

Ensuring Patient Care

Ontario Medical Association
2020-21 Ontario Pre-Budget Submission

OCTOBER 16, 2020



Introduction

“There’s just an endless, endless list of areas in health care that we have to put more funds towards.”

– Premier Doug Ford, September 9, 2020

The Ontario Medical Association is pleased to provide its 2020-21 Pre-Budget recommendations to the Ontario government in anticipation of the Budget expected to be tabled this Fall by Ontario’s Minister of Finance.

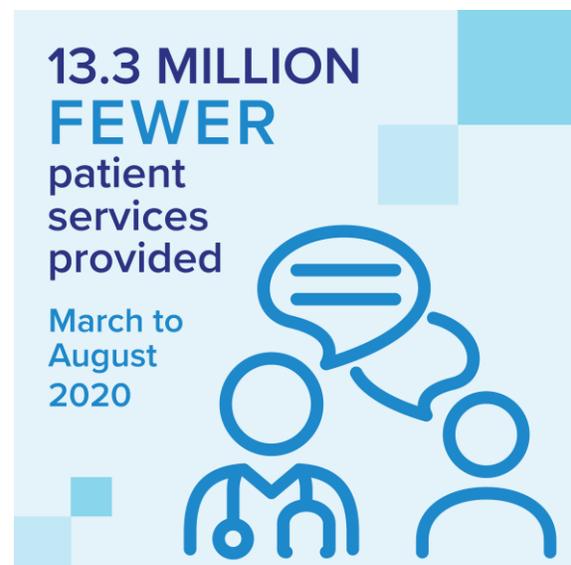
The OMA remains committed to working with the government to create a safe, efficient and integrated health-care system – one that continues to put patients first and ensures the health and safety of both patients and health-care workers.

To provide patients with the care that was delayed during COVID-19, and to avoid even longer wait times, we believe our immediate priorities must include addressing the significant backlog of patient services and surgeries, and stabilizing health-care infrastructure to ensure every Ontarian can access the health care they need during these extraordinary times.

Addressing the COVID-19 health care backlog

Throughout the pandemic, from shutdown to re-opening, Ontario physicians have continuously cared for patients. They were working on the front-line in hospitals, providing virtual care, and continuing to see patients in-person as needed and as possible. Understandably, given the necessary public health restrictions, doctors were not able to see as many patients.

A pause on non-emergency care was the right decision. However, the data clearly show how far behind doctors are in seeing and treating patients, and how long the road ahead will be as we try to catch up. A resurgence of COVID-19 will only exacerbate the situation.



Millions of patient services and thousands of surgeries postponed

Pre-COVID, Ontario's 32,400 doctors would see 340,000 patients a day. However, from March 2020 to the end of August 2020, patients received 13.3 million fewer services from their physicians, including care provided virtually, as compared with the same period last year – a reduction of 24 percent¹. Two-thirds of these postponed services would have been provided by family doctors, specialists and diagnostic clinics in community medical facilities, and one-third would have been provided by physicians within hospitals. In a September 1, 2020 paper published by the Canadian Medical Association Journal entitled "Clearing the surgical backlog caused by COVID-19 in Ontario: a time series modelling study", it was estimated that in the three-month period between March 15 and June 13, 2020, alone, 148,364 surgeries were postponed, creating a backlog that will take an estimated 84 weeks to clear.



Longer wait times for patients



Until a vaccine or effective treatment for COVID-19 is found, it will be very challenging for physicians to catch up on the millions of postponed patient services. They will continue to see fewer patients each day, regardless of whether they practice in the community or in hospitals due to the extra time required to sanitize exam rooms and equipment between patients, change PPE, and maintain strict physical distancing protocols in waiting rooms. There will also be fewer surgeries or procedures completed per operating room per day due to the extra time required for infection prevention and control requirements.

These precautions, so critical to ensuring the continued safety of patients and health-care workers, will lead to even longer wait times, which means patients will continue to experience delays in accessing preventive medicine. Patients with existing health conditions will also have to wait longer to see their family doctor, specialist or surgeon; smaller issues can become bigger health issues and some patients could end up in hospital, or worse.

¹ Source: Fee-For-Service and Shadow Billing claims, including COVID-19 K codes, and excluding L (lab) codes (except L8), B codes and Q codes (premiums)

Working together for patient health

Physicians are concerned about the backlog and how we and the government can collectively make incremental changes to our health-care system to catch up as quickly as possible.

There are, however, significant barriers to consider. There is no way of knowing when or how severely any localized outbreaks may occur, and how this year's flu season will manifest. Should a return to a pause on non-emergency services be required, even for a short period of time, the backlog will worsen. Further, according to the 2017 Canadian Medical Association Workforce Survey, doctors already work an average of 50.5 hours a week, and in many cases are also on-call on top of those hours. In a 2018 online survey by the Canadian Medical Association completed by 2,947 doctors and 400 residents, 26 percent said they experienced burnout and 34 percent reported symptoms of depression.

Throughout the pandemic, doctors and government have worked together to promote public health information and reduce the spread of COVID-19. It is in this spirit that the OMA provides the following recommendations intended to address the backlog caused by the COVID-19 pandemic and mitigate the growth of pre-COVID wait times. These measures, many of which are temporary, will help to ensure our health-care system is prepared to fight the pandemic while addressing the ongoing needs of patients.

OMA 2020-21 pre-budget recommendations

1. Providing additional resources to address wait times

“There’s a backlog here in Ontario, over 180,000 backlogged surgeries, and we need to ask our docs...to work some overtime.”

– Premier Doug Ford, September 9, 2020

Operational funding to hospitals and Independent Health Facilities (IHF)

Surgeries, procedures and care require operational funding for operating room time, staff and other expenses. Appropriate levels of funding are critical to addressing the backlog.

The OMA recommends a significant and immediate infusion of funding by the Ministry of Health to address backlog through the following measures:

1. Quality Based Payments: Many of the non-emergent cases that were delayed are funded through Quality Based Payments. The OMA strongly recommends the underspent funds should now be deployed to their intended purpose.
2. Expansion of funding: Funding should be expanded, even temporarily, to Ontario’s hospitals to significantly expand operating room hours and beds to address the backlog.
3. Independent Health Facilities: Some IHFs are funded through dedicated funding envelopes. Funding should be expanded, even temporarily, to increase hours of operation to address the backlog.

Alternate Health Facilities

Consideration should be given on a regional basis, to creating temporary care sites to enable more procedures to occur, where such procedures can be performed. This can be accomplished by establishing Alternate Health Facilities in pre-existing public facilities or constructing rooms on hospital sites to rapidly increase capacity. Ontario Health, the Ministry of Health or local hospitals should consider using Independent Health Facilities (IHF) for additional types of services, keeping operating rooms open outside of normal hours and other innovative approaches to addressing the backlog.

This will provide additional physical space in which surgeries and procedures can be safely performed and will alleviate pressures on hospitals while enabling the backlog to be reduced at a faster pace.

After-hours and weekend work

Regardless of how many out-of-hours medical clinics and operating rooms are available for patients, there is only a finite number of physicians who can carry out this work. As noted above, physicians were already working an average of 50.5 hours a week before the pandemic.

To address the backlog and encourage appropriate provision of service and fair compensation for those services, the OMA recommends:

1. Provide after-hours premiums for physicians performing procedures and care after hours and on weekends, as is available to most other professionals and workers.

2. Preventing or managing future outbreaks of COVID-19

“I encourage everyone to please get the flu shot this year, it’s absolutely critical...it’s never been more important.”

– Premier Doug Ford, September 22, 2020

The pandemic requires all physicians and health-care providers to work together. At the same time, we have learned from the first wave that we need to be prepared for the worst.

Surge planning

Fortunately, the major surge of demand planned for in hospital and Intensive Care Units (ICUs) did not materialize during the first wave of COVID-19. To ensure this does not happen in any subsequent waves and/or localized outbreaks, the OMA recommends the following:

1. The Ministry of Health and the OMA work together to ensure mechanisms are put in place to ensure a stable supply of doctors in hospitals to quickly deal with localized outbreaks, such as the July 31, 2020 expired mechanisms. Those mechanisms, designed to bring doctors to hospitals quickly and efficiently through the Temporary Physician Funding for Hospitals agreement, were instrumental in enabling the maximal provision of urgent care for COVID-19 patients.
2. The Ministry of Health and Ontario Health should designate some hospitals as “COVID-19 hospitals” where patients within a region can be treated under the best medical supervision and latest technology to increase survival and reduce spread while protecting front-line workers. Having 10 patients in one hospital in a region is better for containment of COVID-19 than one patient in 10 hospitals. COVID/non-COVID designated hospitals can support continuation of non-COVID services with the understanding that, due to the nature of the virus, no facility can be labelled as COVID-

19 free. However, designating certain facilities as specific to caring for COVID-19 patients can help to support continued non-COVID care in other facilities.

In anticipation of possible localized outbreaks, funds should be set aside to enable these and/or other mechanisms as deemed required to be activated quickly.

Joint OMA/ Government of Ontario Vaccination Strategy



Influenza and COVID-19 are a dangerous combination. In Ontario, approximately 37 percent of people 12 years or older received their flu shot in 2019². This is not acceptable during a pandemic and will only increase the number of emergency room visits, leading to more hospitalizations and a reduction of beds available for non-influenza and COVID-19 patients.

When a COVID-19 vaccine is available to the public, every Ontarian must be encouraged to get vaccinated as soon as possible in order to reach herd immunity and begin a return to our pre-COVID-19 world.

Our current system of vaccine administration, however, is not scaled enough to systematically vaccinate the entire population in a short period of time. We must build this system now and begin with strategies to increase the uptake of the 2020 flu vaccine.

To accomplish this, the OMA recommends working together with the government to:

1. Fund additional models of delivery of the flu vaccine including, but not limited to, primary care led after-hour clinics, centralized clinics and drive-through clinics while ensuring stable supply and adequate PPE for front line workers.
2. Develop a joint comprehensive public awareness and education strategy that complements existing Ministry of Health initiatives to encourage vaccination, including through joint public service announcements, multi-channel advertisements and social media, and by one-on-one communications by Ontario's 32,400 physicians to their patients.
3. Ensure vaccination supplies are allocated appropriately with adequate PPE to administer greater numbers of flu shots in a concentrated amount of time. For example, Australia administered the same number of flu shots in three weeks as they did the entirety of 2019 flu season, causing some pharmacy locations to run out of supplies.
4. Work with physicians to develop strategies to target vulnerable populations, and healthcare and other front-line workers.

² Statistics Canada. Table 13-10-0096-25 Influenza immunization in the past 12 months, by age group

3. Strengthening virtual care

“Reliable high-speed internet is no longer a luxury.”

– Premier Doug Ford, June 3, 2020

Virtual care – including by phone – should be permanent

Before COVID-19, doctors and patients relied on the Ontario Telemedicine Network (OTN) platform for virtual care, and most patients accessing OTN were from rural or Northern areas had connectivity barriers to receiving this important modality of care. Non-OTN platforms were not eligible, and patients of fee-for-service physicians did not have telephone calls as an insured service.

Early in the pandemic, the OMA advocated for temporary OHIP telephone and video codes so patients would have equal access, while reducing in-person care when it was not required. The government responded quickly, introducing OHIP codes to enable virtual care until March 14, 2021.

Without virtual care, such as phone and video consultations, the number of patient visits missed to date due to COVID-19 would be much greater than 13.3 million. Virtual care has saved lives and is extremely popular with patients. Even without COVID-19, virtual care has improved services to patients, especially the elderly, the ill, those who have trouble getting to the office, and those in rural and northern communities.

According to a poll conducted by the Canadian Medical Association in May³, patients are overwhelmingly satisfied with the care and convenience of virtual care.

The temporary measures to enable virtual care during the pandemic have clearly been welcomed. However, even these measures have limitations. The OMA recommends moving forward with a more permanent and comprehensive solution to ensure all patients can benefit from virtual care:

1. Virtual care should be expanded permanently to allow all physicians to provide any insured health care service that can be appropriately delivered on video, telephone or through secure messaging. The cost to the government should be neutral.

³ Canadian Medical Association, June 8, 2020: “Virtual care is real care: National poll shows Canadians are overwhelmingly satisfied with virtual health care”

<https://www.cma.ca/news/virtual-care-real-care-national-poll-shows-canadians-are-overwhelmingly-satisfied-virtual>

Making virtual care more accessible



Virtual health care is now a key modality for many patients to see their physicians during the pandemic.

In June 2020, the provincial government announced a significant investment of \$150 million to expand reliable broadband and cellular service. While this will help to reverse regional inequities, the cost of monthly internet services is often out of reach for many Ontarians. The OMA recommends the following to reduce the burden of data charges for virtual care among the low-income population:

1. The government should consider expanding partnership programs such Connected for Success, wherein Rogers Communications, Compugen and Microsoft Canada partnered with Toronto Community Housing (TCH) to provide internet services to TCH tenants at a greatly reduced rate. These supports would be beneficial to those living in public or supportive housing, and for households which rely on Ontario Works and Ontario Disability Support Program, and seniors receiving the Guaranteed Income Supplement.

This will help to provide all Ontario's patients, regardless of economic status, with more equitable access to virtual care.

4. Supporting physician mental health through the Physician Health Program

While the COVID-19 pandemic has affected all front-line health care workers, most of them – including nurses – are employees and therefore receive coverage for mental health and addiction supports through their workplaces. However, the vast majority of physicians are self-employed and do not have access to such workplace coverage. For the past 25 years, the OMA has filled this gap by funding and operating Ontario's Physician Health Program (PHP).

The PHP provides confidential support for physicians struggling with mental health and substance use concerns, as well as with other behaviours that have a personal and professional impact. The PHP also offers support and education to physician leaders, hospitals, and other worksites; as well as to anyone else who is concerned about a loved one or colleague. PHP services are aimed at supporting a culture of medicine that values prevention, early identification, and intervention of health concerns that supports both the health professional, their loved ones, and the workplace.

PHP also has programs that meet accountability requirements as a result of mental health or substance use conditions and follows these physicians prospectively to support their health for periods that vary from two to five years. At any year, there are approximately 180 physicians (including residents and trainees) enrolled in these programs.

The annual PHP budget is just under \$4 million, of which the OMA funds 100 percent (except for a donation of less than 0.2 percent from the College of Physicians and Surgeons of Ontario). Approximately 80 percent of the budget is dedicated to staff salaries, including four part-time physicians (three psychiatrists and one addiction medicine specialist), and clinical staff.

While physician burnout has been significant pre-COVID, the pandemic has exacerbated the situation. Physicians were at the front lines, in direct physical contact with patients extremely sick with COVID-19. They worried about their own safety and the safety of their families. It was not uncommon for physicians to live apart from their families for weeks to shield them from possible contagion. Others were concerned when they left home for work if they might not see their loved ones for weeks if they became infected and had to self-quarantine. Physicians also worried about the patients who could not be seen, and fee-for-service physicians who saw their patient loads greatly reduced worried about how to keep their clinics viable.

Calls to the PHP have increased. From January to September 2020, the PHP received 400 contacts representing a 50 percent increase from January to September 2019. This increase is attributable to a combination of additional stressors brought on by COVID-19 and increased awareness of the PHP and a new Wellness Support Line (piloted with the Canadian Medical Association).

In addition, the OMA created the Burnout Task Force in 2019 to understand the issue in more depth and to make recommendations for system-level changes to promote physician wellness. It is exploring several initiatives, including the creation of a toolkit of resources on burnout, engagement with relevant organizations, stakeholders and physicians, and a 2021 white paper on system-level recommendations around burnout.

The OMA recommends the following supports to promote a healthy workforce ready to address the backlog of services to patients and able to continue to deliver quality services for the rest of the pandemic:

1. The government provides one-time funding for physician wellness to the OMA to support their efforts to address this important mental health issue. Similar funds are also provided in other jurisdictions such as B.C., to support their doctors. These additional one-time resources would be directed to supporting the OMA's Physician Health Program (PHP) and research the OMA is conducting on physician mental well being that supports the work of the OMA Physician Burnout Task Force. The funding would be used for PHP educational materials, courses, tools and additional information to physicians and any health care worker in their workplaces including hospitals and clinics, and for suicide prevention.

5. Health-care stability: Safety and viability of community-based medical clinics

Fee-for-service physicians have already absorbed inordinate losses during the first wave of COVID-19, while still having to support the costs of keeping their clinics viable. These clinics are

a critical part of Ontario's health-care infrastructure. It is important to keep community medical clinics stable and open to ensure all Ontarians have access to care, close to home.

COVID-19 prevention costs that keep everyone safe

Community-based physicians are responsible for absorbing the significant additional overhead costs to keep their clinics safe, most noteworthy the purchase of personal protective equipment (PPE) and continuous sanitizing of their clinics.

The OMA appreciates the recent expansion of access to PPE from the provincial emergency stockpile under the short-term Physician Transitional Supply Program. It is, as the name suggests, temporary and does not address the additional costs incurred by every doctor's office in the province over the next year.

To ensure patients and providers remain safe while protecting the long-term stability and viability of thousands community medical clinics, the OMA recommends the following:

1. An allowance be included for in-person visits to defray the extra expenses of infection control and prevention (IPAC), PPE costs, and cleaning, which are currently not accounted for in the OHIP Schedule of Benefits. This allowance would also address the decreased productivity due to physical space restraints and smaller waiting rooms and decreased patient throughput due to IPAC requirements.
2. Change the model of Shared Services Organizations so that community-based physicians can benefit from bulk purchasing powers in procurement, allowing them to obtain PPE at reasonable price and with less effort.
3. Extend the Physician Transitional Supply Program until the end of the COVID-19 pandemic.

Transitioning to Stable Models of Care

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, 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. These physicians were still required to pay for fixed costs such as clinic rent, staffing, electronic medical records systems and increased variable costs such as IPAC and PPE to keep the clinics open and viable, leaving some with little or negative income. 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 however they are closed to new physicians. Other provinces such as B.C. have introduced temporary alternate payment plans during this extraordinary time.

To ensure community medical clinics remain open, stable and viable during COVID-19, the OMA recommends:

1. Allow fee-for service physicians, even temporarily, to enter into existing and new alternate payment plan and compensation models.

Community medical clinics and income stability

As mentioned, the fee-for-service payment model does not work in a pandemic and we do not believe it is the government of Ontario's intent to see a collapse in the income of the majority of Ontario's physicians which places community health care infrastructure at risk.

In April, 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.

The government realized the burden these payments would take and delayed the first payment to February 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. Using the previously referenced Ministry of Health-funded CMAJ study as a guide, it is anticipated that a 10 percent increase in operating room time will still mean the surgical backlog alone will not be cleared for 84 weeks under a scenario that did "not account for the potential occurrence of future waves of COVID-19 in Ontario." Repayment will mean sustained financial hardship for doctors that could have serious repercussions to health care access in communities across the province over the medium- and long-term.

The OMA recommends the following to blunt the serious negative financial effects of COVID-19 on the short-and long-term viability of thousands of medical practices operated by fee-for-service doctors across the province:

1. The government consider significant loan forgiveness in the Advance Payment Program in the next provincial budget.
2. The Ministry of Health to work proactively with the OMA to determine other income stability measures that could be employed in future pandemic outbreaks.

Conclusion: ensuring access to highest quality patient care

The OMA is extremely proud of the dedication to caring for patients demonstrated by this province's physicians under the most difficult circumstances, and equally proud of the leadership role played by doctors in helping Ontario navigate through these trying times. The

OMA acknowledges and appreciates the almost daily gratitude to our members expressed by Premier Ford, and his recognition of the excellent advice provided to government by doctors as we get through this pandemic together.

The recommendations contained herein are a continuation of the advice that physicians have been giving to the Ontario government throughout 2020. While we acknowledge that there are funding requests attached to many of these recommendations, we urge the government to examine those funding requests as tools to enable what is truly important: access to the highest quality care, including keeping community based points of care viable; clearing the enormous backlog of surgeries and procedures; ensuring that Ontario doctors themselves remain healthy while providing health care; and enhanced public health measures to combat COVID-19 and administer vaccines when they become available.

The OMA appreciates the opportunity to make this submission and urges the Ontario government to act on these recommendations.