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

Presentation to Toronto Board of Health Dec 6, 2021

Behind "Prescription for Ontario"

- Ontarians deserve the best health-care system possible
- System issues have existed for decades
- Pandemic proved Ontario cannot have healthy economy without robust health-care system
- Public survey:
 - 36 per cent said health care should be the highest priority above all others
 - 49 per cent said it should be the same priority as the economy.
- Carried out largest consultation in OMA's 140-year history

Physician consultations

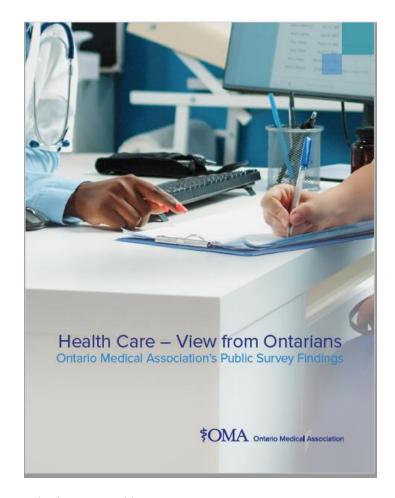
- 1,600 physicians representing all specialties and regions
- Six regional round tables
- Comprehensive survey
- One-on-one discussions with 17 specialties
- Alignment session open to all members

Stakeholder consultations

- 30 key health-care stakeholders (two meetings)
 - OHA, RNAO, OPA, etc.
- Northern Ontario round table
 - Mayors, business leaders, health-care stakeholders, social service agencies, labour unions
- Three general round tables
 - Health-care associations, social service agencies, health charities, AMO
- Ontario Chamber of Commerce Health Policy Council

Public survey (self-selected)

- www.betterhealthcare.ca
- 8,000 surveys completed to date
- Survey will remain open



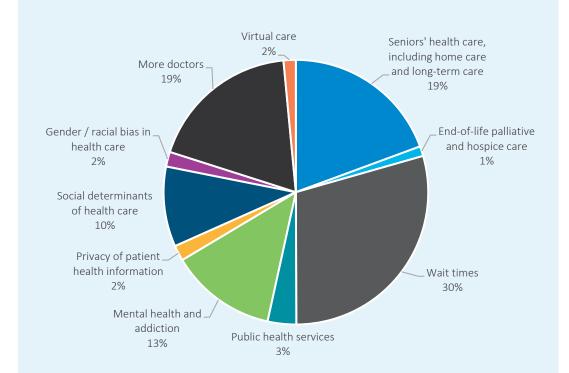
Public survey: Top priorities in health care

30% - Wait times for tests, treatments and procedures

19% - More doctors

19% - Improvements to seniors' health

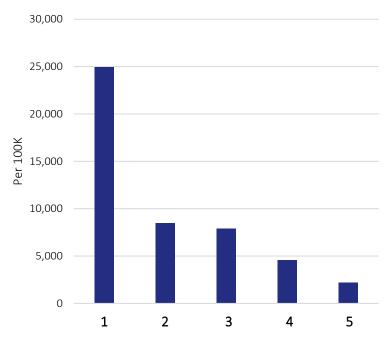
13% - Mental health and addictions



ASI Research: Online discussions about health care

- 1. Mental health and addiction
- 2. Long-term care
- 3. Virtual care
- 4. Not enough medical practitioners in Ontario
- 5. Access to a team of health-care providers

Ontario Election Trends: Health Care



August 18, 2020 – August 18, 2021

"Prescription for Ontario"

- 75 recommendations under five key themes
- 12 additional recommendations address unique challenges in northern Ontario
- Equity/social determinants of health and climate change are major factors in health outcomes, must be addressed

"Prescription for Ontario"

- Alignment with the Quadruple Aim:
 - Better patient and population health outcomes
 - Better patient, family and caregiver experience
 - Better provider experience
 - Better value including better efficiency
- Achieving equitable access to services, which should be the primary focus of publicly funded system
- Better continuity of care, easier navigation for patients and better outcomes
- Improving connectivity for patients and among health-care professionals

Theme 1: Reduce wait times and the backlog of services

- Pandemic backlog of 20M medical services
 - Preventive care, cancer screening, surgeries and procedures, routine immunizations, diagnostic tests
 - Patients sicker than they ought to be

- Providing adequate funding to address the backlog of services in hospitals and community clinics
- Far greater portion of services delivered in community settings
- Develop plan, based on high-quality data, to ensure types / distribution of doctors to meet population needs

Theme 2: Expand mental health and addiction care in the community

- Conference Board of Canada: 84 per cent reported mental health concerns worsening since the start of the pandemic
- More than one-third of those with a COVID-19 diagnosis may develop a lasting neurological or mental health condition

- Expand mental health and addiction resources in primary care
- More resources to fight the opioid crisis
- Increase the number of supervised consumption sites

Theme 3: Improve home care and other community care

- Recommendations under Home Care, Long-Term Care, Palliative Care and Chronic Disease
- Lack of community care creates bottleneck for surgical backlog
 - 1.3 million ALC days in 2019/20

- Develop province-wide standards for timely, adequate and high-quality home-care services
- Embed home care in primary care so patients have a single access point
- Strengthen the role of Medical Directors in long-term care homes

Theme 4: Public health and pandemic preparedness

- Enhance public health to ensure it can be a strong local presence for health promotion and protection
- Provide a clear, adequate and predictable funding formula for local public health units that returns to 75 percent paid by the province and 25 per cent paid by municipalities
- Ensure Ontario's public health system has highly qualified public health doctors with the appropriate credentials and resources

Theme 4: Public health and pandemic preparedness

- Increase the investment in public health information systems and ask the federal gov't to increase its investment to public health
- Carry out an independent and unbiased review of Ontario's response to the pandemic including the public health system
- 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
- Implement a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province

Theme 4: Public health and pandemic preparedness

- 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
- Implement a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province
- Sufficiently resource Public Health Ontario to be the central scientific and laboratory resource during a pandemic or public health emergency
- 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
- Ensure adequate funding to recognize additional workloads during pandemics

Theme 5: Give every patient a team of health-care providers and link them digitally

- Team Based Care: Patients do better when they have a team of care providers: family doctors, specialists, nurses, dietitians, physiotherapists and others
- Implement permanent VC fee codes for services by phone, video, text and email; patients should access VC for any insured health-care service that can be appropriately delivered through electronic means
- Link providers digitally: Digital records systems used by doctors, hospitals, labs and pharmacists are not all linked.
 - Nine out of 10 doctors still must use fax technology to share patient information with other professionals on a patient's care team

Investing in Ontario's health-care system

- Ontario ninth of 10 provinces in annual health-care spending (\$4,342) per person
 - To reach the average requires an injection of \$5 billion to current level of spending
- Significant savings are available in the system
 - 1.3M ALC days in 2019/20 = \$650M
 - \$500 per day for a patient in hospital, \$150 in LTC, less for home and community care
- Provinces can't do it alone
 - Increase CHT to 35% of health-care spending

Appendix

Reduce the Backlog of Services and Reduce Wait Times

To reduce the pandemic backlog and shorten wait times, Ontario's doctors recommend:

- Providing adequate funding to address the backlog of services in hospitals and community clinics
- Evolving the model of surgical care delivery to include a greater portion of services delivered in community-based specialty settings outside of hospitals
- Ensuring enough nurses and technologists to expand MRI and CT machine hours, and for ultrasound and mammography
- 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
- Expanding the use of home remote monitoring programs to streamline pre- and post-surgical delivery
- Ensuring sufficient health human resources to meet Ontario's needs
- Enhanced data collection and timely data sharing to support planning, measurement and evaluation
- Better integration of health-care service provision with public health and other services, including but not limited to palliative care, longterm care, home care and community care

Reduce the Backlog of Services and Reduce Wait Times

To address the unequal supply and distribution of doctors, Ontario's doctors recommend:

- Creating a detailed analysis, based on high-quality data, that accounts for the types and distribution of doctors to meet population needs
- Establishing a set of best practices around physician supports to help ensure Ontario has the right doctors in the right places at the right times
- Using best evidence regarding forecasted population need, increasing the number of medical student and residency positions
- Supporting students from remote, rural and racialized communities to go to medical school aligned with populations in need
- "Letting 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
- Helping doctors trained in other jurisdictions become qualified to practise here
- Investing in more training and educational supports for practising doctors

Expanding Mental Health and Addiction Services

To improve access to mental health and addiction care, Ontario's doctors recommend:

- Province-wide standards for equitable, connected, timely and high-quality mental health and addiction services to improve the consistency of care
- Expanding access to mental health and addiction resources in primary care
- Specific mental health supports for front-line health-care providers
- Ensuring that appropriate resources are in place to provide virtual mental health services where clinically appropriate
- 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
- More mental health and substance awareness initiatives in schools and in communities
- Make access to care easier by defining pathways to care, navigation and enable smother transitions with the system
- Build service capacity for young patients moving into the adult system
- Reducing the stigma around mental health and addiction through public education
- More resources to fight the opioid crisis, particularly in northern Ontario where the crisis is having a significant impact and resources are limited
- Increasing the number of supervised consumption sites

Improving Home Care and Other Community Care

To ensure equitable and timely access to high-quality home care, Ontario's doctors recommend:

- Developing province-wide standards for timely, adequate and high-quality home-care services
- Increasing funding for home care and recruiting and retaining enough skilled staff to provide this care
- Embedding home care and care co-ordinators in primary care so patients have a single access point through their family doctor
- Ensuring people without a family doctor can still access home care seamlessly
- Enabling electronic sharing of information between doctors, care co-ordinators and home-care providers
- Expanding a direct funding model so patients can customize their home care according to need
- Reducing needless administrative paperwork so more time can be spent on actual patient care
- Providing tax relief for families who employ a full-time caregiver for a family member

Improving Home Care and Other Community Care

To improve long-term care, Ontario's doctors recommend:

- Strengthening the role of Medical Directors, with doctors working with government and stakeholders to develop a clear role description and expectations
- Appointing 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
- Recruiting and retaining 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
- Building internal capacity for medical care within long-term care homes, while also improving links between long-term care and hospitals
- Continuing and expanding the use of virtual care in long-term care homes, and increasing virtual care linkages between long-term care homes and hospitals
- Cutting red tape preventing doctors from moving quickly into long-term care homes during emergencies
- Ensuring family caregivers are actively engaged and appreciated
- Aggressively shifting societal attitudes so that caring for our frail, older adults is considered one of the most important jobs in the world

Improving Home Care and Other Community Care

To enhance palliative and hospice care, Ontario's doctors recommend:

- Ensuring support and capacity exists to allow individuals to receive palliative care where they need it, including at home
- Supporting a robust provincial hospice strategy by increasing the number of beds based on geographic area of need, and providing consistent operational funding to hospices so they can focus on care and not fundraising
- Appropriate funding for palliative and end of life beds in hospitals
- Ensuring 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
- Increasing the number of skilled palliative care providers, including physicians, nurses and allied providers by increasing opportunities for training
- Making palliative care accessible 24/7, including virtually, in all regions and diverse populations including Indigenous, homeless and others

To better serve those living with chronic disease, Ontario's doctors recommend:

 Increasing investment in chronic disease management to enable a larger workforce, technologies to manage these diseases and home services

Public Health and Pandemic Preparedness

To build on the current strengths of our public health system overall, Ontario's doctors recommend:

- Enhancing local public health to ensure it can be a strong local presence for health promotion and protection
- Providing 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
- Ensuring Ontario's public health system has highly qualified public health doctors with the appropriate credentials and resources
- Increasing 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
- Carrying 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
- Enhancing 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

Public Health and Pandemic Preparedness

To prepare for the next pandemic, Ontario's doctors recommend:

- Requiring 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
- Implementing a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province
- Sufficiently resourcing 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
- 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
- Ensuring adequate funding to recognize additional workloads during pandemics

Give Every Patient a Team Of Health-Care Providers and Link Them Digitally

To provide patients with access to the family care model of practice that works best for them, including team-based care, interdisciplinary collaboration, and increased access with fewer unnecessary visits, Ontario's doctors recommend:

- Increasing funding and support for effective team-based and integrated care in all primary care models
- Letting family doctors choose the type of practice model that works best for their patients and their community
- Opening up the Family Health Organization capitation model of care to all doctors who wish to practice that way
- Increasing 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
- Enabling team-based and integrated care settings not only around primary care, but around diseases or specialties
- Optimizing 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

Give Every Patient a Team Of Health-Care Providers and Link Them Digitally

To ensure all patients continue to benefit from virtual care, Ontario's doctors recommend:

- Implementing 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
- That 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

To improve sharing of a patient's medical information among their health-care providers, Ontario's doctors recommend:

- Linking doctors' electronic medical records systems, hospital information systems, and lab and pharmacist systems so they can all talk to each other
- Streamlining the approval, development, and implementation of new digital health technologies, including remote patient monitoring

Give Every Patient a Team Of Health-Care Providers and Link Them Digitally

To accelerate innovation in health care, Ontario's doctors recommend:

- Better connecting Ontario's existing innovation, incubator and accelerator investments with physicians and public health-care leaders
- Make health and life sciences one of the priority areas for economic development and research and development government funding programs
- Leveraging public and private sector financing, research, development, and health-care expertise to spur the development and use of Ontario made health-care innovations
- Investigating greater use of remote patient management technologies, which can be especially helpful in managing chronic disease
- Prioritizing funding for data-sharing tools already in place such as the Clinical viewer and HRM

Thank you.

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