NOT A SECOND LONGER
A PLATFORM FOR BETTER HEALTH CARE
A MESSAGE FROM ONTARIO'S DOCTORS

Ontario's doctors are committed to having the healthiest patients and the best health care system. We're doing our best to achieve these goals, but the people of Ontario need government to step up and make health care the number one priority!

The reality is that our health care system is struggling. Every day, we hear more about increasing wait times, cancellations and delays. Our hospitals are overflowing with patients, emergency rooms are jammed, sick patients line the hallways on stretchers awaiting treatment.

Wait times for long-term care are growing. Access to mental health services is an ongoing, serious problem. In many rural and northern areas, patients are forced to leave their families and travel great distances to access treatment that should be available closer to home.

These are just a few examples of the serious challenges that we need to fix if we are going to have a health care system that truly meets the needs of our patients and the people of Ontario.

For too long, doctors and our partners in the health care system have been working to prop up a health care system that is underfunded and facing extreme pressures from a growing and aging population.

Funding cuts, longer wait times, and increased patient demands for care have created a perfect storm that we need to tackle head on, together!

Ontario doctors are on the frontlines of health care. We know the problems in the system, and we have solutions. We need a government that shares the same commitment. The people of Ontario cannot wait any longer.

Please take some time to review this document, and please sign our campaign pledge to make the next government provide the health care that patients in your community deserve.

Not A Second Longer! The time for action is now!

Dr. Shawn Whatley
OMA President
(2017 - 2018)

Dr. Nadia Alam
OMA President
(2018 - 2019)
Dan's Law is a private member’s bill introduced by Windsor West MPP Lisa Gretzky, and drafted with the help of Windsor palliative care physician Dr. Darren Cargill. It removes an unnecessary barrier for patients who need home care, and affords palliative care patients the dignity of dying at home closer to their families.

Canadians who move to Ontario from other provinces and require palliative care should not be subject to the typical three-month wait to be eligible for OHIP services. The benefits of more timely care include avoiding potential medical complications of delayed care and the significant human and financial costs arising from these complications.

Ontario’s doctors recognize that home care is a key element in the care of our aging patients. We are asking the next government to work with doctors and home care experts to help strengthen community supports to help those who are able to stay at home as long as possible.

Some patients are best served by a bed in a long-term care facility. These facilities should allow patients to maintain independence and safety, while providing the care they need. Unfortunately, government funding has not kept pace with the growing demands for long-term care beds. As our population ages, the government must invest the necessary funds to address the wait times in our long-term care system. Our aging population should not have to wait a second longer.

Nobody wants our loved ones to wait for care. We can’t bear to think of our parents languishing on a wait list to get into a long-term care home. But sadly, this is a reality for many in Ontario.

According to Health Quality Ontario, the current wait for a long-term care bed in Ontario is 149 days. In some communities, like Ottawa, it’s almost two and a half years! For patients awaiting placement, these days are spent in a hospital bed, or at home relying on their families for care.

We know that many patients require more complex care arrangements, which often includes assisted living or residential care. Research suggests that with proper community supports, many people are able to stay in their homes, reducing pressure on the system for those who need residential care.

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According to the Alzheimer Society of Ontario, by 2020, approximately 250,000 seniors in Ontario will be living with dementia. Without proper supports in place, dementia has the potential to strain existing resources and infrastructure.

In 2015, Ontario’s doctors called for a provincial dementia strategy; a system approach to enable dementia patients and their caregivers to access timely medical care and community support services so that they can remain in their homes as long as possible.

Since then, Ontario has committed to a dementia strategy that included many of the OMA’s recommendations. Ontario’s physicians would like to see more progress towards addressing the needs of dementia patients by the next government.

Ontarians should not have to wait a second longer.

Specialized education is needed for home care providers to be able to address the unique and complex needs of patients with dementia. Specialized long-term care services are also needed, with shorter wait times for patients to access these facilities, especially in the final stages of the condition when home care may no longer be possible. Investment is needed to educate health care providers and community care providers with specialized knowledge in caring for seniors with complex care issues like dementia.

As well, access to community, respite, and home support services are needed to provide relief for informal caregivers.

Patients with dementia cannot wait a second longer.
CODE GRIDLOCK:
CRISIS BY THE NUMBERS

HOSPITAL USE FOR MENTAL HEALTH SERVICES

- **34%** Increase in patients seeking treatment for mental health in hospitals.
- **53%** Increase in youth emergency department visits for mental health.
- **56%** Increase in hospitalizations for youth suicide & self-harm.

12,000+ Children and youth are waiting up to 18 months for mental health treatment.

Chronic bed occupancy is **AT OR ABOVE 100%** for 31 health care facilities across the province.

Every day, roughly 3,000 hospital beds are occupied by patients who remain in hospital because the care they need is not available.

Today in Ontario there are over **32,000** seniors waiting for placement to long-term care.

PROVINCE-WIDE WAIT TIMES & TARGET BY PROCEDURES (2017)

- **Knee Replacement**
  - Actual: 250 days
  - Target: 182 days
- **Hip Replacement**
  - Actual: 230 days
  - Target: 182 days
- **Cataract Surgery**
  - Actual: 185 days
  - Target: 182 days
- **MRI**
  - Actual: 125 days
  - Target: 182 days

MEDIAN WAIT IN ONTARIO

- **COMMUNITY:** 149 days
- **HOSPITAL:** 92 days
Ontario’s doctors support the use of eHealth initiatives that enable us to provide patients with high-quality care. The next government needs to ensure that new eHealth innovations are integrated with existing electronic systems (such as the electronic medical record or EMR) to ensure a seamless flow of information.

Physicians are key users and contributors to Ontario’s eHealth system, so we know what is needed to provide the best patient care. It is essential for the next government to involve physicians in the decision-making process so that we can best represent the challenges and opportunities in rolling out a functional system. New eHealth advancements that are premised on efficiency should improve delivery of care while minimizing unnecessary administrative processes.

It is imperative that the rollout of the electronic health record (EHR) to physicians in Ontario be broader and faster, in order to achieve meaningful use of the system. Continued funding is needed to ensure success of the system, allowing for doctors to connect to a fully integrated provincial EHR.

Ontario’s doctors ask the next government to work with doctors in northern Ontario because our patients should not have to wait a second longer.

Ontario has exceptional doctors providing care in northern Ontario. Local physicians wear many hats and have complex workloads, but resources are scarce. In many parts of the north, there is an ongoing struggle to attract and retain doctors. When a practice is forced to close, it can impact thousands of patients and put lives at risk.

In addition, there are times when patients must travel to larger cities for the care they need. For instance, many patients in Kenora have to travel to Toronto to see a specialist. That can be a 24-hour drive. Expanding the use of telemedicine could help with some of the shortages that rural patients face due to lack of health care resources. It allows patients to be connected with family doctors and specialists, reduces the need for travel, and helps to reduce wait times.

The next government should establish a Northern Health Care Task Force, including doctors and other frontline health care providers, to address the specific health care needs in the north.

Ontario’s doctors ask the next government to work with doctors in northern Ontario because our patients should not have to wait a second longer.

“SUPPORT FOR NORTHERN AND RURAL HEALTH CARE IS NOT THERE”

Why is life expectancy almost 3 years shorter in northern Ontario?

“WE NEED A MULTI-PRONGED APPROACH TO DEVELOP A COMPREHENSIVE STRATEGY, INVOLVING ALL STAKEHOLDERS, TO FIGHT THIS COMPLEX ISSUE.”

This is a complex health and social issue with devastating consequences for individuals, families and communities.

We have an emergency on our hands and the government must work with Ontario doctors to address this growing crisis.

Ontario’s doctors want to help but we need a government that treats us as partners.

We call on the next government to engage with doctors, nurses, and other health care professionals to begin to collaborate on how to combat the opioid crisis.

“We need a multi-pronged approach to develop a comprehensive strategy, involving all stakeholders, to fight this complex issue.”

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CANNABIS

Cannabis will soon be legal in Ontario. As a society, we need to start planning for the health implications, and ensure usage is controlled.

Ontario’s doctors are concerned about the impacts of the legalization of cannabis.

In the fall of 2017, Ontario’s doctors presented recommendations to the government on the legislation surrounding legalized cannabis.

Most importantly, cannabis should not be available to children and youth, and should not be consumed in private residences where children are present.

The use of cannabis has damaging effects to brain development before the age of 25. The next government should commit to a public education campaign that outlines the harm of cannabis use for those under the age of 25.

HEALTHY LIVING & CHRONIC DISEASE

Healthy lifestyle is linked to prevention of chronic disease, and a commitment to healthy choices is the single most important decision patients can make for their health. Physical activity, exercise, abstaining from tobacco use, and balanced nutrition are shown to reduce likelihood of chronic diseases like heart disease, cancer, diabetes, and asthma.

With almost 80% of Ontarians over the age of 45 living with a chronic condition, early education of patients is vital. Discussions with a family doctor about lifestyle choices can help reduce a patient’s risk of chronic disease and encourage patients to live healthier lives. Technology and innovation can also empower the public to make healthier lifestyle choices.

In Ontario, chronic disease is the leading cause of death and disability as more and more people suffer from multiple chronic diseases. A failure to acknowledge and address these concerning facts will put further strain on our limited health resources. Ontario’s doctors look forward to working with the next government on a strategy to support Ontarians living with chronic disease, while also focusing more on prevention. Prevention will reduce the stress on our system, and help alleviate wait times.

Our system cannot wait a second longer.

In Ontario, accessing drug cost information is cumbersome, uncoordinated and time-consuming. The OMA recommends that drug costs be made transparent and easily accessible by making the approximate costs of drugs available to physicians in real-time electronic form, when prescriptions are provided to patients.

The availability of drug costs in real-time at the point-of-care not only provides physicians with quick, easy and reliable access to drug costs, but it also has numerous benefits for patients, including providing them with appropriate prices before they reach the pharmacy and potentially reducing cost-related medication non-adherence.

No other Canadian jurisdiction has real-time access to drug cost information in electronic form, thus Ontario would be demonstrating strong leadership to implement this.

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"CANNABIS, LIKE CIGARETTES, SHOULD REQUIRE A WARNING LABEL TO EDUCATE THE PUBLIC OF ITS NEGATIVE EFFECTS, AND SPECIFICALLY, A WARNING ABOUT DAMAGE TO DEVELOPING BRAINS UNDER 25 YEARS OF AGE."
FACILITATING PATIENT EMPOWERMENT

Research shows that empowered patients who play an active role in their personal health care have improved health, a better quality of life, and a positive impact on the viability of the health care system as a whole. The next government should educate and encourage Ontarians to take responsibility for their own well-being, engage in disease prevention, become more knowledgeable about their medical conditions, follow prescribed treatment plans, and participate in self-care activities.

Individuals can develop the knowledge and skills to manage their care, advocate for themselves and their family members, make informed treatment decisions, and make wise choices about efficient use of health care resources.

"REMEMBER TO GET YOUR FLU SHOT FROM YOUR FAMILY DOCTOR IN THE FALL."

AN INTEGRATED HEALTH NETWORK TO ADDRESS PRIORITY POPULATIONS IN FAMILY PRACTICE

The next government should work with doctors to develop and implement integrated health networks in primary care that will build on what has been learned about delivering services and care co-ordination in Community Health Centres (CHCs) and Family Health Teams (FHTs).

By establishing integration between FHTs and CHCs with all family physicians, Ontario will be better able to provide co-ordinated care and supports for patients who require a higher degree of interdisciplinary support. By using a population approach, family physicians, FHTs, CHCs and community providers can be linked around the patient and provide co-ordinated care locally.

Priority populations who gain the greatest benefit from co-ordinated and collaborative interdisciplinary care typically include those with certain chronic conditions, as well as pediatric patients and those requiring palliative care services.

Additionally, patients who face social challenges will also benefit from the formal community linkages, case management and system navigation capacity in an integrated health network model.

By using a co-ordinated, collaborative system redesign built in partnership with Ontario’s doctors, Ontario has the potential to realize a high impact on the health status and capacity to provide appropriate care to all.

NOT A SECOND LONGER

Stand with Ontario’s doctors, and commit to better health care that patients in our community deserve.

I, ____________________________ pledge to,

1. **Work with doctors** to begin fixing the problems in our health care system.
2. **Advocate for more mental health services** for Ontarians.
3. **Advocate for improved access to long-term care** in my community.
4. Help to **increase services in the North and rural Ontario.**
5. Call on the government to **address the growing concerns of chronic disease.**

On behalf of my constituents, I commit to joining our doctors to combat the wait times in our system, as patients shouldn’t have to wait a second longer.

**SIGNATURE:** ____________________________

**RIDING:** ____________________________

**DATE:** ____________________________

Please tweet your signed pledge to @OntariosDoctors using #NotaSecondLonger