

**June 12, 2023**

Dear Members of the Ontario Medical Association (OMA) Negotiations Task Force (NTF),

I would like to thank you for inviting the Association of Family Health Teams of Ontario (AFHTO) to provide feedback to the task force on the upcoming 2024 Physician Services Agreement (PSA) through a robust consultation process. As you are aware, physicians working with Family Health Teams (FHTs) are essential in ensuring patients receive high quality and timely access to care in Ontario.

AFHTO had the opportunity to engage in consultation and dialogue with some of our physician leaders and would like to provide a summary of their feedback for consideration in the upcoming negotiations. These recommendations are applicable to physicians affiliated with FHTs but could also apply to any physician that works in the various patient enrolment models (PEMs) in Ontario.

### **Current State in Ontario**

Ontario can't afford to lose more primary care physicians, and the number of Ontarians currently unattached to a family doctor is problematic. Some of the current trends in primary care are troubling. Limited support for physicians, excessive administrative work, and a lack of interprofessional team-based care are taking away from doctors' ability to provide high quality, timely primary care to their patients. This threatens the health care system and has problematic downstream consequences. Bold action is needed to address these issues.

### **Summary of Physician Feedback**

On May 24, 2023, AFHTO submitted comprehensive recommendations across multiple areas in response to the OMA's Negotiations Task Force survey. AFHTO is pleased to highlight the following key priorities and proposed solutions from our physician leaders:

#### **Priority 1 – Stabilize the family physician workforce.**

There are currently 2.2 million Ontarians without a family doctor, and this is forecasted to rise to 3 million by 2025. AFHTO teams are currently having trouble recruiting new family doctors to replace those who are retiring and to support expansion of teams to meet population health needs. More needs to be done to improve recruitment and retention in family medicine.

#### **Potential solutions:**

1. Enhancing financial support for physicians:
  - Making primary care physician remuneration more competitive with specialist remuneration.
  - Funding primary care leadership within Ontario Health Teams (OHTs), and funding primary care educators in the community.
  - Implementing a fund to help subsidize overhead.
  - Increasing funding for virtual care to include remuneration for secure messaging.

2. Recognizing the complexity of patient care:

- Working with physicians and mental health care providers to ensure mental health and addictions investments are embedded within primary care.
- Conducting focus groups with primary care physicians to understand how billing codes can better reflect the complexity of patient presentations.
- Developing more robust complexity modifiers that go beyond age and sex.

**Priority 2 – Reduce the administrative burden and red tape experienced by family doctors.**

Another issue that limits patient attachment and decreases clinical time spent with patients is the administrative burden and red tape experienced by family doctors. In Ontario, it is estimated that 40% of family doctors' working hours are spent on administrative tasks. This translates to more than 19 hours per week dedicated to administrative work, making it a notable driver of patient unattachment. The administrative burden hampers family doctors' ability to provide efficient and timely care to their patients, and contributes to stress, burnout, and dissatisfaction within the profession. Red tape reduction will be critical in ensuring primary care physicians have more time to focus on direct patient care.

**Potential solutions:**

1. Eliminating the requirement of sick notes:
  - Amending the *Employment Standards Act* to prohibit employers in Ontario from requiring sick notes.
2. Reforming insurance forms:
  - Prohibiting insurance companies from requiring a prescription for health services.
  - Requiring all companies to use standardized forms for disability claims.
3. Establishing an Administrative Burden Stabilization Fund:
  - Creating a fund to compensate family doctors for unpaid administrative work and support change management for new technology.
4. Reducing government forms:
  - Committing to a 20% reduction in unnecessary administrative burden by streamlining and reducing duplicative government forms.

**Priority 3 – Increase access to team based primary health care.**

AFHTO believes that more Ontarians deserve access to comprehensive team-based care. We also believe that more family physicians deserve access to interprofessional health care providers (IHPs) to help support their patients. Research shows that patients not attached to team-based primary care practices in Ontario receive lower quality care. Family medicine residents have been trained in team-based models of care, but upon completing residency, often find it difficult to access opportunities to practice in the model in which they have been taught. Patients receiving care that is centered on their needs, from a team that knows their story, is a major tenet of the [Patient's Medical Home](#). The Patient's Medical Home allows for continuity of care, higher patient satisfaction, and improved provider experience.

## **Potential solutions:**

1. Embracing the Patient's Medical Neighbourhood:
  - Increasing access to team-based care for more patients by adopting the Patient's Medical Home vision within the Patient's Medical Neighbourhood.
2. Enhancing and expanding physician access to IHPs:
  - Increasing opportunities for physicians who wish to join team-based models of care and ensuring funding is available to increase the number of IHPs to support the expansion of team-based models, like FHTs.
3. Focusing on a team-based approach to Indigenous health:
  - Improving physician access to IHPs that focus on Indigenous health and have expertise in culturally safe and appropriate care.

## **AFHTO's Commitment**

AFHTO works hard to support the implementation and growth of interprofessional primary care teams by promoting best practices, sharing lessons learned, and advocating on behalf of teams across Ontario. Evidence and experience show that team-based comprehensive primary care results in better outcomes for patients and providers. High-quality primary care also delivers better value to health systems.

When it comes to providing care that is timely, accessible, and comprehensive, it takes a team. Team-based primary care involves family doctors, nurse practitioners, nurses, social workers, pharmacists, dietitians, and other professionals, all working collaboratively to support patients and their well-being. With the support of team-based primary care, Ontarians have one door to a team of health care providers who know them, their family, and their history, to support their everyday health and social needs.

Team-based primary care leads to:

1. Timely access to care
2. Better coordination of care
3. Fewer hospital visits
4. Savings for the health system

We thank the OMA NTF for allowing AFHTO to make recommendations on the upcoming PSA. We consider the OMA to be a critical partner and look forward to our ongoing work together.

Sincerely,



Bryn Hamilton  
Chief Executive Officer (Interim)