Ministry of Health and Long-Term Care

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May 18, 2012

Dr. Doug Weir
President
Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto ON M5S 3C1

Dear ~~Dr. Weir:~~ Doug

As I am sure you will agree, our health care system works best when policy makers and health care providers – particularly our province's physicians – work together. It also works best when we're able to concentrate our efforts and our finances on improvements to the quality of care for Ontario patients.

I would like to address the actions taken by our government on May 7, 2012. As you know, on February 23, 2012, the first day of negotiations, the government tabled 60 proposals to achieve a real freeze on total physician compensation and transform the health care system. Throughout the negotiations, we presented each of these proposals in detail and repeatedly requested the Ontario Medical Association (OMA) discuss, comment, provide alternate proposals, and engage the expertise of the over 60 physician member sections. It is with great disappointment that the OMA didn't participate in this dialogue or offer a single specific savings proposal before choosing to walk away from the table on April 24, 2012.

The government has proceeded with fee updates to reflect advances in technology and evidence-based medical practice. Of the 60 proposals the government originally tabled, 37 were implemented. We eagerly await a substantial discussion and would welcome proposals and feedback from the OMA on the implementation of the 37 announced changes. As we have indicated throughout negotiations, we believe it's in the best interest of patients, the government and Ontario's doctors to work with the OMA and receive your input moving forward.

With this in mind, I am writing to you with three proposals that I am hopeful the OMA will receive positively.

First, I believe it is in both the public and our mutual interest that we work together to achieve real gains for patients. Accordingly, I am formally inviting the OMA to return to the negotiating table with the Ministry team next week with the objective of reaching a new

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Physician Services Agreement (PSA) and securing progress on issues such as the reliable provision of same-day or next-day appointments with family doctors, increased after-hours access to reduce emergency room wait times, and faster referrals to specialists.

The second proposal I wish to make addresses another vitally important reason to resume discussions: our common interest in strengthening and expanding primary health care. Even in the difficult environment of the negotiating table, we identified basic agreement on priorities related to primary care reform. We wish to focus and build on that prospective agreement.

Unfortunately, a significant degree of unnecessary confusion among family doctors has occurred regarding the government's position. In particular, suggestions that the government intends to reduce its commitment to primary care rather than expand it are incorrect. Our government is fully committed to continuing primary care reform — as we have over the last eight years.

I am recommending that we immediately establish an Expert Advisory Committee on Strengthening Primary Care in Ontario, to be co-chaired by Dr. Stewart Kennedy and Dr. David Price. This committee would have a mandate to examine and provide specific recommendations that we might jointly pursue, aimed at, among other priorities, reducing emergency room visits, expanding same-day and next-day access, creating more home and virtual visits, supporting quality improvement in primary care and reducing wait times to see specialists.

To ensure clarity as to the government's position and sincerity in this effort I will give you my commitment that overall funding for these family practice models will be maintained at current 2011/12 levels.

The Auditor General has challenged us to demonstrate value for money in primary care. He is seeking confirmation that, where we spend, we make improvements to access and quality of care for patients. In addition, research by the Institute for Clinical Evaluative Sciences and others shows that existing incentives need to be revised. Strong primary care models are cornerstones of our Action Plan for Health Care and of critical importance to our patients. I believe we should focus on the following goals:

- Commitment to primary care patients to same-day, next-day visits when they are needed, reducing unnecessary walk-in clinic and emergency department visits;
- Create a quality framework that applies the principles of *Excellent Care for All* to primary care physicians;
- Simplify the multiple models in a cost neutral fashion.

Third, we would like to engage the OMA on the areas identified below and invite you to add other priorities in response. These are important areas of work that we need to address at the table to ensure we are getting the expert advice necessary to move ahead with our Action Plan for Health Care. Specifically:

Appropriateness and Evidence

Establish processes to support evidence-based, appropriate care that improve patient outcomes. We have good evidence from several Canadian sources including Health Quality Ontario (HQO) that can be brought into these expert processes.

Technology and Productivity Gains

Develop new processes that allow the fee schedule to be regularly updated to reflect productivity gains from technology. Technology is reforming health care and we must be able to keep fees in balance in real time

Virtual Care

Create more alternatives to face-to-face visits to improve access to care so patients can communicate with their doctors without having to make a visit to their office. We introduced physician-to-physician e-consultations as part of our recent regulatory changes, but know much more can be done.

Specialty Funding Plans

Update existing payment plans and develop new models of care that focus on quality and increase accountability. Physicians are telling us they want to introduce stronger accountabilities linked to performance into their funding plans.

Employment Contract Model

New graduates and other physicians in transition want more practice options. We believe developing an employment contract model, for example with a hospital, as a voluntary option would be very attractive to a number of physicians.

The government believes new funding must be dedicated to home and community care where it is needed most for patients. The government remains committed to meeting our financial objectives and maintaining our investment of over $11 billion in physician services. Working together, I believe there is substantial flexibility on how to achieve these objectives while also achieving the priorities outlined in our Action Plan for Health Care, which I know are shared by Ontario physicians.

We are willing to discuss any proposals that create real physician-led savings while also improving patient care. It is my genuine hope that you and your team return to the table with us to engage on these important matters. The OMA has access to more than 60 clinical sections and 25,000 physician members with which to enrich these discussions.

I would like to extend an invitation to your team to meet with my negotiating team as soon as possible.

Sincerely,

Deb Matthews
Minister