

**Budget 2019:  
Recommendations for Cutting Hospital Wait Times, Ending  
Hallway Health Care, and Finding Efficiencies to Enable Enhanced  
Investment in Cardiac Patient Care**

2019 Pre-Budget Submission  
Standing Committee on Finance and Economic Affairs

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## **Executive Summary**

To achieve its goals of cutting hospital wait times, ending hallway health care, and finding ways to make the health care system run more efficiently, the Ontario Association of Cardiologists (OAC) offers the following recommendations to Ontario's Government for the People for the 2019 Budget:

- 1. Eliminate the clawback imposed unfairly and unilaterally by the previous Liberal government on cardiologists and reinstate funding code E078 for congestive heart failure patient care. This would improve cardiac care and save dollars for the Ontario government.**
- 2. Streamline government bureaucracy by partnering directly with Ontario's cardiologists to deliver quality improvement for all cardiac programs.**

Implementing these recommendations will save lives and improve patient access to high quality cardiac care, cut hospital wait times, reduce hallway health care, and increase service delivery co-ordination and efficiency in communities across the province. In so doing, the provincial government will be able to enhance its investment in cardiac care services in the future.

## About the OAC

The OAC is a voluntary professional organization that represents the majority of academic (i.e. hospital-based) and community (i.e. clinic and/or office-based) cardiologists in Ontario. Founded in 1995, the OAC's mission is to protect, maintain and improve the current high standard of cardiac care for Ontario patients across the province and ensure the cardiologists who deliver the care are fairly remunerated for these services.

The OAC is an advocacy leader for Ontario's cardiologists and their patients. It exists independently of the Ontario Medical Association (OMA) to ensure the voice of cardiology is heard regarding issues that affect the care of cardiac patients in Ontario. While all cardiologists in Ontario are required to be members of the OMA, the OMA does not provide its Section on Cardiology with the support or infrastructure to allow it to act as an effective advocate for cardiac patients. The OAC fills this gap. Without its ongoing advocacy program, the continued high standard of cardiac care in Ontario is at risk. For more information, visit us at: [www.ontarioheartdoctors.ca](http://www.ontarioheartdoctors.ca).

The OAC is proud to be affiliated with the Ontario Specialists Association, a newly-formed association that represents medical specialists across the province. To learn more, visit: [www.specialistsontario.com](http://www.specialistsontario.com).

## Budget 2019: Ontario's Fiscal Situation

Ontario's cardiologists recognize the new provincial government's dire fiscal situation, which it inherited from the previous Liberal government. This includes a budget deficit of \$15 billion in 2018-19. In fact, steady deficits since 2008-09 have led to mounting debt levels in Ontario. The current forecast level of net debt, at \$347 billion in 2018-19, is the direct result of past fiscal policy choices; consequently, Ontario now has the highest subnational debt of any jurisdiction in the world.

Clearly, meaningfully action must be taken to break this cycle, eliminate the deficit, reduce the debt burden and bring sustainability to the Province's finances.

## Protecting and Improving Health Care Services

At the same time, Ontario's cardiologists are encouraged by the Ontario PC government's commitment to working through these fiscal challenges while protecting and improving the critical health care services Ontarians require and depend upon to stay healthy and live long, productive lives.

We are particularly pleased by the new government's desire to listen to front-line medical professionals, including doctors, to ensure that long-term stable funding is available to do the capacity planning that Ontario's health care system deserves.

Listening is crucial to restoring a respectful and collaborative working relationship with Ontario's doctors, who were too often maligned and scapegoated by the previous Liberal government for the Province's health care financial challenges. Within this new culture of trust and respect, we believe that the new government's health care and fiscal challenges can be resolved in the interests of taxpayers and all Ontarians.

### **Government for the People's Health Care Agenda**

In addition to committing to work collaboratively with doctors to improve Ontario's health care system, Ontario's cardiologists support the government's health care agenda that aims to:

- Transform the health care system to focus on patients and their families;
- Cut hospital wait times;
- End hallway health care;
- Target funding to provide better coordinated care now and in the future; and,
- Find ways to make the health care system run more efficiently.

Since forming government in June 2018, significant strides have been taken to act on this agenda, including the formation of the Premier's Council on Improving Health Care and Ending Hallway Medicine, reducing wait times for mental health and addiction care, increasing hospital capacity in the Greater Toronto Area, expanding hospice and palliative care to provide quality end-of-life care to patients; making OHIP+ more efficient, and announcing the creation of 6,000 new long-term care beds to date.

Ontario's cardiologists look forward to working collaboratively with the new government and contribute to achieving these goals from the perspective of cardiac patient care and cardiologist services delivery.

## **Budget 2019: OAC's Priorities**

Given the Ontario government's current fiscal situation and in recognition of its health care commitments and agenda, Ontario's cardiologists offer the following recommendations for the 2019 Budget:

- 1. Eliminate the clawback imposed unfairly and unilaterally by the previous Liberal government on cardiologists and reinstate funding code E078 for congestive heart failure patient care. This would improve cardiac care and save dollars for the Ontario government.**

Ontario's doctors have been working without a negotiated agreement for more than four years. In the meantime, the previous Liberal government unilaterally imposed cuts to the physician services budget that affected Ontario's cardiologists disproportionately. The cuts included a **4.45% across-the-board clawback** on all physicians' billings and a global billing cap. In addition, cardiologists had to bear fee eliminations for chronic congestive heart failure care (E078 code) as well as additional fee reductions of up to 20% to some of their non-invasive cardiac testing services.

It is our view today, as it was then, that these cuts constitute both poor health care policy and poor fiscal policy.

It is poor health care policy because the cuts forced cardiologists to scale back the outpatient services they provide, thereby reducing patient access to community-based cardiologist care. These cuts have fundamentally undermined Ontario's outpatient cardiac care infrastructure bringing them to the brink of collapse in many cases.

It is poor fiscal policy because as these community-based cardiology services recede, cardiac patients increasingly must go to the hospital for care, which is much more expensive to deliver.

### ***Case Example: Congestive Heart Failure Funding Cuts Have Added Pressure to Hospital Waiting Lists***

The previous Liberal government's cuts to physician fees for congestive heart failure patient care is a clear example of its short-sighted approach to controlling health care costs. Congestive heart failure is the most common reason patients go to emergency rooms and

are admitted to hospital in Ontario. It is a major contributing factor to hospital wait times; yet, the previous government's elimination of the congestive heart failure chronic disease code (known as E078) in an attempt to reduce physician services budget spending exacerbated the overall problem by driving more patients to receive hospital-based care.

The elimination of this fee code made it **more expensive** to treat heart failure patients; patients who were once well managed in the community are now having to be treated in hospital. A simple heart failure patient kept out of the hospital saves the health care system \$12,000; for a complex heart failure patient, the cost-savings rises to \$42,000/patient.

Restoring chronic disease assessment funding (E078 code) for cardiologists within the physician services budget of the Ministry of Health and Long-Term Care so that they can properly care for congestive heart failure patients in the community will help the government cut hospital waiting times and end hallway health care by reducing the number of congestive heart failure patients who are treated in hospitals. In 2013/14, the government spent \$2.7 million through the E078 code for CHF patient care.

It is fundamentally important for the government to rescind the clawback on physician services imposed by the previous government and restore funding for cardiac patient care, starting with reinstating the chronic disease assessment code for congestive heart failure care. Doing this will:

- Demonstrate that the government is committed to restoring trust and working collaboratively with Ontario's doctors; and
- Allow the government to take further steps to cut hospital waiting times, eliminate hallway health care and better co-ordinate care particularly as it relates to the congestive heart failure patient.

## **2. Streamline government bureaucracy by partnering directly with Ontario's cardiologists to deliver quality improvement for all cardiac programs.**

Ontario's cardiologists support government-funded programs designed to improve quality and patient access to cardiac care services in hospitals and communities across the province; however, we also know how expensive it can be to operate and maintain these programs. Indeed, we have witnessed a significant increase in the size of health care system bureaucracy over the past 15 years.

Ontario's cardiologists propose that the new Ontario government work with our organization and its members directly to help deliver these tremendously important programs at a fraction of the cost. By involving our group, which brings a tremendous amount of expertise and goodwill to the table, to ensure the highest practice standards are upheld and patients are put first, we believe that substantial efficiencies can be realized.

Ontario's cardiologists have direct experience in this regard.

The OAC has worked effectively with CorHealth Ontario, formerly the Cardiac Care Network of Ontario, for more than six years to implement at first a voluntary and subsequently a compulsory quality improvement program for echocardiography services in Ontario. The Echocardiography Quality Improvement (EQI) program is a good example of how the provincial government and the OAC have joined forces to ensure all echocardiography facilities operating in the province are accredited and meet the standards of appropriate care as outlined in the *Standards for the Provision of Echocardiography in Ontario, 2015*.

We are pleased with the direction of the EQI program and the initial results are very encouraging; however, as the government contemplates the future of the program and sets its sights on quality improvement programs for other cardiac programs, such as electrocardiography-based testing, we suggest that the government consider utilizing the resources the OAC has and partner directly with our organization to carry-out such programs to achieve the highest standards possible in a cost-effective way.

By working in this new way with Ontario's cardiologists, we can deliver quality improvement programs efficiently and effectively that respects taxpayers' money.

## Summary

The 2019 Ontario Budget represents an important opportunity for Ontario's Government for the People to signal its intention to work with Ontario's cardiologists to achieve its objectives of cutting hospital wait times, ending hallway health care and finding ways to deliver health care programs and services more efficiently, thereby freeing up funding for direct patient care. To this end, we recommend it:

- **Eliminate the clawback imposed unfairly and unilaterally by the previous Liberal government on cardiologists and reinstate funding code E078 for congestive heart failure patient care. This would improve cardiac care and save dollars for the Ontario government.**
- **Streamline government bureaucracy by partnering directly with Ontario's cardiologists to deliver quality improvement for all cardiac programs.**

Implementing these recommendations will save lives and improve patient access to high quality cardiac care, cut hospital wait times, reduce hallway health care, and increase service delivery co-ordination and efficiency in communities across the province. In so doing, the provincial government will be able to enhance its investment in direct cardiac care services in the future.

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