

## Fall 2020 Ontario Budget Submission - October 16, 2020 -

### **Introduction**

The Ontario Association of Cardiologists (OAC) appreciates the opportunity to provide input to the Minister of Finance on the Fall 2020 Budget. As the voice of Ontario's cardiologists, we are pleased to share our perspective on investments the Ontario government can make to protect the health and well-being of Ontarians in this Budget.

We acknowledge the significant health care initiatives the provincial government has undertaken in response to the COVID-19 pandemic as outlined in ***Ontario's Action Plan: Responding to COVID-19, March 2020 Economic and Fiscal Update*** (March 25, 2020) and the ***Fall Preparedness Plan for Health, Long-Term Care and Education*** (September 30, 2020). These investments, which total more than \$5 billion, are crucial to ensuring Ontario patients and long-term care residents receive the best care from physicians and other health care professionals, and to fortifying the frontlines of our health care system against future waves of the virus.

Building on these substantial investments in frontline health care, we offer the following recommendations:

#### **1. Maintain OHIP virtual care fee codes indefinitely**

The OAC supported the addition of temporary fee codes (known as K-Codes) to the OHIP Schedule of Benefits and Fees in March 2020 by way of special Ministerial Order to pay physicians for the provision of certain services by telephone and video. This initiative helped ensure Ontario patients could access essential medical services despite COVID-19 physical distancing restrictions that limited the ability of physicians to provide face-to-face care.

While resuming the delivery of full in-person patient care is an important goal, access to virtual care fee codes remains vital for cardiologists so that patients who are unable to come to a health care setting can still access the specialist medical care they need.

***The OAC is seeking a commitment from the Ontario government in the Fall 2020 Budget to (1) maintain the temporary virtual fee codes at current rates indefinitely; and, (2) consult the medical profession, including our Association, extensively regarding any future potential changes once the COVID-19 pandemic is over.***

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**2. Convert the COVID-19 Advance Payment Program to a Grant or Extend the Program's Payment Recovery Period to March 2023.**

In April 2020, the Ministry of Health unilaterally introduced the COVID-19 Advance Payment Program. The program aims to help physicians sustain their clinical practice during the pandemic by automatically topping-up their payments to 70% of the monthly average they billed from April 2019 to March 2020. The program provided interest-free, automated advance payments to individual physicians in May, June and July 2020 that are to be set off against future OHIP payments. These payments will be recovered automatically beginning in February 2021.

There are two major drawbacks to the program. First, it is a loan. Second, the loan recovery period is a short five months.

For cardiologists providing community-based services to be sustained over the long-term, it is imperative that the COVID-19 Advance Payment Program be converted to a stabilization grant; alternatively, the terms of the payment recovery period must be changed from commencing in February 2021 to the fiscal year 2022-23 at a minimum.

***The OAC is seeking a commitment from the Ontario government in the Fall 2020 Budget to (1) convert the COVID-19 Advance Payment Program loan to a grant; or, (2) extend the program's automatic payment recovery period to 2022-23.***

**3. Provide funding for the purchase and use of rapid point of care COVID testing in community cardiology offices and clinics.**

One of the best ways the Ontario government can protect the health and well-being of Ontarians in the Fall 2020 Budget is to provide funding to community-based medical specialists, including cardiology clinics, for the purchase and use of rapid point of care COVID testing. This would permit patients to be tested and analyzed before undergoing any procedures thereby strictly curtailing the prospect of transmission while at the clinic. Having access to these tests will enable cardiologists, and other community-based physicians, to return to regular practice as soon as possible.

***The OAC is seeking a commitment from the Ontario government in the Fall 2020 Budget to provide funding to community-based cardiology offices and clinics for the purchase and use rapid point of care COVID testing of patients.***

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#### **4. Invest in community-based congestive heart failure patient care.**

Congestive heart failure (CHF) is the single commonest reason for patient visits to the emergency room and admissions to hospital. At a time when Ontario hospitals must be prepared to address COVID-19 patient priorities, community-based care for non-COVID patients has never been more important. The Ontario government can best support the provision of community-based CHF care by making two specific investments:

- Restore the fee code (E078) for cardiologists treating CHF patients. This code, which was removed in 2015, enabled cardiologists to spend more time with CHF patients potentially keeping them from requiring emergency, hospital-based care.
- The measurement of natriuretic peptide (BNP or NT pro-BNP) has become a state-of-the-art biomarker for both the diagnosis and subsequent management of patients with heart failure. At present, the measurement of BNP in non-hospital laboratories is not paid for by the Ministry of Health and is charged to the patient which is a major limitation. If improved out of hospital care for patients with CHF is truly a priority of the Ontario government this important diagnostic and therapeutic test should be available in the non-hospital care setting.

These investments will help keep CHF patients out of hospital, where care is more expensive and limited resources are required for COVID-19 patient care.

***The OAC is seeking a commitment from the Ontario government in the Fall 2020 budget to invest in community-based CHF care by restoring the E078 code for CHF care provided by cardiologists and paying for BNP tests in community cardiology labs.***

#### **Conclusion**

The OAC is grateful for the opportunity to provide input to the Minister of Finance as the government's fiscal plan is prepared for the Fall 2020 Budget. We believe that through the recommendations outlined above the government can protect the health and well-being of cardiac patients and all Ontarians during the COVID-19 pandemic and beyond.

For more information, please contact:

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