The College of Physicians and Surgeons of Ontario
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Toronto, Ontario
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February 9, 2017

Attention: Policy Department: *Accepting New Patients* Policy Consultation

To Whom It May Concern:

Via Email

The Section on General and Family Practice of the Ontario Medical Association (SGFP or Section), represents over 11,000 practicing general physicians and family doctors in the province, and is the largest clinical Section within the Ontario Medical Association, comprising 1/3 of the total membership.

The Section appreciates the opportunity to comment on the College's draft policy relating to *Accepting New Patients*. While we recognize this policy would now extend to consultant specialists, we will restrict our comments to those that apply to family doctors practicing in Ontario.

PRINCIPLES (articulated in the draft policy)

The draft policy outlines 5 key principles that form the basis of the expectations set out in this policy. We would add a 6th principle, namely "ensuring they (physicians) maintain work-life balance when considering whether they can accept new patients". This principle recognizes the underlying premise of 'improved clinician experience' and the need to address and ideally avoid, provider burn-out as articulated within the Quadruple Aim. Adopted by Health Quality Ontario, the Quadruple Aim is fast becoming the gold standard for high-performing health care systems around the world.

ISSUES THAT NEED TO BE ADDRESSED IN THE DRAFT POLICY

While overall, the draft policy provides useful guidance, it has one major failing with respect to family doctors. It is primarily written from the lens that family doctors appear to only provide care in their offices. This would be a wrong assumption and a serious shortcoming in the draft policy that ignores the true value family doctors provide to Ontario's health care system.

Serving over 155,000 people PER DAY[1], Ontario's family doctors take care of patients and families in their home, in our offices, in retirement homes, in long-term care facilities, in hospices, in emergency rooms and in hospitals.

Regardless of how wait lists are managed, or 'first come, first served' approaches employed, there is, as the original CPSO policy stated and strangely omitted from this draft, "a limit to the patient load any one physician can handle" and, therefore, what family doctors can be expected to do with respect to accepting new patients. These limiting factors include:

- Other services family doctors may already be providing to their patients and to their community: family doctors may not be able to take on additional patients if that compromises the care they are already providing to their existing patients and community;

- The need to ensure and preserve physician work-life balance: family doctors should have the right to say 'no' based on their own personal health (some may not even recognize they are experiencing burnout already); and

- Family doctors should be able to decline taking on new patients if they feel they do not have the requisite experience or supports to handle particularly complex, vulnerable patients.

This last point merits further comment.

Family medicine is delivered through a range of practice models in Ontario: from solo fee-for-service practitioners to doctors practicing within larger family health teams that are well supported by ancillary health services and other system resources.

At present, there is inequity across the family practice models that may make it more difficult for some family doctors, and in particular, solo practitioners, from being able to accept new or manage some of their highly complex, vulnerable patients. This has little to do with how they are trained in comprehensive family medicine. Rather, it reflects our current under-resourced health care system and the fact that appropriate supports are not equitably distributed across the various practice models. This fact is the underlying premise behind Ontario's Patients First strategy.

It would be unfair and unrealistic, therefore, to expect family doctors to address what is largely a system issue (i.e., attaching unattached patients) without having the appropriate system resources in place first to do so.

In conclusion, all of the above factors – take into account all services family doctors provide; preserve physician work-life balance; and ensure appropriate system and practice supports are in place first - are critical factors to acknowledge and incorporate into the revised College policy for

[1] Data Source: OMA Economics, Research and Analytics Department, October, 2016.

2 distinct reasons. It guards against placing unrealistic expectations on those family doctors who are not as well supported in the health care system. More importantly, this is consistent with previous CPSO policy that stated: “Physicians are feeling pressured to care for an increasing number of individuals, but there is a limit to the patient load any one physician can handle.”

The acknowledgment that physicians are under increasing pressure in an under-resourced health-care system is absent from the new policy and should be included in the introduction of the revised draft.

We trust you find these comments useful.