



Concerned Ontario Doctors

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Sent via Email
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Dear Premier Doug Ford and Health Minister Christine Elliott,

Concerned Ontario Doctors (COD) is writing to you today to follow-up on our recent correspondence on April 15, 2020, addressed to both Premier Ford and Prime Minister Trudeau. Our letter was regarding concerns with the governments' preparedness and response to the COVID-19 pandemic and included 15 key recommendations for action.

COD has heard from your Federal government counterparts and met with the senior policy director and advisors for Canada's Health Minister, Patty Hajdu. We participated in a video conference on April 17, 2020 to discuss and review our concerns and recommendations. We were disappointed that as with all of our other correspondence to you over the past nearly two years, we had no response from your government.

Today is National Physicians Day in Canada and Doctors Day in Ontario. However, there has been no time of greater abuse and mistreatment of Ontario's frontline physicians by the Government of Ontario than today. We have several concerns which are crucial for your government to rectify with action immediately:

1. Breach of Contract: On March 13, 2020, the Ontario Ministry of Health (MOH) introduced billing codes for physicians to safely provide patients with essential virtual care amid the COVID-19 pandemic. The billing codes became effective on March 14, 2020. Physicians started providing care, by phone and video in good faith, as soon as it was recommended to do so by Public Health. However, to-date, fee-for-service Ontario Health Insurance Plan (OHIP) billings to the MOH for virtual care have been rejected by the MOH. It is unconscionable for the Ontario government to withhold payments for services that have been rendered; physicians have been advised that the MOH's non-payment will continue for at least six months. The government's apparent inability to program the new billing codes into the system seems implausible, given the speed at which other processes have been completed. It is inconceivable that the Government of Ontario thinks unilaterally imposing repayable loans is a solution. The guise of help to support overhead is short sighted and inappropriate. If they can start a complex loan plan, surely they can just pay physicians for the work that they have done. Physicians in Ontario are forced to be represented by the OMA, yet your government will not address these concerns with them. Revenue-neutral solutions have been seamlessly implemented for virtual patient care, in other provinces. This has been done without any disruptions to care or payment to physicians. For example, British Columbia, not only has had no payment delay when doctors started remote visits but physicians in that province are being paid every two weeks in the face of increased financial burdens during this pandemic. They have continued using existing billing codes which allowed for continuity of care and continued payment for care. The Government of Ontario's priority should be to ensure physicians can continue to provide essential care to patients, and relieve pressures on hospitals, not just to



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collect statistics. COVID-19 pandemic is projected to have many waves and those with chronic health conditions cannot be neglected by your government.

The majority of physicians in Ontario are small business owners with community clinics providing essential family medicine and specialty care. Many clinics have already closed due to the MOH withholding physicians' billings and more are on the verge of closure. Ontario physicians are an essential service and are working tirelessly to care for their patients during the COVID-19 pandemic, but are not being paid by the Ontario government for this work. This is placing undue stress and financial hardship on physicians and their staff. Ontario physicians provide critical healthcare infrastructure for primary and specialty patient care. As an increasing number of clinics are forced to close, patients will be left with no choice but to seek medical care in already overburdened hospital emergency departments. Family physicians and specialists have seen marked drops in income, in some cases 80-100%, but still have to meet steep overhead expenses to keep clinics open for patients. Clinic overhead consists of 40-60%+ of OHIP billing which includes costs for clinic rent, nurse and secretarial staff salaries, utilities, electronic medical records, diagnostic and medical supplies, professional costs, and other clinic operating costs.

In June 2003, Ontario had the highest number of SARS deaths outside of Asia; Ontario has already surpassed that number nationally by nearly 400-fold. In 2003, Ontario established the "SARS Income Stabilization Program" and paid approximately \$190 million to physicians, nurses, and paramedics. Interestingly, the Government of Ontario recently announced income stabilization to all essential frontline healthcare workers, except physicians. Again, other jurisdictions in Canada have recognized physicians are crucial in the fight against COVID-19 by introducing income and infrastructure stabilization. These include Quebec, Nova Scotia, Newfoundland and Labrador and Saskatchewan. The Ontario Government must fulfill its legal contractual obligation to Ontario's physicians as well as its duty to protect the health and safety of Ontario's 14 million citizens by supporting community healthcare infrastructure:

- The Government of Ontario must stop breaching the contract with the province's physicians and withholding physicians' pay. The MOH must immediately pay all Ontario physicians' outstanding billings for virtual care with interest. The MOH must stop the unilaterally imposed repayable loans. Ontario should follow the lead of other provinces and pay physicians' OHIP billings every two weeks during the duration of the pandemic using existing billing codes. The new billing codes can then be utilized once they are functioning.
- Re-implement the chronic care E078 billing code to ensure patients with complex chronic medical conditions receive quality care.
- COVID-19 Income Stabilization for frontline physicians similar to the SARS Income Stabilization Plan in 2003.

2. PPE Availability & Frontline Physicians Infected with COVID-19: Frontline family doctors and specialists practicing in communities across Ontario continue to be without critical personal protective equipment. All medical suppliers have been indefinitely out of PPE stock since January 2020. There is no means for frontline physicians to order PPE and despite informing the Province of Ontario nearly four months ago, physicians are still without PPE. It is false to assume hospitals and community physicians are one and the same. They are not. At this time, it is still difficult to obtain adequate PPE in the hospital setting, and there has been no distribution of PPE from the hospital to community clinics unless physicians are a part of a few select Family Health Teams



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(only 20% of family physicians are part of FHTs and even many of them have not been provided with PPE). Inadequate PPE not only leads to dangerous and potentially life-threatening working conditions for frontline physicians, but can result in significant asymptomatic transmission of the novel coronavirus to patients. It is extremely alarming that even despite rationing of tests, 2419 frontline healthcare workers have already tested positive for COVID-19: representing 14.6% of all confirmed COVID-19 infections in Ontario. This has nearly doubled from one month ago when it was 8.6% of total cases. There has already been a physician death in Canada from COVID-19 and three known frontline healthcare COVID-19 deaths in Ontario. Thus, it is even more crucial to provide hazard pay to all physicians taking the risk of seeing patients in their own clinics without being provided adequate PPE, along with frontline physicians who are taking care of patients in all settings amid the COVID-19 pandemic (clinics, hospitals, long-term care homes, etc). The Ontario government must protect all frontline healthcare workers, including physicians.

- Equitable distribution of PPE to frontline doctors working outside of hospitals, including physicians' community clinics and long-term care homes.
- Hazard pay for frontline physicians risking their lives to provide essential patient care during the COVID-19 pandemic.
- Prioritization of COVID-19 diagnostic PCR and serology testing for ALL physicians.

3. Physician Mental Health: Prior to the COVID-19 pandemic, the burnout rate amongst Ontario physicians was already 63% (with a 50% burnout rate for physicians in Canada). Physicians already had the highest suicide rate of any profession with male physicians killing themselves at a rate 40% higher than males in general and female physicians killing themselves at a rate 130% higher than females in general. Amidst the COVID-19 pandemic, frontline physicians and nurses are experiencing pre traumatic stress disorder: anxiety from awareness of what awaits with the path of devastation and suffering COVID-19 has caused in other parts of the world. During and following the pandemic, Canadian physicians and nurses are at risk of experiencing high levels of compassion fatigue, anxiety, depression, addiction, PTSD, burnout and suicide. A significant barrier for Canadian physicians to receive mental health care that they need is mandatory reporting to provincial and territorial regulatory and licensing bodies. Physicians suffer in silence for fear of the repercussions of being reported to governing bodies that do not recognize mental health and physical health as being equal.

- The Government of Ontario must support physician health by treating mental health as physical health equally. They must follow the lead of other jurisdictions globally and remove the mandatory reporting of mental illness to the College of Physicians and Surgeons of Ontario, the provincial licensing and regulatory body. Frontline physicians need to be supported, not punished, for seeking essential mental health care.

4. Forced Membership/Dues of the Ontario Medical Association: As communicated publicly with the Ontario government in correspondence over the past three years, the Ontario Medical Association (OMA) is an undemocratic, unaccountable and non-transparent organization that has been abusive to frontline physicians. It is unconstitutional that Ontario continues to be the only jurisdiction in Canada that forces physicians to pay \$54 Million annually in government-legislated dues. The OMA Dues Act violates physicians' freedom of association protected under the Canadian Charter of Rights and Freedoms. These forced dues are withdrawn from physicians' OHIP billings via the MOH and paid to the OMA. It is alarming that the Ontario government continues to mandate forced OMA dues while withholding physicians' wages. The lack of accountable



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representation poses a risk not only to physicians, but to our patients especially amidst a pandemic. The Ontario government must immediately act on the will of nearly three-quarters of physicians to repeal the OMA Dues Act and on the will of 88% of physicians to undertake a fully independent forensic review of the OMA.

In the absence of action from the Ontario government to address the above concerns, frontline physicians will be urging aggressive action from the OMA regarding filing legal action against the Government of Ontario and Ministry of Health as recently undertaken by the Alberta Medical Association and the Ontario Nurses Association in their respective provinces. Amid a worldwide COVID-19 pandemic, it is unconscionable that the Government of Ontario continues to treat frontline physicians as an adversary at the detriment of patient care, instead of embracing frontline physicians as partners in finding solutions to this unprecedented healthcare crisis.

Concerned Ontario Doctors urges the Government of Ontario to heed the ongoing warnings of frontline physicians expressed in COD's initial letter and to take immediate action on the key issues expressed above. Failure to do so will result in severe health and economic repercussions for a province that was already amidst a historic healthcare crisis even prior to the COVID-19 pandemic. Your government's failure to act will result in increased disease morbidity and mortality for patients with non-COVID acute and chronic medical conditions and contribute to clinic closures. If the Ontario government continues to refuse to fund essential frontline physicians, the province will see an increased number of orphaned patients as well as increased burden being placed on hospitals and emergency departments. It is critical that your government support Ontario's physicians during all waves of the COVID-19 pandemic and in its aftermath.

Sincerely,

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