we don’t repeat the same mistakes and make the same sacrifices as we have during the COVID pandemic.

Ontarians recognize the connection between health care and the economy. When asked what priority should be given to addressing issues in the health-care system, 36 per cent of Ontarians responding to the OMA’s online survey at [betterhealthcare.ca](https://betterhealthcare.ca) said health care should be the highest priority above all others, and 49 per cent said it should be the same priority as the economy.

The next provincial election is scheduled for June 2, 2022. Soon all political parties will be releasing their pledges and plans to share with Ontario voters. The OMA believes the recommendations contained in *Prescription for Ontario: Doctors’ 5-Point Plan for Better Health Care* should be included in every party platform so that regardless of who wins the election, all Ontarians will win better health care.

Now is our best chance to work together and rebuild Ontario’s health-care system for the long term. Together, we will have better outcomes for everyone and be prepared for when – not if – the next major health crisis hits.



**Allan O’Dette**  
OMA CEO



**Dr. Adam Kassam**  
OMA President



# PRESCRIPTION FOR ONTARIO: DOCTORS' 5-POINT PLAN FOR BETTER HEALTH CARE

A publicly funded and universally accessible health-care system is a cornerstone of Canadian values.

Ontario is fortunate to have some of the most talented physicians and health-care providers in the world. As a province, we have the financial means to properly fund a health-care system that should be more than adequate. It can be excellent.

We need enough doctors, nurses, personal support workers and other front-line health professionals where and when we require them. The most vulnerable need a place to get better. We need a strong public health system in the community. There must be more supports for home care, long-term care and palliative care to free up the hundreds of thousands of hospital beds occupied each year by patients stable enough to leave the hospital. More focus is needed on community-based care to reduce pressure on our hospitals.

And, of course, all health-care planning must use an equity lens throughout.

Even before the pandemic, there were long wait times to see specialists and access critical diagnostic tests, treatment and surgeries in the province. At least one million Ontarians don't have a family doctor and can't get the treatment or preventive care they need. Doctors and other health-care providers can't connect digitally to quickly share patient information, wasting precious time and resources.

*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* provides 75 recommendations for implementation over the next four years in five priority areas:



- *Reduce wait times and the backlog of services*
- *Expand mental health and addiction services in the community*
- *Improve and expand home care and other community care*
- *Strengthen public health and pandemic preparedness*
- *Give every patient a team of health-care providers and link them digitally*

This plan also provides 12 recommendations to address the unique health-care challenges in northern Ontario.

The OMA's consultation on the future of the health-care system took place over the spring and summer of 2021 and was the largest in our 140-year history. We listened to associations and

individuals representing hospitals, nurses and many other health-care professionals; health charities and patient advocacy groups; health sciences and technology companies; municipal and business sectors; labour unions; and social service agencies and non-profit organizations serving clients of all demographics and in every part of the province.

We also heard from almost 8,000 Ontarians in 600 communities through our public survey at [betterhealthcare.ca](https://betterhealthcare.ca). Forty-eight per cent of respondents gave a C grade to the health-care system in their communities, while another 22 per cent gave local health care a failing F grade.

The voices are unanimous. We have to act now.

Fixing Ontario's health-care system will not be quick or easy. It will require collaboration among health providers, support from the public and political will.







# EQUITY AND CLIMATE CHANGE

*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* focuses on the changes required to improve our health-care system. However, health care doesn't exist in a vacuum. Equity and access, and climate change are major factors underpinning health and health outcomes. Ontario's doctors believe these must be addressed in parallel with improvements to the health-care system.

## Addressing the social determinants of health will improve equity and access

Ontario's doctors believe everyone is entitled to dignity, respect and equity – no matter who they are, what they do or where they live.

The social determinants of health are factors that can influence health equity in positive and negative ways. The World Health Organization defines the social determinants of health as “the non-medical factors that influence health outcomes... the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of

daily life.” Examples of the social determinants of health include income, education, food insecurity, housing, social inclusion, early childhood development and access to affordable health-care services. Numerous studies suggest these factors account for between 30 and 55 per cent of health outcomes.<sup>1</sup>

This connection has been obvious during the pandemic. The highest rates of COVID-19 in Ontario continue to be in communities with low incomes, that are racialized, with poor housing, where people must work outside the home to meet their needs. These same communities also had the greatest challenges accessing appropriate medical care before COVID. Ontarians living in rural and remote communities also face barriers to accessing health care.

If we want to protect and serve the community, we must protect and serve the whole community:

- Health-care planning should always be done through an equity lens, and in a culturally sensitive way that breaks down barriers for

marginalized people, particularly racialized, Indigenous and LGBTQIA2S+ communities, and those whose first language is not English

- Investing in the social determinants of health should be considered as important as investing in the health-care system itself as both improve the overall health and well-being of all Ontarians
- Everyone should have access to a family doctor and a team of health-care providers regardless of their location, language or socioeconomic status



84%

of Ontario doctors surveyed said they see the impacts of social determinants of health on the health of their patients.

Source: 2021 OMA member survey

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<sup>1</sup>World Health Organization website: [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

<sup>2</sup>Government of Ontario website: <https://www.ontario.ca/page/forest-fires#section-5>

## Climate change is science

Doctors are trained to evaluate science, and science proves that human-made climate change is a reality. We have seen the heightened effects of climate change across the planet through extreme weather, crop failure and the burning of forests.

Ontario is not immune. As of the end of September 2021, Ontario had experienced just under 1,200 forest fires this year, double the number in 2020 and almost 50 per cent over the 10-year average of 816.<sup>2</sup>

- A healthy population requires a healthy planet, and Ontario's doctors are calling for positive action to be taken immediately on climate change to mitigate its severe consequences on human health and well-being.

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***“Our centre prioritizes under-resourced populations like refugees, newcomers, LGBTQ1A2S+ folks, and folks experiencing mental health issues, substance use issues, poverty and homelessness. It’s systems of oppression that lead these folks to where they are.”***

Dr. Cindy Ochieng, family physician,  
Parkdale Queen West Community  
Health Centre, Toronto





**BETTER  
HEALTH  
CARE  
STARTS  
HERE**

**Reduce wait times and the  
backlog of services**

# REDUCE WAIT TIMES AND THE BACKLOG OF SERVICES

## Tackling the pandemic backlog and future-proofing against wait times

The COVID-19 pandemic has created a backlog of almost 20 million patient services<sup>3</sup> – more than one patient service for every Ontarian, from the youngest to the oldest.

These delayed services include preventive care, cancer screening, surgeries and procedures, routine immunizations and diagnostic tests such as MRIs and CT scans, mammograms and colonoscopies. Doctors are seeing patients sicker than they ought to be because of serious conditions left undetected or untreated during the pandemic.

Sick patients don't have time to wait. However, focusing on the pandemic backlog alone ignores the bigger problem. We can't solve Ontario's long-term problem of wait times and hallway medicine if the health-care system remains inefficient and disconnected.

Ontarians agree. Other than the pandemic, wait times is the issue most frequently selected – by 29 per cent of respondents – as the top priority for health care in the OMA's online public survey. Additionally, 21 per cent of Ontarians who responded to the survey selected "Wait times at our hospitals are too long and need to be reduced" as the statement that best represents their view on health-care delivery in their community.

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<sup>3</sup> OHIP Claims Database, from fiscal years 2014-15 to 2020-21.  
Analysis by OMA Economics, Policy and Research department

# 76%

of Ontario doctors say some of their patients have experienced worse health outcomes because of the pandemic backlog of medical services.

*Source: 2021 OMA member survey*



To reduce the pandemic backlog  
and shorten wait times,

# Ontario's doctors recommend:

**01** \_\_\_\_

**Providing adequate funding**  
to address the backlog of services in  
hospitals and community clinics

**02** \_\_\_\_

**Evolving the model**  
of surgical care delivery to include a  
greater portion of services delivered  
in community-based specialty settings  
outside of hospitals

**03** \_\_\_\_

**Ensuring there are enough**  
nurses and technologists to expand MRI  
and CT machine hours, and for ultrasound  
and mammography

**04** \_\_\_\_

**Greater efforts to educate**  
young people about healthy lifestyles  
and disease prevention, including an  
adequately funded anti-tobacco strategy,  
which will lead to better long-term health  
and reduce future stress on the system

**05** \_\_\_\_\_

**Expanding the use**

of home remote monitoring programs  
to streamline pre- and post-surgical  
delivery

**06** \_\_\_\_\_

**Ensuring sufficient health**

human resources to meet Ontario's  
needs

**07** \_\_\_\_\_

**Enhancing data collection**

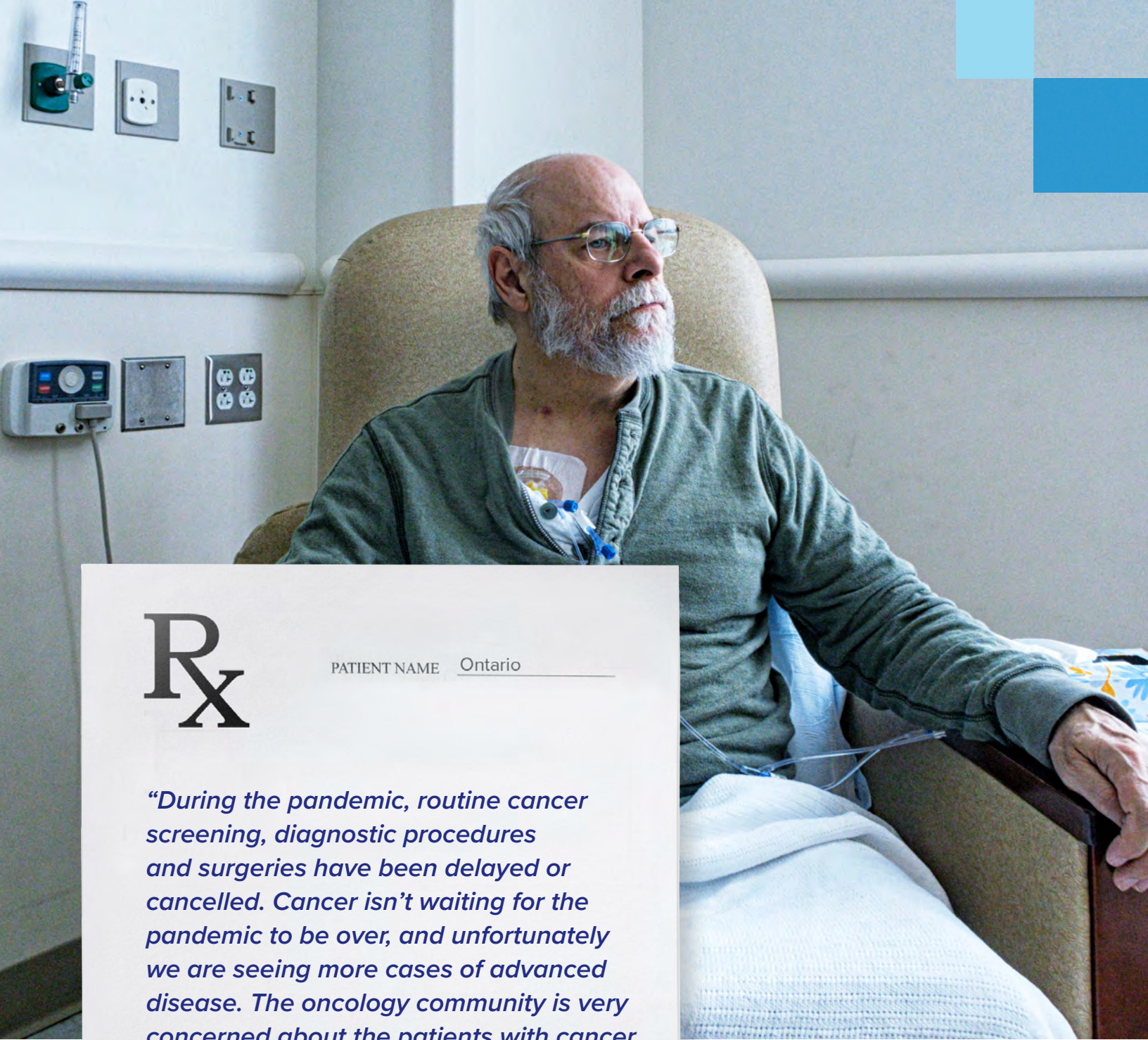
and timely data sharing to support  
planning, measurement and  
evaluation

**08** \_\_\_\_\_

**Better integration**

of health-care service provision with  
public health and other services,  
including but not limited to palliative  
care, long-term care, home care and  
community care





R<sub>x</sub>

PATIENT NAME Ontario

*“During the pandemic, routine cancer screening, diagnostic procedures and surgeries have been delayed or cancelled. Cancer isn’t waiting for the pandemic to be over, and unfortunately we are seeing more cases of advanced disease. The oncology community is very concerned about the patients with cancer in Ontario that remain undiagnosed and untreated due to the disruption the pandemic has caused.”*

Dr. Timothy Asmis, chair, OMA Section on Hematology and Medical Oncology, Ottawa



## Fixing doctor shortages

Ontario continues to experience doctor shortages in many regions – especially in the north and remote and rural communities — and in certain specialties such as family medicine, emergency medicine and anesthesia. This is being felt by Ontarians. Twenty-six per cent of respondents to the OMA’s online public survey chose “We don’t have enough doctors” as the statement that best represents their view on health-care delivery in their community.

Ontario’s doctors know that prevention is key to long-term health and positive outcomes. The public also recognizes this, with 32 per cent of survey respondents choosing “We need to do more to keep people healthy and out of hospitals and doctors’ offices” as the statement that best represents their view on health care delivery in their community. Respondents in Toronto and the Greater Toronto Area particularly hold this view.

Primary care is the foundation of Ontario’s health-care system. But at least one million Ontarians don’t have a family doctor. Family doctors help patients stay healthy, prevent disease by identifying risk factors, manage chronic disease and get their patients access to specialists and other health-care services when needed.

Without access to doctors, many patients needlessly worry and suffer. We need robust data about our physician workforce and we need to use that data wisely to plan for our future population needs. We also need to support doctors so that all patients can get equitable and timely access to the care they need.



# 40%

of Ontario doctors surveyed said the pandemic has caused them to consider retiring earlier.

*Source: 2021 OMA member survey*

To address the unequal supply  
and distribution of doctors,

# Ontario's doctors recommend:

**01** \_\_\_\_

## Creating a detailed analysis

based on high-quality data that accounts  
for the types and distribution of doctors  
to meet population needs

**02** \_\_\_\_

## Establishing a set

of best practices around physician  
supports to help ensure Ontario has  
the right doctors in the right places at  
the right times

**03** \_\_\_\_

## Using best evidence

regarding forecasted population need,  
increasing the number of medical  
student and residency positions

**04** \_\_\_\_

## Supporting students

from remote, rural and racialized  
communities to go to medical school,  
aligned with populations in need

# 05

## “Letting doctors be doctors”

whereby they spend more time with patients doing the things that only doctors can do and less time on paperwork or other tasks

# 06

## Helping doctors

trained in other jurisdictions become qualified to practise in Ontario

# 07

## Investing

in more training and educational supports for practising doctors

**BETTER  
HEALTH  
CARE  
STARTS  
HERE**

02

Expand mental health and addiction services in the community

# EXPAND MENTAL HEALTH AND ADDICTION SERVICES IN THE COMMUNITY

In any given year, one in five people in Canada experiences a mental health problem or illness.<sup>4</sup> But that was before the pandemic:

- A survey by the Conference Board of Canada and the Mental Health Commission of Canada found that 84 per cent of respondents reported their mental health concerns worsening since the start of the pandemic, with their major concerns being family well-being, their future, isolation/loneliness and anxiousness/fear.<sup>5</sup>
- More than one-third of those with a COVID-19 diagnosis may develop a lasting neurological or mental health condition.<sup>6</sup>
- A study by Deloitte using modelling from past disasters suggests Canada will see “a two-fold increase in visits to mental health professionals and possibly a 20 per cent increase in prescriptions for antidepressants relative to pre-COVID-19 levels.”<sup>7</sup>

Psychiatrists, primary care doctors, pediatricians and addiction medicine specialists continue to provide excellent care for these patients. But they do not have enough hours in the day to accommodate the tsunami of new patients asking for help. There must be greater

accessibility to affordable and publicly funded services in the community so everyone can get the treatment they need.

Doctors and other front-line health-care professionals were experiencing high levels of burnout before the COVID pandemic. According to surveys conducted by the OMA's Burnout Task Force, just prior to the pandemic in March 2020, 29 per cent of Ontario doctors had high levels of burnout with two-thirds experiencing some level of burnout. By March 2021, these rates had increased, with 34.6 per cent reporting high levels of burnout and almost three-quarters reporting some level of burnout.

Burnout is primarily caused by issues in the health-care system, so system-level solutions are needed to address it. And if doctors, nurses and others providing care burn out, this impedes access to care for patients.

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<sup>4</sup> Canadian Mental Health Association website: <https://cmha.ca/brochure/fast-facts-about-mental-illness/>

<sup>5</sup> Conference Board of Canada, July 17, 2020: *Pandemic Pulse Check: COVID-19's Impact on Canadians' Mental Health*

<sup>6</sup> The Lancet, April 6, 2021. *6-month neurological and psychiatric outcomes in 236,379 survivors of COVID-19: a retrospective cohort study using electronic health records*

<sup>7</sup> Deloitte, August 2020: *Uncovering the Hidden Iceberg – Why the human impact of COVID-19 could be a third crisis*

More than  
**70%**

of school-aged children surveyed reported deterioration in their mental health during the first wave of the pandemic.

*Source: Hospital for Sick Children*



Opioid-related deaths in  
Ontario in 2020 rose by

**40%**

*Source: Canadian Institutes of Health Research*



To improve access to mental health and addiction care,

# Ontario's doctors recommend:

**01** \_\_\_\_\_

## Provincewide standards

for equitable, connected, timely and high-quality mental health and addiction services to improve the consistency of care

**02** \_\_\_\_\_

## Expanding access

to mental health and addiction resources in primary care

**03** \_\_\_\_\_

## Specific mental health supports

for front-line health-care providers

**04** \_\_\_\_\_

## Ensuring that appropriate

resources are in place to provide virtual mental health services where clinically appropriate

**05** \_\_\_\_\_

## Increasing funding for

community-based mental health and addiction teams where psychiatrists, addiction medicine specialists, family doctors, nurses, psychologists, psychotherapists and social workers work together

**06** \_\_\_\_\_

## More mental health

and substance awareness initiatives in schools and in communities

**07** \_\_\_\_\_

**Making access to care easier**

by defining pathways to care, navigation  
and smoother transitions with the system

**08** \_\_\_\_\_

**Building service capacity**

for young patients moving into the  
adult system

**09** \_\_\_\_\_

**Reducing the stigma**

around mental health and addiction  
through public education

**10** \_\_\_\_\_

**More resources**

to fight the opioid crisis, particularly  
in northern Ontario where the crisis is  
having a significant impact and resources  
are limited

**11** \_\_\_\_\_

**Increasing**

the number of supervised consumption  
sites





R<sub>x</sub>

PATIENT NAME Ontario

*“Only one in five young people in Ontario who need mental health services receives them. If this were the case for cancer, heart disease, asthma, stroke or diabetes, I don’t think that this is something our society would tolerate.”*

Dr. Sharon Burey, behavioural pediatrician  
and president of the Pediatricians Alliance of  
Ontario, Tecumseh

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*“A frantic mother brought her teen daughter to Emergency on a busy Saturday. In a desperate cry for help, the girl had cut herself and needed stitches. Mom and daughter waited six long hours to see me. It was clear the girl’s mental health needs far outweighed her repairable wound. But all I could offer them was a piece of paper with a referral phone number to call on Monday. It was obvious, our health-care system was failing her. I felt helpless.”*

Dr. Rose Zacharias, emergency medicine physician and OMA president-elect, Orillia







**BETTER  
HEALTH  
CARE  
STARTS  
HERE**

Improve home care  
and other community care

# IMPROVE HOME CARE AND OTHER COMMUNITY CARE

In 2019-20, there were 1.3 million hospital bed days used by alternate level of care patients.<sup>8</sup> An alternate level of care patient is defined as a patient in hospital who is stable enough to leave but there isn't a long-term care bed, hospice bed or rehabilitation bed for them to transfer to, or not enough home-care services available for them to return home safely.

When hospital beds are used by patients who don't need to remain in hospital, this creates a major bottleneck that increases surgical wait times and leads to hallway medicine. And it doesn't make financial sense.

According to the Ontario Hospital Association, "it costs approximately \$500 per day to provide care for a patient in hospital, \$150 in long-term care and even less for home and community care. More importantly, hospitals have less room to treat people who really need to be there, or to accommodate a sudden increase in patients during the winter flu season. Unfortunately, this means too many patients receive care in hallways and other unconventional spaces. It is impossible to end hallway medicine without addressing these rising [alternate level of care] rates."<sup>9</sup>

Providing patients with more appropriate types of care outside of hospital will not only help reduce wait times, but could avoid hundreds of millions of dollars in costs to the health-care system every year.

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<sup>8</sup>Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020

<sup>9</sup>Ontario Hospital Association. A Balanced Approach: The Path to Ending Hallway Medicine For Ontario Patients and Families, Pre-Budget Submission / 2019 Ontario Budget



# 85%

of Ontario doctors surveyed said that increased access to home care would improve health outcomes for their patients or allow them to remain in their homes longer.

*Source: 2021 OMA member survey*

## Home care

Home is where many patients want to be and can be.

High-quality home care provided by a team of doctors, nurses, therapists and personal support workers allows people of all ages to recover from surgery, injury or illness at home. It also reduces the number of emergency department visits and admissions to hospital, helps patients better manage chronic illness, lets seniors live safely and comfortably at home longer, and allows people to be supported if they choose to die at home.

A stronger, more connected and more responsive home-care system would also relieve family members and caregivers, who are too often underequipped and overwhelmed.

To ensure equitable and timely access  
to high-quality home care,

# Ontario's doctors recommend:

**01** \_\_\_\_

Developing provincewide  
standards for timely, adequate and high-  
quality home-care services

**02** \_\_\_\_

Increasing funding  
for home care and recruiting and  
retaining enough skilled staff to provide  
this care

**03** \_\_\_\_

Embedding home care  
and care co-ordinators in primary care  
so patients have a single access point  
through their family doctor

**04** \_\_\_\_

Ensuring  
people without a family doctor can still  
access home care seamlessly

# 05

**Enabling electronic sharing**  
of information between doctors, care  
co-ordinators and home-care providers

# 06

**Expanding**  
a direct funding model so patients can  
customize their home care according  
to need

# 07

**Reducing needless**  
administrative paperwork so more time  
can be spent on actual patient care

# 08

**Providing tax relief**  
for families who employ a full-time  
caregiver for a family member



## Long-term care

COVID-19 has taken the lives of more than 3,800 long-term care residents in Ontario, or approximately 40 per cent of all pandemic-related deaths. Our most vulnerable seniors deserve the best care possible in a safe and professional environment.

Ontarians agree. Twenty-one per cent of respondents to the OMA's public survey said that improving delivery of long-term care is the single most important thing that can be done to improve health-care services in their community.

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*“I had the honour of caring for a lovely gentleman whose dementia worsened and his wife could no longer care for him. An application for long-term care was made but they heard nothing. His case was escalated to crisis, but again they heard nothing. Eventually his behaviours escalated and he attacked his wife. He was transferred to hospital almost a year ago and is still languishing in the system, waiting for a long-term care bed. This is in the heart of Toronto, not an under-resourced community. When will there be more accountability?”*

Dr. Pamela Liao, family doctor specializing in geriatric and palliative care, Toronto





To improve long-term care,

# Ontario's doctors recommend:

## 01 \_\_\_\_

### Strengthening the role

of medical directors, with doctors working with government and stakeholders to develop a clear role description and expectations

## 02 \_\_\_\_

### Appointing

a chief medical officer of health for long-term care for each Ontario Health region to co-ordinate efforts among sectors, liaise with public health and improve physician coverage over multiple long-term care sites during outbreaks

## 03 \_\_\_\_

### Recruiting and retaining

more staff to care for long-term care residents, ensuring the proper staffing ratio of physicians, nurses, personal support workers, therapists and others is always maintained

## 04 \_\_\_\_

### Building internal capacity

for medical care within long-term care homes, while also improving links between long-term care and hospitals

**05** \_\_\_\_\_

**Continuing and expanding**  
the use of virtual care in long-term  
care homes, and increasing virtual care  
linkages between long-term care homes  
and hospitals

**06** \_\_\_\_\_

**Cutting red tape**  
preventing doctors from moving quickly  
into long-term care homes during  
emergencies

**07** \_\_\_\_\_

**Ensuring**  
family caregivers are actively engaged  
and appreciated

**08** \_\_\_\_\_

**Aggressively shifting**  
societal attitudes so that caring for our  
frail, older adults is considered one of  
the most important jobs in the world

## Palliative and hospice care

Palliative care is an approach that improves the quality of life of individuals and their families facing life-limiting illness, through the prevention and relief of suffering. This is by means of early identification and assessment and treatment of pain and other problems including physical, psychosocial and spiritual.

Hospices provide palliative care and offer a comfortable, home-like environment for patients nearing the end of their lives. Hospice is an alternative for those who can't remain at home or don't want to die in hospital. Without hospice care, homeless people and other marginalized groups often have no other option than to die in hospital.

R<sub>x</sub>

PATIENT NAME Ontario

***“Who gets palliative care should not be a postal code lottery. Ontarians should be able to access high-quality palliative care no matter their age, where they live, or how much time they have left.”***

**Dr. Pamela Liao, chair, OMA Section on Palliative Medicine, Toronto**

To enhance palliative and hospice care,

# Ontario's doctors recommend:

**01** \_\_\_\_\_

## Ensuring support

and capacity exists to allow individuals to receive palliative care where they need it, including at home

**02** \_\_\_\_\_

## Supporting a robust

provincial hospice strategy by increasing the number of beds based on geographic areas of need, and providing consistent operational funding to hospices so they can focus on care and not fundraising

**03** \_\_\_\_\_

## Greater investment

in palliative infrastructure, based on geographic need

**04** \_\_\_\_\_

## Ensuring

there are separate plans to address pediatric and adult palliative care patients to reflect the necessary distinctions in services and needs for these patient demographics

**05** \_\_\_\_\_

## Increasing the number

of skilled palliative care providers, including physicians, nurses and allied providers by increasing opportunities for training

**06** \_\_\_\_\_

## Making palliative care accessible

24/7, including virtually, in all regions and for diverse populations including Indigenous, homeless and others

## Chronic disease management

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit daily living activities or both. Chronic diseases such as heart disease, cancer, diabetes and dementia are leading causes of death and disability. Cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes cause about two-thirds of deaths in Ontario<sup>10</sup>, while on average, dementia affects almost one in ten seniors over 65 years<sup>11</sup>.

Having the appropriate resources and mechanisms in place to manage chronic diseases will result in better outcomes for patients and reduce health-care costs overall.

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<sup>10</sup>Public Health Ontario, The Burden of Chronic Diseases In Ontario, July 2019

<sup>11</sup>Home Care Ontario website: <https://www.homecareontario.ca/home-care-services/about-home-care/dementia-alzheimer's-care>



To better serve those living with chronic disease,

# Ontario's doctors recommend:

## 01 \_\_\_\_\_

### Increasing investment

in chronic disease management to enable a larger workforce, technologies to manage these diseases, and home services





**BETTER  
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CARE  
STARTS  
HERE**

**Strengthen public health and  
pandemic preparedness**



# STRENGTHEN PUBLIC HEALTH AND PANDEMIC PREPAREDNESS

Public health preserves and defends the health of the entire community. In addition to combatting pandemics and other public health emergencies, a strong public health system led by specially trained public health doctors preserves health and prevents illness every day.

Local public health units track cases of more than 60 communicable diseases; inspect restaurants for health hazards; ensure the safety of private wells in rural areas; promote health in disadvantaged communities; lead routine vaccinations; operate supervised consumption sites; and respond to complaints of retailers selling tobacco or cannabis to children.

We also need to plan and prepare for the next pandemic now. Ontario must have a robust public health system with the resources it needs to protect the entire population's health, with clearly defined roles across local public health units, Public Health Ontario, Ontario Health and the Ontario Ministry of Health.

To build on the current strengths  
of our public health system,

# Ontario's doctors recommend:

## 01 \_\_\_\_\_

### Enhancing local public health

to ensure it can be a strong local presence  
for health promotion and protection

## 02 \_\_\_\_\_

### Providing a clear, adequate

and predictable funding formula for local  
public health units that returns to 75 per  
cent paid by the province and 25 per  
cent paid by municipalities

## 03 \_\_\_\_\_

### Ensuring

Ontario's public health system has highly  
qualified public health doctors with the  
appropriate credentials and resources

## 04 \_\_\_\_\_

### Increasing the investment

in public health information systems so  
we can better collect, analyze, share and  
use information in more thorough and  
timely ways to improve decision-making,  
and asking the federal government to  
increase its investment in public health  
to provide the infrastructure to support  
standardized data collection and analysis  
across jurisdictions

---

*“To respond to a pandemic of this magnitude in the digital age, it is vital for the Ontario public health system to have access to current, effective and interconnected digital tools and resources to help us manage what we are measuring in real-time. This allows public health professionals to do the work that they are trained to do: investigate, collaborate and mitigate the risk to the public's health.”*

Dr. Michael Finkelstein, chair, OMA Section of Public Health Physicians, Toronto

## 05

### Carrying out

an independent and unbiased review of Ontario's response to the pandemic including the public health system, its strengths and weaknesses during pandemic and non-pandemic times, along with its roles and responsibilities, before considering any changes

## 06

### Enhancing

the ability of Public Health Ontario to carry out its mission/mandate which includes robust public health science and laboratory support, including providing increased funding for hiring of additional public health trained physicians



R<sub>x</sub>

PATIENT NAME Ontario

*“During the pandemic, there were so many different bodies at so many levels it was hard to integrate acute care, chronic care, long-term care, hospitals, Public Health Ontario, Ontario Health, labs, data collection, testing, PPE and vaccine rollout. This was to be addressed after SARS, but it wasn’t.”*

Dr. Zain Chagla, chair, OMA Section on Infectious Diseases, Hamilton

To prepare for the next pandemic,

# Ontario's doctors recommend:

## 01 \_\_\_\_

### Requiring by legislation

a provincial pandemic plan, including a mandatory review and update every five years to reflect changes in local public health practice, medical science and technology

## 02 \_\_\_\_

### Implementing

a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province

## 03 \_\_\_\_

### Sufficiently resourcing

Public Health Ontario to be the central scientific and laboratory resource during a pandemic or public health emergency, including ensuring it has the complement of public health specialist physicians needed to meet its mandate during a public health emergency

## 04 \_\_\_\_

### Strategic investments

for pandemic planning for public health units so their resources aren't drained from the other important work they do every day during a crisis

## 05 \_\_\_\_

### Ensuring adequate

funding to recognize additional workloads during pandemics





**BETTER  
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Give every patient a team of health-care providers and link them digitally

# GIVE EVERY PATIENT A TEAM OF HEALTH-CARE PROVIDERS AND LINK THEM DIGITALLY

## Team-based and collaborative care

Patients do better when they have a team of care providers, including not only family doctors and specialists but also nurses, dietitians, physiotherapists and others. Where these teams exist, patients have faster and easier access to specific care they need so are healthier, have fewer hospital admissions and are more satisfied. System costs are also reduced.

Most family doctors across Ontario work in different types of practice models that each provide unique benefits to their patients, such as comprehensive care, preventive care and chronic disease management. However, not all practice models allow for the inclusion of other health-care professionals. Most doctors are not able to choose the model of care that is best for their patients and their community.

To provide patients with access to the family care model of practice that works best for them, including team-based care, interdisciplinary collaboration and increased access with fewer unnecessary visits,

# Ontario's doctors recommend:

## 01 \_\_\_\_\_

Increasing funding and support for effective team-based and integrated care in all primary care models

## 02 \_\_\_\_\_

Letting family doctors choose the type of practice model that works best for their patients and their community

## 03 \_\_\_\_\_

Opening up the Family Health Organization capitation model of care to all doctors who wish to practice that way

## 04 \_\_\_\_\_

Increasing the number of care co-ordinators to help patients access care more quickly and easily, and have these co-ordinators work directly in primary care settings

## 05 \_\_\_\_\_

Enabling team-based and integrated care settings not only around primary care, but around diseases or specialties

## 06 \_\_\_\_\_

Optimizing the currently legislated Ontario Health Teams, including ensuring physician leadership in the process, as a way to integrate health-care services for the benefit of patients across the province

## Virtual care

Virtual care is another way for patients to receive excellent care from their doctor using a phone or computer to communicate.

Doctors pushed hard at the beginning of the pandemic to enable more access to virtual care for their patients. Without virtual care, the pandemic backlog of almost 20 million delayed patient services would be much greater. Virtual care has literally saved lives and is especially valuable for those who are elderly or ill, those who have trouble getting to the doctor's office, or those who live in rural and remote communities.

The temporary OHIP codes being used by doctors to provide virtual care during the pandemic expire in September 2022. These virtual care codes must be made permanent and more flexible for doctors to be able to provide their patients with the best care possible.

How we think about the future of virtual care is also important because it works best where it fosters a continuous relationship between a patient and their regular health-care provider. Research shows that patient outcomes are better when there is a trusted and familiar relationship.



# 61%

of doctors have patients with mobility, health or transportation issues that make it difficult for them to attend in-person visits.

*Source: 2021 OMA member survey*

To ensure all patients continue to benefit from virtual care,

# Ontario's doctors recommend:

## 01

### Implementing permanent

OHIP fee codes for virtual care services provided by phone, video, text and email, ensuring that patients can access virtual care for any insured health-care service that can be appropriately delivered through electronic means

## 02

### That the government partner

with internet providers so that Ontarians who cannot afford internet services (for example, those living in public or supportive housing, relying on Ontario Works or the Ontario Disability Support Program, and seniors receiving the Guaranteed Income Supplement) can get internet services at a greatly reduced rate, to ensure all patients benefit from virtual care

---

*“Being able to offer virtual psychotherapy during the pandemic has expanded psychiatrists’ ability to better meet the needs of marginalized populations by offering consistent treatment, without some of the barriers that would have previously prevented people from accessing care.”*

Dr. Renata Villela, psychiatrist and vice-chair, OMA Section on Psychiatry



## Linking existing digital health records systems

Most people have experienced the frustration of repeating the same information to different health-care providers, or at the hospital or before a test. They've likely also been told by their pharmacist that a fax to renew a prescription will be sent to their doctor.

In Ontario, doctors, hospitals, labs and pharmacists use different digital medical records systems, and these systems aren't all linked. That means nine out of 10 Ontario doctors still must use fax technology to share patient information with other professionals on a patient's care team.

Connecting these different systems would reduce the administrative burden and free up time better spent on direct patient care. For example, if each of Ontario's doctors could save one hour a day and see two additional patients, more than 60,000 additional patients would receive care each day, or one million more patients a month.



# 88%

of doctors say they must use fax technology to share patient information with other physicians, pharmacists and health-care providers. Of these:

## 30%

said one to five hours a week could be saved if they communicated through linked health records systems

## 23%

said it could save six to 10 hours a week

## 22%

said it could save more than 10 hours a week

*Source: 2021 OMA member survey*

A male doctor with short dark hair and glasses, wearing a white lab coat over a light-colored shirt, is seated at a desk. He is looking down at a laptop, with his hands on the keyboard. A stethoscope is draped around his neck. The background is a bright, out-of-focus office or clinic setting. In the top right corner, there are two overlapping squares, one light blue and one medium blue.

R<sub>x</sub>

PATIENT NAME Ontario

*“If specialists could quickly access essential elements of a patient’s history, such as past medical history, medications, surgeries, hospitalizations and recent investigations, they would know exactly what has been done regarding the patient’s complaint and be able to quickly narrow down what else should be considered. This will save patients and physicians time and resources and ultimately provide better care for our patients.”*

Dr. Mariam Hanna, chair, OMA Section  
on Allergy and Clinical Immunology, Burlington

To improve sharing of a patient's medical information among their health-care providers,

# Ontario's doctors recommend:

## 01 \_\_\_\_\_

### Linking doctors'

electronic medical records systems, hospital information systems, and laboratory and pharmacist systems so they can all talk to each other

## 02 \_\_\_\_\_

### Streamlining

the approval, development, and implementation of new digital health technologies, including remote patient monitoring

To accelerate innovation in health care,

# Ontario's doctors recommend:

**01** \_\_\_\_\_

## Better connecting

Ontario's existing innovation, incubator and accelerator investments with physicians and public health-care leaders

**02** \_\_\_\_\_

## Making government funding

programs for health and life sciences a priority, including economic development and research and development

**03** \_\_\_\_\_

## Leveraging

public and private sector financing, research, development and health-care expertise to spur the development and use of Ontario-made health-care innovations

**04** \_\_\_\_\_

## Investigating

greater use of remote patient management technologies, which can be especially helpful in managing chronic disease

**05** \_\_\_\_\_

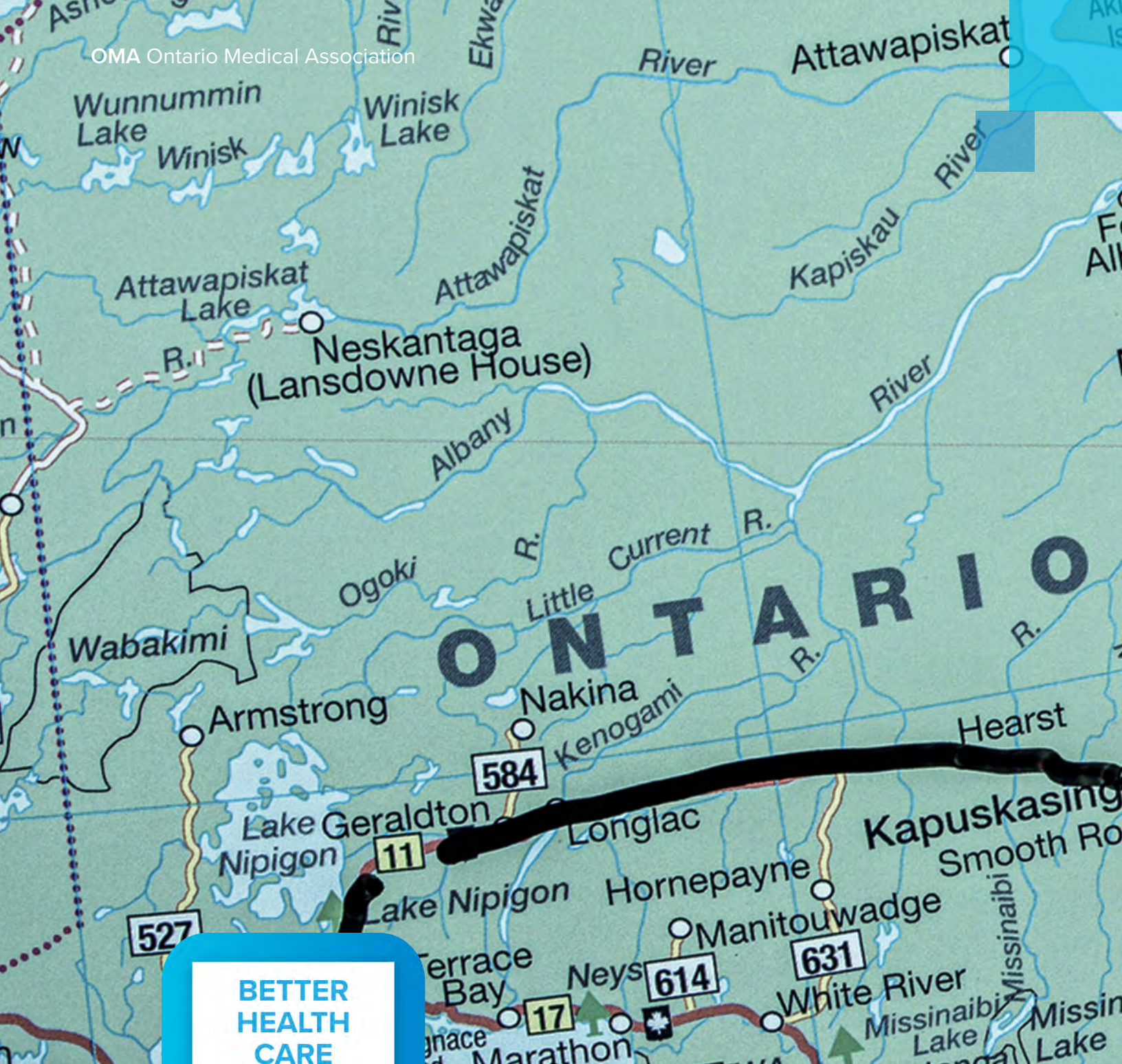
## Prioritizing funding

for data-sharing tools already in place such as Health Report Manager, Insights4Care Dashboard and provincial viewers such as ConnectingOntario ClinicalViewer









**BETTER  
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Improving access to care in  
northern Ontario

# IMPROVING ACCESS TO CARE IN NORTHERN ONTARIO

Northern Ontario makes up almost 90 per cent of Ontario's landmass but contains only six per cent of its population. Equitable access to health care in northern Ontario is a unique challenge, requiring unique solutions.

There is a shortage of doctors and health-care professionals in many northern communities, and physical access to care and services is often hampered by weather, transportation infrastructure and sheer distance. However, access to health care ensures healthy populations, which is crucial to the economic health and vibrancy of rural and remote communities.

Virtual care is limited by lack of high-speed internet and unreliable connectivity. It's also hard to stay healthy when access to transportation, affordable food and secure housing are so limited. The social determinants of health must be addressed.

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***“Social isolation of Indigenous communities in the North, and the inequities experienced by Indigenous Peoples have been exacerbated by the pandemic. Our inequity bathtub in northern Ontario was nine-tenths full before COVID, and now it is overflowing.”***

Dr. Sarita Verma, president of the Northern Ontario School of Medicine, Thunder Bay

To improve health care in northern Ontario,

# Ontario's doctors recommend:

**01** \_\_\_\_\_

That patients have  
equitable access to care in their own  
communities

**02** \_\_\_\_\_

Reviewing and updating  
incentives and supports for physicians  
and allied health-care workers to  
practise in northern Ontario and other  
communities that are chronically  
underserved

**03** \_\_\_\_\_

Focusing on  
education, training, innovation and  
opportunities for collaborative care to  
address doctor/health-provider shortages  
in remote communities

**04** \_\_\_\_\_

Creating  
resourced opportunities for specialist  
and subspecialist trainees to undertake  
electives and core rotations in the north

**05** \_\_\_\_\_

Giving medical students  
and residents the skills and opportunities  
they need to be confident in choosing  
rural and remote practices

**06** \_\_\_\_\_

Focusing on innovative  
culturally sensitive education and training  
opportunities addressing physician and  
other health-provider shortages in rural  
and remote communities



# 07

## Focusing on

the profound and disproportionate impact of the opioid crisis and mental health issues in northern Ontario

# 08

## More social workers,

mental health and addiction care providers and resources for children's mental health

# 09

## Enhancing internet connectivity

in remote areas to support virtual care, keeping in mind that virtual care will not solve health human resources problems in northern Ontario and should not replace in-person care

# 10

## A recognition of

the specific need for local access to culturally safe and linguistically appropriate health care for northern Ontario's francophone population and Indigenous Peoples

# 11

## 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

# 12

## Using a harm-reduction

anti-oppressive lens, addressing the education gaps in Indigenous communities and non-Indigenous communities, as health is directly affected by education





Rx

PATIENT NAME Ontario

*“Ontario’s large geographical and cultural nature presents a challenge for health-care leadership. Nowhere is the challenge greater than in northern Ontario. Fortunately, Ontario has the right people and resources to meet the challenge of building a world leading health-care system that is equitable, effective and accessible. Though progress has been made, Ontario still has much left to do, especially in northern Ontario.”*

Dr. Stephen Cooper, family physician, Manitoulin Island





# INVESTING IN ONTARIO'S HEALTH-CARE SYSTEM

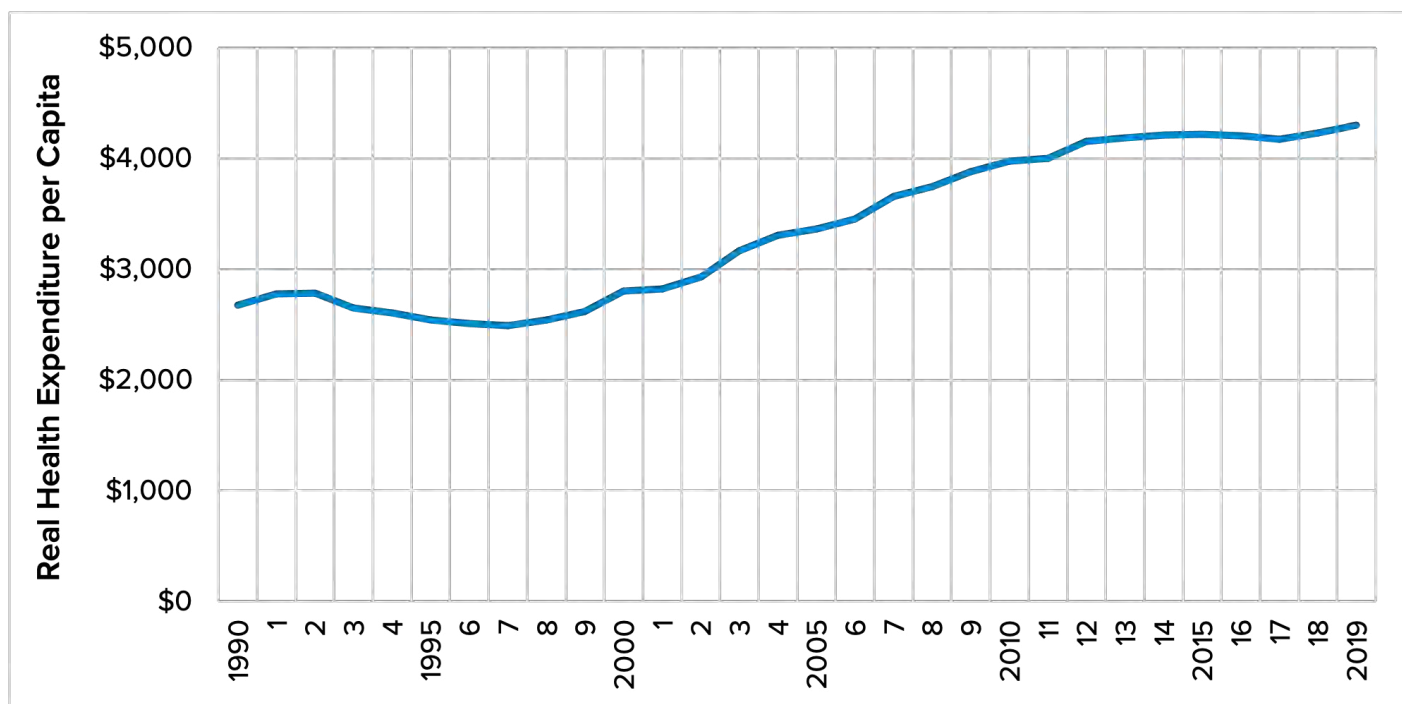
*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* is a key document that identifies priorities for investment in our health-care system over the next four years. Many recommendations in this plan are interrelated and have investment and saving aspects that are difficult to estimate over the next four years.

The biggest unknowns are the duration of the pandemic and its ultimate effect on the health-care system. This includes the level of care that affected patients will require to improve their physical and mental health. It also includes the associated demands on the system to resolve the pandemic backlog of almost 20 million delayed patient services and to treat sicker patients. We also do not know what impact the pandemic will have on human resources in the health system, including early retirements of burned-out doctors, nurses and other front-line health-care professionals. Costing each recommendation is therefore not possible with any degree of confidence.

What Ontario's doctors do know is that the current piecemeal model of health-care planning was outdated and inefficient even before the pandemic. It didn't work to improve health care then, and certainly won't work now in the shadow of a pandemic – where everything is changing by the minute.

Decision-making about our health-care system needs and structure must be looked at as a whole, not in unconnected silos. And what is good for patients must be the most important consideration. It will take political will to admit that Ontario's health-care system has fallen behind and to convene all key health-care stakeholders – physicians, nurses, hospital administrators and other care providers – to get their expert perspective on what is needed. Only then will we know the full extent of the problem and how to allocate resources to fix it in the long term.

## Ontario Government Per Capita Health Expenditures (2019 Dollars)



However, what doctors can say right now is:

### \$5 billion is needed to reach the average of provincial per capita spending

Ontario's annual health-care spending has not kept up with year-over-year demand for the past 30 years. Spending per capita decreased in the 1990s, while between 2012 and 2016 it was flat. In other years, spending was below the minimum required to keep pace with demand.<sup>12</sup>

The result is that in 2019, Ontario ranked ninth out of 10 provinces in annual health-care spending at \$4,342 per person.<sup>13</sup>

To reach a health-care investment equal to the average of other Canadian provinces will require an injection of \$5 billion to the current level of spending. Additional investment should be greater than \$5 billion if the aim is to be higher than the provincial average. This figure does not include the investments to fix the shortfalls in Ontario's current system described in *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*, the additional health-care dollars already spent due to COVID-19 or future funding required to address the backlog of care caused by the pandemic.

<sup>12</sup>2020 CIHI National Health Expenditure Trends - Table D.4.6.3; CPI Figures from 2020 CIHI National Expenditure Trends - Appendix B

<sup>13</sup>2020 Canadian Institute for Health Information (CIHI) National Health Expenditure Trends, Series D4

## Provincial Government Per Capita Health Expenditures by Province

(current dollars)

Province	2019
Newfoundland and Labrador	\$6,413
Alberta	\$5,164
Saskatchewan	\$4,875
Prince Edward Island	\$4,962
Nova Scotia	\$5,026
Manitoba	\$4,783
New Brunswick	\$4,549
Quebec	\$4,564
<b>Ontario</b>	<b>\$4,342</b>
British Columbia	\$4,273

## Significant savings are available in the system

*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* recommends many efficiencies that, if adopted, would avoid costs or realize savings.

One example where hundreds of millions of dollars in annual costs could be avoided is through the reduction of alternate level of care patients in hospital.

As described on page 27, in 2019-20 there were 1.3 million hospital bed days used by alternate level of care patients.<sup>14</sup> An alternate level of care patient is defined as a patient in hospital who is stable enough to leave but there isn't a long-term care bed, hospice bed or rehabilitation bed for them to transfer to, or not enough home-care

services available for them to return home safely.

According to the Ontario Hospital Association, "it costs approximately \$500 per day to provide care for a patient in hospital, \$150 in long-term care and even less for home and community care. More importantly, hospitals have less room to treat people who really need to be there, or to accommodate a sudden increase in patients during the winter flu season. Unfortunately, this means too many patients receive care in hallways and other unconventional spaces. It is impossible to end hallway medicine without addressing these rising [alternate level of care] rates."<sup>15</sup>

The current estimated cost of keeping these patients in hospital is \$650 million dollars a year. The math is clear: providing care in other more appropriate settings would avoid hundreds of millions of dollars a year in health-care spending.

<sup>14</sup>Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020

<sup>15</sup>Ontario Hospital Association. A Balanced Approach: The Path to Ending Hallway Medicine For Ontario Patients and Families, Pre-Budget Submission / 2019 Ontario Budget





## The provinces cannot do it alone

The OMA strongly supports the call by Canada's premiers for the federal government to increase the Canada Health Transfer to 35 per cent of provincial-territorial health-care spending.

While it was originally envisioned that health-care spending be shared equally by the federal government and the provinces and territories, the federal government's share has decreased over time. Today, the Canada Health Transfer funds only an average of 22 per cent of total provincial health-care costs.<sup>16</sup>

Ontario has lost billions of dollars that could be used to provide better health care for all of us.

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<sup>16</sup>Ontario speech from the throne, Oct 4 2021



# LEADERS AGREE IT'S TIME TO FIX HEALTH CARE

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COVID-19 has exposed and amplified challenges for those who call Ontario home and we believe that prioritizing public health is our best long-term economic strategy. A strong health-care system attracts new business and investment to Ontario which creates jobs that can support our economic recovery. The Ontario Chamber's Health Policy Council appreciates the opportunity to provide input to OMA's election platform.

Rocco Rossi, President and CEO, Ontario Chamber of Commerce

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Ontario's pharmacists have long called for a more integrated and connected health-care system to ensure all providers have the information they need at their fingertips to serve their patients. Ontario's health system needs to replace fax machines with technology that enables seamless communication between pharmacists, doctors and other health providers to get better, safer and faster results for patients.

Justin Bates, CEO, Ontario Pharmacists Association

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Home-care workers look after a million people in Ontario every year. That's massive. More than 90 per cent of people want to live in their homes and receive care in their homes as they age. But there has been very little attention paid to the home care system by successive governments.

Sue VanderBent, CEO, Home Care Ontario

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The quality of health-care services in Ontario communities has a direct impact on programs and services offered by local governments. It is vital that health-care providers work with their municipal partners to understand how we can collectively improve the health and well-being of the people we serve.

David Arbuckle, Executive Director, Association of Municipal Managers, Clerks and Treasurers of Ontario

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Northern Ontario is growing and it is also aging. We are in crisis mode without the complement of physicians required. And, I believe that communities need to be able to engage medical students, residents and locums to show them that there is so much more to a community than what they see at the clinic/hospital where they are working. It takes a community to engage our visiting med students, residents and physicians so they will come back and possibly stay.

Mayor Sally Hagman, Blind River

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Nothing can halt the growing demand for hospice palliative care. The population is aging and the number of people nearing end of life is rapidly increasing. Now, more than ever, people are understanding what quality of life, until the end of life, truly means. COVID-19 has revealed for many the critical importance of comfort, care and spending quality time with loved ones in the remaining days of life. Hospice palliative care is holistic care for patients and families, allowing for the necessary connections, meaning and comfort that are so essential to a quality end of life experience.

Rick Firth, President and CEO, Hospice Palliative Care Ontario

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In an increasingly over-stretched health system, all parts of the sector need to work together to effectively provide care to people where and when they need it. Seniors' care needs to be dramatically reformed in Ontario, and we are pleased that the OMA has highlighted a number of areas that would help with this transformation, in particular the need for more staffing, more funding for home and community care, and for building up capacity for care internally within long-term care homes. We're ready to work together with all our system partners to deliver the kind of care seniors expect and deserve.”

Lisa Levin, CEO, AdvantAge Ontario

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**Children’s Aid Societies work with many children who have high health-care needs every day. It has been frustrating to work within a fragmented system that is hard to navigate. When we speak of different parts of the system working together, Children’s Aid Societies need to be included too. That’s why we appreciate being consulted on the development of the OMA’s health-care recommendations, which we hope will lead to better health care for children.**

Marisa Cicero, Interim Director, Shared Services + Strategic Operations,  
Ontario Association of Children’s Aid Societies

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**We need the resources to deal with the opioid crisis including social workers and crisis workers. Timmins has the highest fatality rates per 100,000 in Canada and we need more resources to help us get ahead of this.**

Mayor George Pirie, Timmins

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In an increasingly over-stretched health system, the home and community sector remains the most cost-effective place to treat people, which is where Ontarians want to receive care. A robust and well-resourced home and community care sector can alleviate pressure off of the system and would enable the most appropriate use of acute care hospitals and long-term care facilities, as well as generate significant cost savings across the system.

Deborah Simon, CEO, Ontario Community Support Association



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Families expect mental health care for their children the same way they would physical health care. Child and youth mental health centres have developed responsive and innovative models to provide more families with timely access to service, including the expansion of inter-professional care teams. Over the past five years, significant improvements have been made, for example with the opening of more than 80 walk-in clinics. However, demand for services simply outstrips flat-lined funding, and investments are urgently needed to expand front-line services.

Kimberly Moran, CEO, Children's Mental Health Ontario

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Appendix II:

# Prescription for Northern Ontario



## Prescription for northern Ontario

Ontario's doctors know that Ontarians want – and deserve – a better health-care system. The current system is plagued by physician shortages, long wait times, a serious backlog of services, inadequate mental health and addiction programs and insufficient home and community care, among other problems.

Nowhere are the issues more critical than in northern Ontario. This important region makes up almost 90 per cent of Ontario's landmass but contains only six per cent of its population. Equitable access to health care in northern Ontario is a unique challenge, requiring unique solutions.

That is why the Ontario Medical Association, representing Ontario's 43,000 doctors, has developed a plan entitled *Prescription for Northern Ontario* with 12 recommendations to address those challenges.

The northern plan of action is part of a larger master plan, *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*, which provides 75 provincewide recommendations for implementation over the next four years. The plan is the result of the largest consultation in the OMA's 140-year history.

Ontario's doctors have been speaking out about the gaps in health-care services – especially in northern Ontario – for years. But the COVID-19 pandemic has made these gaps more visible and the need for solutions more urgent.

Our consultation on the future of the health-care system took place over the spring and summer of 2021. More than 1,600 physicians and physician leaders provided their expert advice. We listened to associations and individuals representing hospitals, nurses and many other health-care professionals, health charities and patient advocacy groups, health sciences and

technology companies, municipal and business sectors, labour unions and social service agencies and non-profit organizations serving clients of all demographics and in every part of the province.

We also heard from almost 8,000 Ontarians in 600 communities through our public survey at [betterhealthcare.ca](https://betterhealthcare.ca). More than half of those who responded to the OMA survey in northern Ontario said the way health care is delivered in their community had become worse as a result of the pandemic.

Wait times and the need for more doctors were identified across the north as the top health care priorities.

When asked to grade the local health care system on a scale of A, B, C or F, more than half of respondents to the survey across northern Ontario, in communities from Sudbury to Thunder Bay, gave it a C and more than a quarter gave it a failing grade.

To help develop the northern section of the plan, we also held a round table with northern physicians, a separate round table with community leaders from across the north

representing different sectors and held one-on-one discussions with northern physician leaders.

The survey results and input from northern leaders clearly show that we need to focus on a multi-stakeholder solution for northern disparities in health care.

There is a shortage of doctors and health-care professionals in many northern communities, especially in specialties such as family medicine, emergency medicine and anesthesia. Moreover, physical access to care and services is often hampered by weather, transportation infrastructure and sheer distance. However, access to health care ensures healthy populations, which is crucial to the economic health and vibrancy of rural and remote communities.

Virtual care is limited by lack of high-speed internet and unreliable connectivity. It's also hard to stay healthy when access to transportation, affordable food and secure housing are so limited. The social determinants of health – factors such as income, education, food security and housing – must be addressed, especially in the north.



To improve health care in northern Ontario,

# Ontario's doctors recommend:

**01** \_\_\_\_\_

That patients have  
equitable access to care in their own  
communities

**02** \_\_\_\_\_

Reviewing and updating  
incentives and supports for physicians  
and allied health-care workers to  
practise in northern Ontario and other  
communities that are chronically  
underserved

**03** \_\_\_\_\_

Focusing on  
education, training, innovation and  
opportunities for collaborative care to  
address physician (health-provider)  
shortages in remote communities

**04** \_\_\_\_\_

Creating  
resourced opportunities for specialist  
and subspecialist trainees to undertake  
electives and core rotations in the north

**05** \_\_\_\_\_

Giving medical students  
and residents the skills and opportunities  
they need to be confident in choosing  
rural and remote practices

**06** \_\_\_\_\_

Focusing on innovative  
culturally sensitive education and training  
opportunities addressing physician and  
other health-provider shortages in rural  
and remote communities



# 07

## Focusing on

the profound and disproportionate impact of the opioid crisis and mental health issues in northern Ontario

# 08

## More social workers,

mental health and addiction care providers and resources for children's mental health

# 09

## Enhancing internet connectivity

in remote areas to support virtual care, keeping in mind that virtual care will not solve health human resources problems in northern Ontario and should not replace in-person care

# 10

## A recognition of

the specific need for local access to culturally safe and linguistically appropriate health care for northern Ontario's francophone population and Indigenous Peoples

# 11

## 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

# 12

## Using a harm-reduction,

anti-oppressive lens, addressing the education gaps in Indigenous communities and non-Indigenous communities, as health is directly affected by education

Here is what two northern Ontario doctors and a northern mayor told us about the challenges their communities face:

**R<sub>x</sub>**      PATIENT NAME Ontario

*“Social isolation of Indigenous communities in the north, and the inequities experienced by Indigenous Peoples, have been exacerbated by the pandemic. Our inequity bathtub in northern Ontario was nine-tenths full before COVID, and now it is overflowing.”*

Dr. Sarita Verma, president of the Northern Ontario School of Medicine

**R<sub>x</sub>**      PATIENT NAME Ontario

*“Ontario’s large geographical and cultural nature presents a challenge for health-care leadership. Nowhere is the challenge greater than in northern Ontario. Fortunately, Ontario has the right people and resources to meet the challenge of building a world leading health-care system that is equitable, effective and accessible. Though progress has been made, Ontario still has much left to do, especially in northern Ontario.”*

Dr. Stephen Cooper, family physician, Manitoulin Island

Fixing physician shortages is an issue everywhere in the province but nowhere is it as urgent as in remote communities and northern Ontario. Without access to doctors, many patients needlessly worry and suffer. We need robust data about our physician workforce and we need to use that data wisely to plan for our future population needs. We also need to support doctors so that all patients can get equitable and timely access to the care they need.

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Northern Ontario is growing and it is also aging. We are in crisis mode without the complement of physicians required. And I believe that communities need to be able to engage medical students, residents and locums to show them that there is so much more to a community than what they see at the clinic/hospital where they are working. It takes a community to engage our visiting med students, residents and physicians so they will come back and possibly stay!

Sally Hagman, mayor of Blind River

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To address the unequal supply and distribution of doctors,

# Ontario's doctors recommend:

**01** \_\_\_\_

Creating a detailed analysis,  
based on high-quality data, that accounts  
for the types and distribution of doctors  
to meet population needs

**02** \_\_\_\_

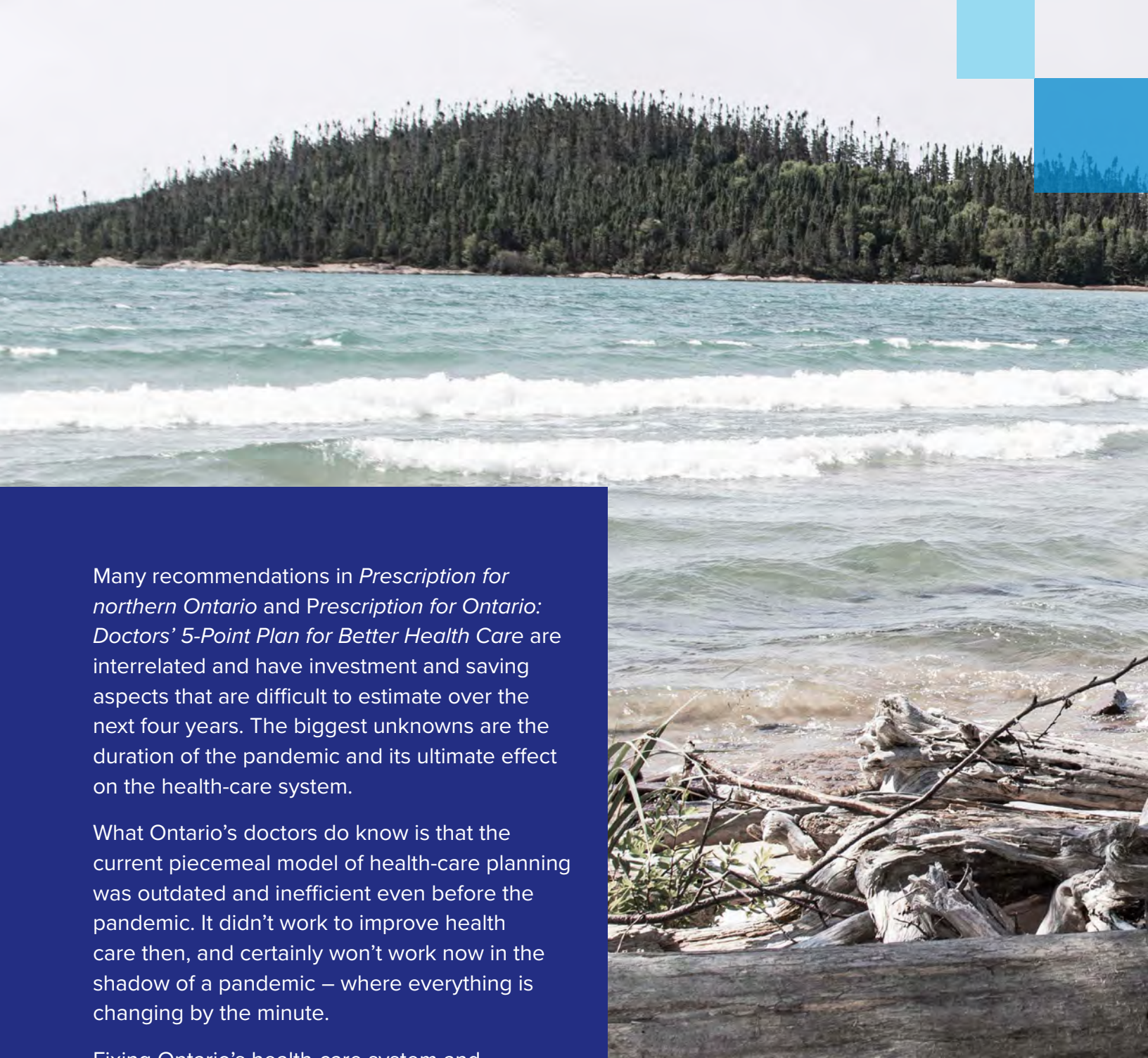
Establishing  
a set of best practices around physician  
supports to help ensure Ontario has the  
right doctors in the right places at the  
right times

**03** \_\_\_\_

Using best evidence  
regarding forecasted population need,  
increasing the number of medical student  
and residency positions

**04** \_\_\_\_

Supporting students  
from remote, rural and racialized  
communities to go to medical school  
aligned with populations in need



Many recommendations in *Prescription for northern Ontario* and *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* are interrelated and have investment and saving aspects that are difficult to estimate over the next four years. The biggest unknowns are the duration of the pandemic and its ultimate effect on the health-care system.

What Ontario's doctors do know is that the current piecemeal model of health-care planning was outdated and inefficient even before the pandemic. It didn't work to improve health care then, and certainly won't work now in the shadow of a pandemic – where everything is changing by the minute.

Fixing Ontario's health-care system and addressing the gaps in health-care service in northern Ontario will not be quick or easy. It will require collaboration among health providers, support from the public, and political will.

**We have to act now.**





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