

January 26, 2022

The Hon. Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON
M7A 2J3

Re: Ensuring Sufficient Health Human Resources in Ontario

Dear Minister Elliott,

As you know, COVID-19 and the emergence of the Omicron variant has put a significant strain on the health care system and health care providers. Although the province's recent [Fall Economic Statement](#) included an additional \$1.8 billion in 2021-2022 to increase hospital beds and reduce surgical and diagnostic imaging backlogs, this investment alone will not guarantee timely access to care.

As outlined in our [letter](#) in June 2021, there are concerns about health human resources (HHR), staffing shortages, and its impact on patients and the health care system. I am writing to provide you with recommendations from our [Health Policy Council](#) as it relates to developing a coordinated, evidence-based HHR strategy for Ontario.

Various organizations have quantified the magnitude of the issue. The Ontario Medical Association [found](#) 35 percent of Ontario doctors were experiencing high levels of burnout in March 2021, with 73 percent of respondents experiencing some level of burnout.ⁱ The Conference Board of Canada's September 2021 [survey](#) of nurses, surgeons, and physician specialists had similar findings, and 57 percent of respondents said they have considered leaving their job.ⁱⁱ These departures would not only impact patients' ability to access timely care, but it could also impact Ontario businesses. If patients are unable to access the care they need because of staffing shortages, they may have to exit the workforce or family members may be forced to take on additional caregiving responsibilities for loved ones.

While addressing HHR issues is important for the entire province, the need to do so is particularly acute in rural communities where HHR is particularly fragile.ⁱⁱⁱ Providing quality health care in a rural community goes beyond providing immediate health care services. It also has a positive impact on the economic health of a community. Rural health care systems are often one of the largest employers in the community and, where rural health care systems begin to decline, local economies are also impacted. We were therefore pleased to see the province's [recent investment](#) to address health care shortages in Northern Ontario and the development of a [new nursing program](#) to increase the number of nurses in the North.

ⁱ Physician burnout has been associated with increased depression, substance use, and even suicidal thoughts. It has also been associated with reduced productivity and increased turnover.

ⁱⁱ The Conference Board of Canada's survey found understaffing was a significant challenge in health care settings; 50 percent of respondents felt unsupported or ill-equipped for the changes taking place in their workplace; and 91 percent reported heightened stress and fatigue.

ⁱⁱⁱ According to the Northern Ontario School of Medicine's [estimates](#), over 300 physicians are needed in the north. This figure does not include retirements that may take place over the next five years.

Historically, the federal government left health care planning in the hands of the provinces/territories. However, in 2003 the First Ministers requested that a collaborative approach be taken, [culminating](#) in the development of a Health Human Resources Strategy (2003-2008) to support HHR planning across Canada.

Recognizing the above federal strategy is outdated and numerous challenges have emerged with COVID-19 and Omicron variant, the Government of Ontario should work with stakeholders to develop a coordinated, evidence-based HHR strategy for Ontario that includes short- and long-term objectives. Doing so will ensure the province has qualified HHR professionals to meet current and future needs, and patients continue to have access to timely and quality care – when and where they need it. Our recommendations centre on four themes:

1. **Leveraging technology and health innovations to lessen the burden on HHR;**
2. **Collecting HHR data to to improve health services and planning;**
3. **Tackling immediate workforce shortages; and**
4. **Supporting the next generation of health care professionals.**

Theme 1: Leverage Technology

- **Leverage technology to alleviate pressures facing HHR.** The Chamber applauds the province’s recent [announcement](#) to provide public coverage for the FreeStyle Libre 2 system^{iv} as it will improve health outcomes and quality of life for diabetic patients who are recipients of the Ontario Drug Benefit Program. To build on this, remote patient monitoring programs could be [expanded](#) to streamline pre- and post-surgical delivery of care, as well as provide seamless care at the community-level, particularly for patients with chronic conditions, while alleviating pressure on clinicians and ensuring equitable access to care. Although procuring technology requires an upfront investment, this should be weighed against the benefits for patients, providers, and the overall health care system. For instance, leveraging innovation in long-term care and home care could ensure HHR capacity building is complemented by technologies that enable patients to regain their independence, and enable safer working conditions for health care providers. Further, the Province should invest in and support technologies that can improve health system productivity, such as digital platforms that provide workers with shift flexibility,^v automation technologies for pharmacies and labs, and tools that can reduce the length of a hospital stay or the resource intensity for a procedure, like robotic assisted surgical platforms and minimally invasive surgical technologies.
- **[Accelerate efforts](#) to improve digital health interoperability.**^{vi} Accelerating interoperability would allow the province to leverage existing provincial assets and previous investments, specifically centralized data registries, repositories, and interoperability standards. Second, it would allow health

^{iv} The device empowers patients to monitor their diabetes health, while real-time glucose data is shared with their health care team.

^v As one example, Staffy is an online, on-demand platform that helps connect employers to qualified workers in the health care, hospitality, and other sectors. Throughout the pandemic, their mobile and web app has helped employers fill a range of health care roles, including personal support workers, nurses, registered practical nurses, dietary aides, and cleaners.

^{vi} Interoperability refers to the integration of various systems within existing provincial digital health assets and electronic health record repositories, including the Clinical Data Repository (CDR), Digital Health Drug Repository (DHDR), Ontario Laboratory Information System (OLIS), Diagnostic Imaging Common Services (DICS), and Digital Health Immunization Record (DHIR).

care professionals to better collaborate with one another through secure messaging and ensure they have access to comprehensive data sets. Accelerating the integration of siloed systems (i.e., physicians, hospitals, pharmacies, laboratories, etc.) with the province's electronic health records could provide clinicians with timely access to longitudinal health records, preventing duplicative testing, and improving overall health system performance. This could in turn reduce administrative burden on health care providers and free-up time that is better spent on direct patient care, thereby improving patient and provider experience.

Theme 2: Collect HHR Data

- **Collect and share comprehensive HHR data.** Although some^{vii} health care professionals may choose to leave the profession or retire early as a result of COVID-19, the lack of comprehensive, integrated HHR data in Ontario makes it difficult to manage these potential departures.^{viii} It is also unclear where recent graduates will choose to practice, how many physicians from other provinces/territories will settle in Ontario, or how many Ontario physicians might relocate. HHR data should be collected and [include](#) various datapoints (i.e., the characteristics of the workforce and their capacity to provide services; the types and volume of services provided; the health, demographic, and socioeconomic characteristics of patients; the projected burden of chronic conditions on the health care system; and HHR data as it relates to home and long-term care). This type of data could allow researchers to create projections for future HHR needs, as well as allow policymakers to identify appropriate strategies to address shortages or gaps.
- **Prioritize demographic shifts for HHR planning.** With Canada's aging population, chronic conditions are expected to rise, which will increase the demand on the health care system. As one example, 564,000 Canadians currently live with [dementia](#) – a number that is expected to increase to 937,000 by 2031. [In comparison](#) to other jurisdictions, Canada has few neurologists, geriatricians, and psychiatrists who can support family physicians with the diagnosis and management of Alzheimer's and dementia. This situation could create a bottleneck and delay diagnosis, testing, and treatment if demographic shifts are not taken into consideration for health systems planning.

Theme 3: Tackle Immediate Workforce Shortages

- **Tackle the shortage of medical laboratory technologists.** COVID-19 has increased demand for medical laboratory testing, resulting in greater workloads, burnout, and staff shortages in the sector.^{ix} Although the province invested in reducing the backlog in diagnostic imaging in the recent Fall Economic Statement, action must be taken to address the current and projected shortage of medical laboratory technologists (MLTs).^x By 2025, it is anticipated Ontario will face a [shortage](#) of up to

^{vii} The Registered Nurses Association of Ontario [found](#) 30 percent of respondents were considering leaving the profession.

^{viii} Statistics Canada [found](#) that, in the first quarter of 2021, nearly one in five job vacancies in Canada was in health care and social assistance.

^{ix} Currently, there are 6,203 practicing MLTs in Ontario. The Medical Laboratory Professionals' Association of Ontario [found](#) most medical laboratory technologists are working overtime, short-staffed, and experiencing burnout. Around 40 percent were considering leaving the industry and another 40 percent will retire in the next two to four years.

^x In addition to the need for talent or MLTs, as noted in previous Auditor General reports, the Province should [continue](#) to invest in medical laboratory capacity and infrastructure. Doing so will help the province meet the anticipated influx of patients whose treatments and procedures have been delayed during COVID-19, ensure patients can access to timely care, and improve the resilience in the health care system for an aging population and the anticipated rise in chronic health conditions. Investments in laboratory capacity and infrastructure will allow patients to receive fast and effective diagnoses, as well as ensure patients in urban and rural communities have equitable access to diagnostics beyond COVID-19.

3,000 MLTs. This could negatively impact patients and turnaround times as [50 to 70 percent](#) of clinical decisions depend on medical laboratory results.^{xi} The Province should also invest in relevant technologies to reduce the manual burden on MLTs and improve work efficiency.

- **Make integrated, team-based care a priority.** With COVID-19, many patients delayed preventative care like [routine immunizations](#). At the same time, leveraging team-based care can help close the gap in vaccination coverage and thwart an outbreak of vaccine-preventable disease(s) in Ontario. When patients have access to a team of providers (i.e., family doctors, specialists, nurses, dietitians, physiotherapists, pharmacists, etc.), it results in faster and easier access to care, contributing to improved health outcomes, fewer hospital admissions, increased patient satisfaction, and reduced health system costs. Pursuing innovative approaches to establishing integrated health teams could also help improve access to care in rural, northern, francophone, and Indigenous communities. The Province should also consider incenting local health teams and municipal stakeholders to pursue integrated care delivery and tie funding to positive outcomes through the establishment of value-based models. With this said, physicians should continue to be able to practice in the model of care that works best for their patients and communities.
- **Continue to invest in mental health resources for HHR planning.**^{xii} Over the last 22-months, health care workers have [experienced](#) heavier workloads in much riskier work environments. As outlined in the Chamber's report entitled *Mental Wellness in the Workplace: A Playbook for Employers*, the psychological impacts of a crisis can last three years after the crisis itself. Given the long-term impact the pandemic will have on Ontarians' mental health, particularly frontline workers, the Chamber applauds the province's previous [investments](#) and encourages continued funding in this regard.
- **Continue to [pursue](#) a national licensure strategy for physicians and other health care professionals (e.g., nurses, paramedics, etc.).** This could reduce inter-provincial barriers to labour mobility, address [regional labour shortages](#), improve access to care, and provide relief to overburdened health care professionals in Ontario.
- **Continue to tackle barriers to foreign credential recognition.** We applaud the steps the province recently took to expand opportunities for [internationally educated](#) nurses, and encourage policymakers to continue working with regulatory bodies to speed-up the licensure process for other internationally trained health care professionals.

Theme 4: Support the Next Generation

- **Increase enrolment numbers in post-secondary institutions for health care programs.** This includes increasing the number of [medical students and residency positions](#) in high need areas such as family medicine, mental health, and geriatric medicine, nurse practitioners, registered nurses, and registered practical nurses, and [medical laboratory programs](#),^{xiii} as well as investing in infrastructure

^{xi} From COVID-19 swabs taken in pharmacies to blood drawn in doctors' offices to tumors extracted during surgery, these samples are all analyzed by MLTs and allow physicians to accurately diagnose and treat patients.

^{xii} For a snapshot of mental health investments by the provincial and federal government, see: <https://occ.ca/wp-content/uploads/COVID19-Policy-Brief-Virtual-Care-final.pdf>.

^{xiii} There are currently five accredited post-secondary training programs in medical laboratory sciences in Ontario. [According to](#) the Medical Laboratory Professionals' Association of Ontario, these programs are oversubscribed and receive more applications than available student spots and clinical placements.

to support expansion, and providing long-term funding for program sustainability.

- **Continue to invest in resources and supports (i.e., mentorship opportunities, internships, etc.) for post-secondary students in health care programs.** These investments are critical to attracting students to health care professions. In order to increase the number of students from rural, northern, francophone, Indigenous, and other underrepresented communities, the Province should consider creating a special grant that is targeted at these groups to support greater participation in health care programs.
- **Leverage existing campaigns to encourage children and youth to pursue a career in health care.** Considering the immediate shortages described above and the fact that it takes years to train and scale-up HHR capacity,^{xiv} the Province should leverage existing campaigns to educate children about the range of career pathways available in health care and the impact these professionals have on patients, communities, and the province.

Although the province faces many unknowns as it relates to the pandemic, it is clear that action must be taken to bolster our HHR capacity to meet current and future needs. The loss of physicians, nurses, MLTs, and other health care providers will not only impact patients' access to care and [health outcomes](#), but it will also impact economic recovery. We would be happy to discuss these issues further and look forward to continuing to work with you on solutions that support the health of Ontarians and our economy.

Sincerely,



Rocco Rossi
President and CEO
Ontario Chamber of Commerce

CC: The Hon. Paul Calandra, Minister of Long-Term Care
The Hon. Raymond Cho, Minister for Seniors and Accessibility
The Hon. Peter Bethlenfalvy, Minister of Finance
Matthew Anderson, President and CEO, Ontario Health
Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Melanie Fraser, Associate Deputy Minister, Health Services, Ministry of Health

^{xiv} As an example, it takes a minimum of 10 years to train a family physician, and an average of 13-years to train a specialist physician.