

Dec. 16, 2024

Hon. Natalia Kusendova-Bashta
Minister of Long-Term Care
6th Floor, 400 University Avenue
Toronto, Ontario
M5G 1S5

Dear Minister Kusendova-Bashta,

On behalf of Ontario's doctors, we write to express our concerns regarding the proposed legislative changes to the medical director model in long-term care (LTC). These changes, contained in Bill 235, *Support for Seniors and Caregivers Act, 2024*, risk undermining the quality of care for some of Ontario's most vulnerable residents.

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. For example, diagnosing overlapping symptoms in residents with multiple underlying conditions — such as distinguishing between pneumonia, Chronic obstructive pulmonary disease (COPD), or Congestive heart failure (CHF) — requires advanced medical training. While nurse practitioners are highly skilled, they often consult physicians when diagnostic uncertainty arises, as physicians are better equipped to interpret complex clinical presentations. This diagnostic expertise is crucial in ensuring accurate treatment and avoiding delays that could worsen patient outcomes. Without this level of expertise, 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.

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. Residents also face a wide array of complex medical issues that require the expertise of physician leadership to avoid costly and inappropriate hospital stays.

We are concerned the proposed changes to the director role will result in the positions becoming less attractive to physicians. Such changes will exacerbate existing recruitment and retention challenges. 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 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 patients and families. We have availed ourselves to your Ministry throughout the past 18 months and are disappointed that we have not been meaningfully consulted nor given an opportunity to review evidence that demonstrates that substantive retention and recruitment issues for physician medical directors exist. We would appreciate the ability to explore this further with you and the officials in your Ministry.

We will participate in the consultation processes through the Ontario Regulatory Registry and the legislature's Standing Committee on Social Policy. At a minimum, we will urge you and committee members to remove Section 7 in Bill 235 and preserve physician leadership in the medical care of residents of LTC homes.

We believe this situation presents an opportunity to build stronger relationships with the Ministry of Long-Term Care. Historically, we have held regular touchpoints with your predecessors to collaborate on improving long-term care. For the safety and improved quality of life of all long-term care residents, it is imperative that the Ministry works closely with the OMA and Ontario's Doctors.

We look forward to continuing this important conversation and remain committed to supporting solutions that benefit patients and families.

Thank you,

A handwritten signature in black ink, appearing to read 'Kim Moran', with a stylized, flowing script.

Kimberly Moran
CEO, OMA

A handwritten signature in black ink, appearing to read 'Dominik', with a large, circular initial 'D' and a stylized script.

Dr. Dominik Nowak
President, OMA