

Prescription for Ontario:
Doctors' 5-Point Plan
for Better Health Care



Progress Report 2023



 **OMA**
Ontario Medical Association



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LETTER TO ONTARIANS

Strengthening Ontario's health-care system – assessing our progress

What gets measured, gets done.

In this *Progress Report*, the Ontario Medical Association outlines ways in which decision-makers have listened to doctors in the 18 months since we released *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*. This report also identifies the next most immediate priorities.

Our roadmap to improving patient access and strengthening system capacity landed in the fall of 2021. We were more than a year into the global COVID-19 pandemic and our health-care system was under siege.

Informed by the largest consultation in OMA's history – including physician leaders, stakeholders, the business community and the public – the plan offered short- and longer-term solutions within five key priority areas:

- 01 Reducing wait times and the backlog of services
- 02 Expanding mental health and addiction services in the community
- 03 Improving and expanding home care and other community care
- 04 Strengthening public health and pandemic preparedness
- 05 Giving every patient a team of health-care providers and linking them digitally

It also included a dozen specific solutions to address the unique health-care challenges in northern Ontario.

Meaningful reform requires collaboration

Collaboration is key to improving Ontario's health-care system. We are encouraged by the various levels of action taken by the provincial government – from committing funds, to expanding programs and introducing legislation – related to 51 of the OMA's 87 recommendations.

Ontario's Your Health: A Plan for Connected and Convenient Care, released in February 2023, responds to some of the foundational changes called for in our 2021 document and demonstrates that the government is listening to the collective voices of patients, doctors and other health-care providers and stakeholders.

Similarly, we appreciate the additional investments the federal government has made this year. *Prescription for Ontario* called on the Canadian government to increase its investment in Ontario's health-care system to 35 per cent to help make the changes needed to give every Ontarian the health care they want and deserve.

Addressing the primary care crisis

Despite the progress, the cracks that were exposed during the last few years remain. The demand on our system is still beyond capacity and doctors are burning out just trying to keep up. Far too many patients do not have a family doctor. The profound health human resources challenges in northern Ontario are getting even worse. The lack of co-ordinated mental health and home care in the community is causing a strain in local emergency departments.

This is where we must begin to focus our attention now.

We must reduce the pressure on primary care, so that all Ontarians have a reliable entry point to the health-care system. We must also implement real solutions to physician burnout and one of its biggest causes – administrative burden. We must increase integrated care outside of hospitals.

Our influence is being felt. Ontario's doctors are building momentum and we need to keep it going.

We will continue to consult members, stakeholders and the public about our most urgent priorities as we prepare to release new solutions in late fall to fix the crisis in primary care, address physician burnout and expand and integrate community-based care. In the meantime, we continue to work collaboratively with the government and health-care providers to ensure our vision for co-ordinated care from cradle to grave becomes a reality.

John Bozzo, CEO, OMA
Dr. Andrew Park, president, OMA

EXECUTIVE SUMMARY

Ontario's doctors' *Prescription Progress Report 2023* is intended to track government actions taken to implement our 87 recommendations to hold decision-makers to account and highlight areas that need immediate focus as Ontario emerges from the pandemic.

Why a Progress Report?

We want Ontarians to feel reassured that doctors, the people they trust most to make decisions about the future of the health-care system, are leading the way in addressing the significant challenges they are encountering in getting the care they need.

It has been 18 months since we released our *Prescription for Ontario* – our comprehensive and integrated plan to fix the health-care system – and we want to deliver.

This *Progress Report* takes stock of what the government has done to address our recommendations, starts to identify what is left to do and issues a call to action for the most immediate priorities.

Tracking progress

We have tracked progress on each of the recommendations made by doctors and are pleased to report that the government has taken various levels of action on 51 of the OMA's 87 solutions to rebuild the health-care system. To determine success,

we compared years of government announcements – from committing funds to launching new programs and introducing and amending legislation – to our recommendations.

We have seen the government introduce new initiatives to make progress on reducing wait times, enhancing pandemic planning and increasing access to community care.

Commitments in the 2023 budget and *Your Health: A Plan for Connected and Convenient Care*¹ focus on mental health, connecting people to convenient options closer to home, shortening wait times and growing the health-care workforce.

"Accessing and strengthening primary care, reducing wait times, addressing the administrative burden on physicians and dealing with burnout, expanding community care and supporting northern Ontario remain challenges for the profession. The OMA will continue to work with the government on solutions"

— Dr. Andrew Park, OMA president and emergency department doctor, London, Ont.



2.2 million Ontarians

were without a regular family doctor – an increase of 425,000 Ontarians in two years.

More to do

Still, there is a great deal more to do across all five pillars of the *Prescription for Ontario*.

Too many Ontarians do not have access to a family doctor. A study conducted by INSPIRE-PHC² shows that as of March 2022, 2.2 million Ontarians were without a regular family doctor, an increase from 1.8 million in March 2020. Four in 10 family physicians have told us that they are considering retiring in the next five years.³ To prevent the doctor shortage from getting worse, we must do everything we can to retain as many of these physicians as possible. Many of them are experiencing record levels of burnout.

¹Your Health: A Plan for Connected and Convenient Care: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>

²Ontario College of Family Physicians website: <https://www.ontariofamilyphysicians.ca/news-features/news/~287-More-Than-2-2-Million-Ontarians-Left-Without-a-Family-Doctor>

³OMA 2022/23 member survey: NEEDS URL FOR OMA 2022/23 member survey



Four in 10
family physicians say they
are considering retiring in
the next five years.

Family doctors also need additional support to care for the increasing number of patients in their offices with more complex health conditions.

More patients and physicians should benefit from a team-based model of care, which includes a combination of nurses, home-care co-ordinators and other health-care professionals providing care under the leadership of physicians.

Without a family doctor, it is very difficult for these individuals to navigate our health system and it limits their access to life-saving preventive-care measures – resulting in patients seeking help only when situations become dire, ending up at an emergency department. Additional internationally trained physicians also need to be assessed to enter the workforce faster.

Yet hospitals don't have enough beds to treat acute-care patients because too

many are occupied by people who are stable enough to leave but still need some level of care and there is no capacity in a more appropriate setting. Too many people have trouble accessing home care and community care. The government should enable equitable access to home and community services, allowing patients to remain in their preferred care setting, such as their home, for as long as possible.

Wait times remain long, meaning patients don't have access to diagnostic tests and specialist care, including surgeries and procedures, when they need them. This is why it will be so important for the government to continue to collaborate with the OMA to implement plans for new integrated community health services centres.

Urgent priorities

In determining our priorities for the remainder of 2023, it has become clear – after consultations and surveys with doctors, stakeholders and the public – that our immediate focus should turn to ensuring that everyone has access to team-based primary care, reducing physician burnout and addressing the lack of access to co-ordinated community-based care.

Addressing Ontario's health-care challenges will require collaboration among health-care workers, system partners, stakeholders and the government. Ontario's doctors will continue leading the way to better health care.

"We really need to look at health-care needs from the perspective of the patient – what do they need; then the doctor – what will help them provide the best care for patients while staying healthy themselves; then the broader system – how do we increase its capacity in a sustainable and affordable fashion?"

— Dr. Ross Male, family physician, Brantford, Ont.

"Family physicians need to be at the centre of team-based care."

— Dr. David Barber, family physician, chair, Section on General and Family Practice, Kingston, Ont.

PROGRESS REPORT

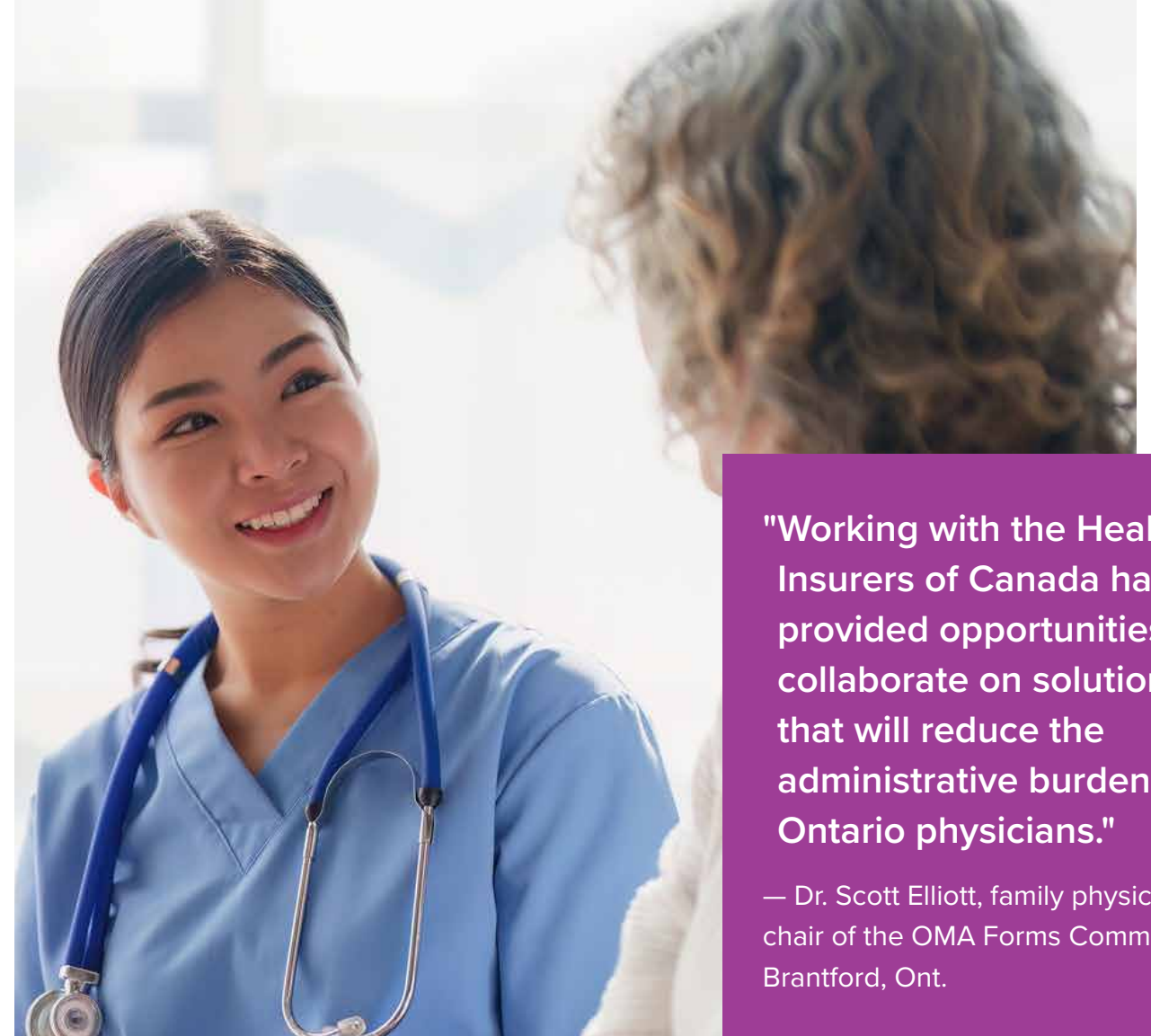
Where do we stand 18 months later?

Doctors' expertise in finding solutions to fix our system is being recognized. Our *Prescription* is having an impact.

- Wait times are being addressed by moving less complex procedures to community clinics
- Palliative care is being expanded to open up more hospice beds
- Patients will have more access to doctors through a practice-ready assessment program for those trained overseas
- Ontarians struggling with mental health and addiction conditions will have more support

These successes on behalf of Ontarians reflect physicians' dedication to improving health care. Together, we met face-to-face with cabinet ministers and more than 40 MPPs from across all parties. We have advocated at joint tables, presented to legislative committees, collaborated on working groups, and submitted proposals to strengthen and guide many government initiatives.

Attention has been paid to each of the five main pillars in the *OMA's 2021 Prescription for Ontario* but there remains more to do – for example, there is a crisis in primary care and burnout is at an all-time high.



"Working with the Health Insurers of Canada has provided opportunities to collaborate on solutions that will reduce the administrative burden for Ontario physicians."

— Dr. Scott Elliott, family physician, chair of the OMA Forms Committee, Brantford, Ont.

"The *OMA's Prescription* for northern Ontario was one of the most impactful things to happen to NOSM University. It has brought much-needed media attention to health-care challenges in the north and is helping us address health inequity across our region. As a result, we are receiving significant expansion of our medical education programs."

— Dr. Sarita Verma, president, vice-chancellor and dean of NOSM University, Sudbury, Ont.





Reduce wait times and services backlog



Problem

We know that up to 22 million health-care services that should have taken place during the pandemic did not.⁴ Sick patients do not have time to wait. At the same time, there is a primary care crisis with doctor shortages in many regions of the province and a recent study from INSPIRE Primary Health Care shows that 2.2 million Ontarians are without a family doctor.⁵



Progress

Action has been taken by the government to reduce wait times, including the passage of Your Health Act, or Bill 60⁶, which recognizes the credentials of health-care workers from other provinces and expands the role of community clinics in providing OHIP-covered surgeries and diagnostic tests. The province has also expanded medical school education, adding undergraduate seats and post-grad positions over five years, which will

have an effect on the doctor shortage and wait times in the longer term. The government began investing in centralized surgical wait-list management to increase use of electronic referrals and support work to enable efficient tracking of surgical information.



More to do

As the provincial government shifts surgeries from hospitals to community clinics, details still need to be worked out, such as funding, human resources, quality of care and how to safely move procedures to day-surgery settings. To tackle this, we recommend that the government create an implementation committee, including clinical experts from medicine and nursing, hospital and regulatory partners and representatives from urban and rural communities and marginalized groups.

While the OMA welcomed the government's commitment to assess up to 50 internationally trained physicians⁷, we encourage the government to move faster while assessing even more.

A centralized intake and referral system should be managed by Ontario Health and implemented in collaboration with Ontario Health Teams, hospitals, community-based surgery and diagnostic clinics, specialists and primary care practices to ensure equitable and timely access.

It should be created with strong physician involvement to help build a solution that works for patients and physicians. Funds will need to be set aside to cover this.

A government-wide effort involving multiple provincial ministries is required to “let doctors be doctors,” by moving expediently to reduce the burden of forms, red tape and administrative burden on day-to-day practice. While the government has made significant progress in addressing wait times, we will continue advocating for our recommendations to be fully implemented. Refer to the appendix for more details.

“The health system needs to facilitate local and regional innovation to ensure the needs of patients are met. Doctors, as quarterbacks of patient care, must be involved in decision-making and the direction of patient care. For example, training more anesthesia assistants will allow the expansion of the already-existing anesthesia care team model to more hospitals. Ideas like this would save money and be a more efficient use of human resources.”

— Dr. Rohit Kumar, chair, Ontario's Anesthesiologists, Mississauga, Ont.

⁴Source: OHIP Claims Database, from fiscal years 2014-15 to July 2022. Analysis by OMA Economics, Policy and Research department

⁵<https://www.ontariofamilyphysicians.ca/news-features/news/~287-More-Than-2-2-Million-Ontarians-Left-Without-a-Family-Doctor>

⁶Bill 60, Your Health Act, 2023: <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60>

⁷Your Health: A Plan for Connected and Convenient Care: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>



Expand mental health and addiction services in the community



Problem

More than one million Ontarians experience mental health and addiction challenges every year and that number only grew as the impacts of the pandemic became more apparent. There must be greater accessibility to affordable and publicly funded services in the community so everyone can get the help they need.



Progress

The provincial government is investing more in mental health and addiction services, and targeting equity-deserving populations such as youth, post-secondary students, health workers and Indigenous Peoples in northern Ontario and rural areas. The Ontario government's recent announcement on interprofessional care teams can help address mental health and addiction needs in the community.⁸



More to do

Ontarians with moderate to severe mental health conditions do not have access to the care they need in the community. With nowhere else to go, many of these patients turn to their family doctors, further contributing to the crisis in primary care. The government should enhance family doctors' capacity to care for these patients by funding and establishing interprofessional care teams with the necessary expertise to care for these patients. Only about one in four primary care providers has access to

multidisciplinary team support for their patients, representing a significant care inequity.

The government should also continue to expand access to harm reduction services, such as supervised consumption sites and implement an Indigenous-led mental health and wellness strategy.

Some action has been taken on most of our recommendations to improve mental health and addiction care – read the appendix for more details.

"As the Section on Psychiatry chair, it was encouraging to participate in stakeholder discussions to help shape the *Prescription Progress Report 2023*. There has been progress in setting up a framework for better patient and physician experiences during these trying times of navigating our health-care system. We walk with hope toward the work ahead."

— Dr. Renata Villela, chair, Section on Psychiatry, Thornhill, Ont.

⁸Your Health: A Plan for Connected and Convenient Care: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>



Improve home and other community care



Problem

In 2019-20, there were 1.3 million hospital bed days⁹ Canada-wide used by patients stable enough to leave the hospital but who still required some level of care and there was no capacity available in a more appropriate setting. High-quality home and community care, including long-term-care homes, reduces emergency departments visits and hospital admissions, supports people at home, reduces wait times and avoids hundreds of millions of dollars in costs to the system each year.



Progress

The province is investing in health-care teams and personal support workers to allow patients to remain and recover in their own homes. An expansion of long-term-care beds¹⁰ and the necessary resources to operate additional beds will help those who need this level of daily medical care. At the same time, progress has been made in increasing the number

of residential hospice beds in Ontario¹¹ as well as expanded access to community palliative on-call programs, allowing hospice palliative patients to receive a holistic approach to care in their home or a home-like setting.



More to do

Providing long-term-care homes and staff with the tools to manage acute medical needs will prevent unnecessary hospital transfers, freeing up hospital capacity, especially in the emergency department. All long-term-care homes should be equipped with portable bladder scanners, access to mobile X-rays and ultrasound machines and funding should be available to provide the equipment and to train staff to administer IVs for fluids and medications.

Significant care gaps persist for those with life-limiting illnesses. Fixing this requires an integrated palliative approach to care at home and in community settings, addressing regional variations in access to palliative resources and providing consistent operational funding to hospices.

Navigating the system is difficult for patients and providers, but moving the province's home-care co-ordinators to

Ontario Health Teams can help patients access home and community care more quickly and easily. Further, it is imperative that all primary care providers, regardless of practice model or OHT affiliation, have the same access to care co-ordinators so that all patients can benefit from their key role. The government should also expand the care co-ordinator role to include support for navigating other parts of the health-care system.

Progress has been made on about half of our home and community care recommendations. Refer to the appendix for a more detailed analysis.

"The ASO would like to thank Ontario's doctors for your efficient, compassionate care and for being there for patients every step of the way. Dementia will be among the defining societal challenges of the coming decades. Nearly a third of all Ontarians have a close family member living with dementia, and nearly three-quarters are concerned about developing dementia themselves. This is a disease that affects all of us. We are grateful that the OMA has put an emphasis on mental health advocacy for health-care providers. Lack of care for caregivers often turns one patient into two patients."

— Cathy Barrick, CEO, Alzheimer Society of Ontario

⁹Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020.

¹⁰Ontario government news release: <https://news.ontario.ca/en/release/1002523/ontario-increasing-construction-funding-for-long-term-care-homes>

¹¹Your Health: A Plan for Connected and Convenient Care: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>



Strengthen public health and pandemic preparedness



Problem

A strong public health system led by specially trained public health doctors is required to preserve health and prevent illness and prepare for the next pandemic. Public health offers a deep capacity that is not being leveraged for the benefit of the health-care system.



Progress

Ontario's Pandemic and Emergency Preparedness Act¹² expands measures to build a more resilient health-care system that is better able to respond to a crisis, including an expanded health workforce and shoring up domestic production of crucial supplies, such as personal protective equipment. Additional investment has been made in enhancing a co-ordinated approach to emergency management and adding capacity to plan, prepare, respond and recover from a public health crisis.



More to do

Ontarians deserve a strong and connected public health and health promotion system. The Ontario government can make this a reality by appropriately funding local public health units and investing in systems so that we can better collect, analyze, share and use information in more thorough and timely ways. Before considering any changes, Ontario's doctors also call on the

government to carry out an independent and unbiased review of Ontario's public health system – including its strengths and weaknesses during pandemic and non-pandemic times.

The government has taken action on only three of 11 of our recommendations. Refer to the appendix for a more detailed overview of the government's progress.

"To reduce the pressure on the system and family doctors, society needs to focus more on prevention. Conditions such as high blood pressure and diabetes, both of which can lead to serious life-altering complications, can often be prevented with a healthy lifestyle, and that takes more and better education from an early age."

— Dr. Christine Seidler, family physician, South River, Ont.

¹²Pandemic and Emergency Preparedness Act, 2022: <https://www.ontario.ca/laws/statute/s22011#:~:text=The%20Act%20authorizes%20the%20Minister,entities%20and%20public%20sector%20entities>



Give every patient a team of health-care providers and link them digitally



Problem

Patients do better when they have connected care through a team of care providers, including family doctors, nurses, dietitians and physiotherapists. However, not all practice models for family doctors are funded for the inclusion of other health-care professionals. For a team to work effectively, its members need to be able to share information through integrated digital systems. When this is in place, patients get better care and avoid having to repeat their story.



Progress

There has been an expansion of Ontario Health Teams¹³, or groups of providers who deliver comprehensive and co-ordinated care within a geographic area. In addition, spots have opened up for more doctors to join family health organizations, a team-based model of care in which physicians

work together to deliver primary health care for their community. The Ontario government also recently announced that it will be creating new interprofessional care teams¹⁴ in communities with the greatest need to help bridge the gap in accessing interprofessional primary care for marginalized and unattached patients.



More to do

While the new and expanded teams are a welcome start, the crisis in primary care still needs to be addressed. The government should build on its progress in expanding and enhancing access to team-based care by providing funding and support to allow all family physicians, regardless of practice model or geography, to access interprofessional care teams. These teams include a combination of physicians, nurses, care co-ordinators and other health-care professionals.

In Ontario, doctors, hospitals, labs, pharmacists and home- and community-care teams all use different digital medical records systems that do not speak to one another. Connecting these different systems would reduce the administrative burden – and subsequent risk of burnout – and free up time for patient care.

Physicians need to be involved as key partners from the start in the procurement, design, implementation and ongoing optimization of digital health tools to ensure usability. Physicians also need comprehensive and ongoing training in these tools, starting in medical school, along with easily accessible and ongoing technical support.

Progress has been made on about two-thirds of our recommendations. Refer to the appendix for a more detailed analysis.

"Everyone in Canada should have timely access to a publicly funded primary care team within 30 minutes of where they live or work. It should be available to every person, just as a public school in a local neighbourhood is available to every child in Canada. It should aim to improve the health of everyone in Canada, just as public schools aim to effectively educate every child."

The time for bold action is now. New federal funding is entering the system as bilateral agreements are signed with provinces and territories."

— Primary Care for Everyone, Public Policy Forum, April 2023

¹³Ontario government news release: <https://news.ontario.ca/en/release/1000822/ontario-announces-eight-new-ontario-health-teams>

¹⁴Your Health: A Plan for Connected and Convenient Care: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>



Improving access to care in northern Ontario



Problem

Since the release of the *Prescription for Northern Ontario*,¹⁵ the physician workforce shortage in northern Ontario has worsened. A joint analysis by Ontario Health and the Northern Ontario School of Medicine University estimates that as of June 2022, northern Ontario was short 364 full-time-equivalent physicians.¹⁶ Physical access to care and services is made more difficult by weather, travel and distance. Virtual care is limited by lack of high-speed internet and unreliable connectivity.



Progress

New programs have been launched and additional funding committed to get and keep more doctors locally and provide more mental health and addictions support.



More to do

The chronic doctor shortage in northern Ontario needs urgent attention. Northern Ontario has vacancies for more than 20 psychiatrists and communities are actively recruiting for more than 50 urban family physicians and more than 100 rural generalist physicians.¹⁷ Together, psychiatrists and family physicians provide most of the medical care of those with mental illness.

Medical students, residents and internationally trained physicians need supports to acquire the confidence they

require in choosing northern and rural practice for the long-term. In addition, there remains a significant need to support the retention of physician clinical teachers across the north who will mentor and support new graduates and supervise internationally trained physicians entering the workforce from the new practice-ready assessment program.

Significant action on our recommendations is still required to close the health-care gaps in the north. Refer to the appendix for more details.

"Physician workforce in northern Ontario is a key equity issue for communities in northern Ontario, both for the health of the people who live here and also for the economic future of the north."

— Dr. Sarah Newbery, assistant dean Physician Workforce, Marathon, Ont.

¹⁵<https://www.oma.org/uploadedfiles/oma/media/public/oma-hcp-northernplatform.pdf>

¹⁶Joint analysis by Ontario Health and the NOSM University in 2023

¹⁷Joint analysis by Ontario Health and the NOSM University in 2023

URGENT PRIORITIES FOR 2023

As we continue to press for the government to adopt all of our recommendations, we have been listening to all who have a stake in improving health care to ensure we continue to have the right impact with proposed changes.

Physician leaders are the people who navigate the health-care system every day to stay connected to important issues. They are providing their expert advice from the front lines. Ontarians, too, have been making their voices heard through polls and online surveys. Health-care stakeholders have also assessed the state of health care today and offered solutions. We are drawing from the perspectives of social service agencies and community leaders.

Our surveys, consultations and environmental scans all pointed to three urgent priority areas:

- Access to a family doctor
- Burnout and the unnecessary burden of administration
- Lack of access to home and community-based care

1 Fixing the crisis in primary care

2 Addressing physician burnout

3 Expanding and integrating home and community-based care

These are the priorities that will guide our advocacy in 2023.



1 Fixing the crisis in primary care

There is a crisis in primary care and we must prevent an already bad situation from getting even worse.

Right now, one in five Ontarians are on track to be without a family doctor in the next two years. This will only get worse unless we can retain more of the four in 10 family physicians¹⁸ who say they are considering retiring in the next five years.

Family doctors are the bedrock of the health-care system.

They provide comprehensive cradle-to-grave preventive and primary care and are the gateway to the rest of the health-care system, including specialist diagnostic and treatment. Not having a family doctor can lead to more serious health problems. It can also put additional pressure on emergency departments and long-term-care homes.

We need to address these challenges today – keeping family doctors practising

and attracting new ones – to prevent a catastrophic exodus from the profession tomorrow.

66% of doctors indicated that access to a family doctor should be one of the top five priorities of the health-care system.

55% access to mental health care

47% physician burnout

¹⁸OMA 2022/23 member survey

Access to primary care ranked as the highest concern among the physicians, the public and stakeholders we consulted.

According to the April 2023 Public Policy Forum report *Primary Care for Everyone*,¹⁹ health systems with the best outcomes worldwide are the ones that get primary care right. The Ontario government recognized the importance of primary care in its recent funding agreement with the federal government.

The OMA believes every Ontarian, no matter where they live, should have

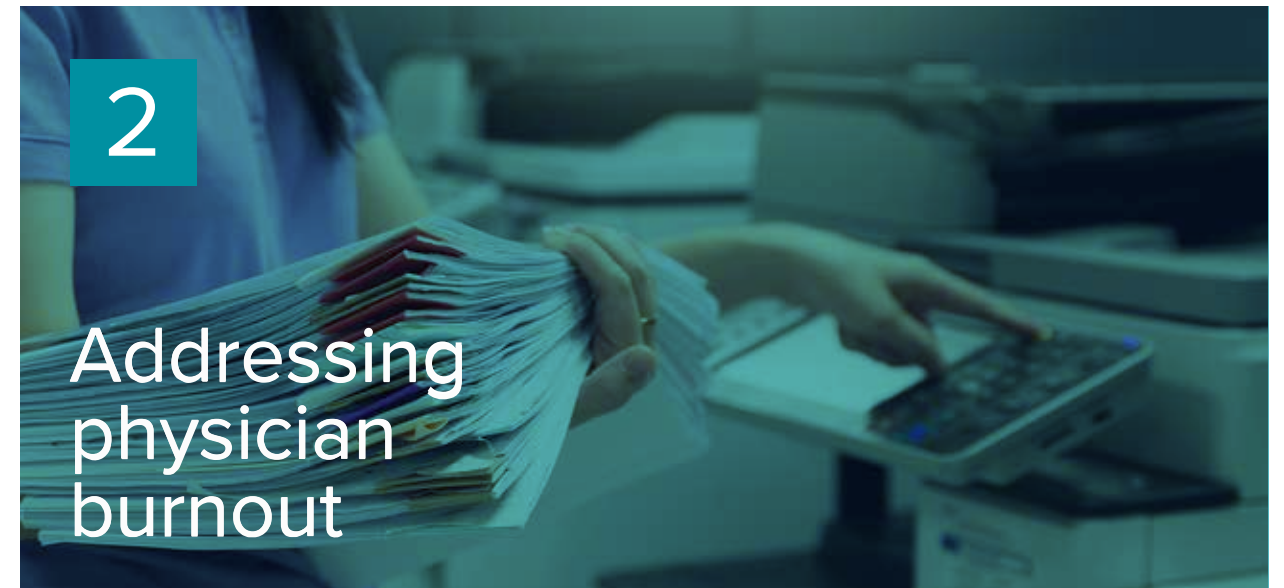
access to an inter-professional team of primary care providers led by a family doctor. This means we need to eliminate the barriers within primary care to accessing both family doctors and comprehensive team-based care.

These teams must be sufficiently resourced to hire more nurses, nurse practitioners, dietitians and other health-care providers. These steps will help achieve more equitable, efficient and effective primary care outcomes.

"A focus on primary care, with strong specialist support, is 100 per cent necessary to save the system in the longer term."

— Dr. Cathy Faulds, family physician and palliative care consultant and chair, OMA Board of Directors, London, Ont.

¹⁹Public Policy Forum report Primary Care for Everyone: <https://ppforum.ca/wp-content/uploads/2023/04/PrimaryCareForEveryone-PPF-April2023-EN.pdf>



Our recent survey revealed that 40 per cent of physicians are considering retiring in the next five years.²⁰ If we are to retain these physicians, we must address the frustration and exhaustion that leads to burnout. The rate of burnout among doctors has been rising and has been exacerbated by three long pandemic years. Indeed, burnout has been identified as one of the top issues facing our health-care system by a recent OMA members' survey.

One of the most effective ways to address burnout is to reduce the administrative burden facing doctors every day. The Canadian Medical Association's 2021 National Physician Health Survey²¹ found that physicians spend 10.6 hours a week on administrative tasks. Further, family doctors report they are spending, on average, a whopping 19.1 hours per week

on administrative tasks²², based on a new Ontario College for Family Physicians survey of more than 1,300 family doctors.

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²⁰OMA 2022/23 member survey

²¹CMA 2021 National Physician Health Survey: https://www.cma.ca/sites/default/files/2022-08/NPHS_final_report_EN.pdf

²²Ontario College of Family Physicians website: <https://www.ontariofamilyphysicians.ca/news-features/news/~309-Urgent-Need-to-Cut-Red-Tape-and-Admin-Burden-to-Support-Ontario-s-Family-Doctors-and-Patients>

We need dedicated investment to prioritize the review and streamlining of government forms to reduce administrative burden.

Given the urgency, the government should follow the lead of Nova Scotia and set a target for how many government forms can be reduced and complete this work within the next year.

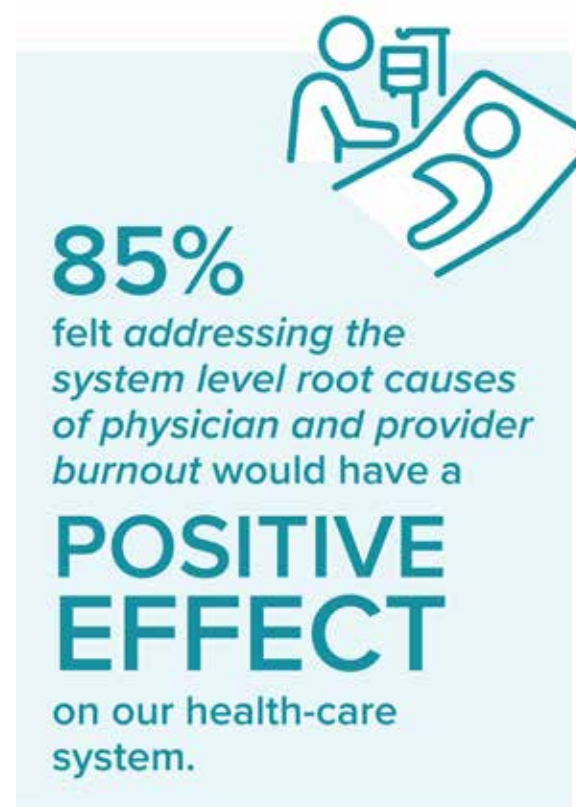
Another source of administrative burden for physicians is the time spent accessing various portals to get information.

Countless portals have been established to access forms, documentation, patient information and so on, each requiring a separate login. When physicians must use multiple standalone digital health tools requiring multiple logins and clicks to access information throughout the day, it disrupts their workflow, increases administrative burden and can lead to feeling burned out.

Our *Prescription for Ontario*²³ called for the integration of electronic medical records. In Ontario, doctors, hospitals, labs, pharmacists and home- and community-care systems all use different digital medical records systems, which do not speak to one another. Nine in 10 physicians still use fax technology to share patient information with others. But any shift in technology needs to be approached in a way that reduces

administrative burden and/or streamlines processes.

As outlined in the OMA's 2023 pre-budget submission²⁴, Ontario needs to create a centralized system to accept referrals for certain surgeries and procedures and specialty care, develop criteria to triage them based on medical urgency and assign them to the next available physician, specialist or surgeon or the patient's preferred physician.



Connecting these different systems would free up time better spent on patient care.

The OMA white paper, *Healing the Healers: System-Level Solutions to*

Physician Burnout,²⁵ recommends wider use of medical scribes. There are increasing options for AI and virtual scribes.

Over the next few months, the OMA will continue to raise awareness with members, politicians and stakeholders to ensure we take the steps necessary to reduce burnout. Physician health is key to a sustainable, resilient health-care system that in turn can provide the best patient care possible.

"Canada's health insurers have heard Ontario doctors loud and clear. That's why we are currently working closely with the OMA to find ways to reduce physicians' administrative burden. Through greater collaboration, and by using technology, we can cut down the time doctors spend on administration, so they can spend more of their time focused on patient care."

— Stephen Frank, president and CEO, Canadian Life and Health Insurance Association

²³*Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*: <https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf>

²⁴Ontario Medical Association pre-budget submission 2023: <https://www.oma.org/uploadedfiles/oma/media/public/oma-2023-pre-budget-submission.pdf>

²⁵OMA report *Healing the Healers: System-Level Solutions to Physician Burnout*: <https://www.oma.org/uploadedfiles/oma/media/pagetree/advocacy/health-policy-recommendations/burnout-paper.pdf>

3

Expanding and integrating home and community-based care



Ontario's hospitals are overcrowded and physicians and patients see the effects every day. The repercussions are evident from the shortfall in equal access to home- and community-care services, including for those needing support with mental health and addictions, hospice palliative patients wanting to spend their remaining days at home with their families versus the hospital, or for patients left waiting in acute care settings while a long-term-care spot opens up.

There is a need to dramatically increase the number of health-care professionals and resources to fill roles in these settings.

We need to make their jobs more meaningful and connect them to the rest of the system.

Home and community care needs to be better integrated with primary care. Everyone should have a family doctor to ensure access to these vital services.

Primary care physicians should have seamless access to home-care co-

ordinators regardless of their location or the model in which they practise. The province's approximately 4,000 to 5,000 co-ordinators of home and community care should be more closely integrated with primary care and their role expanded so they can connect people to other parts of the health system as well.



93% of doctors felt there was a shortage of mental health and addiction services in their community.

89% felt there was a shortage of home care



"Patients are best served when everyone has a family physician, family physicians are supported by multidisciplinary teams, and physicians' health and wellness is supported"

— Dr. Cathy Mastrogiacomo, family physician, and past-chair, Section of General and Family Practice, Scarborough, Ont.

CONSULTATION SUMMARY

Physicians told us

In 2023, more than 1,600 physicians completed an online survey and more than 100 participated in a broad series of facilitated workshops.²⁶

- Sixty-six per cent of doctors indicated that access to a family doctor should be one of the top five priorities of the health-care system. This was followed by access to mental health care at 52 per cent and physician burnout at 47 per cent
- Ninety-three per cent felt there was a shortage of mental health and addiction services in their community, while 89 per cent felt there was a shortage of home care
- Eighty-five per cent felt “addressing the system level root causes of physician and provider burnout” would have a positive effect on our health-care system
- Forty per cent were considering retiring over the next five years²⁷

²⁶2022/23 OMA member survey.

²⁷2022/23 OMA member survey

²⁸Source: (April 2022) OMA Public Tracking Survey. The precision of Ipsos online surveys is measured using a credibility interval. In this case, the survey is accurate to within ± 3.5 percentage points, 19 times out of 20, had all Ontarians aged 18+ been surveyed. The credibility interval will be wider among subsets of the population. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error, and measurement error.

Ontarians told us

In April 2023, the OMA commissioned an IPSOS survey to better understand the health-care priorities of Ontarians:²⁸

- Fifty-seven per cent said access to a family doctor was one of their top five health-care priorities
- Fifty-three per cent felt emergency department wait times was one of their top five health-care priorities. This was followed by wait times for surgeries, access to mental health services and quality of long-term care, identified as top health-care priorities by Ontarians when asked to select from a list
- Ninety-three per cent agreed with the priorities contained in the agreement with the province for federal funding

In 2023, more than

1,600 physicians

completed an online survey and more than 100 participated in a broad series of facilitated workshops.

66%

of doctors indicated that access to a family doctor should be one of the top five priorities of the health-care system.



55% access to mental health care



47% physician burnout



93% of doctors felt there was a shortage of mental health and addiction services in their community.

89% felt there was a shortage of home care

85%

felt addressing the system level root causes of physician and provider burnout would have a

POSITIVE EFFECT

on our health-care system.



4 in 10

family physicians say they are considering retiring in the next five years.

Health-care stakeholders told us

The OMA held four workshops with approximately 40 stakeholders. Among their top priorities were increased team-based family health care, increasing health human resources, mental health and addiction care and home and community care. They also want to see the system better integrate electronic health record systems to enable more co-ordinated and integrated care.

The OMA held four workshops with approximately 40 stakeholders.

Among their top priorities were


- Increased team-based family health care
- Increasing health human resources
- Mental health and addiction care

and

- Home and community care




In April 2023, the OMA commissioned an IPSOS survey to better understand the health-care priorities of Ontarians:




57% said access to a family doctor was one of their top five health-care priorities.

53% of Ontarians felt emergency department wait times was one of their top five health-care priorities



93% of Ontarians agreed with the priorities contained in the agreement with the province for federal funding.



What's next?

Fixing Ontario's health-care system will not be quick or easy.

The progress to date in fulfilling the recommendations in doctors' *Prescription for Ontario* demonstrates that working together to improve health care for our families, our neighbours and our communities is possible. We thank the government for listening to Ontario's doctors and making progress on our recommended solutions.

We urge the government to continue collaborating with us and implement all our recommendations in full. There is still much to achieve.

We will continue to monitor the government's progress.

We will also consult broadly and bring together the collective expertise of physicians and other key stakeholders to find real and lasting solutions to fix the crisis in primary care, address physician burnout and expand and integrate community-based care.

We will leave no stone unturned as we continue to lead the way for physicians, patients, other health professionals, policy-makers and decision-makers in achieving better health care for Ontarians.

Better health care starts here.

"As the next generation of doctors, we appreciate the opportunity to provide input into the *Prescription for Ontario*. We are particularly committed to providing every Ontarian with a digitally linked health-care team, built around the family doctor and with reduced wait times to all the specialists."

— Rhea Jangra, co-chair, Day of Action Committee, Ontario Medical Students Association

 **OMA** Ontario Medical Association

APPENDIX

The following is a list of actions taken by the government against each of the recommendations made in *Prescription for Ontario*. The lists are separated by the five pillars.

The Ontario government has taken various levels of action on 51 of the OMA's 87 solutions to rebuild the health-care system.

To determine the inclusion of a government action in these lists, we compared years of government announcements – from committing funds to launching new programs and introducing legislation – to our recommendations.

Reduce wait times and services backlog

The Ontario government has taken various levels of action to address wait times. As highlighted on pages 12 and 13 and in the chart below, there is a great deal more to do on centralized intake and referral, assessing even more internationally trained physicians to enter the workforce faster and working out the details on shifting surgeries from hospitals to community clinics.

Recommendation	Government action to date
Provide adequate funding to address the backlog of services in hospitals and community clinics	Added 3,500 hospital beds since 2018. Investments over the next 10 years will lead to \$40 billion in health infrastructure across the province. ¹
	More than \$150,000 spent to expand operating hours for hospital-based MRI and CT machines. ²
	Invested \$230 million to hire health-care workers and build capacity in hospitals. ²
	Extra funding to provide hospitals with the flexibility to increase emergency department physician coverage. ³
	Continues to offer premiums to hospitals to support completion of more than 200,000 surgeries and procedures. ³
	Invested more than \$18 million in 2022-23 in existing community-based health-care centres to cover more hours of MRI and CT scans, cataract surgeries and other minimally invasive surgeries. Invested a further \$72 million in 2023-24 in surgical and diagnosing. ¹
	Invested more to increase surgeries in pediatric hospitals. ³
	Invested \$200 million in hospital and community-based child and youth care. ⁴
	Invested more than \$300 million in 2022-23 as part of a surgical recovery strategy, bringing total investment to about \$880 million over the last three years. ³

Recommendation	Government action to date
Evolve the model of surgical care delivery to include a greater portion of services delivered in community-based specialty settings outside of hospitals	<i>Your Health Act</i> will enable greater deployment and integration of community surgical and diagnostic centres into the health system. The OMA has called for government to strike an implementation committee, including representation from the OMA, to work out the details to ensure system integration, patient safety and quality of care. ⁶
Ensure enough nurses and technologists to expand MRI and CT machine hours, and for ultrasound and mammography	No action has been taken.
Greater efforts to educate young people about healthy lifestyles and disease prevention, including an adequately funded tobacco strategy, which will lead to better long-term health and reduce future stress on the system	\$25,000 in funding to the Ontario Physical and Health Education Association to develop vaping education resources. ²
Expand the use of home remote monitoring programs to streamline pre- and post-surgical delivery	Expanding 911 models of care to include additional ailments and expand the types of patient care paramedics can provide. ³
	Invested in programs like Hospital@Home, which provides patients with equipment for use in their homes. ³

Recommendation	Government action to date
Ensure sufficient health human resources to meet Ontario's needs	Invested \$41.4 million annually to support the clinical education component in Ontario's nursing education programs. ²
	Accelerating accreditation of up to 1,000 internationally licensed nurses. ²
	Increase of 13,000 new health-care workers (nurses, doctors and PSWs) into the health-care system. ³
	Created an Enhanced Extern Program with funding for an additional year in 2022. This program reimburses select Ontario hospitals for the cost of employing externs and extern mentor/co-ordinators to address COVID-19-related health human resources challenges. ¹
	Created the Supervised Practice Experience Partnership Program and funded it for an additional year. ¹
	Developing a new portable benefits program with a package of workplace health benefits that move with workers as they change jobs. ¹
	Funding initiatives that will increase surgical capacity across the province, provide additional training for surgical staff and improve management of wait lists to allow for surgery to be prioritized for those in greatest need. ³
	Funding the training of 24,000 PSWs by the end of 2023. ¹
	Implementing measures to ensure diagnostic centres protect stability of staffing in public hospitals, including requiring new facilities to provide detailed staffing plans. ¹
Investing \$49 million over three years to develop new programs to train, recruit and retain critical-care workers. ²	

Recommendation	Government action to date
Ensure sufficient health human resources to meet Ontario's needs	Launched the <i>Learn and Stay</i> grant, which fully covers tuition and supplies for in-demand health professionals like nurses in exchange for committing to practise two years in an underserved community. ³
	Launched new provincial emergency department peer-to-peer program to provide support and coaching from experienced emergency physicians to aid attending physicians in the management of patients in rural emergency departments. ³
	New training spots for 455 new physicians-in-training, 52 new physician assistants, 150 new nurse practitioners, 1,500 new nurses and 24,000 new PSWs by the end of 2023. ¹
	Pandemic and Emergency Preparedness Act, 2022 reduces barriers for foreign-credentialed health workers to begin practising in Ontario. ⁷
Enhanced data collection and timely data sharing to support planning, measurement and evaluation	<i>Your Health Act</i> contains a section on strengthening protection of personal data and information. These changes would support health system data integration while enhancing the transparency and accountability for organizations that collect and use data. ⁶
	Health-care providers given new software that consolidates patient names into a real-time regional wait-list system using interactive mapping and analytics tools. The coordination of surgical services between eastern Ontario hospitals means patients may be able to receive surgery sooner at a different hospital. ⁸
Better integration of health-care service provision with public health and other services, including but not limited to palliative care, long-term care, home care and community care	No action has been taken.
Create a detailed analysis, based on high-quality data, that accounts for the types and distribution of doctors to meet population needs	Announced that the Ministry of Health is working on an integrated capacity and health human resources plan for Ontario. ¹

Recommendation	Government action to date
Establish a set of best practices around physician supports to help ensure Ontario has the right doctors in the right places at the right times	No action has been taken.
Use best evidence regarding forecasted population need, increasing the number of medical student and residency positions	Adding 160 undergraduate and 295 postgraduate positions over the next five years. ² An additional 100 undergraduate seats and an additional 154 postgraduate medical training seats were also announced in the 2023 budget. ⁴
Support students from remote, rural and racialized communities to go to medical school aligned with populations in need	No action has been taken.
"Let doctors be doctors" whereby they spend more time with patients doing the things that only doctors can do and less time on paperwork or other tasks	A joint Ministry of Health/OMA Burnout Task Force was established. Its top priority is to reduce administrative burden. ⁹
Help doctors trained in other jurisdictions become qualified to practise here	Increasing international medical graduate spots over the next five years. ¹
	Announced 50 practice-ready assessment spots for internationally trained doctors. ¹ The OMA feels they should be implemented immediately, meaning new doctors could be seeing patients in Ontario by summer 2023, rather than in 2024. We would also like to see the number of spots increase from 50.
	Introduced <i>As of Right</i> rules to expedite accreditation of health professionals from elsewhere in Canada. ¹
Invest in more training and educational supports for practising doctors	No action has been taken.

Expand mental health and addiction services in the community

Issues such as lack of access to appropriate mental health and addiction care and harm reduction services persist. Some action has been taken on most of our recommendations to improve mental health and addiction care – as described in the chart below and on pages 14 and 15.

Recommendation	Government action to date
Provincewide standards for equitable, connected, timely and high-quality mental health and addiction services to improve the consistency of care	No action has been taken.
Expand access to mental health and addiction resources in primary care	No action has been taken.
Specific mental health supports for front-line health-care providers	Invested \$12.4 million over two years into partnerships to expand access to mental health and addiction supports for health-care providers. ²
	Invested an additional \$10.6 million into first responders' PTSD rehab at Runnymede Health-care Centre. ²
Ensure that appropriate resources are in place to provide virtual mental health services where clinically appropriate	Agreed to maintain addiction medicine video services until Dec. 31, 2023. The Ministry of Health also agreed to discuss a long-term funding model for addiction medicine with the OMA.

Recommendation	Government action to date
Increased funding for community-based mental health and addiction teams where psychiatrists, addiction medicine specialists, family doctors, nurses, psychologists, psychotherapists and social workers work together	Invested \$10.5 million in expanding child and youth mental health programs and added up to 24 beds to serve vulnerable children and youth. ¹
	Investing \$425 million over three years for community-based mental health and addiction care starting in 2023-24. ⁴ This is in addition to the \$3.8 billion committed over 10 years as part of the 2020 Roadmap to Wellness. ¹⁰
	Issued \$50,000 to community partners to develop resources on eating disorders for kindergarten to grade 12. ²
	Invested \$80 million to hire more than 1,000 mental health workers to support students in the 2021-22 school year. ²
	Operating 14 and developing eight more youth wellness hubs. ¹
More mental health and substance awareness initiatives in schools and in communities	Invested \$8.7 million to improve mental health supports at post-secondary institutions. ¹⁴
	\$50,000 investment to School Mental Health Ontario to collaborate with Eating Disorders Ontario to develop resources on eating disorders for kindergarten to grade 12. ²
	\$80 million investment to hire more than 1,000 mental health workers to support student mental health for the 2021–22 school year. ²
	Adding eight new youth wellness hubs to the 14 that are already operating in communities across the province. ¹
Make access to care easier by defining pathways to care, navigation and enable smoother transitions with the system	An additional \$8.7 million to increase mental health supports at Ontario post-secondary institutions. ²
	\$45.2 million over three years for early intervention and specialized mental health services by trauma-informed clinicians. Online province-wide inventory of regional mental health programs for public safety personnel. ²

Recommendation	Government action to date
Build service capacity for young patients moving into the adult system	No action has been taken.
Reduce the stigma around mental health and addiction through public education	No action has been taken.
More resources to fight the opioid crisis, particularly in northern Ontario where the crisis is having a significant impact and resources are limited	\$2.9 million to enhance and expand substance use program for African and Caribbean Canadian youth at the Centre for Addiction and Mental Health (seven satellite locations). ²
	\$32.7 million toward targeted addictions services and supports, including treatment for opioid addictions. ²
	\$90 million over three years for a new addictions recovery fund. Expand addictions services and increase the number of treatment beds across the province. ²
	<i>Working for Workers Act, 2022</i> would require workplaces at risk of a worker opioid overdose to have naloxone kits. ²
Increase the number of supervised consumption sites	Additional consumption and treatment services site in Peterborough. ²

Improve home and other community care

While progress has been made on about half of our recommendations, significant action is required to improve home and community care, long-term care and palliative care. The government's progress is described in the chart below and on pages pages 16 and 17.

Recommendation	Government action to date
Develop provincewide standards for timely, adequate and high-quality home-care services	Providing the Health and Supportive Care Providers Oversight Authority with funding and support to become operational by December 2023. ¹
Increase funding for home care and recruiting and retaining enough skilled staff to provide this care	Budget 2022 committed \$1 billion over three years to improve access to and quality of home care. This investment was accelerated in the 2023 budget and included \$300 million to support contract rate increases to stabilize the home and community-care workforce. ²
	Additional \$120 million over three years to long-term care supports for persons with dementia, including staff resources, equipment upgrades, more assisted living spaces for patients and caregivers. ³
Embed home care and care co-ordinators in primary care so patients have a single access point through their family doctor	Ontario Health Teams will be focused on embedding home care and their participating primary-care teams. ¹
Ensure people without a family doctor can still access home care seamlessly	No action has been taken.
Enable electronic sharing of information between doctors, care co-ordinators and home-care providers	No action has been taken.

Recommendation	Government action to date
Expand a direct funding model so patients can customize their home care according to need	No action has been taken.
Reduce needless administrative paperwork so more time can be spent on actual patient care	No action has been taken.
Provide tax relief for families who employ a full-time caregiver for a family member	Covered \$110 million at-home aging expenses for about 200,000 low-to-moderate income families. ²
Strengthen the role of Medical Directors, with doctors working with government and stakeholders to develop a clear role description and expectations	<i>New regulations in the Fixing Long-Term Care Act clarify role of the medical director in long-term care homes.</i> ²
Appoint a Chief Medical Officer for Long-Term Care for each Ontario Health region to co-ordinate efforts among sectors, liaise with public health and improve physician coverage over multiple long-term care sites during outbreaks	No action has been taken.

Recommendation	Government action to date
Recruit and retain more staff to care for long-term care residents, ensuring the proper staffing ratio of physicians, nurses, personal support workers, therapists and others is always maintained	Investing nearly \$5 billion over four years to hire more than 27,000 long-term-care staff, including nurses and personal support workers, to provide long-term-care home residents with an average of four hours of direct care per day. Physicians are not included in this funding.
	\$2.8 billion to permanently increase the wages of PSWs over the next three years. ²
	Invested \$57.6 million in hiring 225 long-term care nurse practitioners. ²
	\$73 million over three years to train and provide clinical placements for more than 16,000 PSWs and nursing students. ²
Build internal capacity for medical care within long-term care homes, while also improving links between long-term care and hospitals	\$32.6 million in 2022-23, \$48.2 million in 2023-24 and annually to expand specialized supports/services for long-term-care residents to support movement and prevent potential hospitalization. ^{2,4}
	\$40-million investment to help long-term care homes provide specialized services and supports to residents with complex needs. ¹
	One Barrie-based and one Toronto-based pilot project aimed at improving access to diagnostic services for long-term-care residents to improve linkages between long-term care and hospitals. The OMA has called for more medical care to be available within long-term care homes themselves, including access to mobile diagnostic imaging, same-day blood and urine tests, the ability to administer IV and equipping them with a portable bladder scanner and EKG machine. ¹
Continue and expand the use of virtual care in long-term care homes, and increasing virtual care linkages between long-term care homes and hospitals	No action has been taken.

Recommendation	Government action to date
Cut red tape preventing doctors from moving quickly into long-term care homes during emergencies	No action has been taken.
Ensure family caregivers are actively engaged and appreciated	No action has been taken.
Aggressively shift societal attitudes so that caring for our frail, older adults is considered one of the most important jobs in the world	Providing \$1.2 million to the Ontario Personal Support Worker Association to help with recruitment efforts by promoting the PSW profession in the long-term care sector. ⁴
Ensure support and capacity exists to allow individuals to receive palliative care where they need it, including at home	Community palliative on-call expansion as part of the Physician Services Agreement, effective April 1, 2023. ¹³
Supporting a robust provincial hospice strategy by increasing the number of beds based on geographic areas of need, and providing consistent operational funding to hospices so they can focus on care and not fundraising	23 hospice beds to be added to 500 current beds. We have called for 500 new beds to be added (for a total of 1,000), along with consistent and increased funding to operate them. ¹
Greater investment in palliative infrastructure, based on geographic need.	No action has been taken.

Recommendation	Government action to date
Ensure there are separate plans to address pediatric and adult palliative care patients to reflect the necessary distinctions in services and needs for these patient demographics	As part of the <i>Ontario Provincial Framework for Palliative Care (2021)</i> , a high-level recommendation for a model of pediatric palliative care was articulated and is being developed by the Ontario Palliative Care Network.
Increase the number of skilled palliative care providers, including physicians, nurses and allied providers by increasing opportunities for training	No action has been taken.
Make palliative care accessible 24/7, including virtually, in all regions and diverse populations including Indigenous, homeless and others	No action has been taken.
Increase investment in chronic disease management to enable a larger workforce, technologies to manage these diseases and home services	Eligible Ontarians with Type 1 diabetes can now receive Assistive Devices Program funding for a continuous glucose monitor and related supplies. ²

Strengthen public health and pandemic preparedness

The government has taken action on only three out of 11 of our recommendations, the most pressing of which are appropriately funding local public health, investing in systems to improve the collection, analysis and sharing of information and to carry out an independent and unbiased review of our public health system. This is further described in the chart below and on pages 18 and 19.

Recommendation	Government action to date
Enhance local public health to ensure it can be a strong local presence for health promotion and protection	No action has been taken.
Provide a clear, adequate and predictable funding formula for local public health units that returns to 75 per cent paid by the province and 25 per cent paid by municipalities	No action has been taken.
Ensure Ontario's public health system has highly qualified public health doctors with the appropriate credentials and resources	No action has been taken.
Increase the investment in public health information systems so we can better collect, analyze, share and use information in more thorough and timely ways to improve decision-making, and asking the federal government to increase its investment in public health to provide the infrastructure to support standardized data collection and analysis across jurisdictions	No action has been taken.

Recommendation	Government action to date
Carry out an independent and unbiased review of Ontario's response to the pandemic including the public health system – including its strengths and weaknesses during pandemic and non-pandemic times including roles and responsibilities – before considering any changes	No action has been taken.
Enhance the ability of Public Health Ontario to carry out its mission / mandate which includes robust public health science and laboratory support, including providing increased funding for hiring of additional public health trained physicians	No action has been taken.
Require by legislation a provincial pandemic plan, including a mandatory review and update every five years to reflect changes in local public health practice, medical science and technology	<i>Bill 106, Pandemic and Emergency Preparedness Act, 2022</i> requires government to monitor hazards/risks and inform the public. Requires provincial emergency plan, including mandatory review and update every five years. ⁷

Recommendation	Government action to date
Implement a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province	The Office of the Chief Medical Officer of Health has indicated it will review the relevant Ontario Public Health Standards, including the Emergency Management Guideline, for opportunities to provide clearer direction about public-health agencies' role in building and maintaining readiness. ¹¹
Sufficiently resource Public Health Ontario to be the central scientific and laboratory resource during a pandemic or public health emergency, including ensuring it has the complement of public health specialist physicians needed to meet its mandate during a public health emergency	No action has been taken.
Strategic investments for pandemic planning for public health units so their resources aren't drained from the other important work they do every day during a crisis	Ontario Together Fund allocates \$77 million to build domestic capacity to manufacture PPE and other solutions for COVID-19 and future pandemics. ²
	Additional \$3.5 million (2022-23) to improve emergency readiness. Funding for a coordinated approach to emergency management and adding capacity. ²
Ensure adequate funding to recognize additional workloads during pandemics	No action has been taken.

Give every patient a team of health-care providers and link them digitally

Progress has been made on about two-thirds of our recommendations. While the new and expanded Ontario Health Teams and family health organizations are a welcome start, the crisis in primary care still needs to be addressed. To improve primary care, the government should build on its progress in expanding and enhancing access to team-based care.

The government should also connect various digital medical records systems that do not speak to one another. We go into further detail in the chart below and on pages 20 and 21.

Recommendation	Government action to date
Increase funding and support for effective team-based and integrated care in all primary care models	Provided a down payment of \$30 million (increased to \$60 million over two years in the 2023 budget) to create new teams and help bridge the gap in accessing interprofessional primary care. ¹
	Announced a plan to create primary-care networks, which would connect primary-care physicians across the province to their Ontario Health Team. ¹
Let family doctors choose the type of practice model that works best for their patients and their community	No action has been taken.
Open up the Family Health Organization capitation model of care to all doctors who wish to practice that way	Expanding family health organizations, adding 1,200 more physicians to this model over two years. They will be required to provide comprehensive primary-care services, extend evening and weekend hours of practice and more weekend coverage. ¹
Increase the number of care co-ordinators to help patients access care more quickly and easily, and having these co-ordinators work directly in primary care settings	No action has been taken.

Recommendation	Government action to date
Enable team-based and integrated care settings not only around primary care, but around diseases or specialties	No action has been taken.
Optimize the currently legislated Ontario Health Teams, including ensuring physician leadership in the process, as a way to integrate health-care services for the benefit of patients across the province	Creation of primary care networks. Ontario Health Teams will include a group of primary care providers to be part of decision-making and to improve access to care for patients. ¹
Implement permanent OHIP fee codes for virtual care services provided by phone, video, text and email, ensuring that patients can access virtual care for any insured health-care service that can be appropriately delivered through electronic means	A permanent framework for virtual care by telephone and video, when appropriate. ²
The government partner with internet providers so that Ontarians who cannot afford internet services (for example, those living in public or supportive housing, relying on Ontario Works or Ontario Disability Support Program, and seniors receiving the Guaranteed Income Supplement) can get internet services at a greatly reduced rate, to ensure all patients benefit from virtual care	\$20 per month high-speed internet for low-income families through the federal government's Connecting Families initiative with 14 internet service providers. ²

Recommendation	Government action to date
Linking doctors' electronic medical records systems, hospital information systems, and lab and pharmacist systems so they can all talk to each other	No action has been taken.
Streamlining the approval, development, and implementation of new digital health technologies, including remote patient monitoring	No action has been taken.
Better connect Ontario's existing innovation, incubator and accelerator investments with physicians and public health-care leaders	\$15 million over three years for new Life Sciences Innovation Program, which develops and scales up commercial potential of therapeutics, medical and digital technologies. ²
Make health and life sciences one of the priority areas for economic development and research and development government funding programs	\$216 million for the Ontario Institute for Cancer Research, \$7.5 million for Ontario Genomics, \$6 million for Clinical Trials Ontario. ²
Leveraging public and private sector financing, research, development, and health-care expertise to spur the development and use of Ontario made health-care innovations	\$1.9 million through the Ontario Together Fund to Bora Pharmaceutical to invest in equipment to help grow local pharmaceutical manufacturing capacity. ²

Recommendation	Government action to date
Leveraging public and private sector financing, research, development, and health-care expertise to spur the development and use of Ontario made health-care innovations	\$2.5 million through the Ontario Together Fund to Toronto Research Chemicals to develop production of chemicals used in development of PCR test kits. ²
Investigating greater use of remote patient management technologies, which can be especially helpful in managing chronic disease	\$1.5 million through Ontario Together Fund to Flosionics Medical to help scale up the manufacturing and distribution of the FloPatch wireless blood-monitoring system. ²
	Coverage for the FreeStyle Libre 2 flash glucose-monitoring system under the province's publicly funded drug program. ²
Prioritize funding for data-sharing tools already in place such as the Clinical Viewer and HRM	No action has been taken.

Improving access to care in northern Ontario

The government has made progress on our recommendations, but significant action is still required to close the health-care gaps in northern Ontario, such as addressing the chronic doctor shortage. Further detail is provided in the chart below and on pages 22 and 23.

Recommendation	Government action to date
That patients have equitable access to care in their own communities	\$7 million for free training and paid job placements in health care and long-term care for more than 500 people in northern Ontario. ²
Review and update incentives and supports for physicians and allied health-care workers to practise in northern Ontario, and other communities that are chronically underserved	Extending the COVID-19 temporary summer locum program to eligible hospitals to help northern communities address staffing shortages and maintain 24/7 emergency department services. ³
Focus on education, training, innovation and opportunities for collaborative care to address physician (health provider) shortages in remote communities	Funding 400 training opportunities for physician residents to support the workforce in northern and rural Ontario through a new program that links physician residents with physicians in emergency departments and other settings. ³
Create resourced opportunities for specialist and subspecialist trainees to undertake electives and core rotations in the north	Northern Ontario Resident Streamlined Training and Reimbursement Program creates opportunities for residents to undertake electives in the north. ¹²
Give medical students and residents the skills and opportunities they need to be confident in choosing rural and remote practices	Additional 30 undergraduate seats and 41 postgraduate positions at Northern Ontario School of Medicine University. ²

Recommendation	Government action to date
Give medical students and residents the skills and opportunities they need to be confident in choosing rural and remote practices	Established the Northern Ontario School of Medicine University as an independent university with degree-granting authority, effective April 1, 2022. This could create more opportunities for medical students and residents to practise in rural and remote areas. ²
Focus on innovative culturally sensitive education and training opportunities addressing physician and other health-provider shortages in rural and remote communities	No action has been taken.
Focus on the profound and disproportionate impact of the opioid crisis and mental health issues in northern Ontario	More than \$1.2 million for the Addictions Recovery Fund to Espanola Regional Hospital and Health Centre and Sagamok Anishnawbek First Nation. Ten new addictions treatment beds. ²
	\$1.7 million to support Workplace Safety North in developing and delivering mental health training and resources for mining and forestry workers in northern Ontario. ²
	New Addictions Recovery Fund includes \$90 million over three years until 2023/24 to enhance access to addictions treatment supports. It includes: ² <ul style="list-style-type: none"> • \$2.3 million for addictions treatment beds in Timmins • \$2.5 million for addictions treatment supports in Sudbury • \$4.2 million for Sioux Lookout for 37 new addictions treatment beds • \$3.8 million for addictions treatment supports in Thunder Bay.

Recommendation	Government action to date
More social workers, mental health and addiction care providers and resources for children's mental health	\$4.75 million investment to support new virtual walk-in counselling service for children, youth and families. ¹
Enhance internet connectivity in remote areas to support virtual care, keeping in mind that virtual care will not solve health human resources problems in northern Ontario and should not replace in-person care	\$4 billion over six years to provide all regions of Ontario with access to affordable, reliable high-speed internet by the end of 2025. ²
A recognition of the specific need for local access to culturally safe and linguistically appropriate health care for northern Ontario's francophone population and Indigenous Peoples	\$36 million invested into Indigenous, community-led mental health and addictions supports and \$4 million for residential school investigation participant supports. ²
	\$800,000 from Indigenous Primary Health-Care Council for integrated, culture-based trauma care for patients experiencing trauma from the residential school system. ²
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	No action has been taken.

Recommendation	Government action to date
Using a harm reduction, anti-oppressive lens, address the education gaps in Indigenous communities and non-Indigenous communities, as health is directly affected by education	\$1 million to Ontario Aboriginal Housing Services/ Waabinong Head Start Family Resource Centre, which educates Indigenous preschoolers and families on Anishinabek culture and language. ²
	Three-year \$7.9 million agreement to support ongoing collaboration between the Anishinabek Education System and the provincially funded education system. ²

Sources

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- ³ Ministry of Health (2022): *Plan to Stay Open: Health System Stability and Recovery*: <https://files.ontario.ca/moh-plan-to-stay-open-en-2022-08-18.pdf>
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- ⁶ Bill 60: An Act to amend and enact various Acts with respect to the health system: https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2023/2023-05/b060ra_e.pdf
- ⁷ Pandemic and Emergency Preparedness Act, 2022: <https://www.ontario.ca/laws/statute/s22011>
- ⁸ Ministry of Health (2022): *Ontario Investing to Reduce Surgical Wait Times in Eastern Ontario*: <https://news.ontario.ca/en/release/1002522/ontario-investing-to-reduce-surgical-wait-times-in-eastern-ontario>
- ⁹ OMA (2023): *Burdensome paperwork targeted by Bilateral Burnout Task Force: OMA and Ministry of Health join forces to cut unnecessary forms*: <https://www.oma.org/newsroom/ontario-medical-review/latest-issue/spring-2023/burdensome-paperwork-targeted-by-bilateral-burnout-task-force/>
- ¹⁰ Ministry of Health (2020): *Roadmap to wellness: a plan to build Ontario's mental health and addictions system*: <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system>
- ¹¹ Ministry of Health (2023): *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*: <https://files.ontario.ca/moh-cmoh-annual-report-2022-en-2023-03-15.pdf>
- ¹² March 14, 2023 Memorandum to: Northeast and Northwest Ontario Health Region Hospital CEOs Professional Association of Residents of Ontario Deans of Ontario Schools of Medicine FROM: Dr. Karima Velji Chief of Nursing and Professional Practice Assistant Deputy Minister Nursing and Professional Practice Division RE: Northern Ontario Resident Streamlined Training and Reimbursement Program (Nor-Star)

¹³ Bulletin 230332 — Year 3 Increase: Toronto Palliative Care Associates:
<https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-230332-year-3-increase-toronto-palliative-care-associates>

¹⁴ Ontario Supports Innovative Mental Health Projects at Postsecondary Institutions:
<https://news.ontario.ca/en/release/1000215/ontario-supports-innovative-mental-health-projects-at-postsecondary-institutions>

¹⁵ OHIP Bulletin, Oct 21, 2022 — New Virtual Care Funding Framework — Updated Schedule of Benefits



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