

# Submissions on Behalf of the Coalition of Family Physicians of Ontario to the Ontario SARS Commission



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# Coalition of Family Physicians of Ontario

- The Coalition of Family Physicians of Ontario is a grassroots voluntary organization that represents approximately one-third of family doctors in Ontario
- Is dedicated to delivering the highest possible standards of medical care to the public and protecting the rights and independence of family doctors
- Coalition members are the front line soldiers in any war on infectious disease in the community, and were the front line soldiers in the SARS war. They are the primary care system for the Ontario public and they suffered both illness and in some cases, death

# Submissions

## 1. Channel of Communication

- there must be one single notification channel for infectious disease alerts to the provinces family physicians

## 2. Fund and Facilitate Supplies

- the Government must fund and facilitate the distribution from one central source of infectious disease protection kits, and other protection or sterilization supplies within 24 hours of an infectious disease alert being given.

## 3. Amend OHIP Fee Schedule to pay for Telephone Access and Patient Management

- an OHIP fee code to pay family physicians for diagnosing, managing and advising their own patients by phone must be immediately introduced to permit reasonable access to the public who are too sick, too afraid, or too unsure whether or not to attend the office for assessment in person during an infectious disease outbreak in healthcare crisis



# Submission #1: Channel of Communication

- The OMA is the appropriate channel of communication for infectious disease alerts
- Stop the volumes of unreadable, unworkable and contradictory instructions from government
- Family physicians need to know to whom to look and listen, and one message, one voice from their own Association is the way to proceed.



# Submission #2

## Fund and Facilitate Supplies

- Fund and facilitate the distribution of infectious disease protection kits, and other protective supplies to all family physicians in the province within 24 hours of the alert
- Directives were ridiculous and/or unworkable in a family practice (i.e isolation room)
- Universal standards of practice from CPSO would help
- Government rejection of OMA Initiative defies credulity



## Submission #3

# Amend OHIP Fee Schedule to pay for Telephone Access and Patient Management

- 90% of diagnoses can be made from history of chief complaint and presenting symptom
- Family physician telephone assessments, management, and treatment is effective infection control mechanism
- Bulletin no.439 - temporary fee code recognizes importance but restrictions are self-defeating and short-sighted
- Fee code needs to remain in Schedule without restrictions until March 2004
- Fee code should be automatically billable within 24 hours of infectious disease alert (or other similar outbreak) in the province

