

Pre-budget Submission

February 2021



The Ontario Medical Association (OMA) represents Ontario’s 32,400 front-line doctors. We are committed to ensuring patients are provided with the best possible care as we continue to manage through COVID-19 and beyond. Our members understand the medical needs of Ontarians, but also have a unique front-row view of the health care system because they must navigate it every day to ensure the best care possible for their patients: from testing, to treatment, to securing necessary home care and other important services. Physicians understand where our health care system is doing well, and what needs to be done to improve it.

The COVID-19 pandemic exposed the cracks and gaps in our health care system. Some of these are long-standing issues where Ontario’s doctors have previously pressed for change. Others are vulnerabilities and unintended consequences that became only evident during the stress of the pandemic.

All Ontarians deserve to receive the best care possible, as quickly as possible.

No one should have to wait a second longer than necessary for medical care. Delayed medical care results in worse outcomes for patients.

Our health care recovery is also linked to our economic recovery. Ontario cannot have a healthy economy without a healthy population, and that cannot happen without a health care system that is as efficient and effective as possible.

But while the pandemic has presented an unprecedented crisis in health-care service access and delivery, it also provided an opportunity to speed up needed changes in access, prevention, and alternate models of care delivery.

Effects of COVID-19 on Our Health Care System

The COVID-19 pandemic has negatively impacted our health care system, including a major backlog of patient services. As of December 31, 2020, more than 13.9 million medical procedures and services have been missed or delayed – almost one for every Ontarian. This has led to poor health outcomes, longer wait times for patients, and increases in hallway medicine.

At the same time, wait time challenges that existed prior to the pandemic are significantly compounded, and our population is aging with more complex and comorbid health needs. This means Ontarians’ health care demands are outpacing the infrastructure required to address them.

We all have an obligation to recognize the significant challenges that the COVID-19 pandemic has presented, and it is the collective responsibility of government and all allied health professionals to collaborate to meet the health needs for all Ontarians.



It is in this context that the OMA calls on the government in its 2020-21 Provincial Budget to take action to address pressing need in three critical areas:

- **Community-based medical infrastructure;**
- **Public health; and**
- **long-term care.**

Preserving Community-Based Medical Infrastructure

Community medical infrastructure are where patients access medical care outside of hospitals: the clinics operated by family physicians and specialists, and the diagnostic clinics where patients access tests including colonoscopies, ultrasound, x-rays, bone density scans and mammograms.

Community medical infrastructure is a critical part of our publicly funded health care system. However, where hospitals receive operating costs directly from government, the operating costs for community clinics are paid indirectly to individual physicians through their billings to OHIP.

Approximately 70 percent of community-based physicians are paid on a fee-for-service basis. They submit a monthly claim to OHIP for all the medical services provided to patients, with the fees set by the Ministry of Health. Depending on the physician's specialty, the first 30 to 60 percent of billings cover clinic operating costs. These costs include rent and utilities; specialized medical equipment; staff including nurses, technologists and receptionists; electronic medical records systems; personal protective equipment (PPE), sanitizing exam rooms after each patient visit, and other expenses required to see patients.

Unfortunately, during the pandemic and especially during the first lockdown, physicians saw many fewer patients. As of December 31, 2020, 13.9 million fewer services were able to be provided to patients than in 2019 – or almost one delayed medical service for every Ontarian. Just under two-thirds of these delayed visits would have been provided by community-based physicians.

This pandemic deficit must be reduced, and the government must allocate adequate funding to achieve this with urgency. Longer wait times for patients to see their primary care physician or specialist, or to access critical diagnostic tests, or to have surgeries or procedures, directly

translate into poorer outcomes for patients. Small issues can become larger issues which require augmented levels of care and treatment, or hospitalization, or worse.

The pandemic deficit of many millions of delayed patient services has also resulted in fee-for-service physicians collectively experiencing economic losses of \$850 million to \$900 million (to November 30). This accounts for virtual care billing codes, hourly rates in COVID-19 assessment centres, and COVID-19 funding to hospitals.

At the same time, in the midst of a health emergency and despite drastically reduced billings, physicians were still required to cover overhead costs to keep their clinics viable. Many physicians have had to use personal savings or lines of credit to make up for lost billings. Where this was not possible, some clinics were forced to close, and many others are in trouble.

Before the pandemic, over one million Ontarians did not have a family doctor, and there were already too-long wait lists to see specialists and access diagnostic tests. COVID-19 has made these waiting lists even longer as physicians struggle to catch up on the millions of delayed patient visits.

In April 2020, the Ministry of Health imposed its own solution to this issue by introducing the Advance Payment Program to top up physician billings to 70 percent of their expected billings for April, May and June, and requiring repayment in the beginning of November 2020 in five equal monthly installments. Serious issues with the program quickly became evident, because it expected physicians to bill and work far above their monthly average beginning in November, even though physical distancing and local outbreaks remained a real possibility, and subsequent waves of COVID-19 were expected to occur.

The government realized the burden these payments would take and delayed the first payment to February 2021, then to April 2021. The payback period is still not reasonable, as it will take many more months, if not years, for volumes to return to normal, even with no subsequent COVID waves.

Repayment will mean sustained financial hardship for doctors, which could have serious repercussions to health care access in communities across the province over the medium- and long-term. While Ontario is still in the midst of the pandemic, repayment threatens to weaken the very community infrastructure required to meet demands and patient care.

We also need a better way to ensure there is stable funding for community medical infrastructure so all Ontarians have access to care, close to home, no matter what the circumstances.

The physical distancing requirements and postponement of care during the first wave of COVID-19 resulted in up to an 80 percent reduction in the number of patients seen by some specialists, even with virtual care. For the 70 percent of physicians who operate under the fee for service billing model, this meant significant reductions of revenue which were reduced by an average of 37 percent during this period. In short, the Fee-For-Service payment model does not work in a pandemic and it puts community health care infrastructure at risk.

There are many stable alternative payment models that exist in Ontario. For example, many family doctors receive an annual payment for each patient on their roster, rather than charging for each individual service. However, this and other more efficient models are closed to new doctors. Other provinces such as B.C. allowed doctors to use alternate payment plans to protect community medical infrastructure during the pandemic.

Recommendations:

- Forgive all or part of Advance Payment Plan (APP) loans.
- Ensure adequate funding to address the backlog of health care services.
- Immediately move to postpone repayments of APP loans expected in April 2021.
- Increase funding for effective team-based care in all primary care models. In addition to physicians, this means funding for all allied health professions, including implementing effective integration of these professionals.
- Increase funding to establish additional Family Health Organizations (FHOs), to allow every Ontarian who wants to be enrolled to a comprehensive family physician.

Strengthening Public Health

Prior to the COVID-19 pandemic, Ontarians were mostly unfamiliar with the work of the physicians, nurses, inspectors and others in our 35 local Public Health Units. That is because most of their work is preventative, ensuring we live in a healthy environment, and planning for how to intervene if and when there is a disease outbreak.

Even before and during the pandemic, here is some of the other vital work that Public Health Units do to keep Ontarians healthy, including tracking all reported cases of over 60 communicable diseases; operating vaccination clinics; inspecting restaurants for health hazards; ensuring private wells in rural areas are safe; overseeing school and community programs to promote health in disadvantaged communities; and responding to complaints where retailers are selling tobacco or cannabis products to children.

Public health units also operate harm reduction sites, which offer programs and services to reduce drug-related harm for people who use drugs, including counselling and distribution of free harm reduction supplies. Each harm reduction site is designed to meet the diverse preferences and needs of groups in the community.

The COVID-19 pandemic has triggered an increase in mental health and addiction issues, including a dramatic increase in the number of overdoses. At the same time, the pandemic has limited the availability of services and supports. Notwithstanding the pandemic, there has been and continues to be need for more harm reduction availability across the province, and there is need to expand the number of harm reduction sites.

We must, with urgency, address our system of public health to ensure it is appropriately prepared to deal with current and future population health demands and crises. To ensure health care is stable, our public health infrastructure must remain stable to continue its vital work protecting the entire population. That requires at a minimum that public health funding be permanently stabilized, and the provincial/municipal cost sharing formula restored to the 75/25 ratio in place prior to the 2019 provincial budget.

Recommendations:

- Strengthen public health to ensure current and future effectiveness for Ontarians.
- Permanently stabilize funding for public health.
- Return to a public health funding ratio of 75 percent paid by the province / 25 percent paid by the municipalities.
- Increase Public Health Units' harm reduction support programs.
- Ensure adequate personal protective equipment (PPE) stockpiles.
- All growth rates should include Cost of Living Adjustments.

Protecting Residents in Long-Term Care Homes

Our most vulnerable seniors deserve the medical and other care they need, when they need it, in a safe, caring and professional environment.

As of January 31, 2021, the lives of more than 3,500 residents of long-term care homes were lost to COVID-19. While there continues to be debate on how this occurred and how we might prevent such a calamity from happening in the future, there are immediate steps that can be taken to lower future risk.

We need a stronger role for Medical Directors in long-term care homes. This is important because these physicians have the knowledge and expertise, as well as the continuous familiarity with patient histories. Additionally, care for seniors in other settings is often led by doctors; more peer-to-peer communication will take place if medical directors have an enhanced role.

We have seen the devastation that an infectious disease like COVID-19 can cause when it enters long-term care homes. However, even after COVID-19 has been controlled, there are other infectious diseases such as the flu that can have a disproportionate impact on those in frail health. This risk can be mitigated by ensuring that all long-term care staff receive adequate training in infection prevention and control, including the proper use of personal protective equipment, and that they have adequate supplies of PPE.

Finally, staff of long-term care homes should never have to make the difficult decision whether to stay home when they are feeling ill or need to self-isolate due to COVID-19, or go to work to earn money for food and rent.

Recommendations:

- Appoint a chief medical officer for long-term care for each Ontario Health region to ensure the best quality care is being provided.
- Require all Medical Directors in long-term care be trained in the Medical Director curriculum.
- Provide funding to ensure all long-term care staff receive adequate training in infection prevention and control, including the proper use of personal protective equipment, and that they have adequate supplies of PPE.
- Introduce paid sick leave for front-line staff working in long-term care homes.