

To All Ontario Family Physicians

January 19, 2009

Primary Healthcare Train Derails

Patients Deserve More Than Government's Patchwork for Primary Care

Two recent developments in Ontario healthcare have provoked serious concern amongst physicians and the Ontario Medical Association (OMA):

1. Plans for the creation of 25 independent nurse-led (Nurse Practitioner) clinics to provide primary medical care, the first located in Sudbury; and
2. Plans for the expansion of pharmacists' scope of practice to include the right to prescribe medications.

The Coalition of Family Physicians of Ontario (COFP) believes you should know about the serious concerns that these changes pose for physicians and for our healthcare system. They result in part from the complex relationship between the OMA and the Ministry of Health and Long-Term Care (MOHLTC), and demonstrate the lack of balance in this partnership as the Ministry proceeds with a politically-driven agenda rather than one of mutual respect and trust.

BLATANT DISREGARD FOR PHYSICIAN INPUT

Apparent disregard by the MOHLTC toward dedicated community physicians who wish to be included in team-based care has already occurred. Family Health Teams – once favoured by the Ministry as the solution to primary care access – have been shelved or significantly delayed under the guise of fiscal restraint, while independent nurse-led clinics are rolled out with new funding for renovations and operational costs without exhaustive analysis of cost-effectiveness or quality of care. One can only wonder if the government agenda is to replace physicians with nurses in a misguided bid to make healthcare cheaper without any assurance of significant cost-savings.

FRAGMENTED HEALTHCARE DELIVERY

The independent provision of healthcare by different alternative providers with less medical training fragments – rather than integrates – our healthcare system. Aside from the obvious issues of quality assurance, conflict-of-interest issues also arise, as in the case of pharmacists diagnosing then prescribing and selling their medications for profit to the same patient – all without medical examination or a requirement to keep medical records of the clinical findings. Why are pharmacists not held to the same standard of care as physicians in this new-found expansion of pharmacist primary care?

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DISREGARD FOR ACCEPTED STANDARDS OF CARE

The United Nations World Health Organisation (WHO), in its most recent report, recognizes the need for integrated primary care led by physicians. In stark contrast, the Government of Ontario is now promoting primary care by Nurse Practitioners, who have significantly less medical training than family physicians and who will deliver care outside a truly collaborative team environment. While other OECD countries have more physicians per capita to provide care than Canada, the MOHLTC solution appears to be to provide less-trained providers to serve its population instead of providing improved access to family physician supervised care. There is not only an ethical concern here but a logistical concern: *“With the current and increasing shortage of nurses, who does the government expect to take their place in hospitals, as nurses are siphoned out of nursing roles to fill government-created voids in primary care?”*

ABSENCE OF AN INTEGRATED GOVERNMENT PLAN

Although some may see the expanding use of providers with less or even no medical training in the areas of primary care as being necessary because of financial constraints and a government-created family physician shortage, it is clear from its actions that government has no long-range plan. Lurching from Family Health Teams to independent nurse-led clinics is an act driven by political agenda rather than solid evidence.

The healthcare train in Ontario has finally come off its tracks and is being replaced by a government steamroller.

So, what can we do about it?

THE COFP SOLUTIONS

1. **EMPOWERMENT OF PHYSICIANS IN THE DEMOCRATIC PROCESS:** Physicians must be directly engaged in their own democratic process of electing important OMA Executive officials such as the President, President-elect, Secretary and Treasurer.
2. **AN INDEPENDENT DISPUTE TRIBUNAL:** If physician groups or OMA sections believe that they are not receiving adequate representation through the OMA, or that their representation is compromised in some way, an unbiased tribunal should be established to make a binding judgment on such claims and provide a means of redress.
3. **VOLUNTARY RATHER THAN OBLIGATORY DUES:** The OMA is our representative bargaining body. It cannot have two masters – the physicians whose interests it represents and the Government, which obliges all practicing physicians to financially support the Ontario Medical Association by use of legislation. This situation is unique in Canada and leads to conflicts of interest. As the government increasingly acts unilaterally, as in the creation of independent nurse-led clinics, it becomes even more important to have an OMA that is strong and earns its financial support by virtue of its performance. At first this may seem counterintuitive – *“How can the OMA be strong without obligatory dues?”* – but almost no other Canadian province or territory requires more than voluntary dues from its physicians to be paid

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to the provincial medical association. Should things be so different in Ontario? Who benefits: The patients, the physicians or Government?

Please join us – the Coalition of Family Physicians of Ontario – in striving for fair and equitable representation and a responsive process that supports family physicians, their assistants and their patients.

Time is of the essence!

Sincerely,

Douglas Mark MD, President
and the Board of the Coalition of Family Physicians of Ontario



2009 COFP MEMBERSHIP FORM

- New Member Renewal Member Update my information

LAST NAME: _____ FIRST NAME: _____ Member No. _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ OMA DISTRICT #: _____

PHONE: (_____) _____ EXT: _____ FAX: (_____) _____

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HOSPITAL AFFILIATION: _____ CURRENT FUNDING MODEL: _____

I am submitting my 2009 Membership Dues: \$200/yr \$75/yr retired (Residents/Students free)

I am making a further Political Action Contribution: \$50 \$100 \$250 \$500 Other \$ _____

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