

**Ontario Budget 2023:
Fiscal Recommendations for Enhancing
Cardiac Patient Care in Ontario**

OAC 2023 Budget Submission to the
Standing Committee on Finance and Economic Affairs

February 14, 2023
Toronto, Ontario

Introduction

The Ontario Association of Cardiologists (OAC) welcomes the opportunity to provide input to the 2023 Ontario Budget through the Standing Committee on Finance and Economic Affairs pre-budget consultations. The role and activities of this Standing Committee are crucial to ensuring that Ontarians have an opportunity to share their ideas and shape the provincial government's budgetary direction for the upcoming year.

One year ago the OAC provided the following fiscal recommendations to the Ontario government in its 2022 pre-budget submission:

1. Expand Virtual Care as an Integral Part of Total Health Care Delivery.

- Make the virtual care fee codes in the OHIP Schedule of Benefits permanent;

2. Improve Support for Specialist-Led Congestive Heart Failure Patient Care.

- Restore the chronic disease assessment supplement for CHF patient care provided by cardiac specialists; and,

3. Increase Funding for Ontario's Community-Based, Outpatient Cardiac Care Infrastructure.

- Recognize that the vast majority of cardiac care is provided by cardiac specialists in the community funded through fees contained in the OHIP Schedule of Benefits and provide additional government funding support to maintain this outpatient care infrastructure across the province.

While virtual care was expanded in December 2022, the new framework governing its provision contains restrictions that disadvantage seniors, those on social assistance, and people who live in rural and remote parts of the province. It also negatively impacts the environment and increases government expenses associated with delivering physician services to patients who travel long distances to receive care.

Critically needed funding for specialist congestive heart failure care appears to be on track for funding by OHIP, beginning in April of 2023. Currently, heart failure is the leading cause of

hospital admission in Ontario. Improved support for outpatient care of heart failure is sorely needed to address this, and Ontario's cardiologists see the immediate approval of this funding as crucial and urgently needed.

Finally, more work needs to be done to support Ontario's community-based, out-of-hospital cardiac care infrastructure where the vast majority of patients access cardiac care services, and government funding has not kept pace with the cost of delivering these services. We urge the Ontario government to sign a bilateral agreement with the federal government and utilize the proposed new federal funding to improve support of the delivery of cardiac care services to Ontarians in their communities.

About OAC

Founded in 1995, the OAC is the voluntary professional organization that represents Ontario's cardiologists. The Association proudly serves the profession by performing a variety of government advocacy, membership education and public awareness initiatives. It exists to protect, maintain and improve the current high standard of cardiac care for Ontario patients across the province.

The OAC is closely aligned with the Ontario Medical Association (OMA) Section on Cardiology and includes its executive. The OAC was formed to ensure that cardiology specialists have a voice regarding issues that affect the care of cardiac patients in Ontario. For more information, visit us at: www.ontarioheartdoctors.ca.

The 2023 Ontario Budget

1. Remove Restrictions to Telephone-Based Virtual Care

On December 1, 2022, new rules governing the provision of virtual care in Ontario came into effect. Under the rules, virtual consultations on new patients are permitted only if provided by video conferencing; and, funding for virtual follow-up visits provided by telephone was reduced. For patients who cannot or do not use video conferencing technology, these measures constitute a dramatic restriction in access to virtual care. This includes some of Ontario's most vulnerable

populations: the elderly, many of whom are uncomfortable with video conferencing technology; those who cannot afford video conferencing technology; and, those who live in rural and remote areas of the province that do not have high-speed internet needed to support video conferencing. The net effect of the new rules, which replaced a framework that had been in place since the beginning of the pandemic, has been reduced patient access to virtual care by telephone.

Cardiologists use telephone-based virtual care for appropriate patients for whom video conferencing does not work. This can occur because of a lack of sufficient internet bandwidth, or because the patient is simply uncomfortable using the necessary technology. An important lesson learned during the pandemic is that medically appropriate high quality virtual consultations and follow up visits can be performed successfully by telephone as long as appropriate guidelines are followed.

Temporary Fee Codes

In March 2020, the Ministry of Health implemented temporary fee codes in the OHIP Schedule of Benefits. These fee codes paid for specialist consultations and assessments provided by telephone or video conferencing and were equivalent to the fees provided for an in-person consultation or visit. Under the new rules, however, new patient visits provided by telephone are prohibited and fees paid for follow-up visits provided by telephone are cut by 15%.

Telephone vs. Video Conferencing

There is no medical, financial, or clinical reason to prohibit new patient visits or discount follow-up visits provided by telephone. The same staff time, chart preparation, advance patient interaction (i.e. booking and confirmation) is required regardless of the virtual care visit format.

Experience during COVID has shown that video often adds very little to a virtual visit over that which can be accomplished by telephone alone. Patients are very comfortable talking on the phone, and often give more detailed histories. Often one or several family members become part of the call. This enriches the information available to the physician and can often take more time.

OAC Concerns

Now that more patients are travelling to their physician's office to receive care that they could easily have accessed via telephone, the OAC is concerned that:

- Patients are exposed to the transmission of infectious diseases in the physician's office or other places on their way to and from the in-person visit.
- Patients and their families are being hit in the pocketbook e.g. cost of fuel, parking, etc. by driving to unnecessary in-person medical appointments. Moreover, more people are now using personal vehicles, which are a major cause of global warming and climate change, to get to their in-person medical appointments.

In October 2022, researchers at the Institute for Clinical Evaluative Sciences (ICES), Lawson Health Research Institute, and Western University published a [study](#) showing that virtual care provided in Ontario during the pandemic was associated with a significant reduction in carbon dioxide emissions and patient travel-related expenses. For more than 10 million patients with at least one virtual appointment during the study period (March 2020 – December 2021), virtual care was associated with estimated savings of:

- 3.2 billion kilometres of patient travel;
- 545 to 658 million kilograms of carbon dioxide (CO₂) emissions; and
- \$569 to \$733 million in expenses for gasoline, parking, or public transit.

Importantly, **91% of the virtual patient visits done during the study were conducted by telephone.**

It is expected that the new virtual care rules will result in higher costs and fewer environmental benefits as more patients travel once again to in-person visits.

- Ontario government spending will increase on programs like the Northern Health Travel Grant, which helps patients and their families pay for transportation and hotel costs when going to other regions for in-person medical care.

- The new rules do not acknowledge the current “digital divide” i.e. inequality in patient access to technology in Ontario, and force patients with limited digital literacy or without access to technology to obtain care differently and at greater expense than other patients.

In March 2021, the Ontario government committed nearly \$4 billion to connect every region in Ontario to reliable, high-speed internet by the end of 2025. This is the largest single investment in high-speed internet, in any province, by any government in Canadian history. This investment will help ensure that every household and business, in every community, has access to the digital world.

While this is an impressive and laudable initiative, until it is completed in 2025, patients living in rural and remote areas of the province should not be restricted from receiving virtual care via means other than video conferencing e.g. telephone, if medically appropriate and it is their preference.

Recommendation #1:

Ontario’s cardiologists call on the Ontario government to remove restrictions to telephone-based virtual care for seniors, people on social assistance, and those who live in rural and remote areas of the province that lack access to high-speed internet needed to support the use of video technology. We specifically ask that telephone-based virtual care services be funded equal to video conferencing and in-person care for these patients.

2. Increase funding to support congestive health failure patient care

Heart disease¹ (also known as ischemic heart disease or coronary heart disease) is the 2nd leading cause of death in Canada. It encompasses congestive heart failure (heart failure), a condition in which the heart is unable to pump adequately to meet the needs of the body.

Heart failure is a complex disease process. Patients who have it require highly specialized care. It is estimated that 750,000 Canadians currently live with heart failure. 100,000 new cases are diagnosed every year. Heart failure is a leading cause of admission to hospital with an estimated

¹Heart disease refers to the buildup of plaque in the heart’s arteries that could lead to a heart attack, heart failure, or death.

70,000 Canadians hospitalized per year with the condition. Hospital stays can be long and frequent for these patients, who spend 7 days in hospital on average per visit.²

The management of heart failure patients has become increasingly effective, but is complex and requires the skill and expertise of a cardiac specialist. From 2005 to 2015, the Ontario government recognized the time and skill required to manage these complex patients in the community. Cardiologists and Internal Medicine specialists were provided with a chronic disease supplement for treating heart failure patients. In 2015, this payment for heart failure patient care was eliminated unilaterally by the Liberal government.

This supplementary payment for the management of heart failure payments provided reasonable remuneration for the ambulatory care of these complex patients. These patients often require multiple follow-up visits to maintain clinical stability and prevent hospitalization. The current fee schedule is not adequate to reasonably reimburse specialist physicians for the ongoing care of this complex population.

In 2022, the OAC and OMA Section on Cardiology put forward a proposal to re-establish this payment on a permanent basis effective April 1, 2023 under the terms and conditions of the 2021 physician services agreement between the Ministry of Health (MOH) and the OMA. The total annual spending is estimated to be \$2.6 million. We understand that it has been approved by the joint MOH-OMA Physician Payment Committee and currently awaits Cabinet approval.

It is preferable to manage as many heart failure patients as possible in the community. Reducing unnecessary hospitalization must be made a priority, and this can be facilitated by re-establishing this payment in the OHIP Schedule of Benefits so that specialists can be supported in providing this community-based care.

²“Transform HF: Digital Innovation for Heart Failure Care”; February 10, 2023; <https://transformhf.ca/>.

Recommendation #2:

Ontario's cardiologists urge the Ontario government to permanently restore the chronic disease assessment supplement for cardiac specialist treatment and care of heart failure patients in the community beginning April 1, 2023.

3. Support Ontario's outpatient cardiac care infrastructure

Over the last 25 years, a large majority of ambulatory cardiac care has been transferred from hospital to outpatient clinics in the community. These clinics are independently run by cardiologists and, unlike hospitals, receive no infrastructure funding from the Ministry of Health. They pay their overhead costs using a combination of technical fees paid for diagnostic testing and a percentage of the professional fees of those cardiologists who work there.

These clinics provide prompt access and excellent care, but they have become increasingly difficult to maintain because the technical and professional fees in the OHIP Schedule of Benefits have not kept pace with costs associated with their operation. For example, in the past 25 years there has only been a 5.5% increase in technical fees paid in association with outpatient diagnostic testing.

It is important that the Ontario government understand the essential role of this infrastructure to providing cardiovascular care in the province, and through the Ministry of Health provide volume-based funding to support these essential clinical activities.

The OAC has put forward a proposal, under the 2021 MOH-OMA physician services agreement to establish a new professional practice expense recovery fee for out-of-hospital ambulatory care in the OHIP Schedule of Benefits. This fee would apply to outpatient consultations and assessments provided in community-based offices and clinics to cover the cost of these ambulatory facilities and support personnel who deal directly with patients and their visits.

The federal government's recent offer to increase the Canada Health Transfer payment program in support of the health systems of the provinces and territories of Canada is a positive first step to better funding the delivery of health care services in Canada. The OAC urges the Ontario government to sign a bilateral agreement with the federal government to secure the new funding and allocate a portion of it to support the delivery of services through Ontario's outpatient cardiac care clinics.

Recommendation #3:

Ontario's cardiologists call on the Ontario government to sign a bilateral agreement with the federal government to secure new health care funding, which can be used in part to support and improve the delivery of cardiac care through the province's community-based outpatient clinic infrastructure. The creation of a professional practice expense recovery fee for out-of-hospital ambulatory care in the OHIP Schedule of Benefits is proposed as a mechanism for achieving this objective.

Recommendation Summary

To re-cap, the OAC calls on the Ontario government to make the following commitments in its 2023 Budget:

- 1. Remove restrictions to telephone-based virtual care for seniors, people on social assistance, and those who live in rural and remote areas of the province that lack access to high-speed internet needed to support the use of video technology. Telephone-based virtual care services should be funded equal to video conferencing and in-person care for these patients.**
- 2. Permanently restore the chronic disease assessment supplement for cardiac specialist treatment and care of heart failure patients in the community beginning April 1, 2023.**
- 3. Sign a bilateral agreement with the federal government to secure new health care funding and use a portion of it to support and improve the delivery of cardiac care through the**

province's community-based outpatient clinic infrastructure. The creation of a professional practice expense recovery fee for out-of-hospital ambulatory care in the OHIP Schedule of Benefits is proposed as a mechanism for achieving this objective.

Conclusion

The OAC and OMA Section on Cardiology Executive appreciate the opportunity to provide input to the 2023 Ontario budget through this submission to the Standing Committee on Finance and Economic Affairs. We would welcome the chance to elaborate on these recommendations should committee members have any questions.

For more information, please contact:

Tim Holman, Executive Director
Ontario Association of Cardiologists
34 Eglinton Avenue West, Suite 410
Toronto, Ontario M4R 2H6
Tel: 416-487-0054
E-mail: admin@ontac.ca