

March 30, 2020

Ms. Amy Olmstead
Director, Home and Community Care Branch
Ministry of Health

Via: email

Dear Ms. Olmstead,

On behalf of front line health professionals, working in therapy and social work services in home care, our respective associations, Dietitians of Canada (Ontario), the Ontario Society of Occupational Therapists, the Ontario Physiotherapy Association, the Ontario Association of Speech-Language Pathologists and Audiologists, and the Ontario Association of Social Workers would like to bring forward an urgent issue regarding the implementation of virtual visits. This issue is having significant impact on available health human resources to provide essential services in the community.

Health care providers in the home and community care sector provide essential services to already vulnerable populations. Our members are committed to supporting patients, families, and the health system by enabling people to manage their health issues in their homes, reducing or preventing strain on our already strained hospital sector. To protect clients, their families, communities and themselves, our members have supported restrictions on non-essential visits and services and are supportive of moving as many essential services as possible to a virtual care model, minimizing face-to-face visits in appropriate cases or where guidelines of the public health authorities for the provision of care cannot be met.

Recent communications from the LHINs relating to virtual care visits and payment have raised significant concern in the sector. The fees, as they are being applied in the different regions, and the significant drop in volumes of services have resulted in an unsustainable compensation model at the front line. The impact is the inability of the professional to provide quality care that meets standards of practice, and to maintain employment within the sector.

We are aware these are exceptional times which require exceptional measures to address the rising health care needs of Ontarians but we are also concerned that, left unaddressed, these concerns will further limit the health human resources needed at this time. We collectively urge you to consider the following issues:

- **Central guidance on fees for virtual visits in home care:** Service provider organizations (SPOs) have received notice of virtual visit rates which we understand to be \$15 for a well check (5 to 15 minutes) and \$30 for assessment/intervention visit (15 - 30 minutes). These rates, when translated to the front line result in a compensation model for virtual visits that is not supportable. In the current model of Service Provider Organizations (SPOs), with employees or contracted professionals providing services, those fees are subject to significant reduction to cover administrative costs. We have been made aware of fees being reduced up to 50% of the centrally suggested fees.
- **Perceived caps on the number of ‘visit units’ per day:** In some LHINs, the central guidance has been interpreted as restricting virtual interventions to one visit unit per client per day. While virtual care can be efficient, for most virtual therapy and social work visits the time spent in direct contact with the patient and the time preparing and completing charting for the visit, which in the regular visit system are considered part of the visit fee, will exceed 30 minutes.
- **Shortages in available Personal Protective Equipment (PPE):** Not all cases deemed essential and in need of emergency services will be appropriate for virtual care. Based on standards of practice, the health professional will have to establish there are no physical, cognitive or technological barriers to engaging in virtual care and secure the informed consent of the patient that they accept this method of delivering care. Thus, in some cases, in-home visits will be the best practice. While our memberships are supportive of this approach, they are concerned about the lack of Personal Protective Equipment (PPE) for community-based professionals. It is critical that appropriate PPE that meets the recommended guidelines be available for those providing essential in-person services in the home care sector to prevent further spread of COVID-19 and drain on needed health human resources.

In light of the above situations, we hear that members are faced with the difficult, ethically troubling decision about whether they can afford to continue to offer work to the sector or withdraw to take advantage of income supports offered by the government to meet the financial needs of their families. Some are advocating to continue to provide in-person visits for which they can receive higher compensation, notwithstanding their anxiety about the lack of PPE and concern for placing the patients, the professional and their families at risk. We believe these options and reactions pose serious risk to the health human resource in the sector. We know that recruitment to the sector is already challenging and share our concern as associations for the potential long term post-pandemic implications that any further loss of workforce may have.

For these reason we strongly recommend the following:

- **The regular visit fee for our respective members (dietitians, occupational therapists, physiotherapists, speech-language pathologists and social workers) should be reinstated and applied for virtual visits.** Virtual care does not necessarily mean less time for a visit as any

healthcare provider will continue to perform a comprehensive assessment, provide education and determine appropriate interventions. As such they should be compensated appropriately.

- In the event that regular visit fees can absolutely not be recognised for virtual care, **central guidance on a per visit fee for virtual care must be increased and recognize the additional costs of the system based on SPOs administrative costs and the professional time required to provide virtual care that meets the standards of practice of regulated professionals.**
- **If a visit fee is based on up to 30 minutes of services then health professionals must be able to bill for more than one virtual visit in a day/client for a visit/services that are longer than the 30 minutes.** Therapists are being asked to deliver professional services which include both direct and indirect time and may require additional time to deliver in a virtual format. Indirect client care includes documentation and time related to all communications with 3rd party vendors for equipment, consultation to caregivers and other interventions and coordination made even more important in a virtual setting.
- **Existing service caps should be suspended related to virtual care so that the health professionals can best meet the needs of patients in a virtual approach.** In some cases it will take a longer initial visit but followed by more frequent, shorter virtual visits to achieve the needed health outcomes. We assert that a more outcome based focus incents and provides for more wholistic care which is of particular importance during the period of pandemic when clients may be additionally stressed or fearful.
- **The central repository for PPE available in this sector must include the needs of all health professionals, including therapy and social worker professions, to support provision of services deemed essential to be delivered in the home.** Steps must be taken immediately to address shortages in the home care sector.
- **Clear, consistent messaging and communication of plans for virtual care across all LHINs/regions is critical to be delivered to all health professionals working in home care.** There must be consistent application and interpretation of directives in this unique time of change and adaptation. It has been identified that SPOs who provide services across LHIN groupings are receiving different messages relating to fees and limitations on visits. We urge the five LHIN regions to consolidate key messages in keeping with the proposed goals for better coordinated care across the province.

Our member organizations are committed to support Ministry efforts to provide essential care for home and community care clients. We would be pleased to collaborate and help in any way we can including providing expert assistance in identifying essential services and in establishing guidance for implementing telepractice/virtual care and/or other unique service delivery practices that might need to be incorporated during this pandemic period. We understand the need to move quickly and don't wish to hinder efficiency, but engagement of the professional associations can assure prompt supportive communications and facilitate resources to ensure successful implementation of these changes.

We will make ourselves available to discuss these issues at your earliest convenience. Should you recommend we speak to another individual able to act on these concerns please feel free to forward this communication and to advise us who we should be following up with.

Sincerely,

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