



2022 PRE-BUDGET PRESENTATION TO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

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Good morning, and thank you to the Committee for the opportunity to address you today.

My name is Dr. Adam Kassam, President of the Ontario Medical Association. I am joined by OMA CEO Mr. Allan O’Dette, and Dr. James Wright, Chief of the OMA’s Economics, Policy and Research Department.

Ontario’s return this month 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.

As the government formulates its 2022 budget, Ontario’s doctors urge the prioritization of investments in health care to ensure not only our continued well-being, but also because health care and the economy are inextricably linked.

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 must also future-proof health care – and by extension our economy – so we don’t repeat the same mistakes and make the same sacrifices when the next public health emergency strikes.

A strong health-care system must therefore be the priority.

Ontario's doctors took the lead to address these system challenges and in late October released *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*, a roadmap of 87 realistic and achievable recommendations to fix the gaps in our health-care system over the next four years.

The eight-month consultation for *Prescription for Ontario* was the largest in the OMA's 140-year history. We listened to over 1,600 physicians representing every specialty and region; associations representing other health-care professionals; health charities and patient advocacy groups; the health sciences, municipal and business sectors; labour unions; social service agencies and non-profit organizations. We also heard from 8,000 Ontarians through our survey at betterhealthcare.ca

The alignment amongst 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
- Expand mental health and addiction services in the community
- Improve and expand home care and other community care
- Strengthen public health and pandemic preparedness
- And, give every patient a team of health-care providers and link them digitally

Ontarians agree.

According to an Ipsos survey conducted by the OMA in Dec 2021, 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.

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.

The pandemic has created a backlog of 20 million delayed health-care services – more than one for every Ontarian. It will take years to resolve this pandemic backlog, on top of pre-existing wait times.

Before the recent pause on non-emergent surgeries, 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.

We have a growing and ageing population, and a shortage of doctors in certain specialties and regions. For example, northern Ontario is critically short 325 family doctors and specialists.

More than one million Ontarians don't have a family doctor. This is especially concerning as family doctors provide preventive care and are the gateway to the rest of the health-care system.

On Nov 4, the government released its Fall Economic Statement. It was very encouraging that many health-care commitments contained therein and other announced since address key themes and/or specific recommendations in *Prescription for Ontario*.

However, before we understand the full scope of investments required there are many unknowns to be navigated such as the level of care required for COVID patients, the ultimate size of the pandemic backlog, and the impact of burnout and early retirement among physicians and other health care providers.

What Ontario's doctors *do* know is that the current siloed model of health-care planning was outdated and inefficient even before the pandemic. All key health-care stakeholders should be convened to get their expert perspective so we understand the full extent of the problem and how to fix it in the long term.

We also know that significant savings are available in the system.

For example, in 2019-20 there were 1.3 million hospital bed days used by alternate level of care patients, costing some 650 million dollars a year.

ALC patients are those stable enough to leave hospital but there isn't a long-term care, hospice or rehabilitation bed for them to transfer to, or insufficient home-care services 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.

The math is clear: providing care in more appropriate settings would avoid hundreds of millions of dollars a year in health-care spending.

Ontario's doctors also know that the province cannot adequately fund health care on its own.

That's why the OMA strongly supports the call by Premier Ford for the federal government to increase the Canada Health Transfer to 35 per cent of provincial-territorial health-care spending, up from the current 22 per cent.

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.

To conclude, 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 such as described in *Prescription for Ontario* are paramount in the 2022 budget.

Thank you, and we would be happy to take your questions.