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Ontario Budget 2022: Fiscal Recommendations for Enhancing Cardiac Patient Care in Ontario

OAC 2022 Budget Submission
Standing Committee on Finance and Economic Affairs

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Executive Summary

The pandemic has forced Ontario's health care system to adjust and find a balance in caring for COVID-19 patients as well as patients with other health issues. While this has required the provincial government to make some difficult decisions, such as ramping down non-emergent or non-urgent surgeries and procedures to preserve system capacity, the pandemic has also presented new opportunities to enhance the delivery of medical care. A good example is the expanded use of virtual care and the experience this has given providers regarding the advantages of this method of delivery. As a result of this experience, it has become evident that these advantages apply beyond COVID, and one of our recommendations is that this be made available with appropriate guidelines on a permanent basis.

The pandemic has also highlighted the ongoing need for direct specialist involvement in the care of cardiac patients with Congestive Heart Failure (CHF). CHF is the most common diagnosis leading to hospital admission and readmission, and numerous studies have confirmed that outpatient care by specialists will reduce this burden. We therefore recommend that the appropriate fee structure be put in place to allow for this on the scale needed.

On a broader level, the pandemic has also uncovered the vulnerability of the outpatient cardiac care infrastructure from which this care is delivered. We believe this vulnerability must be addressed.

As the Ontario government continues to navigate the province through the pandemic, the Ontario Association of Cardiologists (OAC) offers the following recommendations for the 2022 Budget:

1. **Expand Virtual Care as an Integral Part of Total Health Care Delivery.**
2. **Improve Support for Specialist-Led Congestive Heart Failure Patient Care.**
3. **Increase Funding for Ontario's Community-Based, Outpatient Cardiac Care Infrastructure.**

Implementing these recommendations will improve the delivery of cardiac care services to thousands of Ontarians each day and increase provincial health spending efficiency benefiting patients and taxpayers.

Introduction

The OAC appeared before the Standing Committee on Finance and Economic Affairs on Tuesday, January 18, 2022 to present recommendations for the 2022 Ontario Budget. This document reflects those recommendations and provides additional information for the committee's background and consideration.

About the OAC

The OAC is a voluntary professional organization that represents academic and community cardiologists in Ontario. It is closely aligned with, but separate from, the Ontario Medical Association Section on Cardiology. 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.

Overview

We offer the following recommendations for the 2022 Budget focused on Ministry of Health spending on physician services under the Ontario Health Insurance Plan (OHIP) as well as other programs to protect people and improve health outcomes.

1. **Funding be included to support the provision of virtual care services to Ontario's patients beyond the pandemic;**
2. **The OHIP fee schedule be changed to provide Ontario's congestive heart failure patients with better access to specialist-based care and testing; and,**
3. **Overhead funding be provided to support the fragile and increasingly vulnerable infrastructure for cardiac outpatient care in Ontario.**

2022 Ontario Budget Recommendations

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

The pandemic has presented many challenges to Ontario's health care system but has also allowed us to appreciate the value of virtual care as a component of total care delivery that is applicable beyond the pandemic. In March 2020, the Ontario government introduced virtual care fee codes in the OHIP Schedule of Benefits on a temporary basis. This change allowed for payment of physician consultations and assessments when provided to patients and/or patient representatives by telephone or video conferencing. These codes have been essential to maintaining patient access to medical care during the pandemic while limiting the spread of COVID. It is also now evident that, when used appropriately, it can be a valuable component of a total care delivery package.

The key advantages to virtual care include:

1. Convenience to patients, who are able to stay at home (or work) and still receive care.

2. Flexibility of scheduling, including extension of hours to evenings and week-ends.
3. Reduced cost to patients for travel and parking.
4. Environmental benefits related to reduced travel.
5. Improved access and safety for the frail and elderly.
6. A greater opportunity for participation in the patient visit by family members.
7. Reduced likelihood of transmission of infectious diseases to patients from the medical facility itself including of COVID and seasonal flu.

The virtual care fee codes allow Ontario's cardiologists to see patients remotely, while at the same time provide in-office care under strict public health protocols when diagnostic testing or an in-person physical exam is needed. Those who need to be seen or want to be seen, are seen in-person; and those who prefer virtual care, where medically safe, are accommodated.

In general, virtual care is intended as a tool for use by a physician who will at other times see the patient in person according to their needs. It is not intended for use by physicians who would not otherwise see the patient in person, and who cannot provide the patient with appropriate in-patient services, testing and follow up as needed in a location that is geographically accessible to the patient.

The OAC strongly supports virtual care and believes it should be expanded and made an integral part of total health care delivery. To do so effectively, three things are required.

First, the temporary virtual care fee codes in the OHIP Schedule of Benefits, which are set to expire on September 30, 2022, must be made permanent.

Second, the constituent element definitions of consultations and assessments contained in the OHIP Schedule of Benefits including the medical circumstances requiring an in-person physical exam, must be updated (the current definitions are more than 40 years old) to fully leverage virtual care services today and beyond the pandemic.

Third, professional guidance for employing virtual care services must be developed for each medical specialty, to ensure all physicians understand when and how virtual care services can best be employed in delivering overall patient care. The OAC has undertaken the development of such professional guidance for Ontario's cardiologists and looks forward to sharing it with the government and other provincial regulatory authorities this spring.

2. Improve support for specialist-led congestive heart failure patient care.

Recognizing the Importance of Specialist Care

Congestive heart failure (CHF) is a condition in which the heart is unable to pump adequately to meet the needs of the body. CHF patients represent a complex disease process and require highly specialized care. Hospital stays can be long and frequent for these patients. Heart failure is the common end point of heart muscle damage from any cause. While there is no cure, there are effective treatments which require the involvement of a CHF specialist to know where and when these apply.

CHF is the most common primary reason for adult admission to hospitals and a major cause of morbidity and mortality. Its impact on our health care system is tremendous. According to a 2016 report produced by the Heart and Stroke Foundation of Canada, 600,000 Canadians were living with CHF with 50,000 new cases diagnosed each year. Overall costs for care exceeded $2.8 billion per year.

The management of CHF has become increasingly effective, but is complex and requires the skill and expertise of a cardiac specialist. From 2005 to 2015, OHIP 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 CHF patients. The cost of this in 2013-14 was less than $3 million. Notwithstanding this modest amount, in 2015 this payment for CHF patient care was eliminated unilaterally by the Liberal government.

This supplementary payment for the management of CHF 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.

It has always been preferable to manage as many CHF patients as possible in the community, and COVID has highlighted this fact. 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 once again provide this community-based care.

The OAC urges the Ontario government to restore the chronic disease assessment supplement for cardiac specialist treatment and care of CHF patients in the community.

Fund Specialist-Led CHF Patient Care Programs in the Community

A number of research projects, many of them carried out in Ontario, have documented that early intervention and follow-up by a cardiologist improves CHF patient outcomes, reducing the need for repeat hospitalization while improving quality of life. Unfortunately, to date, proper funding to allow organization of such specialty follow-up has not come forward.

The Ministry of Health has launched efforts to address this problem, but the focus has been on primary care/family physician management of CHF patients. While the latter is important, it is now evident that all patients with the diagnosis of CHF in the province of Ontario should be evaluated and in some cases followed by a heart failure program led by cardiologists with expertise in CHF care. Such a program would be inclusive of primary care providers, and provide an integrated resource to provide the best possible care of these patients.

Very successful examples of chronic disease management systems are currently in place for the management of diabetes and chronic renal disease and the government should provide such chronic disease management for patients with CHF.

The research has been done with overwhelmingly positive results, and we urge the Ontario government to follow through by supporting the deployment of CHF programs led by cardiac specialists.

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-based ambulatory care 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.

These programs 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 technical and professional fees in the OHIP Schedule of Benefits have not kept pace with costs. For example, in the past 25 years there has only been a 3.54% 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.

It needs to be clearly understood that hospital-based outpatient cardiac care services manages only a small percentage of ambulatory cardiac care in Ontario. Going forward the Ministry of Health needs to recognize the critical importance of outpatient clinic programs and provide appropriate financial support to ensure their continued growth and stability.

Summary

The 2022 Ontario Budget represents an important opportunity for the Ontario government to invest in health care services and programs that improve cardiac patient outcomes during the pandemic and beyond. These investments include:

1. **Virtual care**
   - Make the virtual care fee codes in the OHIP Schedule of Benefits permanent;
   - Work with the OAC and others to redefine the required elements of consultations and assessments in the OHIP Schedule of Benefits; and,
   - Work with the OAC and others to develop and communicate guidance regarding the provision of virtual care services.
2. **Specialist-led congestive heart failure patient care**
   - Restore the chronic disease assessment supplement for CHF patient care provided by cardiac specialists; and,
   - Support the development of cardiac specialist-led community CHF patient programs.
3. **Ontario's cardiac outpatient 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, through volume-based funding, to maintain this outpatient care infrastructure across the province.

The OAC appreciates the opportunity to provide this written submission to the Standing Committee on Finance and Economic Affairs in follow-up to our presentation on January 18, 2022. For more information, please contact:

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