



April 21, 2020

Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor, Toronto ON M7A 1N3

Subject: OMA Response to Advance Payment Offer

Dear Minister Elliott,

Last evening, the OMA Board unanimously voted to reject your government's proposal to offer limited advance payments to Ontario's physicians in response to the impact of the COVID-19 pandemic on essential physician services. The Ontario Medical Association will continue to advocate for the relief necessary to protect Ontario's health care infrastructure.

As the Board resolution stated, advance payments are "totally deficient in meeting the needs of the health care system for future sustainability, including income stabilization and infrastructure support." Advance payments will not allow us to maintain a sustainable and accessible publicly funded health care system, not only while the pandemic is in effect, but also as we gradually emerge from it and face the overwhelming patient need for all of the physician services that have been put off over the pandemic.

As you know, upwards of 30% to 50% of OHIP payments are used to fund much of the community-based health system infrastructure. While these funds are paid to physicians under the Ontario Health Insurance Plan, they are not income in the hand of physicians, but rather are used to pay for all of the costs physicians must incur to be able to carry on their practice, including salary for nurses and secretaries, rent, utilities, diagnostic equipment, medical supplies, electronic medical records and other professional costs.

However, because of the COVID-19 pandemic and the need for physical distancing, preservation of hospital capacity and lack of adequate personal protective equipment, every face to face physician consultation, diagnostic study and surgical intervention that could safely be deferred has been delayed.

Yet, this means that the fee for service OHIP funding that physicians use to pay for our health system infrastructure has correspondingly been drastically reduced, in some cases by 80% - 90%. Can you imagine decreasing hospital budgets by 40% during the pandemic? In essence, that is what has happened to the community based medical system.

Minister, it is profoundly unfair and impractical to shift the burden of funding our health care system infrastructure from government to fee for service physicians, when these same physicians have lost the very OHIP fee for service payments that makes that funding infrastructure possible. This would be akin to government cutting off funding to hospitals for three months, but still somehow expecting or requiring hospitals to find financial support somewhere else to keep the doors open.

Moreover, physicians feel the burden of being available to provide essential services at all times, no more so than during the public health crisis of a generation. Ontario needs physicians to be on the ready, and to have their practices fully operational. But physician practices cannot be treated like a manufacturing assembly line, that can shutter without dire consequences for the health and wellbeing of Ontarians. We all know that the extent, severity and acuity of non-COVID illness is already rapidly increasing. By the time the pandemic abates, waitlists are forecasted to be at all-time high. This will worsen hallway medicine. This backlog of patients will require preventative care, diagnostic investigations and treatments, much of which is delivered in fee-for-service physician offices, community-based clinics and independent health facilities. This makes ensuring the funding necessary to keep these offices, clinics and facilities operational all the more critical at this time.

Doctors and government have a shared interest in maintaining and improving the health of all Ontarians. Doctors have and always will live up to our end of the bargain. We are at the frontlines caring for our patients. We have helped lead the way in the fight against COVID-19. But we can't do it alone. We require government to continue to provide necessary funding support for all aspects of our health care system. Advance payments untenably and unsustainably shifts this burden from government to doctors.

We are not asking for anything more than what governments in other provinces (including Newfoundland and Labrador, Nova Scotia, Quebec and Saskatchewan) have already provided, recognizing the urgent need for income stabilization and infrastructure support.

Public funding of health care system infrastructure has long been recognized as a public interest obligation of government, and no more so than during a pandemic.

COVID-19 has been a once-in-a-lifetime challenge that could have resulted in overwhelming clinical demand. Ontario doctors have shown great compassion, care and commitment to patients and families suffering from COVID-19, and have made an enormous contribution to containing COVID-19. Thanks to the efforts of physicians and the Ontario Medical Association, working together with government, hospitals and other health system stakeholders, Ontario has been able to flatten the curve, which in turn will allow the economy to recover as quickly as possible.

Minister, on behalf of the OMA, Ontario's physicians, and most importantly Ontario's patients, I implore you to return to the negotiations table with a mandate that puts our system's sustainability at the forefront, and that commits to the income stabilization necessary to support our vital health care infrastructure.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Nicholas".

Dr. Tim Nicholas

A handwritten signature in black ink, appearing to read "Sohail Gandhi".

Dr. Sohail Gandhi