OMA Ontario Medical Association

Red Tape Reduction

OMA submission

OMA Health Policy and Promotion department, March 2023

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Overview

How red tape is defined by the Ministry of Health: "Red tape includes any rules that are duplicative, outdated, unclear, overly prescriptive, poorly designed and generate unnecessary burdens or costs"

1. What red tape or regulatory burden are you facing? For example, regulatory, process, delay or legal.
2. What is your ideal solution? For example, policy change, amend or repeal regulation, faster approval process, etc.
3. How would this solution support physicians, patients, and the health-care system?

Forms

1. What is the red tape burden?
Through the Ministry of Health-OMA bilateral Burnout Task Force, we have had the valuable opportunity to reinforce the potential to improve the efficiency and effectiveness of Ontario's health-care system through reduction of administrative burden for physicians. Ontario physicians identify administrative burden as one of the leading causes of burnout, which affects the vast majority of doctors. The Canadian Medical Association's 2021 National Physician Health Survey found that physicians spend more than one extra working day – 10 hours a week – on administrative tasks. Further, burned out doctors are decreasing their workloads and retiring earlier, leaving the sustainability of the health-care system at risk.

Forms are a major contributor to these administrative tasks. The demands for physicians to complete forms build up and become burdensome as many forms entail unnecessary or repetitive questions, and challenging turnaround times. In addition, some assessments or requests aren't even within the scope of physicians yet still require their time and sign-off.

The volume of forms come from numerous governments and sources, including various provincial ministries. Forms issues are compounded by form developers' recent tendencies to create separate online portals for each individual form, which then requires its own separate sign-in and navigation.

2. What is the proposed solution?

Nova Scotia's Office of Regulatory Affairs and Service Effectiveness recently led an innovative project in collaboration with the Department of Health and Wellness and Doctors Nova Scotia to quantify physician administrative burden, understand its impact and identify ways to reduce it. The study identified the portion of administrative work that is unnecessary (38 per cent), work that could be completed by someone other than a physician (24 per cent), and tasks that could likely be eliminated (14 per cent). Ontario needs dedicated investment to prioritize the review and streamlining of government forms and elimination of individual online portals for each form to reduce administrative burden. Given the urgency, the government should look to the example of Nova Scotia and set a target for how many government forms can be reduced and complete this work within the next year.

3. How would this solution be beneficial?

Reducing administrative burden from forms will help in reducing the risk of burnout for physicians, support the sustainability of the health care system, and let doctors focus on seeing and treating patients.

Doctors Nova Scotia estimates the time physicians will save is equal to 150,000 patient visits, demonstrating that even a relatively small reduction in red tape can have a significant impact.

The Canadian Federation of Independent Businesses extrapolated the Nova Scotia to estimate the administrative burden for other provinces. It found the administrative burden in Ontario was equivalent to 20.6 million patient visits.

Centralized referral

1. What is the red tape burden?
Most family doctors have no way of easily referring their patients to the specialist with the shortest wait time in their area, meaning patients often wait longer than necessary because of this gap in the health-care system.

Referring patients to specialists is a cumbersome process for primary care physicians. They have to contact specialists in their area one by one to find someone who can treat their patient in an appropriate time – completing specialists' intake forms each time.

2. What is the proposed solution?
A centralized intake and referral system should be established and managed by Ontario Health and implemented in collaboration with the OMA, hospitals, community-based surgery and diagnostic clinics, and primary care practices to ensure equitable and timely access. At minimum it would negate the need for multiple referrals to multiple specialists.

Importantly, it should be created with strong involvement of physicians to help build a solution that works for patients and physicians. With a single intake system, patients should be able to choose either the visit closest to home, the shortest wait time or a specific specialist. Patients would be making an informed choice based on known wait times. Such a system should build off existing initiatives including, but not limited to, the work being undertaken by the eHealth

Centre of Excellence.

There are some existing independent single intake systems for certain specialists and procedures in certain specific localities – successes should be spread and scaled, but duplication of efforts to establish such systems should be minimized with central co-ordination and leadership based on established best practices.

3. How would this solution be beneficial?
Since patients can see the earliest available specialist, this would maximize efficiency and capacity of all specialists.

Further, it reduces red tape for the referring physician since they would only have to refer the patient once to the single-intake system, which itself would ideally require minimal administrative burden from physicians to complete. In so doing, the referring physician would not waste time hand-searching for relevant and available specialists, filling out multiple referral forms unnecessarily in the process.

Ultimately, patients can not only see the first specialist available, but that appointment can be arranged sooner if their referring physician does not need to wait for rejections from unavailable specialists, repeating the search and referral process multiple times before a patient's appointment can even be set.

Regional credentialling

1. What is the red tape burden?
Physicians who wish to provide coverage across health regions or across multiple hospitals are required to go through each hospital's individual credentialing and privileging process.

Hospitals have varying credentialing policies and procedures, and physicians need to apply to each hospital separately ensuring compliance with each respective hospital's policies. This results in substantial administrative burden for physicians and hospitals.

The complexity and administrative burden of these processes is a deterrent to physician movement across the province.

During the pandemic, the lack of standardized regional credentialling resulted in unnecessary slow processes. Physicians had to wait for weeks and months before they could start working at hospitals in dire need.

2. What is the proposed solution?
Hospitals should agree to a single standard credentialing policy, with few or no variances. There are some models/policies in place in Ontario, including in the Ottawa/Champlain Region, the CMaRs system operated by Sinai Health, and the Northwest Regional Appointment and Credentialing Policy that could be leveraged. A dedicated steering committee, potentially led by

Ontario Health, a project team and dedicated funding would be needed to implement regional or a provincewide system(s).

There would need to be a centralized software portal in place to administer credentialing applications/information. The BC Ministry of Health agency (BC Medical Quality Initiative) has established a provincial credentialing and privileging online system named "CACTUS." CACTUS allows for sharing of information across all health regions in BC and eliminates the need for redundant paperwork if a physician wishes to work for several hospitals at once or within the same year.

3. How would this solution be beneficial?
A regional credentialling system would help to:

- Alleviate physician shortages across hospitals by lowering physician barriers to provide coverage at multiple sites. This is hugely important in times of emergency department closures, seasonal shortages, and pandemics. Physicians are more likely to provide coverage in other hospitals if the process is fast and streamlined
- Reduce physician and hospital administrator time spent on administrative tasks

Reduce patient wait times to surgeries and procedures. Increased physician mobility across the province would mean that patient demand would be better matched with provider supply – more physicians could be attracted to hospitals where wait times are long.

EMR integration

1. What is the red tape burden?
Administrative burden and technological demands are some of the top contributors to physician burnout. One source of administrative burden for physicians is the time spent accessing various portals to get information. Countless separate portals have been established to access forms, documentation, patient information. etc., each requiring a separate log-in. When physicians must use multiple standalone digital health tools requiring multiple logins and clicks to access information throughout the day, it can greatly disrupt their workflow, increasing their administrative burden and associated burnout.

New technologies are also often not usable or poorly integrated with clinical workflow, further contributing to burnout.

There are also competing demands from individual areas of the Ontario Public Service for physicians to switch over to new processes for multiple services which risks serving as an additional contributor to physician burnout.

2. What is the proposed solution?
Stop building portals, and instead focus on the integration of digital health tools that can be seamlessly accessed from provider electronic medical records.
Align all projects, portals, other digital tools for consistency, usability, and interoperability. This alignment can be achieved through the strategic framework of the bilateral Ministry of Health-

OMA Digital Health Advisory Table.

Set realistic timeframes, only once digital solutions are in a place that adds value to the system and user/patient experience, including adequate time for change management.

Physicians need to be involved as key partners from the start in the procurement, design, implementation and ongoing optimization of digital health tools to ensure usability.

Physicians also need comprehensive and ongoing training on using these tools, starting in medical school, and easily accessible and ongoing technical support.

3. How would this solution be beneficial?
Proper system planning, including assessing the current function and limitations of the system to effectively and seamlessly implement digital health tools across all providers is an important first step to support provider uptake. Ensure the technology is in place before placing the burden providers.

Seamless integration of digital health tools into clinical workflows will reduce associated administrative burden and resulting burnout for physicians, and free up time better spent on patient care.

Care co-ordinators

1. What is the red tape burden?
The majority of care co-ordinators are not based with or well-integrated with primary care and few primary care physicians have a dedicated care co-ordinator that they work with. Anecdotally, the top complaint from physicians when talking about care co-ordination is the lack of effective and efficient communication between physicians, care co-ordinators and home care providers.

2. What is the proposed solution?
Care co-ordinators should be embedded in Ontario Health Teams so that they can function alongside primary care teams. Further, this model would allow care co-ordinators to support all members of an Ontario Health Team (hospitals, family health teams, solo-practice physicians, long-term care homes, etc.).

3. How would this solution be beneficial?
Adopting a model where care co-ordinators are embedded in Ontario Health Teams will be beneficial because:

- Will make care co-ordinators part of a team
- It will support continuity of care and accountability for care
- It will support better communication in the health-care team
- Care co-ordinators will have access to the local electronic medical records system
- Physicians can work with a dedicated care co-ordinator, whose caseload can be aligned with the physician's patient roster

- Patient needs will be better supported by this team-based approach. The majority of people who receive home care have chronic issues, not acute needs