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OF PHYSICIANS AND SURGEONS OF CANADA
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DES MÉDECINS ET CHIRURGIENS DU CANADA

Helping the healthcare system survive the pandemic and beyond

Submission to the Standing Committee on Health

Submitted by: Royal College of Physicians and Surgeons of Canada

Date: July 8, 2020



Executive summary

The Government of Canada must be applauded for its response to the needs of society in general and the healthcare system that has been front and center during the pandemic. Special investments in the healthcare system must be continued so as not to put at risk the health and well-being of patients and those who care for them. The Royal College would like to bring attention to the issues that have been prompted by the pandemic and not yet addressed by the Government of Canada. Notably, our submission calls upon the Government of Canada now to make targeted investments to:

- Address the impact of having put care on hold
- Accelerate implementation of virtual care
- Take care of the people who care for us.

Address the impact of having put care on hold

Our health systems must have the appropriate resources as they reactivate and deal with the pent-up demand owing to the COVID-19 pandemic. More than 300,000 surgeries have been postponed owing to the pandemic as have countless diagnostic tests and other forms of care. These changes often further exacerbate the health status of those whose care has been put on hold because of the pandemic.

It is equally important to acknowledge that many of our health care facilities are also teaching sites for Canada's future physicians and surgeons. Residents and medical students need time to learn and perfect their skills. If hospitals and health care facilities are to support residents and other learners, additional capacity such as operating room time will be needed to ensure they are offered quality educational experiences while the system concurrently deals with the influx of patients whose care was put on hold.

As such, the Royal College recommends that the federal government:

Create a special emergency fund to build surge capacity of provincial/territorial health care systems to:

- increase patient services such as surgeries, diagnostics, cancer care and other treatments;
- provide physicians and others access to a stable supply of PPE, medical equipment, medications and other resources;
- ensure that teaching facilities can fulfill their educational and patient care mandates;
- provide resources to long-term care facilities which are central to the post-care system so they can provide quality and safe care.

Accelerate implementation of virtual care

Virtual care has been leveraged during the pandemic as an essential alternative to the traditional model of in-person health care and services. Looking ahead, virtual care will:

- mitigate increased demand for home- and facility-based continuing care as the population ages and address access issues for those living in rural and remote communities;
- have a positive impact on the environment by reducing green-house gas emissions caused by patient travel to and from medical appointments and associated loads on medical institutions from patient volume; and
- ensure that the more than 10,000 medical residents who are Canada's future doctors continue to access education and training, especially during the pandemic

Provinces and territories have seen the benefits of virtual care, especially during the pandemic, and have introduced health professional compensation for virtual care services; it is vital that these are not temporary measures and are instead integrated as properly resourced and sustained models of care. In addition, the government must invest in educational tools and supports to ensure the health workforce and patients can make the best use of virtual care which has been quickly ramped up owing to the pandemic.

The Federal Government must be applauded for its committed to investing in infrastructure to ensure reliable access to high-speed internet for all people living in Canada – but this commitment must be accelerated. Without reliable high speed internet virtual care is seriously hampered or impossible.

As such, the Royal College recommends that the Federal Government:

- **Accelerate the Government of Canada's plan to have a connected country by ensuring all people in Canada have access to reliable high-speed internet by 2025.**
- **Provide additional financial support to the provinces and territories so they can develop the virtual care infrastructure and provide appropriate reimbursements for virtual care services rendered.**
- **Create an educational fund to ensure that virtual care is delivered in an evidence-informed fashion, and is responsive to the needs of patients and health care providers**

Take care of the people who care for us

COVID-19 has placed an increased burden and stress on many healthcare professionals, including physicians. They are on the front lines coping with:

- an increased workload and the complexity of care associated with the pandemic and having had care put on hold;
- medical equipment supply challenges; and
- ongoing risk of infection which has necessitated self-isolation from their families and colleagues.

We must have high quality wellness and support programs in place for health professionals. Provinces have their respective programs in place and, recently, the Federal Government has commendably launched the Wellness Together Canada program. These programs need to be sustained and strengthened as physicians and others are increasingly at risk of burnout as they deal with an increased workload caring for COVID-19 patients and concurrently coping with the growing backlog of care that has been put on hold. We must care for those who care for us.

As such, the Royal College recommends that the Federal Government:

Provide targeted, sustained new funding to provincial and territorial governments to:

- **Support physician health programs and other existing well-being services for healthcare professionals.**
- **Provide paid sick leave for physicians, surgeons and others who do not have such benefits.**
- **Help cover work- related health care costs for physicians, surgeons and other healthcare providers**

Introduction

As the national, non-profit organization representing over 50,000 Fellows who are specialist physicians and surgeons in Canada and around the world, the Royal College is pleased to make this submission to the Standing Committee on Health for their study on the Canadian response to the COVID-19 pandemic.

The Royal College commends the Federal Government's efforts towards addressing the immediate needs of the people of Canada, owing to the pandemic.

Investing in health care at this crucial period is critical to ensuring the health and safety of all people living in Canada and supporting the people who care for us. A productive and effective health care system leads to increased productivity and enhanced patient careⁱ. As jurisdictions gradually re-open their economies and health care sectors, the Royal College would like to bring attention to the issues that have been prompted by the pandemic and not yet addressed by the Government of Canada. Notably, our submission calls upon the Government of Canada now to make targeted investments to:

- Address the impact of having put care on hold
- Accelerate implementation of virtual care
- Take care of the people who care for us.

Care on hold: resourcing our health system appropriately as it reactivates and deals with the pent-up demand owing to the COVID-19 pandemic

The pandemic has had a profound impact on health care services. Medical appointments and surgeries have been postponed or cancelled and clinics have closed to protect system capacity, and assure the health of the public and health professionals. Public accounts from government and public health officials across the country suggest that at least 300,000 elective surgeries were cancelled, postponed or never scheduled across the country as a result of the pandemic^{*}. The impacts of putting care on hold are being observed across the country. For instance:

- In Ontario, between mid-March and mid-April, 52,700 procedures were cancelled or postponed. Every week that the COVID-19 outbreak continues, it has been estimated that up to 12,200 more procedures are delayedⁱⁱ.
- In Alberta, approximately 22,000 people have had procedures put on holdⁱⁱⁱ.

* Calculated total does not include Quebec and Territories due to lack of publicly available data

- In British Columbia, 30,298 surgeries and procedures were postponed or cancelled and an additional 24,000 surgeries and procedures are presumed to have been not booked^{iv}.
- In Nova Scotia, 2,100 surgeries have been postponed or cancelled with a potential 4500 additional non-urgent and elective surgeries and procedures not scheduled^v.

The slowdown of elective procedures has led to an increase in “more complex procedures with more risk”, as patients conditions have worsened^{vi}. This includes cancer, arthritic disease, vision threatening glaucoma, and many others. In Ontario alone, only about 20 to 40 per cent of the usual volume of elective cancer surgeries has taken place during the lockdown. Similar trends have occurred across the country

Surgeries are not the only essential services that have been put on hold. Important diagnostic services have also been delayed, for example:

- The Canadian Society of Breast Imaging and the Canadian Association of Radiologists have recommended at the end of March 2020 that all average risk and high-risk screening mammography, ultrasound and breast MRI be discontinued temporarily and postponed for 6-8 weeks^{vii}.

In Ontario, COVID-19 restrictions have led to significant decreases in diagnostic procedures, including: 29% reduction (18 588 appointments) for adult MRI; 32% reduction (265 scans) in pediatric CT scans, and; 27% reduction (732 appointments) for pediatric MRI^{viii}

The result of the delays on these procedures has real and profound effects on people. For some, this can be the stress that comes with a cancer diagnosis, along with the potential for the disease to progress, moving someone from an operable stage 2 diagnoses to potentially an inoperable stage 3 or stage 4^{ix}.

Having put care on hold not only impacts patients but the health care system itself. A study conducted in British Columbia shows that delayed surgery may also entail longer recovery and more complications, heightening the load on the health care system. Routine and elective care can also become more acute and urgent as time goes on. As such, routine operating room activity may be seriously disrupted by unexpected emergency admission of patients who have been waiting for care^x.

Physicians, surgeons, other health professionals and the system as a whole require the resources to meet the health care needs of the people of Canada. The Federal Government’s response to COVID-19 saved lives and was critical. As we come out of the first wave, we need to have health system planning and resourcing in place **now** as the country’s healthcare systems deals with pent-up demand.

A recent international study estimated that if countries increase surgeries by 20% (compared to pre-pandemic volumes) it would still take approximately a year to clear the

backlog due to COVID-19.^{xi} It is clear that additional resources – financial, human, space and equipment – will be required to address the pent-up demand in the health care system owing to the pandemic; given the absence of additional capacity currently available across the country, a significant commitment and investment will be required by way of a special emergency fund.

It is equally important to acknowledge that many of our health care facilities are also teaching sites for Canada’s future physicians and surgeons. Institutions and Canada’s future specialists alike must be supported during and after the pandemic. This will require:

- Institutional capacity to meet educational and patient care mandates
 - The COVID “pause” has created an unexpected gap in the educational experience of many residents. More resources will be needed to ensure they achieve the necessary level of competence while the teaching facilities also deal with the influx of patients whose care was put on hold. For example, residents may need extra operating room time as they master a surgical technique; this will require teaching facilities to have additional operating rooms and associated resources available to meet both their educational and patient care mandates. Otherwise, both patients and medical residents will be short-changed.
- A sufficient supply of personal protective equipment (PPE) to meet the special needs of physicians and surgeons in training
 - Residents and medical students also need proper access to PPE which they often use in greater quantity than many other health professionals given the nature of their educational program.

The pandemic has created additional pressures on the country’s health care systems that must be addressed and resourced. A new, dedicated fund will ensure that provincial/territorial health systems have the necessary additional funding to:

- extend operating room hours, diagnostic services, cancer and other treatments,;
- provide a stable supply of PPE, medical equipment, medications, staffing and other resources to meet the needs of patients;
- ensure that teaching facilities can fulfill their educational and patient care mandates and
- ensure that the post-care system provided by long-term care facilities has the capacity to address the surge, and provide quality and safe care in the pandemic context.

The system needs surge capacity to manage a sudden influx of patients owing care having been put on hold. Without this special investment, physicians, surgeons and other health professionals will not have the necessary resources to meet health care needs, putting patients' lives and well-being will be at risk.

As such, the Royal College recommends that the federal government:

Create a special emergency fund to build surge capacity of provincial/territorial health care systems to:

- address the backlog resulting from the COVID-19 pandemic;
- support the educational mandate of Canada's medical teaching facilities, and the needs of residents and medical students;
- bolster long-term care facilities so they can provide quality and safe care for patients who need care after a medical intervention.

Accelerate the investment and implementation of high-speed internet, to ensure all people living in Canada have access to reliable virtual care

In response to the COVID-19 pandemic and the need for physical distancing, governments at all levels have implemented measures to leverage virtual care as an alternative to the traditional model of in-person healthcare and services. Virtual care has the potential to mitigate an increase in demand for home- and facility-based continuing care as the population ages, and address access issues for those living in rural and remote communities.

Platforms such as eConsult - a secure web-based tool that allows primary care providers to contact specialists with relevant clinical questions - have shown the ability to reduce wait times, enhance primary care delivery, reduce unnecessary referrals, increase access to specialist care and patient satisfaction, and reduce costs^{xii, xiii}. Telemedicine has also proven to play an essential role in Canada's health care system, especially during the pandemic^{xiv}. The proven value of virtual care is not only accruing, people in Canada are also seeking this type of care. Recent surveys show a gap between the electronic access that patients would like to have and what is currently available – that is, there is a desire for virtual care as a key component of health care in Canada^{xv}.

Virtual care also has environmental health co-benefits by reducing the burden on our healthcare system caused by climate change, including: extreme temperature illness and death; complications for poor air quality (e.g., respiratory diseases and cardiovascular events); effects of exposure to ultraviolet rays (e.g., skin damage and skin cancer); and

changed patterns of diseases caused by bacteria, viruses and other pathogens carried by mosquitoes, ticks and other animals^{xvi}. As the Government of Canada has already observed: “By decreasing the burning of fossil fuels, we not only lower our emissions of harmful greenhouse gases which may reduce the severity of some of the health effects listed above, but can also lessen the release of toxic pollutants known to affect the health of people and ecosystems.”^{xvii}

The Federal Government has committed to investing in infrastructure to ensure reliable access to high-speed internet for all people living in Canada. At present, only 40.8% of rural communities have access to broadband internet at 50/10 Mbps^{xviii}. We applaud the Federal Government for these commitments, but it has become clear that those commitments must be accelerated. The lack of reliable high-speed internet imposes a significant barrier to the use of virtual care, social supports, and participation in Canada’s evolving economy.

Also, provincial and territorial governments have appropriately introduced health professional compensation for virtual care services provided during the pandemic; it is vital that these are not temporary measures and are instead integrated as properly resourced and sustained models of care and why targeted Federal Government support is needed. As virtual care services become more commonplace, we must ensure that health care providers are equipped with the best available knowledge, skills and evidence to see and treat patients virtually. To that end, the creation of an education fund is needed to provide training and resources for healthcare providers so they are able to deliver virtual care in a way that is safe, productive, responsive to patient needs and grounded in the best available evidence. Similarly, patients must learn about virtual care; the Federal Government must also fund public education on this new model of care.

Access to high speed internet and virtual care are also important for Canada’s future doctors. This is particularly so for those in more remote communities and the new physical distancing realities brought on by the pandemic with learning increasingly occurring online. The more than 10,000 medical residents in Canada are also an integral part of the medical workforce. Ensuring they, other physicians and peoples of Canada have access to high speed internet will not only improve access to care but also ensure that Canada’s future doctors continue to access education and training.

As such, the Royal College recommends that the Federal Government:

- Accelerate the Government of Canada's plan to have a connected country by ensuring all people in Canada have access to reliable high-speed internet by 2025.
- Provide additional financial support to the provinces and territories so they can develop the virtual care infrastructure and provide appropriate reimbursements for virtual care services rendered.
- Create an educational fund to ensure that virtual care is delivered in an evidence-informed fashion, and is responsive to the needs of patients and health care providers.

Taking care of the people who take care of us

COVID-19 has placed an increased burden and stress on many healthcare professionals, including physicians. They are on the front lines coping with a highly contagious virus while experiencing an increased workload, medical equipment supply challenges and the ongoing risk of infection, which has necessitated self-isolation from their families and colleagues. These factors, amongst others, can lead to exceptional stress levels for healthcare professionals. We've seen it before in a past pandemic – following the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak, studies found high levels of emotional distress among healthcare professionals due to factors such as isolation, concern for family, job stress and social stigma due to potential exposure.^{xix}

“As an anesthesiologist, the COVID-19 pandemic has resulted in a number of challenges that are very stressful for all of us.

We had to rapidly ensure that we had protocols to treat patients with the little knowledge we had about the SARS-CoV-2 while maintaining the safety of physicians, our resident learners and other staff. In the initial weeks, we experienced angst knowing that personal protection equipment (PPE) was in shortage and had to confront long-term systemic problems in the healthcare system such as inadequate staffing of nurses in some units, not having enough number of beds, among others. There is financial stress as well - when non-urgent medical procedures were stopped it meant our income went to 10-20% of the pre-COVID19 levels.

We are doctors, but we are patients too. We experience the same worries that all Canadians have. Many of us have healthcare problems that could mean a bad prognosis if we were infected with COVID19. We share the

fear of bringing the disease home, especially with newborn babies or elderly parents. There are those of us that are also waiting for a biopsy, an endoscopy, a mammogram. ”

Claudia Gomez, MD, FRCPC.

Physician health and wellness was already a growing concern in Canada. In a 2018 survey of nearly 3000 physicians and residents:

- 30% of respondents reported high levels of burnout,
- 34% of respondents screened positive for depression,
- 19% of respondents indicated they had thought about suicide.^{xx}

Unwell physicians have a profound effect on the profession, patients and the performance of the healthcare system. There is strong evidence linking physician wellness issues to physician recruitment and retention challenges, lower productivity and efficiency, suboptimum quality of patient care, increased medical adverse events and reduced patient satisfaction.^{xxi} From a financial perspective, a 2014 study estimated that early retirement and reduced work hours due to burnout cost the Canadian healthcare system up to \$213 million^{xxii}.

With this in mind, it is vital that we have high quality wellness and support programs in place for health professionals. Provinces have their respective programs in place (e.g. Physician Health Program of British Columbia^{xxiii}) and recently, the Federal government has commendably launched the Wellness Together Canada program as a pan-Canadian service to provide mental health support to all Canadians including frontline professionals. These programs need to be sustained and strengthened. Added supports will be critical for physicians given that they will have an increasing workload caring for COVID-19 patients and concurrently coping with the growing backlog of non-COVID-19 patients – which means they will be at an increased risk of further burnout.

A number of health professionals, notably specialist physicians and surgeons, do not have

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access to paid sick leave. They are thus financially penalized for taking the time to heal themselves so that they can continue to heal and care for others.

Let's safeguard the health of patients and providers now and into the future

Our healthcare system's frontline healthcare professionals, administrators and decision-makers have been significantly challenged and have had to respond with urgency, ingenuity and collaboration in these unprecedented times. Now is the time to build on these efforts and collectively enhance the way we deliver healthcare to patients today and tomorrow. We would greatly appreciate the opportunity to appear before the Health Committee to discuss opportunities for collaboration on these and other issues, and to support the Government of Canada on health system planning efforts for a post-COVID-19 healthcare system while concurrently addressing the ongoing challenges of this pandemic.

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