



STOP THE CRISIS

Ontario's doctors' solutions
to stop the crisis
in health care

☯ OMA

Ontario Medical Association

A CRISIS THAT NEEDS IMMEDIATE SOLUTIONS

**Ontario's health-care system is in crisis.
It is time for all of us to say, enough is enough.
Let's fix this.**

More than 2.5 million Ontarians are without a family doctor and in less than two years, that number is going to almost double — a problem that is particularly acute in northern and rural Ontario. Emergency Departments are crowded and struggling to stay open. Wait times for specialists, surgeries and diagnostics are long. Co-ordination of care is disorganized and disenfranchises patients. And our system is still using fax machines to communicate.

Individually, any of these issues would be considered a crisis. Together, they represent a catastrophe facing Ontario.

EVERY ONTARIAN NEEDS A DOCTOR

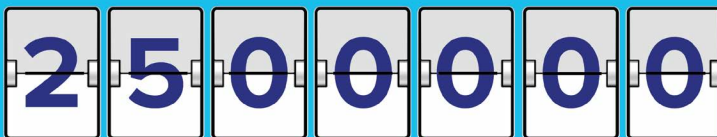
In less than 24 months, one out of every four people in Ontario will be without a family doctor.

That's unacceptable. Access to family medicine is the bedrock and foundational element of the entire health system.

Without family medicine, the system becomes a disorganized and untenable mess that has long wait times, confusion for patients navigating the system and ultimately, poor outcomes. We have to bolster family medicine by retaining those who are practising now and attracting new doctors to this vital field.

Ontario needs 3,500 family doctors and we need them now. Almost 40 per cent of those practising now are considering retirement in the next few years. We have to ensure we do not lose our current family doctors to other fields and we have to make the field attractive to new graduates.

More than



Ontarians are without a family doctor

1 | **Physician-led team-based-care**

Doctors, nurses, pharmacists and others should be working together to ensure patients receive timely access to care and are not falling through the cracks. By working in physician-led teams, these professionals can substantially reduce the number of patients who do not have access to a family doctor. Teams allow more patients to be seen sooner and to have the expertise of different health professionals providing the best care possible.

We are asking the government to:

- Ensure teams are incentivized to practise together, which means sharing patient information and being funded to do so

2 | **Let doctors be doctors**

Administrative tasks like filling out forms take on average 40 per cent of a family physician's work week. That's time that could be better spent. Corporations and the government are contributing to the amount of time doctors have to spend away from patients with burdensome forms and administration. Our system has to do better.

We are asking the government to:

- Streamline time-consuming administrative tasks by reducing the number of steps it takes to get patients what they need
- Set an ambitious target with the Ministry of Red Tape Reduction to remove the bureaucracy in health care and get patients the care they need sooner

- Step up their effort to reduce the number of forms physicians are required to fill out. Although they have made headway, there is still a long way to go

3 | Funding that makes sense

Funding for patient care has not kept pace with the growing and changing needs of patients. Patient complexity has increased dramatically and the time needed to care for people has gone up as a result. As costs rise for supplies, rent and staffing, the government has fallen short in the required support for patient care.

We are asking the government to:

- Recognize costs are rising at an unprecedented rate and funding has to be consistent to ensure care delivery does not suffer
- Stop the practice of “negation,” where your family doctor has to pay when you receive care from another unreferral team (such as at a walk-in clinic)

Christopher's story

When access fails

One family's struggle to find a doctor for their son, who was born with a serious heart condition, underscores Ontario's worsening crisis in family medicine.



Learn more at stopthehealthcrisis.ca.



SAVE RURAL AND NORTHERN ONTARIO

Residents of rural and northern Ontario have worse health outcomes, shorter life expectancy and poorer access to health care compared to those in the rest of the province.

Physician and other staffing shortages are directly affecting access to timely and equitable care.

Our data show there is a gap in access to services among all specialties, but it is most pronounced for family medicine, psychiatry, pediatrics, obstetrics and gynecology, anesthesiology and internal medicine. Everything from having a baby and getting care for your newborn, straight through to mental health care and surgical access, is compromised in rural and northern Ontario.

Currently, there are more than 350 unfilled physician vacancies in northern communities, including more than 200 family doctors. That number does not factor in retirements that may take place over the next five years.

Rural and northern municipal governments have been forced to shoulder the burden of health-care expenses, such as physician recruitment and retention, and the cost of establishing, and in some cases, operating, clinic space. This is unsustainable and pits community against community in an unfair battle for scarce health-care resources.

We need a comprehensive strategy to address these issues and ensure Ontarians can access care, regardless of where they live. The crisis in these communities is real and they need help now.

1 | **Northern Ontario needs a plan — now**

The need for physicians in northern Ontario includes many different areas of practice, with family medicine, psychiatry, pediatrics, obstetrics and gynecology, anesthesiology and internal medicine being most in need. Special attention should be provided to these areas.

We are asking the government to:

- Work with us to develop and implement, without delay, a Northern Physician Workforce strategy, including the creation of a Co-ordination Centre for Northern Ontario that would gather data on system capacity, identify emerging workforce issues and support recruitment and continuing education. This would be similar to the Rural Co-ordination Centre in British Columbia

2 | **Break down barriers that keep doctors from working across multiple hospitals**

Different hospitals and facilities have different approaches to credentialling. This puts up barriers for physicians who could provide coverage at different sites in order to prevent Emergency Department closures or cover other shortages.

We are asking the government to:

- Implement a regional credentialling system so that physicians can provide care where they are needed most, within their region. Credentialling systems need to be seamless across hospital sites to ensure there are no barriers to access when it comes to providing physician coverage

3 Understand communities' unique needs

Providing care in northern and rural communities requires a specific skillset and an understanding of the unique issues in these communities. Knowledge of the issues in these regions and the needs of specific communities, such as Indigenous peoples, helps ensure success for physicians and patients.

We are asking the government to:

- Fund opportunities for educational and targeted skills development in northern Ontario, building local knowledge and a skillset suited for the unique challenges of medicine in remote communities

Kathy's story

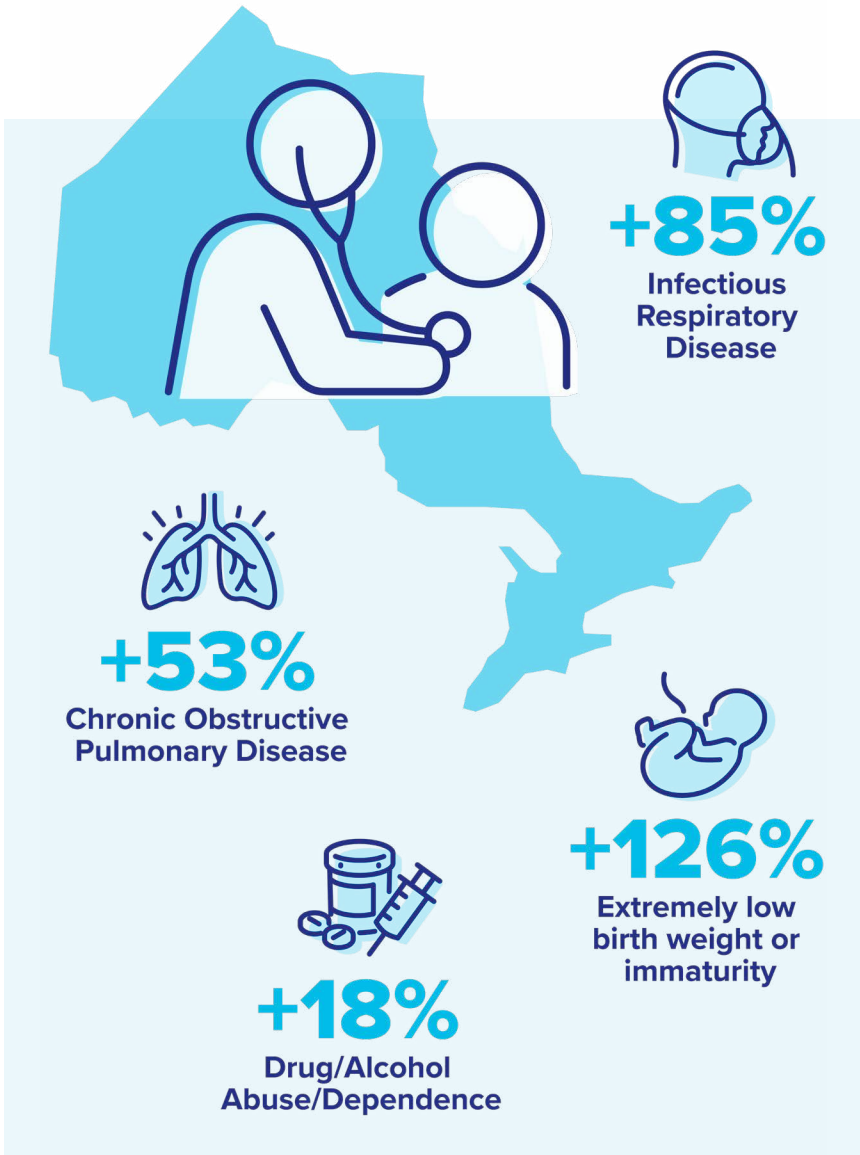
Doctor shortages leave patients stranded in the north

Residents in northern Ontario are facing grim choices as the numbers of physicians and supports dwindle. What would you do if you faced a major health issue without a family doctor to help you navigate it?



Learn more at stopthehealthcrisis.ca.

Incidence of health conditions per 100k population for residents of northern and rural Ontario vs. rest of province





KEEP EMERGENCY DEPARTMENTS OPEN

Between July 2022 and June 2023, Emergency Departments across Ontario temporarily closed a total of 203 times in 23 different hospitals.

Most of these were in rural and northern areas of the province, where family doctors do their best to keep the departments open while also running community clinics. This is clearly unsustainable.

One of the main challenges with Emergency Department volumes is linked to home care and the lack of access to family doctors. When sick patients are admitted to hospital through the Emergency Department, most spend a long period of time waiting for an available bed in the hospital. This is due to the fact that people in the beds on the wards are waiting to be discharged (this can be as high as 20 per cent of the beds in a hospital). A traffic jam of patients occurs and it leads to long waits.

At the other end of the care spectrum, patients who have minor problems and seek care in the ED could benefit from access to a family doctor, which would also cut down on the number of people in an Emergency Department.

1 | Emergency Department coverage

Ontario needs a method of rostering and dispatching doctors to cover communities that are in danger of having to close their Emergency Departments due to a lack of staff.

We are asking the government to:

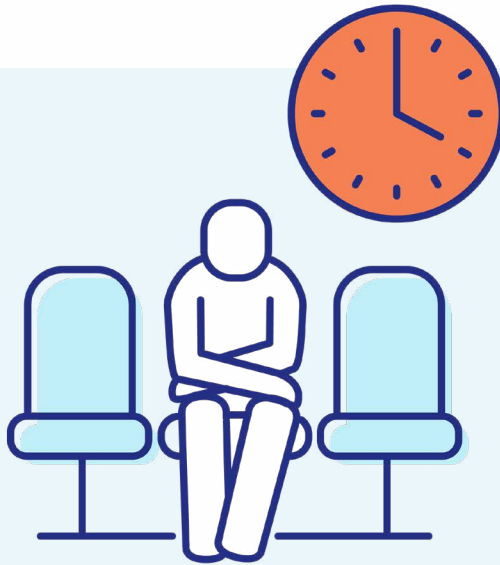
- Create a system that would help identify those Emergency Departments in need and ensure physician coverage is in place when it's needed. This could require hospitals to come together regionally to ensure physicians are credentialed to practise in their facilities

2 | Patients in the right place at the right time

The province needs a method of moving patients out of acute care beds in hospitals and into more appropriate care, such as long-term care homes, rehabilitation facilities and home care.

We are asking the government to:

- Co-ordinate and plan out-of-hospital resources from the time of a patient admission to ensure discharge happens safely and effectively, with access to the community resources the patient needs



In 2022/23, 10% of admitted patients spent an average of
12 HOURS LONGER IN THE EMERGENCY DEPARTMENT
compared to 2018/19

Our doctors' stories

Kenora hospital crisis threatens care for thousands

Kenora's only hospital faces the constant shadow of temporary closure to its Emergency Department due to its frequent severe physician shortages, jeopardizing health care for thousands in northwestern Ontario.



Learn more at stopthehealthcrisis.ca.



IMPROVE ACCESS TO SURGERIES, SPECIALISTS AND DIAGNOSTICS

Access to lab tests, medical imaging (MRI, CT, ultrasound, PET), specialists and surgeries is hampered due to staff shortages and the lack of a co-ordinated pathway to get to these vital services.

There is no centralized method of referrals that covers all specialists in Ontario. There are regional systems covering certain procedures, but we need a solution that's comprehensive and serves the whole province. Accessing a specialist varies from some helpful models that exist to serve specific communities and health concerns such as total joint replacements, through to the informal use of social media apps to try to find a specialist. This is not an acceptable approach to accessing health care.

Shortages of specialists complicate the ability to access care, such as surgery. For example, Ontario is facing a critical shortage of anesthesiologists, and many other specialities. A 2023 study revealed that more than half (59 per cent) of Ontario hospital anesthesiology chiefs reported operating room closures in the last six months due to anesthesiologist vacancies.

There needs to be a more effective process to fund complex and specialist procedures. Currently, the funding system for medical procedures and surgeries (through OHIP) does not recognize the complexity involved in many of the procedures performed. Patients have increasingly more challenging issues to manage surgically or otherwise and the system for funding these procedures is not reflective of the often multiple modalities and specialties that are involved in caring for a patient.

For example, someone undergoing cancer surgery for the removal of a tumour requires multiple imaging studies to plan for the procedure, skilled surgical techniques involving multiple modalities and specialists to remove the cancer, and intricate post-operative care. The OHIP codes for these procedures, however, do not recognize the many steps involved in the process and leave the physician and surgical teams unfunded or in a dispute with OHIP for the care provided.

In another example, newborn babies are provided with a temporary OHIP number, which expires after 90 days. If the baby has not received an OHIP number within three months but still requires care, the team of doctors provides this care without funding.

Steve's story

How long is too long to wait for surgery?

As Ontario's health-care system struggles under the weight of lengthy wait times, we profile one man's almost three-year wait for a hip replacement.



Learn more at stopthehealthcrisis.ca.

1 | **Centralized referral**

Ontario needs a centralized referral system that covers the entire province and its specialties. From pediatrics to adult care, wait times vary greatly for diagnostic imaging, surgical and specialist access.

We are asking the government to:

- Create a method of centralized referral where wait times, details of the specialty and location are provided. This way, care can be co-ordinated for patients among family medicine, specialists, hospitals, rehabilitation centres and other points of care

2 | **Specialist team-based-care**

Similar to the issues of capacity in family medicine, team-based-care models can help with access to diagnostics, specialty and surgical care. For example, the use of “physician-extenders” in anesthesiology and in other specialties can enhance the ability of doctors to care for larger numbers of patients.

We are asking the government to:

- Fund the specialized care training and hiring of teams, such as anesthesia care teams, to help reduce wait times significantly

3 | Take the bureaucracy out of OHIP

Clinical teams must be funded for the care they are providing. Relying on outdated codes that do not match the care provided is unfair to the teams and the system. There must be a more immediate dispute resolution to ensure these issues are dealt with expeditiously and by informed clinicians.

We are asking the government to:

- Form teams from OHIP and the appropriate physician subject matter experts to resolve these issues immediately and ensure funding is provided in a timely and appropriate manner

In 2023, 10% of patients waited

153 DAYS

**OR LONGER
FOR AN MRI**

60% longer than
in 2018



**98 DAYS
OR LONGER
FOR A CT SCAN**

150% longer than
in 2018



HEALTH WORKFORCE STRATEGY

Health care is full of talented and dedicated people, but they are stretched to their limits as they work in a dysfunctional system that is not focused on patient needs.

The system does not benefit patients or the people tasked with providing care.

Ontario needs a health workforce strategy that ensures everyone has access to a family doctor and specialist care. The province needs to attract new doctors to every area of Ontario while keeping physicians practising until their retirement.

Sareh's story

A 14-year wait to work in Ontario

For one Iranian immigrant, navigating Ontario's arduous and restrictive licensing process for international medical graduates highlights systemic challenges amid a provincewide family physician shortage.



Learn more at stopthehealthcrisis.ca.

1 | **Retain talent**

To ensure the province's doctors are there to care for Ontarians now and for generations to come, funding has to be on par with the economic realities of practising medicine. The rising complexity of patient care and the unique challenges of practising in remote communities have to be better reflected in clinician incentives and system funding.

Failure to keep pace with rising costs does a disservice to the people who are paying tax dollars for a system that is not meeting their needs and it devalues those who have dedicated their lives to caring for others.

We are asking the government to:

- Ensure funding is in place to make Ontario a place where physicians want to practise

2 | **Boost investments in medical schools and residency opportunities**

Creating more medical school spots and resident opportunities is important, but this has come without adequate funding. This is compromising the quality of medical education.

We are asking the government to:

- Invest in these programs so that Ontario can provide medical learners in the province with the best possible education. Students and residents are the future of the health-care system and an investment in their education is an investment in the future health and well-being of the province

3 Expand the current expedited pathways for internationally educated doctors

Many qualified internationally trained physicians would like to practise in Ontario but face serious barriers to getting their licence. Although there are newly created expedited pathways for licensing, a large number of people are still trying to access a constrained number of slots for assessments and residency.

We are asking the government to:

- Expand the number of seats in the practice-ready assessment program and add more residency opportunities for international medical graduates

4 Provide cross-coverage for patients when their physician is away

When a physician is away due to illness, vacation or professional development, their patients can experience a temporary gap in their access to care. While physicians do their best to find a local colleague to bridge the gap, it can be a major challenge in places where there's a shortage of family doctors.

We are asking the government to:

- Create a provincewide program to provide physicians with backup support (a provincial locum pool), similar to substitute teachers in the school system. This would require a streamlined credentialling process, coaching for doctors in the pool and funding for their travel expenses

ENHANCE DIGITAL HEALTH CARE AND INNOVATION



Ontario has to embrace technology and innovation to make health care more patient-focused and efficient.

The use of tools, such as artificial intelligence, to decrease administrative work and the ability to fund innovations in care result in decreased hospital stays, improved outcomes and lower costs to the system.

Dr. Lall's story

How AI is revolutionizing medicine

How digital innovation technology helped one family physician keep her practice open and focus more on patient care.



Learn more at stopthehealthcrisis.ca.

1 | **Adopt AI scribes across Ontario**

About 19 hours a week of a family doctor's time is spent on administrative tasks like paperwork. In a recent pilot study, the use of artificial intelligence to help clinical charting, called AI scribe, helped save doctors about four hours a week on average. Incremental gains such as this are gamechangers that free up time for physicians. They help decrease burnout and allow doctors to spend more time with their patients.

We are asking the government to:

- Partner with us to fund the rollout of AI scribes across Ontario

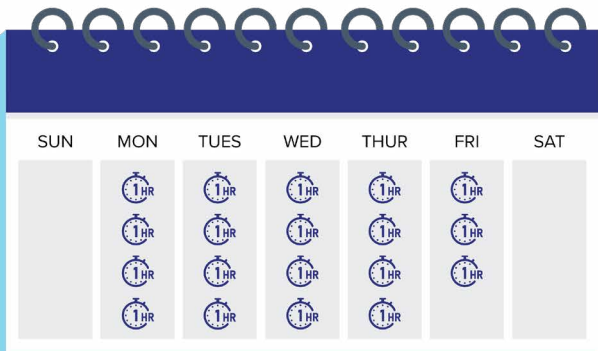
2 | **Fund innovation**

Ontario needs a better process to evaluate and fast-track clinical innovations in care. It takes far too long for the provincial billing system (OHIP) to catch up to innovations in care.

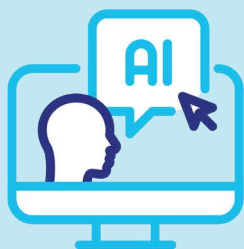
Currently, physicians are researching and implementing new approaches to care, but they are doing so without adequate funding. Forced to use outdated billing codes that do not appropriately recognize the extent of the improvement on patient care, physicians are, in many cases, facing barriers to innovation caused by a bureaucratic back and forth that leaves these new approaches to care unfunded and not put into practice, which is, ultimately, bad for the system and for patient care.

We are asking the government to:

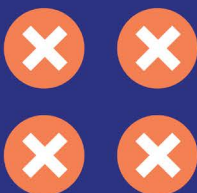
- Rapidly assess new technologies and procedures to ensure physicians are funded for innovative care practices that improve patient outcomes and save costs in the system



About
19 HOURS A WEEK
 of a family doctor's time is
 spent on paperwork



Doctors who use
 AI scribe technology
 are reporting between
70 TO 90%
LESS TIME
 spent on paperwork



That's a time
 savings of about
FOUR HOURS
A WEEK
 on average

IT'S TIME FOR SOLUTIONS

We are pushing the government to implement these solutions to take us out of this crisis, so that every Ontarian can get the health care they need.

Issue:

Every Ontarian needs a family doctor

Solutions:

Team-based care: Ensure teams are incentivized to practise together, which means sharing patient information and being funded to do so.

Let doctors be doctors. Streamline time-consuming administrative tasks by reducing the number of steps it takes to get patients what they need.

Set an ambitious target with the Ministry of Red Tape Reduction to remove the bureaucracy in health care and get patients the care they need sooner.

Funding that makes sense. Recognize costs are rising at an unprecedented rate and funding has to be consistent to ensure care delivery does not suffer.

Stop the practice of “negation,” where your family doctor has to pay when you receive care from another unreferral team (such as at a walk-in clinic).

Issue:

Save rural and northern Ontario

Solutions:

Northern Ontario needs a plan – now. Work with us to develop and implement, without delay, a Northern Physician Workforce strategy, including the creation of a Co-ordination Centre for Northern Ontario that would gather data on system capacity, identify emerging workforce issues and support education and recruitment.

Break down barriers that keep doctors from working across multiple hospitals. Implement a regional credentialling system so that physicians can provide care where they are needed most, within their region.

Understand communities' unique needs. Fund opportunities for educational and targeted skills development in northern Ontario, building local knowledge and a skillset suited for the unique challenges of medicine in remote communities.

Issue:

Keep Emergency Departments open

Solutions:

Emergency doctors on call: Create an Ontario-wide emergency doctor on-call system, which would help identify those areas in need and ensure coverage is in place when it's needed. This would require hospitals to come together to ensure physicians are credentialled to practise in their facilities across Ontario.

Patients in the right place at the right time. Co-ordinate and plan out-of-hospital resources from the time of a patient admission to ensure discharge happens safely and effectively.

Issue:

Improve access to surgeries, specialists and diagnostics

Solutions:

Centralized referral: Create a method of centralized referral where wait times, details of the specialty and location are provided.

Specialist team-based care: Fund the training and hiring of teams, such as anesthesia care teams, to help reduce wait times significantly.

Take the bureaucracy out of OHIP. Form teams from OHIP and the appropriate physician subject matter experts to resolve these issues immediately and ensure funding is provided in a timely and appropriate manner.

Issue:

Health workforce strategy

Solutions:

Retain talent. Ensure funding is in place to make Ontario a place where physicians want to practise.

Invest in medical schools and residency opportunities.

Expand the number of seats in the practice-ready assessment program and add more residency opportunities for international medical graduates.

Provide cross-coverage for patients when their physician is away. Create a provincewide program to provide physicians with backup support (a provincial locum pool). This would require a streamlined credentialing process, coaching for doctors in the pool and funding for their travel expenses.

Issue:

Enhance digital health and innovation

Solutions:

Adopt AI scribe across Ontario.

Fund innovation. Rapidly assess new technologies and procedures to ensure physicians are funded for innovative care practices that improve patient outcomes and save costs in the system.