

8 June 2026

*By email only*

Mr. Matthew Anderson  
President & Chief Executive Officer  
Ontario Health  
525 University Avenue, 5th Floor  
Toronto, ON M5G 2L3

Dear Mr. Anderson

**Subject: Urgent: FIT Test Lab Transition - Patient Safety Concerns and Request for Resolution**

We are writing on behalf of the Section of General and Family Practice (SGFP) of the Ontario Medical Association to raise an urgent patient safety concern regarding the July 1 transition of the FIT test program from LifeLabs to In-Common Laboratories (ICL).

**The Immediate Issue**

With go-live less than 30 days away, most Ontario family physicians will not have digital integration for FIT result delivery - results will default to fax. ICL currently has EMR integration with only 3 certified vendors, none of which are major platforms in the province. For most physicians, this means:

- Staff must manually post or scan faxed results into patient charts, which delays physicians reviewing and acting on results
  - Electronic results are also flagged as positive or negative, which is functionality that will be lost with manual posting or scanning
- Time-sensitive results - including abnormal FIT findings - risk being missed or delayed
- Efficiency gains already built into primary care workflows are bypassed such as automated population health management practices
- "Batch faxing" - where a single fax contains results for multiple patients - creates a compounding and serious patient safety risk if these results are sent out this way

We understand that projects of this magnitude require complex planning with extensive coordination amongst a wide variety of partners. That primary care was not informed until April 22 - 70 days before go-live - and that digital integration was not a condition of the lab contract, points to a structural gap in how program design decisions are made and how primary care voices are engaged upstream.

We also want to flag this as directly at odds with Ontario Health's own Patients Before Paperwork commitment. Defaulting to fax workflows for the province's family physicians is the opposite direction.

## A Pattern We Can't Ignore

This issue is similar to what happened with the Pap/HPV test transition and the LifeLabs duplicate/partial results, real-world primary care workflows and EMR integration implications were not adequately considered at the design stage, leaving physicians and patients to absorb the consequences after the fact. We know from the LifeLabs experience that direct, senior-level engagement between organizations can produce meaningful and rapid movement on these issues. We are hoping for the same here.

## Our Asks

*Immediate - Before July 1st, 2026, if digital integrated results delivery is not possible:*

1. Consider supporting **HRM (Health Report Manager, via OntarioMD)** as an interim result delivery method - ICL can be onboarded as a sender relatively quickly, keeping results out of the fax pile for most physicians already receiving via HRM while the longer-term integration is sorted
2. Issue a **hard-stop policy on batch faxing** - no single fax should ever contain results for multiple patients, which is an all-too-common patient safety and workflow issue

While we appreciate the work to date, and the work that would be needed to change course, due to the patient safety and workflow implications we recommend a **temporary pause to the transition** to ICL for results delivery.

3. Provide a firm, accountable timeline for integration across all major certified EMR vendors - "timelines are still evolving" is not sufficient given the patient safety stakes

*Structural - going forward:*

1. EMR integration and primary care digital workflow readiness should be a precondition of program launches, not a post-launch aspiration
2. Dedicated vendor relations and primary care workflow expertise must be embedded in program design - before vendor selection and contract finalization, not at the implementation stage
3. A formal, standing mechanism for primary care representation in program decisions is needed - we would welcome working with you to build that together

## A Path Forward

We raise this not to assign blame but because how this is handled matters well beyond FIT tests. Addressing it proactively - and building a joint structure to tackle these kinds of inevitable transition issues together - would go a long way in establishing the trust we will all need for much larger initiatives like PCMR to succeed. We want to be partners in making that work.

We are available to connect at your earliest convenience and are committed to supporting a rapid resolution.

Respectfully,



Bill Kreuzweiser  
CEO, Section of General and Family Practice

David Barber, MD  
Chair, Section of General and Family Practice

Kevin Brophy, MD  
Chief Physician Officer Digital Health, Section of General and Family Practice

cc:

Dr. Sacha Bhatia, Primary and Community-Based Care Executive Vice-President

Judy Linton, Acute and Hospital-Based Care Executive Vice-President and Chief Nursing Executive

Dr. Chris Simpson, Acute and Hospital-Based Care Executive Vice-President and Chief Medical Executive

Dr. Payal Agarwal, Provincial Clinical Lead, Digital Health; Zahra Ismail, Vice President, Primary Care and Person Centred

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