

Addressing the Disability Tax Credit: Easing the administrative burden on family physicians

There is a crisis in primary care. Six million Canadians are without access to a regular family doctor. The onerous administrative demands on family physicians, including filling out complex forms such as the Disability Tax Credit (DTC), are adding to this crisis by taking time away from direct patient care.



The federal government must eliminate the requirement for family doctors to complete the DTC:

- Doctors face the time-consuming task of assessing disabilities based on stringent criteria. Portions of the form are highly complex and limited in terms of government guidance
- Patients face the financial burden for completing the DTC as it's not covered by provincial/territorial health insurance plans
- The physician-patient relationship can become strained when a patient can't pay for filling out the form or does not qualify for the DTC
- Family doctors respond to follow-up requests and questions from the Canadian Revenue Agency (CRA) after completing the form, taking additional time away from patients

Family doctors should not be the gatekeepers of this critical support system. The excessive and often unpaid time dedicated to forms also reduces the appeal of family medicine for medical graduates, compromising workforce sustainability.

It's time to remove the responsibility of policing the DTC from family doctors so that they can do what they do best: provide care to patients.

Removing this requirement will allow people with disabilities to have more control over submitting the form and accessing the DTC.

The solutions for the federal government are available:

- Eliminate the requirement for family doctors to complete the DTC, revising legislation like the Income Tax Act, Section 118.3, to relieve medical practitioners of this obligation
- Explore alternatives to guarantee the integrity of applications (e.g., implement auditing processes like the CRA approach to tax returns)
- Apply smaller-scale changes such as streamlining existing forms and providing remuneration to family physicians for filling out forms while they wait for system changes

See page two for case studies showing examples of the issues family physicians face.

Case studies are based on real experiences shared by family physicians but modified to protect the privacy of doctors and patients.

Approximately 400,000 DTC forms were processed in 2022. **Estimates suggest this amounts up to 400,000 hours of family physicians' time (equivalent to over one million patient visits).** The additional hours spent (and patient visits lost) on the DTC are likely much more if you add ineligible patients who approached their physician to fill in the DTC form.



Dr. Myriam

Dr. Myriam works in a family health team serving the inner-city population in Winnipeg. This population experiences higher rates of addictions, psychiatric disorders, and homelessness, and is often already on provincial government support programs.

At times, it has taken up to four hours for Myriam to complete one DTC form, which is time that could have been spent providing care to patients. This physician knows the CRA will send clarifying questions, which will take even more time to answer. She often does not know the details of how the patient experiences the difficulties listed in the form. She feels comfortable confirming a diagnosis but does not feel equipped to detail how a patient's medical condition impacts their functional abilities, such as mobility, so she takes her patient's word for it.

Myriam finds it stressful acting as the gatekeeper of financial benefits for individuals who are already marginalized and struggling. If the patient is denied, it negatively impacts the physician-patient relationship in a situation where transient individuals already experience a lack of trust with the health care system. Her experience leaves her dissatisfied with how much she is paid for her work and has her contemplating a departure from family practice.

Dr. Amanda



Dr. Amanda runs her own community practice and works one day a week in a hospital.

She finds the 16-page DTC form too long and the shift to the online portal has not made it a better experience for her. The most onerous section is making the case that her patient's mental health restricts their ability to perform mental functions necessary for everyday life. That whole section must be filled in with multiple specific examples. She does not know the exact details of how the specific condition impacts the patient and trusts what the patient tells her.

At times patients engage in a service that assists them to fill out the form. Not only do these companies send the form back to the doctor with corrections, but then the physician experiences follow-up clarification questions from the CRA. Filling out these forms takes an inordinate amount of time away from seeing patients and results in a frustrating professional experience for the physician.

The time spent to fill out the form is not compensated so she charges \$25 to complete the form. However, she feels conflicted about charging individuals who are already struggling financially. Amanda spends lunch hours or evenings filling out forms, impacting work-life balance. Her experience with the DTC form leaves her feeling underappreciated by policy-makers and she is considering retiring early because of her poor work-life balance, resulting in loss of access to primary care for the community she serves.

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