



Efficient Investments for Strong, Stable Care

Pre-budget submission | January 2019



Table of Contents

Introduction / 3

Improving Mental Health and Addictions Support / 4

Increasing Access to Palliative Care / 5

Physician Burnout / 7

Conclusion / 9

References / 10

Introduction

The OMA's Response to the Ontario Call for Pre-Budget Submissions

Effective health systems around the world have learned that in order to improve, governments require the input and sustained engagement of their frontline doctors. The people of Ontario know this to be true, too. Ontario's doctors, through the Ontario Medical Association (OMA), are committed to working with government to tackle hallway medicine and improve mental health and palliative care services, while addressing physician burnout at the systems level.

We, Ontario's doctors are calling on the government of Ontario to continue to prioritize health care, specifically for:

- Increased Integration of mental health and addictions care across care settings and between Ministries/agencies
- A provincial suicide prevention strategy that is embedded throughout our health and social systems;
- Capacity building and realignment of funding for palliative care services
- A rural and remote palliative care strategy
- Better research to understand the system-level causes and effects of physician burnout
- System-level changes to address physician burnout

We understand and appreciate the fiscal situation in Ontario and we know that Ontarians trust frontline doctors to make decisions about the future of the health care system. In order to achieve effectiveness and find efficiencies in the health care system, we need to work with the government to collaborate on solutions.

We are on the frontlines of health care. We know the problems affecting the people in our communities and we have solutions. While an independent third party is working to establish a fair physician services agreement that includes addressing not even a cost of living increase for five years, we know that Ontarians support a fair agreement for doctors. We also know that Ontarians want the government to hear ideas from doctors, which is why the OMA is pleased to offer recommendations and opportunities that can address some of the biggest challenges in the health care system.

As Ontario's frontline doctors, we want to help the government work smarter, spend smarter, and enhance the way we deliver services, including providing recommendations on how we can cut hospital wait times and work to end hallway medicine by **improving mental health and addictions support, increasing access to palliative care, and addressing health system reform**

to end provider burnout. Collectively, these policy interventions will address some of the factors that have been adding to the strained health care system and creating the conditions for excessive wait times and hallway medicine.

Improving Mental Health and Addictions Support

Inadequately addressed mental health and addictions issues have a significant impact on Ontario's health care system, often increasing hospital visits for individuals who could have received care in other more appropriate settings. These preventable visits are contributing to longer emergency room wait times.

The statistics are clear, each year one in five Canadians are directly impacted by mental illness or addiction and by the time Canadians reach 40 years of age, one in two have—or have had—a mental illness.¹ Indeed, there is nobody in Ontario whose life has not been impacted directly, or indirectly, by these illnesses.

Improving mental health and addiction support, and investing in early intervention programs, will help to reduce wait times as individuals with mental health concerns and/or addictions often have frequent emergency department visits. Rates of emergency department use is increasing, with a 32.5% increase in mental health emergency department utilization for youth aged 10-24 between 2006 and 2011.² To address this, programs that encourage the use of community-based, rapid response teams can halve the costs incurred by hospitals treating young people presenting in emergency rooms with suicidal thoughts.³

Experts, such as the Mental Health Commission of Canada Chair, Dr. David Goldbloom, have identified clearly, "If we could reduce by 10% the number of people who experience a mental illness in a given year, especially in young people, we could expect after ten years an **estimated annual savings of \$4 billion in direct health and social care costs.**"³

Yet, the impact of increasing support services will go beyond just impacting the hospital system in Ontario. The human and economic tolls of mental illness and addictions are also significant. Between health care costs, lost productivity, and reductions in health-related quality of life, [researchers](#) estimate that the economic burden of mental illness in Canada is roughly \$51.4 billion per year.^{1, 4}

Those who have mental illness may miss work more frequently or experience other challenges with employment. As Ontario is increasingly seeking to expand job growth through the Government's 'open for business' efforts, it's important that additional policy focus is directed towards supporting the complete health of its workforce to ensure its sustainable productivity.

To address the challenges that mental illness and addictions bring to Ontario's health care system, Ontario's frontline doctors propose the following recommendations that can help bring about efficient and cohesive solutions:

1. **Integration.** Frontline doctors want to see mental health and addictions care that is integrated across care settings and between Ministries/agencies. The current fragmentation of care is causing people to fall through the cracks and is contributing to inefficiencies. Rather, we want Ontarians to have a seamless journey to address their mental illness and/or addiction.
2. **A provincial suicide prevention strategy.** Although rates of suicide are generally decreasing, one instance is still too many. Suicide remains one of the leading preventable causes of death for young people in the province. Ontario's frontline doctors want to see a fully-funded suicide prevention strategy embedded throughout our health and social systems. We are also looking forward to playing an important role in the roll out of this strategy.
3. **Ongoing collaboration.** Ontario's doctors are trusted leaders in the provision of mental health and addictions care. From family doctors who manage many psychiatric illnesses to psychiatrists managing complex presentations, we see it all. We know where to target investments for a maximum return on investment. Frontline doctors feel that the province is relying too much on short-term pilot projects (some of which are producing great results), instead of scaling up and focusing on long-term planning.

Increasing Access to Palliative Care

Palliative and end-of-life care are resource-intensive components of the health care system. When done right, these services can reduce congestion and relieve pressure in hospitals, but when done wrong they can result in significant increases in hospital visits, increased wait times, and higher costs to the health care system.

Statistics indicate that introducing palliative care earlier in the care trajectory of a life-limiting or life-threatening illness can **not only lower health-care cost but can also improve quality of life** for those suffering from their illnesses. Furthermore, by gaining access to community palliative care and enabling patients to receive care at home, patients are able to die with dignity in the comfort of their own homes.

While over 75% of Canadians prefer to receive palliative care at home, few are able to even though it is a significant cost saving for governments. Statistics indicate that caring for

terminally ill patients in an acute-care hospital is estimated to cost over 40% more than providing care in a hospital-based palliative-care unit; more than double the cost of providing care in a hospice bed, and over 10 times more than providing at-home care.⁵

Average Cost of Care (for one week for 424 seniors)	
Hospital Bed	\$2.5 million
Long-term Care Bed	\$374,000.00
Care at Home	\$125,000.00

Average Per Diem Cost	
Hospital Bed	\$842.00/day
Long-Term Care Bed	\$126.00/day
Care at Home	\$42.00/day

Controlling or reducing the cost of dying could benefit the health care system, families, and individuals. It could relieve pressure on health care resources and make it possible to re-allocate savings to other care.

In 2016-2017, fewer than 1 in 6 people (15%) received publicly funded palliative home care. With the elderly population growing, the number of people requiring palliative care in Ontario is projected to double, which will put increased pressure on an already burdened health care system. By 2041 the Ontario population of those aged 65 and up is projected to increase 92% – from 2.36 million to 4.56 million.⁶

According to Canadian Society of Palliative Care Physicians (CSPCP), palliative care supports efficient and appropriate use of health care resources and can result in approximately 30% reduction in spending⁷ through reduction in emergency room and intensive care unit visits and hospital admissions. Strong palliative care programs can also shorten patient stays in hospitals and help to eliminate unnecessary diagnostic tests and interventions.

The cost of dying in Canada ranges significantly both from region and cause of death, but what's important is the comparative cost of dying in a facility versus at home. The average costs of dying in a chronic care facility is \$36,000, compared to \$16,000 to die at home.⁸

Caring for terminally ill patients in an acute-care hospital is estimated to cost over 40% more than providing care in a hospital-based palliative-care unit, more than double the cost of providing care in a hospice bed, and over 10 times more than providing at-home care.⁵

Ontario's frontline doctors propose the following recommendations that can enhance access to palliative care while reducing cost for the health care system:

1. **Capacity building and realignment of funding.** Building capacity through palliative education, training, and providing basic competencies for health care providers, including physicians and allied health care providers, will help increase the overall efficiency and access to palliative care. With enough access to palliative care services, patients will not have to visit acute care or emergency rooms in hospitals – reducing volume and cost in the long run. To build health human resources in palliative care, funding for palliative education needs to be available. This includes medical training and continued education programs that will build basic competency in palliative care. In addition, investment in community-based hospice palliative care will also support efforts to reduce wait times and hallway medicine. By reinvesting in community supports like the Community Palliative Care On-Call (CPOC) program, the Ontario government can help reduce hospital visits and allow for community care. Patients can receive care at home and die at home.
2. **A rural and remote palliative care strategy.** To improve equitable and sustainable access to palliative care, a provincial strategy for palliative care in rural and northern communities is essential. Communities in rural and northern areas face unique challenges including limited local access to supports and services. There is a significant need to ensure there is equal distribution of hospice care beds, palliative care providers and resources are found in these communities.
3. **Ongoing collaboration.** Ontario's frontline doctors are trusted leaders in the provision of palliative and end-of-life care. It is beneficial to engage physicians in the early stages of planning to provide frontline experience and solutions.

Physician Burnout

Health care workers, including physicians, are increasingly facing insurmountable pressures that impact not only their own wellness, but also their ability to operate within our increasingly resource constrained health care system. The toll of physician burnout is personal with high suicide rates among doctors, and some studies suggest that it often hits female physicians the hardest. Finally, burnout leads to poorer quality of care.

Frontline doctors are working and are stretched thin to fill the gaps in the system and that takes its toll not only on physicians, but also on long-term system sustainability of the health care system. With one in four physicians facing burnout (27% men, 32% women),⁹ Ontario is

increasingly faced with burnt-out frontline doctors leaving the workforce, retiring early, or taking on fewer patients. The wide array of factors that contribute to burnout are beyond the individual physician alone, but rather are indicative of system-wide problems. Until we fix the system, we are not going to be able to prevent physician burnout. Unfortunately, with burnt-out physicians in a strained system, Ontario is unable to keep up with demand, **contributing to increased wait times and hallway medicine.**

An effective strategy to address health care challenges in Ontario must include efforts to combat physician burnout. To address this, Ontario's frontline doctors propose the following recommendations that can help bring the issue of physician burnout to the forefront:

1. **Better research.** We need more studies conducted in Ontario to understand the system-level causes and effects of physician burnout in our province and how our system overall can be better built to support physicians. Other jurisdictions have conducted their own research, but we need Ontario-specific data. If we want to fix our system, we need to know what is happening in it.
2. **System-level changes.** We need to move away from looking at burnout as a matter of individual resilience, and instead address burnout as a system-level issue. A sustainable health care system requires more attention and focus on physician wellness. Although the various causes of burnout are wide-ranging and complex, physicians are being asked to take on and do more than ever, yet they are functioning with ever-diminishing resources. Inoperable technology 'solutions', rising patient numbers, longer hours and increasing administrative requirements all contribute to rising levels of physician burnout. Issues associated with compromised physician health (such as increased turnover and increased likelihood of early retirement) also contribute to the existing strains on the system.¹⁰ We need to focus on finding system-level solutions to burnout so we can create an enabling and supportive system that promotes physician wellness and prevents physician burnout. Such a focus will benefit Ontario's patients, physicians, and ultimately the whole health care system.
3. **Ongoing collaboration.** The OMA is leading by example by striking a task force on physician burnout that will be looking at these issues in-depth in 2019. The OMA wants the government to look to the OMA leadership and collaborate on shared solutions to the growing problem of provider burnout. To implement solutions, the government will need to partner with the OMA. Experience in health reform efforts around the world has shown that physicians are crucial to health systems transformation and that **health transformation fails if physicians are not at the table as active participants.**¹¹ This holds true at all levels of the health care system from primary care to hospital-based care, to home and community care.

Conclusion

Ontario's doctors welcome the efforts and initiatives that the government has initiated to cut red tape and find efficiencies. To help cut hospital wait times and work to end hallway medicine, we need opportunities to address some of the factors that lead people to seek care in the first place.

By improving mental health and addictions support and increasing access to palliative care, the OMA sees mechanisms to provide better, more cost-effective care, more often, and in a more personalized manner. If we get these supports right, patients won't find themselves in the emergency room as often. Ontario's doctors also see the importance of addressing physician burnout to ensure that we **have long-term sustainability in our medical system so that we are caring for today's patients and planning for tomorrow's, too.**

Collectively, these policy interventions will address some of the factors that have been contributing to the strained health care system and creating the conditions for excessive wait times and hallway medicine. Together, Ontario's doctors and Ontario's government can work towards better, transformative care for Ontarians.

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