

Issue: Ontario's healthcare infrastructure is failing physicians and jeopardizing the future of patient care.

Overview:

Currently, policies established by the province of Ontario are failing the most vulnerable and complex patients, and the physicians who care for them. As the country adjusted to a new 'normal', specialists in Ontario pivoted quickly at the start of the pandemic, identifying various solutions to meet the needs of their patients and to ensure continuity of care. Through video conferencing and telephone calls, rheumatologists, respirologists, neurologists, endocrinologists, geriatricians, and clinical allergists/immunologists in Ontario prioritized patient care first, under the assumption that the Province would, in turn, support them.

For over six weeks, specialists have been providing essential clinical services in Ontario, supporting patients in local communities who are managing chronic and debilitating diseases, to ensure their needs are met and to avoid unnecessary visits from vulnerable populations to emergency rooms. Virtual care is the priority option to meet patient care demands now, and as we plan for future waves of the pandemic. However, in its current form, specialists cannot bill the equivalent of the E078 premium on the K083 telephone/non-OTN video patient visit code. In use for years, this code addressed in-person visits by chronic, complex patients, including those with significant risks for poor outcomes related to the coronavirus. These visits would typically be covered at in-person rates through OTN under normal circumstances, so there seems to be confusion at the provincial level about the care being provided via telephone/non-OTN video platforms. According to a recent survey by the Ontario Rheumatology Association (ORA), specialists reported that 40% of patients had challenges accessing the technology required for video conferencing. Although a majority of specialists have registered for OTN access, feedback is mixed on the platform, usage rates are low, and a significant minority report challenges due to a current backlog of applications. This situation creates an immediate challenge for community-based specialists to fund office overhead and keep medical clinics open. This will also pose a longer-term threat to the capacity to care for patients in Ontario with complex diseases.

The Ontario Rheumatology Association (ORA) is the organization representing rheumatologists in Ontario, and we are very concerned about the long-term implications of this policy, as are the relevant patient organizations (i.e. The Arthritis Society (TAS), Arthritis Consumer Experts (ACE), and the Canadian Arthritis Patient Alliance (CAPA)). Based on recent projections, the number of people living with arthritis is estimated to increase from 6 million to 8 million in 2040. That means in twenty years, 1 in 4 Ontarians will have osteoarthritis and 1 in 77 will have rheumatoid arthritis. This increase represents a major impact to the healthcare system and consequently, has a negative impact on workplace productivity and the province's economy.

Managing the needs of patients is a top priority for the ORA, however there are requirements to ensure the sustainability of clinics in local communities and the delivery of optimal care. Not only do these community-based clinics provide an essential health service for Ontarians, but they are also a source of local employment and contribute to the health ecosystem of the country. If the Province fails to look at the full picture as it relates to medical specialties, the future of patient care is jeopardized and could result in the following:

- Patients may be dissatisfied with the level and speed of care, resulting in walk-in clinic, Emergency Room and hospital visits, which will not only be a significant cost-driver, but also

exacerbate the spread of COVID-19 among vulnerable patient populations and front-line healthcare staff;

- Treating rheumatic diseases requires ongoing monitoring to optimize treatment and improve health outcomes. The current structure defined by the Province will lead to patients stopping essential medications or not making the necessary adjustments to their treatments in a pandemic situation.

Action: The ORA stands in solidarity with organizations like the Ontario Medical Association (OMA) who are urging the Province to re-evaluate the current structure supporting physicians and work within the various therapeutic areas to ensure future patient care in the province remains at the highest level. As the largest group of rheumatologists in the country, we will continue to support our patients as we've always done, but we urge Ontario to understand the impact, both today and 12 months from now. Specialists in Ontario should have the ability to bill the equivalent of E078 for telephone and nonOTN patient visits. We encourage ORA members to reach out to their local MPP, elevating our collective concerns with Queen's Park. Please leverage available resources/tools to assist you with this important outreach action.

Best regards,



Dr. Jane Purvis

President, Ontario Rheumatology Association