The recent collapse of fee deal negotiations in Ontario raises questions about the sustainability of our health-care system and sheds light on how those caught in the crosshairs—doctors and patients—will be affected in future.

BY TRISTAN BRONCA • Toronto

Health care is a business, and in that business, fee codes and financial incentives are used to compensate physicians. When changes to remuneration are imposed, doctors must adapt to make up for service cuts and financial shortfalls, meaning that effective care is harder to provide. All this may be well known to physicians, and the government representatives who set their fees, but it is foreign to a large segment of the general public. However, grasping this perspective is essential to understanding how and why the recent fee negotiation talks in Ontario collapsed, and the implications this might have on patients throughout the country.

“The public may know that something is going on,” said Dr. Shawn Whatley, a family physician in the town of Mount Albert, Ont. “But unless they’re really keen, I don’t think they appreciate the major impact that this will have on their lives.” After the recent breakdown in talks, the Ontario government portrayed physicians as high earners looking for another income-padding opportunity. In contrast, physician representatives have been adamant that these talks are not about money, but about patient care. Indeed, as they’ve argued, when austerity measures are imposed, doctors do suffer, but it’s the general public, and especially those most in need, that bears the brunt of the cutbacks.

Opening up the debate

In January 2014, the Ontario Medical Association began negotiations with the provincial government after a previous deal—which had cut physician fees in 2012—expired (see timetable on page 22). For 12 months, these negotiations remained confidential, but on Jan. 15 of this year, the OMA publicly announced it had rejected the government’s offer. The reason? The proposition would (along with over a half-

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denied other allegations; see section on “Dissatisfaction” for a complete description. No fees by 2.6% to guarantee a $5 million fund for the OMA’s education programs, which was met. Complicating matters, Ontario’s OMA president was Dr. Eric Hoskins, who allegedly told the OMA that he would walk away from the negotiations if deeper cuts would be imposed. In the ensuing fallout, the OMA launched a major outreach campaign, attempting to draw the government back into negotiations by having the public appeal pres- sure. In December 2013, Dr. Tandan began to make media appearances and statements, where it was patients, not doctors, who would feel the impact of those cuts. The OMA’s mes- sage was clear: You cannot pull $850 million in funding out of the system without negatively affecting its operations.

Coinciding with these media appearances, the OMA sent out dozens of daily tweets marshaling support for the campaign. The OMA’s Twitter account was flooded with feedback from physicians and patients alike, much of which the OMA passed back into Dr. Hoskins in all followers so.

In the first two weeks, the “CareNotCuts” hashtag—cre- ated by the OMA to advance online awareness—appeared in over 5,000 tweets and in over 30,000 Facebook postings. The OMA’s Facebook page registered a 500% increase in engagement after the organization began to post regular updates and messages explaining how Ontario’s growing health care needs were outpacing increases in government investment.

If the OMA’s message was clear, however, Dr. Hoskins has been equally unambiguous. At a Jan. 15 press conference, he argued that OMA doctors were some of the highest paid in Canada. He further asserted that recent negotiations have been about cost containment and nothing more. “No services will go unlisted, no services will be impacted,” he added in an interview with CBC Radio One. “To scum a corner about access to family doctors and surgeries and wait times is reckless and, quite frankly, out of touch with the level of professional organization of which I am a member.” Efforts to contact Dr. Hoskins to clarify com- ments and obtain an interview were unsuccessful.

On Feb. 1, the govern- ment unilaterally imposed its cuts. For his part, Dr. Tandan remains hopeful that the govern- ment will return to negotiations (the OMA counteroffer to the government’s two-year deals is still on the table). However, Dr. Hoskins has told the OMA that the government will stand firm on the imposed cuts for at least three years.

In the midst of this public handover, many Ontario doctors were left feeling as though their future in health care of their province will look like, and how best patients will need in this future to be served.

So why the OMA walked away
On Dec. 20, 2014, Dr. Tandan and the OMA board called an informal meeting of the association’s board of directors to review the details of the government’s final offer. The conciliation phase—a month-long, adjudication-led path to reach an agreement—had just concluded and the council’s 150 physicians had travelled to Toronto on less than 10 days’ notice.

“We were still in negotiations so everything had to be done in a confidential manner,” said Dr. Tandan. Non-disclosure agree- ments were passed around and signed before the OMA presi- dent began his two-hour pre- sentation, detailing the nego- tiation process that he took place up until that point. Dur- ing this meeting, Dr. Tandan also distributed a report issued by the former Chief Justice of Ontario Walter Windeyer, which recommended his recommendations based on the current negotiations with the government and doctors.

“I gave everyone time to read everything and think about it,” said Dr. Tandan. From there, we then came back and had several hours of negotiation to get feedback from the group.” There was a final recommendation, but Dr. Tandan con- firmed those physicians made him “foul and clear” that the offer would be had for new.

Now, public, the OMA report ends by recommending that the government return to negotiations and that the OMA ought to continue to negotiate. In 2011, the OMA took up the proposal over the issue of the cuts. Despite this, Ontario doc- tors’ voices haven’t been heard on a different detail of the report. As Windeyer points out, however, our systematic changes to our health-care system, both the govern- ment and the OMA would have a reach a point where savings and the right to public care could become impossible. To look at these systemic issues in coming years, Windeyer proposed two initiatives: the task force and the “stabilization table” —to recommend changes and the “stabilization table” —of physician services. For the future, he said that he seemed to suggest that the OMA would walk away.

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