

PRESENTATION TO
STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS
NORTHERN ONTARIO

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Good morning.

My name is Dr. Sarah Newbery. I am a family physician here in northwestern Ontario. I am also the Assistant Dean, Physician Workforce Strategy and Associate Professor, Northern Ontario School of Medicine and part of the Marathon Family Health Team, Wilson Memorial General Hospital.

I appreciate the opportunity to present to this Committee as the government develops its 2022 budget.

We thank the government for all you are doing. There is much more to do.

Health-care spending must be prioritized, especially in northern Ontario where the situation is most dire. We need to improve access to care and urgently address the shortage of doctors and specialists.

Ontario's doctors are eager to work with all levels of government, community leaders and health-care stakeholders to provide the patient care needed.

Just under 84 per cent report having a health-care provider. That's well below the Ontario average of 94 per cent.

Life expectancy in the north is 2.5 to 2.9 years lower than the Ontario average. Northern Ontario is short at least 325 physicians - family doctors, internists, psychiatrists, pediatricians, anaesthetists and several subspecialists. 325 physicians is 5 entire NOSM classes – and we need them right now.

Between December 2020 and June 2021 alone, we lost 11 rural physicians. We now need 97 rural physicians across the north.

Northern doctors are working hard in very difficult circumstances managing complex patients. In addition to working in clinics, hospitals, long-term care and patients' homes, we are also managing assessment centres, supporting vaccination efforts, and leading the local health systems to provide care.

Prior to COVID, the North was underserved. Now many patients live with the regular threat of ER closures, which means no way to access any local emergency care. If the ER in Wawa closes, people have to drive two hours to another ER. If the ER in Red Lake closes, the nearest ER is three hours away.

That time is a matter of life and death for someone having a heart attack, a rapidly progressing COVID illness, or a stroke. In my own community over the holidays, in addition to all the other care we provided, we resuscitated and placed three people on life support for transfer to intensive care. Those people would have died without our ER.

Without physicians in rural communities in the North, there is no emergency department as we know it.

It's not just the ER. The north was disproportionately affected by mental health and addiction challenges before the pandemic, and the situation has worsened significantly.

We need better access to mental health services – the North is short 40 psychiatrists. We hear every day from – pediatricians and family physicians who

are already overworked, that they are feeling overwhelmed by the increase in demand for mental health care.

Each day for almost two years, the province's 43,000 doctors have seen our health-care system stumble under the weight of COVID-19. The negative impact on patients is incalculable and it will take years to catch up.

That's why last year the OMA undertook the largest stakeholder and public consultation in its 140-year history to understand how to address the most urgent challenges.

The eight-month consultation began in northern Ontario. It included northern Ontario leaders from many sectors, and extensive input from northern physicians. The result is *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*, launched in Sudbury in October.

It all comes down to five priorities:

- Reducing wait times and the backlog
- Expanding mental health and addiction programs
- Improving and expanding home and other community care
- Strengthening public health and pandemic preparedness
- Giving every patient a team of health-care providers and linking them digitally.

To fix the shortages of doctors and other health providers in the north, the OMA recommends:

- Giving patients equitable access to care in their own communities

- Reviewing and updating incentives and supports for doctors and other health-care professionals to practise here in the north
- Increasing our focus on education, training, innovation and opportunities for collaborative care in remote communities
- Creating more opportunities for specialist and subspecialist trainees to do electives and core rotations here
- Creating more opportunities for medical students and residents to develop the skills they need to choose rural and remote practices.

We need 325 physicians in northern Ontario. We need to expand NOSMs undergraduate and postgraduate programs to ensure that we are training more physicians.

We know that 1 in 5 who have an elective opportunity here will come back to work here.

We need to support the new Rural Generalist Pathway so more medical students and residents, will practice in rural northern Ontario.

We need to have attractive and meaningful contracts that will encourage new doctors to come and stay in northern Ontario.

We need to retain all our current clinicians to teach future learners.

As we recover from COVID we need our full capacity to address the backlog – we need every rural hospital fully functioning, every clinician actively engaged.

The pandemic has proven we cannot have a strong and sustained economy without a robust health-care system.

One of the first questions businesses and professionals ask when they're thinking of moving to the north is "What's the health care like there?" and "Are there family doctors available in the community?"

A strong health care system here will help attract new businesses, residents and investment, bringing with it new opportunities for our young people, and making it easier for the elderly to age where they have lived.

A healthy and vibrant North requires equitable access to a strong and resilient Northern health system.

Thank you, and I would be very pleased to take your questions.