



FAQs about Integrated Ambulatory Centres

What are Integrated Ambulatory Centres?

They are free-standing centres that would work in partnership with local hospitals to provide publicly funded, OHIP-insured medical services, including surgeries and procedures, on an outpatient basis.

Why are Integrated Ambulatory Centres needed in Ontario?

Lengthy wait times for surgery and other medical procedures were an issue across Canada even before the COVID-19 pandemic. While Ontario was doing better than many other provinces and territories, that was because many hospitals were operating regularly at 100 per cent or greater capacity – a situation that was not sustainable.

In addition to the pre-COVID cracks in the health-care system. Ontario now faces a pandemic backlog of more than 21 million health-care services, including preventative care, cancer screenings, diagnostic tests and surgeries, which have made wait times even longer. That does not include the surgeries and procedures cancelled during the recent pause on non-emergency procedures due to the Omicron variant nor does it include the unknown number of “missing patients” who did not engage with the health-care system during the pandemic and may have undiagnosed needs.

Ontario lags other jurisdictions in the use of ambulatory care centres. In 2012, the non-partisan Drummond Report proposed that health care shift emphasis away from hospitals to ambulatory surgical centres. A recent Auditor General report found that Ontario has made little progress in leveraging this model that could not only help improve the quality of care, but also improve wait times and efficiency.

What kinds of procedures could be done at an Integrated Ambulatory Centre?

With the growing sophistication of surgical tools and techniques and new pain management and anesthesia options, many less-complex surgeries and procedures could be moved from hospitals to Integrated Ambulatory Centres. Examples include cataract surgeries, hernia repairs, hysterectomies, hip and knee surgeries, endoscopies, ear, nose and throat surgeries and breast reconstruction after breast cancer.

What are the benefits of Integrated Ambulatory Centres?

Existing ambulatory centres in Ontario (e.g., the Kensington Eye Institute), other provinces and other countries have faster recovery times, lower infection rates and efficiency gains ranging from 20 to 30 per cent.

Integrated Ambulatory Centres would result in shorter wait times for both in-patients and outpatients because moving low-complexity operations elsewhere would free up hospital operating room time.

Patients waiting for surgery often experience chronic pain, which has been linked to decreased quality of life, other health issues (such as anxiety and depression) and increased susceptibility to substance-use disorders. One study found that joint replacement surgeries delayed by more than six months due to the pandemic may lead to 50 per cent greater odds of worse outcomes for patients, including more pain and difficulty with functional activities after surgery.

Is this a step toward the privatization of our health-care system?

No. The OMA recommends that Integrated Ambulatory Centres provide publicly funded, OHIP-insured surgeries and procedures. This model fully complies with the principles and guidelines of the Canada Health Act (e.g., no user fees, no queue jumping). The centres would be fully integrated within the publicly funded, publicly administered health system.

Who would decide whether a patient has surgery in a hospital or outpatient centre?

A patient's medical history and the advice of the surgeon and anesthesiologist or other physician would be important in determining whether the procedure is best performed on an outpatient basis in an Integrated Ambulatory Centre or inpatient basis in a hospital. Factors would also include the availability of post-operative nursing support at home.

How soon could IACs open and how much would they cost?

The first centres could open within five to eight years, depending on how long it takes to make the required changes in legislation, where the centres would be located, whether new construction is required or existing space can be renovated, etc. Wait times were a serious issue before the pandemic and it will require time and serious investments to fix them.

In the meantime, the OMA is calling on the provincial government to continue to increase funding to clear the backlog as soon as possible.

What is the difference between the proposed Integrated Ambulatory Centres and existing Independent Health Facilities?

The vast majority of the province's nearly 1,000 IHFs are licensed for diagnostics such as X-rays and ultrasounds, with only a small minority licensed to deliver publicly funded surgeries or procedures. The IHF model is not purpose-built for the kind of integrated multi-specialty ambulatory centres that the OMA is proposing. Integrated Ambulatory Centres would offer a

broad spectrum of surgeries and procedures that could be done safely and efficiently on an outpatient basis.

Is there support for this kind of change?

A recent Ipsos survey conducted for the OMA found that Ontarians want the government to prioritize clearing the backlog of health-care services built up during the pandemic, even if it means a short-term impact on economic recovery. When asked to identify the issue that was most important to them, 40 per cent of Ontarians surveyed by Ipsos chose addressing COVID-19, followed by 10 per cent who said access to health care/long wait times/understaffed hospitals. Seven per cent said economic growth should be the government priority.

In that same poll, 96 per cent of respondents said they supported the five pillars of the OMA roadmap to improve the health-care system over the next four years, *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*. The first of the five pillars is reducing backlog and wait times.

In a 2021 survey by the OMA, 76 per cent of Ontario doctors said some of their patients have experienced worse health outcomes because of the pandemic backlog of medical services.