

## CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement.

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### ISSUE 2      WOMEN'S HEALTH - EXECUTIVE SUMMARY

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#### The Care Deficit

Women's health has been significantly impacted by pandemic-related delays in care, in both community and hospital settings. There are multiple, complex clinical consequences – both here and now, and in the long-term. Many women's lives have been put on hold, permanently affected or even shortened because of challenges created by the care deficit. As noted in a recent article (entitled [\*Canada's health-care failings were particularly deadly for women during the pandemic\*](#) [National Post, March 18, 2022]), "females across the board suffered from a lack of access to timely and appropriate care."

#### *Clinical and socio-economic issues*

##### In the community

- COVID-19 public health protections reduced the volume of patients that could be seen in-office, resulting in longer wait times for both initial referrals and follow-up.
- Non-pregnancy gynecology issues and reproductive health care are often delayed, meaning some issues become more serious.
- Challenges in accessing primary care have resulted in patients often not being assessed, examined nor given medications to try by the time they see OBGYNs.
- The lack of previously available obstetrical supports and services in smaller communities due to physician supply challenges means patients are now driving to larger centres for labor and delivery.
- Because of COVID health protections, postpartum visits were often conducted virtually, which made it harder to diagnose postpartum depression.

##### In hospital settings

- Significant delays in scheduled surgeries for non-obstetrical issues due to operating room capacity issues.
- Some of these surgeries are investigative, and delays mean that reproductive cancers are not being diagnosed and treated as quickly.
- Obstetricians and other health care workers are experiencing emotional and physical burnout, which often means there is little energy left for compassionate care.

##### Other issues

- Over the past two years, many transgender patients, already underserved, have been further isolated and have struggled to access the gender-affirming care they need or face postponements or less access because of reduced operating room capacity and less access to necessary hormone therapies, sometimes due to loss of employer benefits plan.
- The numerous roles that women play have made them more susceptible to disadvantage and physicians see this as part of addressing the long-term impacts on their physical, mental and emotional health.

Despite the limitations and challenges of virtual care, some OBGYNs note that their practices would not have survived and the care deficit would have been significantly worse without the availability of virtual care.

## Work-Arounds/Temporary Fixes and Solutions

Patient access remains one of the biggest challenges impacting women's health.

- Some physicians created their own triage process but need support to reduce backlogs and improve processes as the current situation is unsustainable.
- Recruitment of both family physicians and OBGYNs must be a priority.
- Physicians have insight and expertise that could help improve efficiencies and help the health system better utilize existing resources.

## What's Needed in the Long Run

Our front-line physicians told us that solutions could include:

- Improving centralized decision-making to avoid sub-optimal use of local hospital resources.
- Improvement in communications with physicians especially around the decision to cancel surgeries. Cancellations during the pandemic were disruptive for physicians and devastating for those patients who had to wait longer for much-needed surgeries.
- Create strategies to improve physician recruitment and retention efforts for OBGYNs. The ability of the medical schools to maintain resident training programs is dependent on having a certain level of 24/7 coverage available.
- Recruit and retain more primary care physicians in order to address both the current care deficit and provide sustainable, safe, quality care. OBGYNs are worried about the supply of family doctors and what kind of repercussions that will create five, 10 and 15 years down the road. Given that Canada is experiencing [a national health human resources crisis](#), this may be especially challenging.
- Patients want to continue to access virtual care, but it will be important to improve virtual care technology and processes to allow for safe, quality care for patients and fee codes to allow for practice survivability. The government and AMA have supported enhancement of a number of these codes already. With other system partners, the parties will be exploring the future of virtual care.

## Resources for Patients

We have compiled a list of resources for patients, families and caregivers. We hope that it will be helpful. The list is not exhaustive, and the AMA is not associated with the delivery of any of these services.

More information is available in the [full length paper](#).

**Thank you for your interest in this issue!**

**It will take all of us, working together, to recover from the care deficit.**

**We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.**

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