

February 26, 2016

Ministry of Health and Long-Term Care
Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Submitted by email: health.feedback@ontario.ca

RE: Patients First: A proposal to strengthen patient-centred health care in Ontario

Dear Sir/Madam,

The Ontario Physiotherapy Association (OPA) is the Ontario branch of the Canadian Physiotherapy Association and represents more than 6000 member physiotherapists, physiotherapist assistants and students working and living in Ontario.

We commend Minister Hoskins and the Ministry of Health and Long-Term Care for the various transformational initiatives announced to strengthen the delivery of patient-centred healthcare in Ontario. The OPA continues to support the government in transforming Ontario's health care system to improve access and to deliver a seamless continuum of quality, appropriate and patient-centred care.

We were pleased to have the opportunity to participate in the stakeholder roundtables in this consultation on *Patient's First: A proposal to strengthen patient-centred health care in Ontario*. In our response we wish to continue to contribute to this important conversation on behalf of our members, their patients and all Ontarians.

The physiotherapy profession is well-positioned to support the proposed initiatives. The recent transformational reform of physiotherapy funding and the expansion of the physiotherapy scope of practice demonstrate that the physiotherapy profession not only promotes and practises, but also thrives, in an innovative environment that responds to the needs of patients and increases access to needed care. We encourage the Ministry to integrate and leverage the value of physiotherapy services throughout these changes and we offer our assistance at every stage to achieve these goals.

In response to the proposals set out in the Discussion Paper, the OPA provides the following high-level comments, questions and recommendations:

- **TRANSITION PLANNING:** Transformational change requires careful transition planning to reduce the risk of destabilization for patients. We trust that a transition plan will be developed in close consultation with patients and service providers, recognizing the important role of health care teams in ensuring that patients experience seamless care throughout this transition. OPA looks forward to assisting in this critical planning process.



- **APPLICATION & ADOPTION OF TECHNOLOGY:** Achieving a patient first focus will require integration and coordination across regions and sectors. This, in turn, will require integrated technology systems to facilitate communication and enhance access to care. Quality, timely care requires seamless access to patient health records including diagnostic and treatment history, medical information, personal and family information. Information must be available in real time across all service delivery organizations, practitioners and sectors.
- **PROFESSIONALS AND TEAMS WORKING TO THEIR FULL POTENTIAL:** Realizing the full potential of these transformations will require the integration of the full scope of practice, skills and capabilities of each profession into service planning and delivery and the removal of policy and system barriers to this integration. Doing so will strengthen primary care, maximize the efficient use of provider time and health care resources, reduce redundancy in the system and improve timely access to diagnosis and treatment. Examples of innovations launched across the province demonstrate the value of teams structured to capitalize on the strengths of each profession.¹ In some hospital Emergency Departments² physiotherapists assess patients and support triage thereby reducing wait times and admissions and the efficient application of resources, while also ensuring that those who can be better served in the community are connected to those resources.
- **INTEGRATION OF FUNDING:** Funding models in the current system are often a barrier to integrated seamless patient care. Removing funding barriers to patient transitions among the components of the system is a critical element to positive transformational change. There are many instances where best practices and associated funding that follows the patient throughout the system have already been established, for example in the Ministry's Quality Based Procedures (QBP). Nevertheless, barriers between the sectors continue to limit or fragment the full potential of QBPs³.

¹ Commission on the Reform of Ontario's Public Services (2012) Public Services for Ontarians: A Path to Sustainability and Excellence Commission on the Reform of Ontario's Public Services. Accessed at: <http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf>

² The Canadian Physiotherapy Association (2012). Emergency Department - The Value of Physiotherapy. https://www.physiotherapy.ca/getmedia/b7c9c60e-8b3a-44b7-878a-03b0a4d7c719/CPA_TheValueOfPhysio2012_ERdept-v1_1.pdf.aspx

³ For example, the QBP for primary hip and knee replacements (2014) clearly states that timely access to rehabilitation care is required for successful recovery. However, patients can experience barriers to access this care when there is uncertainty about which health system component (CCAC, Hospital outpatient care) is responsible for providing it. Funding that follows a patient through this care continuum would help to ensure that essential care resources are available to a patient, regardless of their provider.



- **PROVINCIAL STANDARDS OF CARE AND ACCESS:** In order to succeed in their expanded roles LHINs will require the Ministry to set provincial standards and definitions of care and establish an evaluation system that holds LHINs accountable in ensuring these standards are met. Doing so will not only promote the equitable delivery of care across the province, but will also help to foster a collaborative environment between LHINs, and LHIN sub-regions. There is already valuable work being done by organizations such as the Rehab Care Alliance (RCA) and Health Quality Ontario that will help build a foundation for these important standards.
- **REDUCE FRAGMENTATION THROUGH INTEGRATION:** Fragmentation of decision-making in the current system inadvertently promotes isolated decision-making thereby undermining work in other areas. An example of this is in the introduction of Community Physiotherapy Clinics (CPC) and the associated new funding model in 2014. Despite the explicit intent to increase access to, and the net capacity of, community resources for physiotherapy services, many hospitals have significantly reduced or eliminated outpatient services and displaced their patients to home and community care services. Subsequently, CCACs tightened their restrictions on eligibility and have been referring patients displaced from hospitals to CPCs. The end result of all these individual sector-specific decisions has been a reduction in overall or net capacity in the system and reduced access to needed care for patients. We support the idea of comprehensive accountability and urge the institution of deliberate monitoring and evaluation of all changes in net capacity to the system throughout this transition and beyond.

In response to the main themes proposed in the Discussion Paper, the OPA provides the following comments and recommendations:

REGIONALIZATION AND SUB-REGIONS

Regionalization of health care planning including sub-regions should facilitate planning but not act as a barrier to timely access to care by Ontarians. Any transition plan will have to address how access to, and coordination and continuity of, care for patients will be assured through the creation of sub-regions. Accessing needed services by crossing LHIN or sub-region boundaries must be seamless from the perspective of patients, their families and caregivers.

The geographic boundaries of LHINs and sub-regions must recognize established community patterns. Their configuration has to reflect existing realities such as established transportation hubs and networks, demographic clusters, the location of existing service organizations, and municipal and geographic boundaries. Identification of the sub-regions should be based on extensive consultation of the communities involved.

To ensure that patients come first in regionalization, strong leadership by the Ministry and the Minister will be needed to ensure full engagement and cooperation from sectoral service delivery and practitioner leaders, to achieve agreement to share data and information among practitioners in real time and to performance measures and evaluation. The OPA believes that to serve patients



and communities better, all components of the health care system must be seamlessly integrated from timely data and information sharing to performance measures and evaluation. We welcome the opportunity to support the implementation of this vision.

LHINS AND PRIMARY CARE

Being at the centre of a network of comprehensive care is most important to Ontarians when it comes to primary care. The OPA applauds the expansion of the LHINs' mandate into primary care. We believe this will contribute to achieving this network. Primary care is the cornerstone of our health care system and the first contact for care, health promotion and disease prevention. Fully integrating primary care into planning is critical to achieving a seamless continuum of care.

The Drummond Commission recommended an increased role for interdisciplinary teams in primary care models.⁴ By increasing the number of essential health professions such as physiotherapists in primary care teams, as the government began to do in 2014, the system can increase the number of points of access to these professionals, maximize the efficient use of scope of practitioners, allocate resources more efficiently and comprehensively addressing patient needs.

Unlike other sectors currently under the mandate of the LHINs the proposal indicates that funding of primary care will remain primarily with the Ministry. There is a risk this will have an impact on the authority of the LHINs to be able to achieve their mandate of planning, integration and accountability in primary care.

As mentioned above, the success achieved through linking primary care providers with other parts of the system depends fundamentally on the ability of care providers to share patient records and information. Technology, from electronic medical records to virtual care, offers an opportunity to improve access and quality through enhanced communications among primary care providers and other parts of the system as well as between patients and their care teams.

LHINS AND HOME CARE

Subject to a detailed implementation plan (including costs and timelines) the OPA supports the absorption of CCACs and their functions within the LHINs. In this regard, we acknowledge concerns expressed during the stakeholder consultations that under the proposed restructuring LHINs will be responsible not only for planning, funding and accountability but also for direct service delivery. There is an inherent conflict of interest in this conflation of roles. The governance structure of the LHINs and the requirements imposed upon them in terms of transparency and accountability will have to address this obvious inherent and potentially disabling conflict.

⁴ Commission on the Reform of Ontario's Public Services (2012) Public Services for Ontarians: A Path to Sustainability and Excellence Commission on the Reform of Ontario's Public Services. Accessed at: <http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf>



While agreeing with the need to merge the CCACs with the LHINs, we do question whether amalgamation, on its own, will sufficiently address the fundamental concerns identified by the Auditor General and others. To achieve the objectives set out in the Discussion Paper, this merger must bring real change to the traditional processes of CCAC management and operations.

As the Auditor General has commented, huge variations have arisen among the LHINs pertaining to the delivery of physiotherapy. Our members around the province report large variances in the number of physiotherapy visits allowed for the same conditions. As part of the provincial standards, the Ministry must set consistent expectations for the delivery of home care to ensure that access and services are meeting the needs of Ontarians no matter where they live. Addressing these variations through the establishment of provincial standards will ensure that Ontarians are protected from regional decisions that may negatively impact access to care and the patient experience.

In conclusion the OPA reiterates our ongoing support for transformational, system-wide change to strengthen the delivery of patient-centred health care in Ontario. OPA has been pleased to be a partner in realizing health care system change for many years now. We are eagerly looking forward to working with Minister Hoskins, the Ministry and other stakeholders in the further development and implementation of the proposed transformational changes. The physiotherapy profession has a key role to play in putting patients first in our health care system. On behalf of our members across Ontario, OPA is ready to help effect sustainable change that will improve patient access to a seamless continuum of quality, appropriate and patient-centred care.

Respectfully Submitted,

A handwritten signature in black ink that reads "D. Sauvé".

Dorianne Sauvé
Chief Executive Officer