

ETHP Response to the Proposed Regulations Related to the *Connecting People to Home and Community Care Act, 2020* July 24, 2020

The East Toronto Health Partners (ETHP) Ontario Health Team (OHT) is pleased to share our feedback on the proposed regulations for Bill 175. The Anchor Partners for the ETHP represent the continuum of health and social care and we fully recognize that modernizing our home and community care sector is essential for us to succeed in delivering more integrated care to our local population.

The ETHP are fortunate to have a highly dedicated group of patient and caregiver partners who provide us with valuable and insightful counsel. Despite the limited timeframe the OHTs were given to provide feedback to the Ministry, we were able consult with a small group of our patient and caregiver partners on the proposed regulations to help develop our response. This important policy work must be driven by the priorities of the patients and caregivers with lived experience of the current system and we believe that the Ministry must clearly reflect their voices in the policy changes. **Our responses that relate to specific feedback or comments from our patient and caregiver partners are bolded throughout this document.**

Our key messages related to the proposed regulations are as follows:

- 1) The ETHP strongly endorse a greater role for OHTs in the design, delivery and accountability for local home and community care delivery. This includes increasing flexibility to design care at a local level that better meets the needs of our patients, caregivers, and care teams. We recognize that OHTs are a new way of organizing and delivering more integrated care to local communities and are still in the early stages of development. It will take time and significant effort to create capacity for OHTs to assume responsibility for home and community care.

We wish to advise the Ministry that the ETHP is interested in becoming an early adopter for the redesign of home and community care and we are actively working on a proposed path forward for our local region. We are very interested in collaborating with the Ministry of Health and Ontario Health to develop policy, future state design, and implementation planning. We have already engaged patients/caregivers, primary care, and home and community care providers in our early redesign efforts and we are committed to continuing to co-design the future state with consumer voices and other partners at the table.

- 2) **While we endorse the new policy in principle, the ETHP and our patient/caregiver partners strongly recommend that the Ministry of Health extend the public review and consultation period for the regulations for Bill 175, Connecting People to Home and Community Care Act, 2020. A delay would enable the Ministry to undertake a targeted consultation with home care recipients and also enable the Ministry to benefit from understanding the system implications of the COVID-19 pandemic response, particularly with respect to the changes that are required for long-term care and home and community care.**

- 3) **We recommend that the regulations include an overriding commitment to uphold the core principles of our health care system (public administration, accessibility, comprehensiveness, universality and portability).**

The following sections summarize our additional recommendations related to clarifications and revisions to the proposed regulations:

Care Settings

- For the section that reads *“The ministry is proposing to add “public hospitals” as an eligible care setting for complex clients where the home and community care services pre-dated the hospitalization and are not expected to be needed post-hospitalization”* we recommend that continuity of care for patients and caregivers before, during, and after a hospital stay is critical and should be emphasized in the regulations; the proposed language should be changed to reflect this.
- **As the MOH completes a review of the long-term care system and the tragic implications of the response to COVID-19, any proposed changes to the long-term care sector will have implications for home and community care. We recommend the learning from the long-term care review be included in the redesign of the home and community care system.**
- With respect to language related to development of new regulations for residential congregate settings, the Ministry is advised to consult extensively with the sector before moving forward.

Services

- We support the introduction of more flexibility for the eligibility criteria for pharmacy and physiotherapy services at the discretion of the local funder, such as OHTs, to facilitate greater access to clients who may otherwise have difficulty accessing these services.
- **The new services that have been added are welcome and much needed, there is no mention of critical, widely used services that are defined in the existing legislation such as basic personal assistance for vulnerable seniors who live on their own.**
- **We recommend clarifying the language with respect to new services provided to a patient in hospital as to:**
 - **Whether these services would still be considered “home care services”, and**
 - **Whether they could be delivered by a for-profit provider in a hospital setting, and if so, how that would be administered and funded.**

Continuity of Access

- **Bill 175 and the proposed regulations appear to open the door to more for-profit care delivery. We recommend the proposed regulations clarify the oversight for providers to ensure there is**

no opportunity to transfer costs, implement user fees or otherwise change access to home and community care services for patients and caregivers.

Care Planning and Delivery

- Specific and separate care plans for family caregivers, including access to respite support, should be added as a responsibility of care coordination.
- **The proposed regulations indicate that care plans must be shared with patients and/or with each patient's caregiver. We would recommend clarification that:**
 - **Care plans must be co-designed with (vs shared with) patients and caregivers**
 - **Home care providers are responsible for sharing information within the context of validated Power of Attorney or Substitute Decision-Maker status**
 - **Patients and designated caregivers must have free, unlimited access to their care plans/the care plans of their care recipients (currently patients/caregivers face undue challenges in accessing this information) as equal partners in the delivery of care**
- We support the section on Method of Delivery that enables both in-person and virtual care. We would further recommend that the regulations support a shift away from fee-for-service based delivery as the primary means by which home care is funded, to alternate funding models that create better incentives for providers to deliver more comprehensive care, encourage innovation in care delivery, and support their greater engagement with other partners in the care team.

Emphasis on Not-For-Profit Delivery

- We support the restriction of direct Ontario Health funding to not-for-profit providers; however, we note that the government has not added additional not-for-profit providers to the current approved list of organizations receiving direct funding for many years. This has had a negative effect on innovation and partnership in the provision of community care services. In the context of OHTs, the proposed regulations should enable Ontario Health and OHTs to 'approve' new not-for-profit providers of community care services if required.

Self-Directed Care

- **We recommend further consultation with patients and caregivers on plans to extend self-directed care, particularly in the context of enabling OHTs to offer home and community care services under this model.**

Electronic Record and Information Systems

- On Pages 3–4, within the section on Eligible Providers, there needs to be harmonization of e-record and e-communication systems across the province for the benefit of patient care and in order for integrated care within and across OHTs to be successful. The digital tables in the OHTs must successfully develop and agree upon a provincial patient record system. As a practical matter, there are many home care provider organizations that partner in and serve the patients of multiple OHTs. Their e-scheduling and record systems have been developed at great cost. Because home care coordination and scheduling are so complex, the systems are unique to home care. Those systems must seamlessly interface with the OHT system and the many different hospital systems across the province. Reducing the number of different systems in use across all sectors is preferable. This work needs to be advanced very quickly.

Role of Home Care Providers within OHTs

- There is a tension in this regulatory framework between home care providers being full partners in OHTs and being ‘contracted’ providers of home care. The OHTs cannot move forward under the existing procurement model, which is highly restrictive and keeps home care agencies at arm’s length from the rest of the system. Home care agencies need to be part of the planning, design and governance functions of the OHTs. Most OHTs will likely operate with all partners having a Service Agreement with the OHT or the designated fund holder. The same ‘contract’/‘service agreement’ issues will have to be managed by the OHT for all partners as, for example, population needs change, new services are required or can be cut, capacity is challenged, service quality fluctuates. There is no reason to treat home care and home care providers differently than community care and community care providers or any other organization or individual practitioner providing service in an OHT.

Service Maximums

- With respect to service maximums, we support the exclusion of service maximums from the proposed regulations, but recommend the implementation of a standard Levels of Care-type framework to promote equity of access to care across regions. **This should also include a standard basic equitable basket of services that all all citizens are eligible for regardless of where they live and regardless of differences in local funding decisions. While we appreciate the inclusion of statements such as “no one should be denied service based on funding” realistically there needs to be greater clarity of how this will work in practice, particularly with respect to delivery of care through for-profit organizations.**

Patient Rights, Complaints and Appeals

- On Page 7 the right of appeal is essential; however, as far as we are aware, the infrastructure required to respond to formal appeals before the HSARB does not currently exist in any OHT. In the context of maintaining OHTs as broad partnerships operating with minimal bureaucracy, some thought should be given to how OHTs will be able to participate in HSARB hearings and how funding will flow for that participation. We would suggest further consultation on this as regulations are being developed.
- **We are concerned that although the Home and Community Care Bill of Rights needs to be updated or replaced, it will be repealed with the proposed legislation with no immediate replacement. While there are formal complaint structures such as the HSARB and Patient Ombudsman, these may not offer practical protection or recourse for patients and caregivers. We recommend the regulations include an updated Bill of Rights.**

Need for Additional Consultation

- **We would recommend that the Ministry actively partner with patients, caregivers and sector partners in finalizing the regulations to ensure that the new regulations address their priority concerns and wishes. We further recommend the Ministry adopt an open and transparent engagement process as we move forward.**
- We understand that the regulations are intended to provide a basic framework for anticipated changes to the delivery of home and community care and that further work will be required to clarify and define:
 - The overall policy direction and goal for home and community care design in Ontario, and within local regions
 - **The accountability and oversight role through the Ministry of Health and Ontario Health such that there is assurance of equitable, consistent access to and delivery of home and community services that prevents further fragmentation across the province.**
 - The degree to which OHTs will be able to establish and direct the local delivery of home and community care, and how they will manage the activities to be transferred from LHINs
 - When and how existing LHIN-based home and community care staff, including care coordinators, team assistants, clinical staff and management resources will be transferred or otherwise redeployed to OHTs. (This will be a complex undertaking and any regulatory framework will need to maintain flexibility. It may be that these transitions need to be accomplished OHT by OHT with the unique local characteristics of each OHT taken into account.)
 - The timeframe and planning process for changes to home and community care design

Please let us know if you have any questions about our feedback. We look forward to working with our colleagues at the Ministry of Health and Ontario Health to implement a new vision for home and community care as part a larger system of integrated care designed to better meet the needs of patients and caregivers.

Signed,

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