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Amy Olmstead
Director, Home and Community Care
Ministry of Health

Delivered via e-mail to: HCCB.Modernization@Ontario.ca

Dear Ms. Olmstead,

ORA Response to Proposed Home & Community Care Regulations

Connecting Care Act, 2019

Introduction

The Ontario Rehab Alliance (ORA) appreciates this opportunity to comment on and support the modernization and improved integration of publicly funded home and community healthcare services.

The ORA represents primarily small to medium sized healthcare businesses that collectively employ upwards of 4000 healthcare providers including Regulated Health Professionals from all disciplines, social workers, and personal and rehabilitation support workers. While our association's focus to date has been as the primary providers of rehabilitation to Ontarians seriously injured in automobile accidents, most of our members provide services throughout the healthcare system. This gives us a wide-angle view of province-wide rehabilitation services and systems issues.

Context

Rehabilitation is a key component of client-centred care throughout life. Injuries, chronic and complex conditions, and aging transitions all require rehabilitation interventions in best practice models. Timely and appropriate rehabilitation strengthens system transition points from acute care to home, and mitigates or delays the need for long-term care, hospital readmissions and overreliance on primary care and/or pharmaceuticals. Healthy and vital rehabilitation services create healthy and vital healthcare systems, communities, and individuals.

Investing in rehab supports and maintains functional independence for those with injuries, chronic conditions and throughout aging; it both reduces and delays the need for personal support. Public dollars are not saved when spending on rehab diminishes, rather they are instead spent on support services over a longer period of time which ultimately becomes more expensive, diminishes quality of life and increases the burden on caregivers. Personal support will always be an important element in home care but personal support "does for" the client. Rehabilitation can help these same clients "do for themselves" -- and this is what most Ontarians want for themselves.

Unfortunately, access to rehabilitative services through Ontario's home care program has steadily diminished over the last 15 years as the proportion of the home care spend on nursing and personal support has increased. In addition to the shift in proportionality, almost all been fresh injections of funding have been directed at personal support. Further, delisting, and increasingly stringent eligibility criteria, have led to long waits for what remains of publicly funded physiotherapy.

The resulting picture of Ontarian's access to rehabilitation is not pretty. Rehabilitation is most effective when it is timely. In today's Ontario, only those who can afford to pay privately, or have some access through extended health benefits, have any chance of getting the rehab they need when it is most needed and effective. Without the 'upstream' investment of OHIP funds for rehabilitation our health and social services sectors pay the 'downstream' costs often not only for the original condition but also for the increased prevalence of secondary mental health issues for the client and their caregivers.

Expanding & Reconfiguring the Scope of Home & Community Care

The clarity of program and service stream names are important, particularly as one of the goals of modernizing the regulations is improving Ontarians' understanding of their system. With this in mind, might *Home and Community Care Services* as proposed, be more clearly described *as Home and Community Health & Support Services*?

We commend much of the proposed reconfiguring and expansion of services, in particular the creation of a new *Indigenous Services* group.

Particularly heartening from a rehabilitation perspective are the addition of psychological services as a new professional service, and the inclusion of behavioural supports, support services to include aphasia and communication disorders, as well as vocational training and education.

With respect to the inclusion of behaviour supports we strongly encourage adding rehabilitation support to the mix of services along with personal support. Rehabilitation support service providers have developed notable expertise and experience supporting the rehabilitation plans of Regulated Health Professionals, and particularly with brain injured individuals. Having this service explicitly named and included is recommended to ensure clarity, and more important, ensure that Ontario Health and OHTs are mandated to offer it.

We might further suggest that *Personal Support Services* be renamed *Personal and Rehab Support Services*, as personal support, or PSW, is considered by most Ontarians to be a specific role, and not a general description as we imagine is intended.

We would expect that Regulated Health Professionals (RHPs), particularly speech-language pathologists (aphasia and communication disorders), and occupational therapists (behavioural supports), would be involved in assessing and delivering a number of these proposed new services. We are therefore puzzled by the fact that *Professional Services* (which lists RHPS) are shown as distinct from *Community Support Services* in Slide 9.

We note the absence of psychotherapy from the expanded list of professional services and strongly encourage consideration of inclusion. Psychotherapists play an important role in mental health treatment; inclusion of psychotherapists in service models may also allow for better and more strategic use of scarcer psychologists.

Eligibility

We laud the expansion of eligibility criteria for receiving rehabilitation and healthcare services to encompass expanding *Professional Services* to include all end-of-life care (not only palliation) and allowing home and community care-funded personal support services to be provided in long-term care homes for a transitional period to newly admitted persons with behavioural issues.

Further, changing the eligibility criteria for in-home physiotherapy services to remove the requirement that a person be 'unable to access the service outside the home due to their condition' , and replace it with a requirement that the person 'have difficulty accessing the service outside the home due to their condition or other circumstances' will help to address the current accessibility and equity issues in home care rehabilitation.

Authorizing Ontario Health to fund Health Service Providers and Ontario Health Teams to provide defined home and community care services that include residential accommodation will provide much needed support to such existing programs and encourage the creation of new congregate and residential treatment options when home, acute and long-term care settings are not appropriate.

Eligible Providers

Proposed amendments to the Connecting Care Act, 2019 will require organizations receiving direct funding from Ontario Health to provide Home and Community Care services to be not-for-profit organizations. Ontario Health Teams and non-profit Health Service Providers will be funded to coordinate and provide Home and Community Care. These Health Service Providers and OHTs will be prohibited from delivering Community Support Services through contracts with for-profit providers, with an exception for transportation services, security checks and reassurance services, and any current contracts.

We query the prohibition of direct funding to for-profit organizations, and the prohibition against contracting with for-profit providers of Community Support Services, and would like to hear more about the rationale.

On what basis are for-profit healthcare providers subject to these restrictions? Many not-for-profit organizations have for-profit divisions. Which category will these belong to?

Many Ontario Health Teams have for-profit Health Service Providers as part of their core group and affiliates. How is that for-profits can play these key roles – as volunteers - yet be subject to a double standard as service providers?

Why is it that for-profit providers may be subcontractors to not-for-profits providing Home and Community Care, but are fully excluded from delivering Community Support Services?

Most Ontarians would agree that primary health care providers such as family physicians and specialists are key to our current system. With the exception of hospitalists the vast majority of Ontario physicians work within a for-profit private practice model.

Like physicians, the thousands of Regulated Health Professionals (RHPs) who work for private healthcare companies, many of which deliver publicly funded healthcare, are held accountable by their RHP Colleges as are their counterparts in not-for-profit provider organizations. Many private Health Service Provider companies are accredited.

In the auto insurance sector healthcare provider organizations are also subject to FSRA's regulatory regime designed to ensure integrity and accountability of delivery and billing practices. We presume that some form of formal contract procurement (RFP) processes will be employed by Ontario Health and Ontario Health Teams. If these tools reflect objective and data-based selection criteria against which for-profit and not-for-profit providers will be judged what purpose is served by the excluding for-profit providers at the outset?

Further, exclusion from eligibility for direct funding seems likely to result in unnecessary layers of service delivery and complexity rather than improvement in system flow and client care as these regulatory changes intend. It may also limit access to the right provider at the right time, whether that is a specific skill, region, or cultural and language competency.

Care Coordination

Enabling Ontario Health Teams to locate care coordination where it deems best will, if the decision making is sound, be essential to developing supportive and integrated care planning and oversight. The role of the proposed Care Coordinator suggests the development and coordination of a care plan. Clarity regarding the relationship of this care plan to any client treatment plans developed by a Regulated Health Professional (RHP) is required. If the care plans proposed here will be similar to those developed by LHIN case managers, they might be better described as resource allocation plans. We would hope that RHP assessments and treatment plans would be foundational to care plans that specifically direct services and equipment.

The coordination and integration of potentially multiple RHP treatment plans and recommended support services and equipment will be key to improving the client experience as well as clinical outcomes.

Bill of Rights

The ORA supports enshrining the more inclusive and comprehensive client Bill of Rights in regulations. Respectful and informed service has been shown to lead to better outcomes for clients.

It is worth noting that service providers may also experience challenging (racist, sexist, etc.) encounters with clients. While acknowledging the power imbalances that may be inherent in the provider-client relationship, service provider organizations also have a legal and ethical obligation to do their best to ensure a work environment free of harassment and discrimination. This obligation extends to wherever work takes place.

A province-wide standard for client behaviour as a companion piece to the Bill of Rights would be a useful tool for all parties as Ontarians collectively engage in widespread systems and social change.

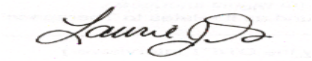
Complaints

Effective, transparent and equitable processes for clients and their families/caregivers to express concerns are vital to system integrity. Due process is essential to equity; we therefore point out that restricting appeals eligibility to exclude patients and their families/caregivers from appealing decisions relating to a complaint seems to leave due process incomplete.

Self-Directed Care

Self-directed care may be appropriate for a broader range of clients and client-needs than is current practice. It is encouraging that program parameters will be set out more in policy than in legislation or regulations as this may allow Ontario Health and OHTs greater capacity to be more responsive and client centred.

Respectfully submitted by:



Laurie Davis
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