

May 11, 2009

Urgent Notice To All Ontario Physicians

The Coalition of Family Physicians wishes to inform you about two disturbing recent developments, which have important implications for physicians practising or intending to practise in Ontario.

A. UNILATERAL GOVERNMENT FREEZE ON REGISTRATION IN PATIENT ENROLMENT MODELS

On April 17, 2009, the Ministry of Health and Long Term Care unilaterally and unexpectedly announced a freeze on new physician registration in all Patient Enrolment (rostering) Models (PEMs), including the FHN, FHT, FHO, FHG and CCM. No specific reason was provided, except that over the next two to four weeks the ministry wants to evaluate the financial impact of its push from fee-for-service to capitation in the patient rostering models. The Ontario Medical Association has likewise encouraged physicians to switch to the Patient Enrolment Models as the way to significantly improve our income and promote sustainable primary care in Ontario.

In Ontario, we have seen the evolution of many different primary care models over recent years, with significant financial and work style incentives, but the Ontario Medical Association has been short-sighted and perhaps naive to think that the financial improvements would go unchecked. With the present freeze by Government, new doctors poised to enter the medical work force are being forced to put their plans on hold and reconsider their options. Likewise, established doctors, who have made significant financial investments in setting up as a FHN/FHT/FHO/FHG, now face uncertainty and potentially devastating losses.

This is akin to the events that unfolded in the mid-nineties when all graduating physicians were suddenly told their work was only worth 70% of the regular fee schedule rates unless they moved to an "underserved area". Instead of a restriction in fees associated with a geographic location, we now have a restriction based on availability of practice models. It all adds up to the same thing: restrictions, rationing and unequal access for physicians and our patients. The time frame provided by the Government for this most recent restriction is 2 to 4 weeks, but given the government's financial position, it may well be far longer. What is also disturbing is that while all this is happening, the government has, again without consultation with the OMA or physicians, shifted to the promotion of independent Nurse-Practitioner-led clinics to provide primary medical care.

The COFP is monitoring this ominous situation as closely as possible, and is considering actions that could be taken by Ontario physicians to safeguard our future. We would like you to consider this development at this time, since it can very seriously affect your career.

B. MOVING OF THE OMA HEADQUARTERS TO A NEW LOCATION

On April 6, 2009, the OMA moved to a larger office space at 150 Bloor Street, from its former location on University Avenue, anticipating leasing of its former headquarters to another tenant. Unfortunately, a new tenant was not secured prior to the move, and now the OMA is facing the prospect of having to spend \$6.1 million on rent for its old, and now empty, office space, while carrying the cost of both facilities. Although the OMA has laid the blame on the economy as the culprit, it should have been cautious precisely because of the poor economy rather than leasing new premises prior to securing a tenant for the old site.

What are the implications for you in all this? It strikes us that the OMA seems to lack fiscal accountability to its members, and may simply pass on related additional costs to you directly, by means of an increase in OMA dues. It is empowered to do so by the OMA Dues Act of 1991, which is how it raises its revenue, without any mandated regard to its actual fiscal performance. Alternatively, it may choose to simply cut some programs to finance the shortfall. Both of these choices will have a negative impact on you.

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When we look at the above developments, we are very concerned. Thus far, the Presidential updates from the OMA have made little mention of the freeze on physician registration in all of the Patient Enrolment models, so highly touted by the OMA and the government alike, except to announce its existence. As for the real-estate fiasco, for which we may all be forced to pay, the OMA has been relatively silent.

We believe that our representative body owes us more than that. It owes us transparency, explanation, and above all a plan to deal with these issues. Our support of the OMA should be based on its performance, not legislation.

We urge you to contact your OMA district representative or the OMA President, Dr. Suzanne Strasberg, to voice your concerns. (You may wish to use the letter below or write your own.)

Yours truly,



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

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Dear Dr. Strasberg,

I am writing to express my concern about the multi-million dollar shortfall caused by the OMA leasing new premises prior to securing a tenant for its old site. How will this affect me? Will my membership dues be increased or will some OMA programmes be cut to pay for this shortfall? Either alternative is very troubling, especially because this entire situation was preventable. It casts doubt on the accountability that the OMA has to its members, who provide the financial support for its existence.

I am also deeply disappointed that the MOHTLC has unilaterally frozen physician registration in all Patient Enrolment Models, which were so highly touted by the OMA. It is of great concern to me that such unilateral actions on the part of Government occur without consultation with the OMA, and cast doubt on any negotiations and agreements between the OMA and the Government. Please update me on this situation and on any plans that the OMA has to prevent Government flouting of agreements made in good faith.

I look forward to hearing from you regarding these matters, as I remain very concerned about how we are being represented by the OMA.

Sincerely,

Name: _____