



Please sign and mail
The Ontario
Legislature Petition to
Support Access
to Spine Care in
Ontario

For Complex Spine Surgery

2024 Updated Version

Help Transform Lives



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Sponsored by Green Party

Mike Schreiner

MPP Guelph

Help Transform Lives



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For Complex Spine Surgery

2024 Updated Version

Sponsored by John Fraser
MPP Ottawa South

Help Transform Lives

March 30, 2024

Dear Ontario Residents and Ontario Health Care Providers,

Please sign and mail this non-partisan updated 2024 Ontario Legislature Petition to Support Access to Spine Care in Ontario. The petition advocates for equitable access and improved wait times for complex spine surgery, to increase funding to Ontario hospitals for spine care and improve the compensation process for surgeons of complex spine surgeries.

This petition has been endorsed by the scientific non-profit '**Canadian Spine Society**' (CSS) whose members include Orthopaedic spine surgeons and spine Neurosurgeons of Ontario as well as physiotherapists and other health care professionals who support spine health. **The CSS advocates for "equitable access and excellence in spine care for Canadians".** (1)

Last June 21, 2023, CBC senior medical reporter Lauren Pelley reported on this little known health care crisis on the CBC national news 'CBC Investigates' with an online followup on June 25, 2023. ***"Patients wait in pain as a surgeon fights to get paid — all in a battle over health-care dollars. Patients with severe scoliosis say they waited years for surgery...a battle has been playing out between their doctor and the province over delayed payments and rising pressure to tackle backlogs of other, more common procedures."***(2)

Hundreds of adult Canadians who are Ontario residents from as young as 18 years to retired seniors, are being denied equitable access to life-changing 'Complex Spine Surgery' by the Ontario government. These patients are forced to wait years for complex spine surgeries in debilitating pain, suffering from a diminishing quality of life and risking life-long consequences and deterioration in function. These patients are waiting unacceptably and dangerously longer for surgery than medically recommended. These are primarily Adult Spinal Deformity (ASD) surgery patients, many with severe Scoliosis, with degenerative curving spines causing severe pain and limiting mobility, some whose rotating rib cages, start to squeeze the very organs they're meant to protect, causing deterioration of lung and heart function.(3,4) Scoliosis can be caused by neuromuscular disease such as Cerebral Palsy or Heritable Connective Tissue Disorders, HCTD, such as Marfan Syndrome but most of these adult patients have Idiopathic (of unknown origin) Scoliosis. There are Adult Spinal Deformity patients, mature adults 60 yrs and older, with other degenerative spine deformities, some so bent over (thoracolumbar and primary sagittal deformities) they have lost horizontal gaze and "suffer even greater pain, poorer health and disability than Scoliosis patients with thoracic or double curve spine deformities". (5) ***"Adult spinal deformity (ASD) can cause life-altering pain, loss of function, and disability... Aging-associated structural changes eventually lead to symptoms of spinal pathologies like ASD. The volume of surgeries for ASD is projected to increase because of a population that is aging and growing in number."***(6) Numerous experts are warning ***"ASD (Adult Spinal Deformity) is increasing in prevalence in North America due to an aging population and demographic shifts."***(7)

"A large international study comparing Adult Spinal Deformity patients with patients with other chronic diseases such as arthritis, chronic lung disease, diabetes and congestive heart failure, reported that surgical candidates with ASD displayed the worst HRQL (Health Related Quality of Life) scores". (8) This Ontario Ministry of Health neglected patient group for Complex Spine Surgery also includes patients with Ehlers-Danlos Syndrome (EDS) a connective tissue hypermobility disorder that can cause serious neurological problems including severe Craniocervical instability (9) and require neurosurgical spine surgery. But there is a shortage of specialized spine neurosurgeons in Ontario to treat them. For those few fortunate complex spine patients, who can afford it, they are travelling out of the province and outside Canada to get surgery.

Hospitals are under-resourced and under-funded for these surgeries and the handful of highly specialized spine surgeons penalized and disincentivized by the Ontario Ministry of Health for treating this patient group. Spine surgeons, both sub-specialty Orthopaedic spine surgeons and spine neurosurgeons who perform complex spine surgeries, have to wait months and up to a year or longer to be compensated for these complex spine surgeries in an inefficient OHIP billing process. They are incentivized to perform simple (1-2 levels of vertebrae) common spine surgeries with guaranteed timely compensation with the surgical procedures defined in the Ontario Ministry of Health's "**Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care, Revised Jan 2022**" (10) which has high priority funding and does not include QBP's for complex spine surgical procedures. These common simple spine surgical procedures occur in a high-volume demographic patient group of thousands with priority funding tied to being included in the MOH's QBP (Quality Base Procedure) and Wait Times programs. Funding for complex spine surgeries with a smaller patient lower-volume group, is derived from the General funding bucket that hospitals use for a wide variety of lower-volume and lower-valued procedures. Segregating spine care into two different hospital funding models resulting in barriers to access of equitable spine care.

Thus the MOH, disincentivizes surgeons from performing complex spine surgeries with delayed payments, and disincentivizes hospitals from promoting complex spine surgeries with low priority funding. Consequently, furthering the wait time for complex spine surgery and increasing the suffering of patients and denying them health equity. "**Long wait times have a significant impact on patient quality of life and outcomes.**"(10) is a quote from the Ontario Ministry of Health's "Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care-revised Jan 2022". This is equally true, if not more so, for complex spine patients where "**delaying the intervention until patients progress to severe disability may limit the benefits of surgical correction in ASD patients**". (11)

Ontario Health's much lauded online wait time tool (12) for Ontario residents to check on wait times for surgeries does not include reporting data on complex spine surgeries and associated patient wait lists. For instance the Ontario Ministry of Health has set a target time for priority 4 patients waiting for Orthopaedic simple spine surgery to be treated within 182 days in Ontario hospitals. **As of Dec 2023, the average wait in Ontario was 94 days for Lumbar Disc Surgery, a simple spine surgery. In contrast, the wait time is over 1000 days for a priority 4 orthopaedic complex spine surgery at Toronto Western Hospital.** Most of the patients are from all over Ontario, waiting for complex Adult Spinal Deformity surgery for severe Scoliosis and severe spinal deformities. This data is not collected by the Ministry of Health. There are potentially hundreds or more patients unaccounted for, not on a wait list, as US studies report Scoliosis occurs in 6% of the population and ASD, Adult Spinal Deformities are even more prevalent.

The surgeon on CBC, still fighting to be paid, is highly-trained, sub-specialist, internationally respected, Toronto surgeon Dr. Stephen Lewis, Ontario's top Orthopaedic spine surgeon who specializes in Adult Spinal Deformity surgery and one of the many exceptional clinicians at world-class UHN, the University Health Network. Lewis is an Associate Professor at UofT's Department of Surgery, involved in their world class Spine program, educating and supervising Fellows and a clinician investigator at UHN's, Krembil Research Institute. He has been a clinician/surgeon at UHN Toronto Western Hospital since 2000 and extended his practice to Toronto SickKids hospital in 2005. Lewis graduated from Canada's top medical school at McGill University, completed a five year residency in Orthopaedic Surgery at (Ontario's top) UofT practised for two years. He holds a dual Fellowship, a Spine Fellowship from Washington University in St. Louis, MO, the top US school for Adult Deformity surgery studying under the giants of ASD surgery, Keith Bridwell, Lawrence Lenke, and Daniel Riew. Then returned to Toronto to complete a Spine trauma Fellowship from St. Michael's hospital (affiliated with UofT) in Toronto. Lewis has published and co-authored hundreds of articles and studies in peer-reviewed respected medical journals. In 2020 Lewis was

appointed Chairperson of the international A0 Spine Knowledge Forum Deformity (13) at the highly prestigious global non-profit A0 Spine foundation based in Davos Switzerland. Watch online Dr Stephen Lewis give a STED lecture on YouTube with the non-profit Seattle Science Foundation, streamed Sept 20, 2023 https://www.youtube.com/watch?v=MZr_h6oRLrw **Understanding, Managing Intraoperative Neuromonitoring Changes, Spinal Deformity: Stephen Lewis, MD** (14). Note, the patient cases presented will give one an idea of the kind of ASD patients Dr. Stephen Lewis treats.

Most significantly, Lewis has been taking on the most difficult cases of severe Adult Spinal Deformity patients in Ontario since he started his practice at UHN Toronto Western Hospital. These complex spine surgeries to correct severe scoliosis and other spinal deformities are gruelling, all day up to 12 hour, high-risk, extremely complicated, highly technical 'reconstruction' surgeries of the spine. No two are alike. **Most of these Adult Spinal Deformity patients, such as those with severe scoliosis cannot be corrected with the new popular innovative minimally invasive spinal surgery.** Yet **these complex spine surgeries are life-changing for patients, a proven effective treatment that has been available for over 50 years in Western countries, including here in Ontario.** Most orthopaedic spine surgeons do not want to specialize in complex Adult Deformity spine surgeries and there are only a handful of surgeons in Ontario with the necessary training in Adult Spinal Deformity surgery to do these surgeries. Complex spine patients can waste months or longer looking for a specialist. Many smaller cities, towns and rural areas in Ontario have no such specialists to treat scoliosis adult patients or patients with other severe spinal deformities. Dr. Stephen Lewis has achieved the reputation of being the top Ontario surgeon for difficult cases and has been in great demand for decades with family physicians and specialists all over Ontario referring their patients to him.

Surgeons for complex surgeries are subject to an inefficient, administrative OHIP fee for service physician compensation process with controls in place to prevent fraud or abuse. A system tailored to simple common surgeries. When a surgeon submits more than three surgical OHIP fee codes on their claim submission the claim is automatically flagged for review by the Ministry of Health, and the surgeon has to provide a detailed operative report in which an MOH staffer will review/adjudicate to ensure the correct fee codes were claimed. An OHIP medical advisor "expert" may be assigned to review/adjudicate at this point. If the surgeon disagrees with the offer of payment, they have 7 months to repeat the adjudication process with OHIP. If they disagree with the final decision they have 30 days to appeal to the 'Health Service Appeal and Review Board' HSARB. If they disagree with the HSARB's decision they can submit a Reconsideration Order for a possible second HSARB appeal. Flagging will occur to ALL claims for complex spine surgeries, resulting in unpaid, administrative work and time outside the OR and unbelievable lengthy frustrating delays waiting to be reimbursed. Dr. Henry Ahn is an orthopaedic spine surgeon at St. Michael's Hospital in Toronto who performs complex spine surgery for adult deformity patients **"echoed Lewis's concern about having to wait months, or sometimes beyond a year, to be reimbursed...He also said he mixes minimally invasive procedures alongside more complicated surgeries to ensure delayed payments don't impact his ability to pay his clinic and office staff — but it ends up creating longer waits for patients requiring specialized care."**(2)

In 2018 conditions deteriorated critically for complex spine surgeons, especially Dr. Stephen Lewis, who specializes in ASD surgeries, when substantial payment was denied for parts of his complex spine surgeries. The Ministry of Health had hired in a full-time position a Medical advisor/adjudicator to review and adjudicate flagged surgical claims by Orthopaedic surgeons. This Ministry employee is a retired (from clinical practice) Orthopaedic surgeon, who had completed a fellowship in pediatric Orthopaedic surgery from Vanderbilt University and was a former professor at Queen's university. This OHIP medical advisor/adjudicator is hired I believe as a "medical expert". Much like in criminal and civil court trials, 'experts' are hired to give testimony in cases pertaining to their field of expertise. This

former Orthopaedic surgeon has no medical qualifications (specialty or sub specialty training ie Fellowships) in spine surgery nor likely clinical experience in spine surgery including complex spine surgery and Adult Spinal Deformity surgery to assess and review complex spine cases. Suddenly, OHIP was denying full payment for vertebrae Osteotomies to Dr. Lewis who has routinely done likely hundreds over the years. ***“Osteotomies may be life saving procedures for patients with rigid severe spinal deformity...Vertebral osteotomies are technically challenging but effective procedures for the correction of severe adult deformity and should be performed by experienced surgeons to prevent catastrophic complications.”(15)*** These are high-risk, highly-technical, complex spinal procedures that require meticulous skill & expertise. This is not a minor orthopaedic surgical procedure that any complex spine surgeon would bill for only \$255 (the OHIP medical advisor believes the additional procedures are components of the \$255 n576 fee code) which is just a fraction of the bill owed to Dr. Lewis. A dental surgeon charges substantially more to remove a tooth. A podiatrist will charge 3x or more to remove a toenail. But OHIP is denying Lewis (and any complex spine who bills for this) compensation for the OHIP fee codes for the necessary pre-requisite bilateral laminectomy and decompression procedures. Worse, Lewis discovered when he took his case to the 'Health Service Appeal and Review Board' HSARB, on Nov 16, 2022, the presiding HSARB Board member, the Medical Expert or Advisor, is a retired family physician. They too do not possess the medical qualifications or clinical experience to judge or oversee these appeals and automatically ruled in favour with the OHIP's medical advisors faulty ruling.

This HSARB decision case report (File # 20-PBA-0001) is available for online public viewing on the non-profit Canadian Legal Information Institutes website CANLII. (16). There is prior an almost identical HSARB case, from Aug 31 and Sept 1, 2022 (File # 21-PBA-0028), with a specialized Orthopaedic trauma hip surgeon on the faculty of University of Ottawa and with a practice since 2014 at the Ottawa Hospital (the city's trauma hospital) named Dr. Geoffrey Wilkins, whom similar to Lewis, has two years of sub-specialty fellowship training in Orthopaedic Trauma and Hip Preservation surgery from the Hospital for Special Surgery, in New York, NY. As well, Dr. Wilkins is on the teaching faculty with AO Trauma North America, and is an Examiner and Trauma Panel Director in Orthopaedic Surgery for the Royal College of Physicians and Surgeons of Canada. Clearly, this Ministry employee is not medically qualified to review/assess/adjudicate his case either and appears to have no grasp or experience of external fixators for complex trauma fractures. **The Ministry of Health must find a resolution to this serious civil and HR staffing problem which has far reaching consequences and affecting other Orthopaedic surgeons who do complex surgeries. There is a ripple effect impacting and harming patients.** Orthopaedic surgeons are not all equal, some are generalists, some go on to further education taking a Fellowship to specialize in different parts of the body, ie hip, hand, foot, spine, then can further sub-specialize. Please hire or contract out, medical advisors with the right qualifications (equivalent Fellowships and clinical practices) to review complex spine surgeries. Or alternatively spine Neurosurgeons also do complex spine surgery and perform ASD surgeries so they could review/assess complex spine cases.

Dr. Stephen Lewis still has 30 unpaid (cases from 2022 and has no fair recourse with HSARB with and is still not being compensated fairly since he slowly resumed complex surgeries last summer. His patients are grateful he has not abandoned them. A group of them are on a private facebook group to support each other as they wait insanely long for surgery and they are counting on this petition. **Hundreds of complex spine patients continue to suffer in severe pain and worsening condition with degenerative spinal deformities and conditions.**

I am a former, extremely grateful, patient of Dr. Stephen Lewis, who I firmly believe saved my life in 2001, by the life-changing complex spine surgery to correct my serious scoliosis, which was not diagnosed during my childhood. And I had an OSTEOTOMY as well as fusion with rods to correct my spinal deformities. Ontario is extremely fortunate to have this gifted spine surgeon with architectural restoration-like skills in restoring twisted painful spines back to healthy balance. Ontario needs more like him and more Spine Neurosurgeons. **This non-partisan patient-initiated petition** was a

collaboration with Dr. Lewis, the Ontario NDP Health critic team and has gained cross-party support with Liberal MPP John Fraser and recently Green Party Leader MPP Mike Schreiner. The 2023 initial version of this Ontario legislature petition 'Sessional Paper No. P-146' petition was presented last fall to legislature by two NDP MPPs, including France Gelin as NDP Health critic and the response from the Minister of Health was an extremely disappointing one page non-response. Not one issue in the petition was addressed. **Disease does not discriminate. Access to spine surgery or any health care in Canada should be inclusive and based on medical need not hospital cost or discriminatory demographic groupings based on a patient-based funding reform model that discriminates against smaller groups and DISABLED persons.**

Spine surgeries whether complex or simple should have the same priority. Revising the Provincial Handbook to include Spinal QBPs for complex spine surgery by the Ministry of Health collaborating with a select committee of simple and complex spine surgeons including spine neurosurgeons is the obvious solution to ensure equitable access to spine care for all patients and fair and timely compensation to all spine surgeons. As well, including complex spine surgery in the Ministry of Health's Wait times program/strategy and increasing funding to Ontario Hospitals to support this revision.

Please Sign and Mail this petition ASAP or by April 10, 2024. Any resident of Ontario can sign! And a person can sign the SAME petition sponsored by different Ontario MPPs and even if one signed last year's version.. Be sure to include your **postal address** with your address.

One can download the PDF of the petition sponsored by Liberal MPP John Fraser.
Visit <https://spinecanada.ca/media/>

As well one can also download the PDF of the same petition sponsored by Green Party Leader MPP Mike Schreiner (and sign the online Leadnow petition if you wish)

at <https://you.leadnow.ca/petitions/support-access-to-spine-care-in-ontario>

Thank you for caring!

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- (2) <https://www.cbc.ca/news/health/scoliosis-surgery-patient-wait-surgeon-1.6884504> Health **CBC Investigates June 25/23, "Patients wait in pain as a surgeon fights to get paid"**
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- (4) <https://pubmed.ncbi.nlm.nih.gov/37137668/> Identification of an increased lifetime risk of major adverse cardiovascular events in UK Biobank participants with scoliosis, Open Heart, May 10 2023
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(10) <https://www.ontario.ca/files/2023-12/moh-qbp-clinical-handbook-non-emergent-integrated-spine-care-en-2023-12-11.pdf> Ministry of Health 'Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care, Revised Jan 2022'

(11) https://journals.lww.com/spinejournal/abstract/2024/03150/can_baseline_disability_predict_outcomes_in_adult.6.aspx Can Baseline Disability Predict Outcomes in Adult Spinal Deformity Surgery?, Spine Deform, March 15, 2024 **“delaying the intervention until patients progress to severe disability may limit the benefits of surgical in ASD patients.”**

(12) <https://www.ontariohealth.ca/public-reporting/wait-times> -Note Ontario Health does not collect data on wait times for COMPLEX Spine surgeries. This search was on Adult (simple) SPINE orthopaedic surgeries in Toronto Ontario on 03/06/24.

(13) <https://www.aofoundation.org/spine/research/research-programs/knowledge-forum-deformity> **AO Spine Knowledge Forum Deformity** Creating a common language and framework for researchers and clinicians (with **video of chairperson Dr. Stephen Lewis**). From <https://www.aofoundation.org/spine> based in Davos, Switzerland, non-profit '**AO Spine' is the leading global academic community for innovative education and research in spine care, inspiring lifelong learning and improving patients' lives... is the premier knowledge provider in spine surgery and at the forefront of education and research'**

(14) https://www.youtube.com/watch?v=MZr_h6oRLrw **Understanding, Managing Intraoperative Neuromonitoring Changes, Spinal Deformity: Stephen Lewis, MD Youtube STED talk** from the non-profit Seattle Science Foundation, Sept 20, 2023

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(16) <https://www.canlii.org/en/on/onhsarb/> CANLII the Canadian Legal Information Institute website Health Services Appeal and Review Board -Ontario, Decisions by YEAR, see 2022

RESOURCES:

<https://www.srs.org/patients-and-families/conditions-and-treatments/adults>

Scoliosis Research Society, RECOMMENDED RESOURCE FOR PATIENTS AND FAMILY AND PHYSICIANS “The Scoliosis Research Society is a non-profit, professional organization, made up of physicians and allied health personnel. Our primary focus is on providing continuing medical education for health care professionals and on funding/supporting research in **spinal deformities**”

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“Adult spinal deformity is one of the most challenging spinal disorders and by definition describes a complex spectrum of spinal diseases that present in adulthood including adult scoliosis, degenerative scoliosis, sagittal and coronal imbalance, and iatrogenic deformity, with or without spinal stenosis...Presently, a scoliotic curve of >10 degrees exists in 1.4 to 12% of the population.4 Adult scoliosis can be divided into two main categories: (1) progression of childhood scoliosis or (2) degenerative scoliosis. The prevalence of both residual childhood scoliosis and degenerative scoliosis is ~6% in adults over the age of 50 “

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Petition to Support Access to Spine Care in Ontario

To The Legislative Assembly of Ontario

WHEREAS People waiting for complex spinal surgeries, including for scoliosis, are forced to wait years in debilitating pain for the care they need, risking life-long consequences and deterioration in function.

AND WHEREAS Surgeons are willing and able to help, but the system puts up many barriers. Surgeons face the difficult choice of offering routine spinal surgeries - which guarantee compensation - over complex spinal surgeries, further lengthening the wait times for patients with complex cases.

AND WHEREAS Surgeons for complex surgeries are denied fair and timely compensation because of an ineffective and unfair adjudication process where the Ministry of Health Adjudicators/Medical Advisors reviewing claims of complex cases of spinal surgeries do not possess the required medical qualifications to conduct fair and accurate assessments of complex spine cases.

AND WHEREAS The Province is only addressing long wait times for common procedures with a high volume of patients such as hip replacements and routine spinal surgeries and neglecting to address the much longer wait times of complex spinal surgeries over routine/simple surgeries.

AND WHEREAS Ontario's funding for complex cases for spinal surgeries, derived from the General funding bucket, deprioritize complex spinal surgeries, over routine/simple surgeries. **AND WHEREAS** the "Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care – January 2022" covers a common day and inpatient surgery procedures and excludes complex cases, including severe scoliosis, incentivizing surgeons to perform high-volume simple spinal surgeries with guaranteed timely compensation and disincentivizing them from performing complex cases of spine surgery with delayed payments and disincentivizing hospitals from promoting complex cases.

Therefore, we the undersigned petition the Legislative Assembly of Ontario to Address the ever-increasing wait times and make complex spinal surgeries available in a timely manner. Immediately improve access to surgery for complex spinal conditions by revising the "Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care" to include complex spine surgery procedures and by increasing and equitably funding spine care in Ontario hospitals. Immediately address the inefficiencies and inequities in the OHIP compensation process for complex spine cases and resolve in a fair and timely manner the dispute of outstanding unpaid work for all complex spine surgeons.

Name (Printed)	Address (Printed)	Signature

Please return petitions (mailed or drop off) with original signatures to: Office of Mike Schreiner, MPP Guelph/Député Guelph at Main Legislative Building, Rm 451, Queen's Park, Toronto, ON

M7A 1A2

SUPPORT ACCESS TO SPINE CARE IN ONTARIO TO THE LEGISLATIVE ASSEMBLY OF ONTARIO:

WHEREAS People waiting for complex spinal surgeries, including for scoliosis, are forced to wait years in debilitating pain for the care they need, risking life-long consequences and deterioration in function.

WHEREAS Surgeons are willing and able to help, but the system puts up many barriers. Surgeons face the difficult choice of offering routine spinal surgeries - which guarantee compensation - over complex spinal surgeries, further lengthening the wait times for patients with complex cases.

WHEREAS Surgeons for complex surgeries are denied fair and timely compensation because of an ineffective and unfair adjudication process where the Ministry of Health Adjudicators/Medical Advisors reviewing claims of complex cases of spinal surgeries do not possess the required medical qualifications to conduct fair and accurate assessments of complex spine cases.

WHEREAS The Province is only addressing long wait times for common procedures with a high volume of patients such as hip replacements and routine spinal surgeries and neglecting to address the much longer wait times of complex spinal surgeries over routine/simple surgeries.

WHEREAS Ontario's funding for complex cases for spinal surgeries, derived from the General funding bucket, deprioritize complex spinal surgeries, over routine/simple surgeries.

WHEREAS the "Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care – January 2022" covers a common day and inpatient surgery procedures and excludes complex cases, including severe scoliosis, incentivizing surgeons to perform high-volume simple spinal surgeries with guaranteed timely compensation and disincentivizing them from performing complex cases of spine surgery with delayed payments and disincentivizing hospitals from promoting complex cases.

THEREFORE, WE THE UNDERSIGNED PETITION THE LEGISLATIVE ASSEMBLY OF ONTARIO TO:

- Address the ever-increasing wait times and make complex spinal surgeries available in a timely manner.
- Immediately improve access to surgery for complex spinal conditions by revising the "Quality-Based Procedure Clinical Handbook for Non-Emergent Integrated Spine Care" to include complex spine surgery procedures and by increasing and equitably funding spine care in Ontario hospitals.
- Immediately address the inefficiencies and inequities in the OHIP compensation process for complex spine cases and resolve in a fair and timely manner the dispute of outstanding unpaid work for all complex spine surgeons.

Signature	Name (Please Print)	Address	Email

Please return petitions (mailed or drop off) with original signatures to: Office of John Fraser, MPP Ottawa South/Député Ottawa-Sud at D-1883 Bank Street, Ottawa, Ontario, K1V 7Z9 or Main Legislative Building, Room 160, Queen's Park, Toronto, Ontario, M7A 1A5