

April 27, 2020

Mr. Phil Graham
Executive Lead, Ontario Health Teams
Ministry of Health

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

Delivered via email

Dear Mr. Graham and Ms. Olmstead;

We wish to extend our appreciation for your attention to the issues we raised regarding the provision of virtual care by therapy professionals working in the Home and Community Care sector and the fees that were set by the Ministry of Health for these services.

We have been made aware of communications introducing new rates and directives for virtual care forwarded from the Ministry to LHINs and subsequently communicated to service provider organizations. While we recognize that the impact of these new rates for frontline providers will not likely be known until service provider organizations have the opportunity to determine billing practices in their own organizations. **We feel there is a window of opportunity to communicate our significant concerns with the proposed new rates in an effort to promote action to mitigate any negative reaction amongst frontline workers who are so critically important to the continuing effort of our Home and Community Care system.** We support your objective to rapidly expand the virtual delivery of home care professional services to ensure access to essential care during this pandemic period. Addressing these concerns will be critical to achieving that objective.

We are uncertain about how the new rates for therapy professionals were determined and regret that as associations we were not consulted. While the new proposed rates for virtual care are clearly higher than the initially proposed rates and are identified to address the Ministry's expectation that "...rates are to be used when the clinician is providing full scope of a professional service visit", we identify the following concerns which we feel are important to address before fees are communicated to frontline professionals.

Issue 1. The virtual care rate for each profession does not recognize full scope practice.

The goal to reflect rates for virtual care that compensate for a full scope of professional service is undermined by mandating a singular rate across the province that is different from the negotiated contracted rates for in-person full scope of practice professional services currently in force between the LHINs and Service Provider Organizations. It is unknown how the proposed new virtual care rate for each profession was determined but it would appear to be a rate that will be lower than the regular per visit rate for many.

While we recognize that this will result in a variable rate within each profession as dictated by individual provider agency contracts, the regular rate will be the rate that frontline professionals are accustomed to. Receiving equal pay for equal work (full scope) to in-person practice is reasonable to expect. It may be argued that travel time is not incurred in a virtual visit rate. However, in lieu there are additional steps and requirements of virtual care: additional communications with clients to establish virtual practice protocols, ensure access to technology, orientation, etc.; new consent and privacy requirements; and the development of additional resources to support virtual practice. It should also be noted that in other sectors where virtual care is utilized by our professions, such as auto insurance services and WSIB services, the rate for virtual services are set at the same rate as in-person care.

Recommendation: Virtual care visits be compensated at regularly contracted rate when providing the same full scope of practice.

Issue 2. There is a lack of clarity on the definition of full scope visit and how it will be determined if a patient requires one.

The communication seems to imply that this determination will be made by policy at the level of the LHIN which may lead unintentionally to additional barriers to this determination to manage limited resources. It would be a requirement for regulated health professionals to determine the appropriateness and need for a full scope virtual visit in keeping with their knowledge, skills and judgement and to ensure that it is delivered in accordance with our standards of practice.

Recommendation: Virtual or in-person visit should be determined by health professionals based on their assessment, knowledge and skills in collaboration with the LHINs, and do so at the regularly contracted visit rate for each profession as per their service provider organization contract.

In addition these proposed new rates for full scope virtual home care accentuate existing disparities and we predict the visibility of inequitable set rates for tele-practice will raise significant concern in the community at a time when we are working to incent our professionals to embrace virtual care and support Home Care through these challenging times. We position that this is the wrong message to send and further emphasizes the importance of respecting the current contracted rates as an interim measure.

Your consideration of these issues is important to address urgently. We wish to see our members contributing the essential services that home care clients deserve, embracing virtual care as a new and temporary model of practice to meet client needs. The impact of these issues on the recruitment and retention of health professionals in this sector will be felt not only during the pandemic but beyond as we work together to help Ontarians return to and stay in their communities.

As representatives of the therapy professions front line workforce engaged in home and community care, we extend our commitment to work with the Ministry to continue to find good solutions to the challenges of health service delivery during this pandemic. We remain available to meet to further discuss solutions to these concerns and look forward to your response.

Sincerely,

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