

# Bill 235, *Support for Seniors and Caregivers Act, 2024*

## **OMA's Submission to the Regulatory Registry**

December 23, 2024



## Introduction

The Ontario Medical Association (OMA) is the trusted voice in transforming Ontario's health-care system. The OMA represents Ontario's 43,000 physicians and advocates for the well-being of our members and the health of Ontarians.

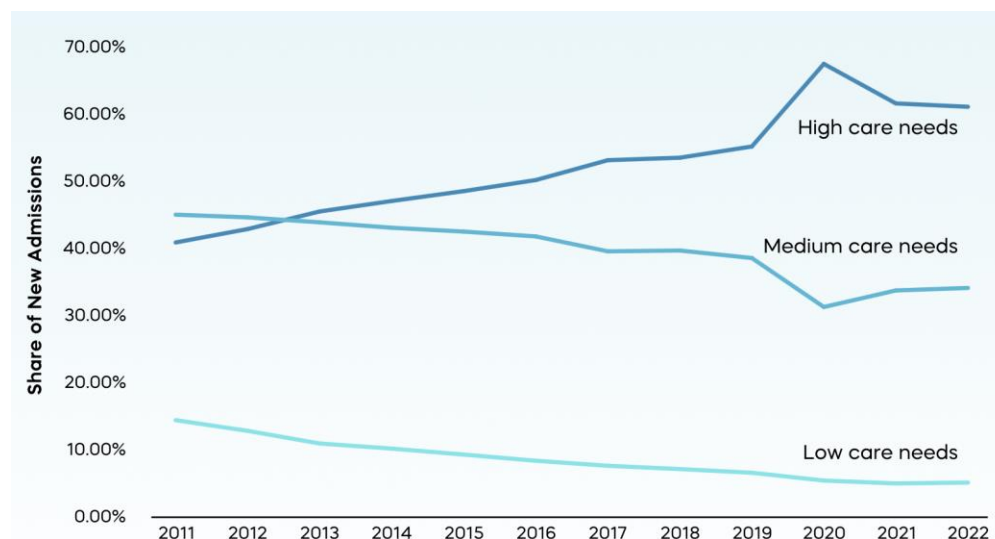
We appreciate the opportunity to provide this submission in response to Bill 235, *Support for Seniors and Caregivers Act, 2024*. Ahead of detailed comments, it should be noted that the OMA is supportive of collaborative, team-based delivery of care where every health-care professional can work to their full scope of practice and be appreciated for their unique skills and experience. It is important to reinforce that the OMA values the contribution that nurse practitioners (NPs) bring to long-term care (LTC) homes. This submission will focus on the proposed amendment around the medical director role under Schedule 1, *Fixing Long-Term Care Act, 2021*.

### Schedule 1, *Fixing Long-Term Care Act, 2021*.

Ontario's doctors are significantly concerned regarding the proposed legislative overhaul to the medical director model in LTC. These changes, risk undermining the quality of care for some of Ontario's most vulnerable residents. Our concerns are not new and have been reiterated to the Ministry through letters, delivering feedback to the civil service via the Physician Services Committee and in direct conversation with the Minister's Chief of Staff.

The complexity of medical issues in LTC homes makes a strong leadership structure critical. For instance, 75% of people entering LTC require eight different medications, and 30% require 13 or more. CIHI indicates that roughly 50% more residents entering LTC require higher levels of support today than in 2011.

Figure One: Resident Complexity (source CIHI and Ontario Long-Term Care Association)



This rise in resident complexity is not anticipated to resolve anytime soon and will be exacerbated by the growing share of Ontario's aging population. Now more than ever, Ontarians need access to a doctor, and this need is pronounced in LTC homes. Having access to strong medical leadership is necessary to fulfill the Ministry's goal to manage more acute medical needs directly in the LTC home thus making the resident feel more comfortable, alleviating strain on emergency departments and ambulance services.

and saving the system money.

It is unclear what analysis the Ministry has performed to assess the safety and efficacy of having NPs serve as LTC clinical directors, in place of physician medical directors. We anticipate that the public will become concerned to learn that the government is pursuing policy that could ultimately leave LTC homes without physicians and/or physician leadership. We know that Ontarians want to have access to physician care and their distrust in the health-care system is being influenced by, among other things, the inability to find a family doctor, the wait to see specialist physicians and the overburdened emergency departments leading to long delays being seen by an emergency physician. Pursuing policy that risks incentivizing an NP replacing physician oversight in LTC homes is not likely to improve Ontarians' view of their health-care system.

By the Ministry's own admission, there is little reliable data that supports retention and recruitment issues pertaining to medical directors. Aside from anecdotal reports from some homes, AdvantAge Ontario's survey of its member found that only ~10 per cent of homes face challenges retaining and attracting medical directors. We remain concerned that rather than working together with system partners like the OMA and LTC organizations to identify solutions, the government is pursuing sweeping legislative changes. The consequence of doing so risks advancing policy that is not evidence-based, decreasing public trust in the LTC system, reducing the availability of medical leadership when LTC resident complexity is high and exacerbating staffing shortages (particularly physicians).

Despite statements from the Ministry indicating otherwise, the medical director role is not strictly an administrative function. Rather, physicians bring specialized expertise to address the growing complexity of medical issues in LTC homes. Without their leadership, care teams risk gaps in handling critical, multi-faceted patient needs, resulting in more emergency department visits and unnecessary hospital admissions. Evidence shows that physician replacement can lead to poorer patient outcomes, increased hospitalizations, and higher healthcare costs.

We are concerned the proposed changes to the medical director role will create management and operational challenges. For example, authorizing NPs to provide medical oversight risks making LTC less desirable for attending physicians. This is not to suggest that physicians do not want to collaborate with NPs, however, it is challenging for physicians to be overseen by another profession when their training, role and experience are distinct. Such changes will exacerbate existing recruitment and retention challenges, making it difficult for LTC homes to offer the medical care they are required to deliver.

Furthermore, we know that there are shortages of NPs throughout the system, and it is unlikely that there is a sufficient supply available to remedy any purported recruitment and retention gaps. We further feel that there are more impactful opportunities to utilize NPs in clinical capacities that include mentoring LTC nursing staff to manage residents' care needs without requiring hospital transport.

It is vital to integrate physician voices into decision-making processes to ensure leadership models are informed, sustainable, and aligned with the best outcomes for residents and families. We have availed ourselves to the Ministry over the past 18 months and are disappointed that we have not been meaningfully consulted nor given an opportunity to review evidence that demonstrates that there are substantive retention and recruitment issues for physician medical directors.

## Recommendation

The LTC sector is emerging from a period of significant destabilization brought on by the COVID-19 pandemic. It is universally held that the immediate focus must be on improving care for residents through collaborative team-based care. The OMA adds that it is not the time for government to be advancing divisive change that will only serve to incite tensions between health-care professions.

The OMA strongly recommends that Bill 235 be amended by striking the Clinical Director section (which would amend Section 78 of the *Fixing Long-Term Care Act*), and in doing so, maintain the existing physician-led medical director model in LTC homes.