

Feedback re “continuity of care” - Availability and Coverage proposal

In reading this document, it doesn't seem to me like it's really about “continuity of care”, but rather it appears to me as a strategy to restructure the health care system in Ontario by shifting the burden of after-hours care from the emergency rooms and walk-in clinics back to the treating doctors.

I see this proposal as being highly problematic for a number of categories of physicians in the province:

- 1) Family Doctors in individual practice in rural settings won't be able to comply, because there is often no one to share after-hours coverage responsibilities with and no one can be on call 24/7, 365 days a year;
- 2) Family doctors and specialists in private practice may, generally, have a hard time finding and establishing relationships with peers to allow for a sharing of after-hours coverage;
- 3) It is unfair and unreasonable that, after prolonged education leading to an anticipated career in medicine, all of a sudden the job description is changed and there is a new requirement to contribute significant unpaid call time as well as daytime office hours;
- 4) Requirements to provide after-hours coverage will, if implemented, be particularly burdensome for part-time physicians such as younger physicians who opt to spend much of their time child-rearing and older physicians winding down a long-time practice;
- 5) It is difficult to imagine how doctors in individual private practice will be able to share after-hours coverage with colleagues without making a shift to EMR – which is expensive for a doctor in an individual setting and is a form of record-keeping that is not for everyone;
- 6) Mandating voicemail services would seem to me to be a step backwards from a technologic perspective. With the availability of voicemail, text messages, email, message apps and specific doctor-patient communication apps and portals, it makes no sense to me to require that all doctors (and, in turn, all patients) use the same means of communication. As well, this doesn't take into account special needs of some physicians in terms of such disabilities as hearing impairment and specific language disabilities or dysfunction.

If these proposed guidelines were to be implemented, compliance with them would:

- 1) Cost physicians money to establish internet-accessible EMRs;
- 2) Cost physicians money due to lost time with patients in order to manage voicemail and/or manage staff who manage voicemail and/or spend extra time familiarizing themselves with (and, for some, using) EMRs and/or taking time off of their daytime practice to allow them to catch up on sleep and personal matters after having been committed to after-hours coverage;
- 3) result in a significant decrease in job satisfaction for physicians by increasing their hours worked (in the face of doctors already being amongst those who spend the most hours at work on a day-to-day basis), reducing their income, reducing the flexibility of their work hours (i.e. if there's no pre-planned coverage, they won't be able to take a day off);
- 4) result, over time, in a shift from individual practices to group practices (generally this will be an added expense);
- 5) result, over time, in a further shift from Family Practice work to Walk-in Clinic work in order to avoid the financial and personal burden of after-hours coverage expectations;
- 6) result, over time, in a shortened pre-retirement period for doctors winding down their practices;
- 7) result, over time, in more physicians choosing to do child-rearing full-time rather than concurrently doing a part-time practice; and,
- 8) result, over time, in an increase in physicians opting to practice in jurisdictions other than Ontario.

As you can see, this is not an exhaustive critique of the “continuity of care” proposal, but I hope that it is helpful in bringing to your attention that this proposal is not one that – again, in my view – is in keeping with either the interests of physicians in the province or that of patients as it will lead to increasing numbers of patients receiving direct services from a smaller number of doctors who are burdened with higher workloads and lower take-home pays.