

November 8, 2023

Ms. Amy Olmstead, Director
Home and Community Care Branch,
Strategic Partnerships Division
Ministry of Health
9th Floor, 56 Wellesley St. W.
Toronto, ON
M5S 2S3

Via Email: HCCB.Modernization@ontario.ca

Re: Convenient Care at Home Act, 2023 Consultation

Dear Ms. Olmstead,

The Ontario Physiotherapy Association (OPA) is the Ontario Branch of the Canadian Physiotherapy Association. Our members provide physiotherapy services in all sectors of the health care delivery system, including playing key roles in home and community care.

We are pleased to have this opportunity to provide feedback to this consultation on the Connecting Care at Home Act, 2023 as part of the modernization of home care strategy in Ontario. Though we recognize that many elements that impact access to physiotherapy services and physiotherapy professionals will be clearer in the subsequent regulations, we felt it was important at this time to comment on two key directions noted in the Act and in the supporting documentation – the consolidation of regional Home and Community Care Shared Services (HCCSS) into Ontario Health atHome and the eventual transfer of Home Care to Ontario Health Teams (OHTs).

Consolidation of HCCSS to Ontario Health atHome

The consolidation of the 14 HCCSS organizations into Ontario Health atHome offers a window of opportunity to address many inequities and issues faced by patients, families, and health professionals within and across regions which impact access to care. Though Service Provider Organizations (SPOs) bring the perspective of the employer to discussions impacting access to care and workforce, it is the professional

associations that best represent the individual health professional providing care in the home. It will be critical, especially for rehabilitation professions as their numbers are small in comparison to other groups providing services within home care such as nursing and personal support workers, that professional associations representing physiotherapy, occupational therapy, speech-language pathology, and social work be engaged early and often in planning. This is even more important at this time when these professions face significant challenges in recruitment and retention of skilled professionals in this sector.

Of particular concern are the following:

- **Solidify the role of rehabilitation in home care**

There are significant differences between regions on availability of rehabilitation services (e.g., access to outpatient rehabilitation or specialized in-patient programs) and geographic access to services and access to transportation (e.g., rural vs urban). Consolidation is an opportune time to optimize the role and impact that rehabilitation services have in home and community care with resources that will help educate OHTs prior to regionalizing services. This will help ensure that resources, funding, and human resources match best practices and desired outcomes. Ontarians should receive the same standard of care coordination and determination of care plans related to rehabilitation regardless of region.

- **Address the workforce issues faced by rehabilitation professionals**

Time and time again, announcements regarding funding and compensation for health professions in this sector focus on nursing and personal support workers. The rehabilitation professions have been largely ignored and when additional funding has been provided, at a significantly lesser level, its distribution has been left to the Service Provider Organizations (SPOs) with little direction on distribution. The result is that in many, if not most cases, the inequities among professions and regions are further amplified.

The original divestment in the late 90's of in-house professionals to a procurement model with competitive bidding cemented the status quo on fees and how services are delivered and continues to impact health professionals and working conditions. That included the length and frequency of visits by different professional disciplines. As a result, despite the increasing complexity of care and the fact that, for the most part, visits by rehabilitation professionals are the same length of time, physiotherapists are paid 30% to 45% less on average than their peers in other rehabilitation professions with few if any exceptions. In some cases, based on historical policies not supported by current practice, the authorized limits for the number of physiotherapy visits per client are less than other professions, further intensifying wage discrepancy. Additionally, in the physiotherapy funding reform (2013), new fees related to congregate settings were applied only to physiotherapists and have not been applied to date for other rehabilitation professions practicing in congregate settings, furthering the

negative impact on fairness for wages in this sector.

Consolidation offers a crucial opportunity to correct the historical inequities in fees and compensation that exist between rehabilitation professionals within and outside the sector and overall compensation between rehabilitation and other groups of professionals in the sector, such as nursing.

- **Standards and models of care**

OPA is pleased that included in consolidation will also be a time to update procurement processes and standards and to develop, implement and expand new, innovative models of care. We are concerned, however, with what seems to be a focus on hospital to home transitions, as this will lead to gaps in access to home care services from the community, such as primary care and self-identified referrals. Without attention to community-based referrals to home care, there would be a negative impact on the capacity to divert care from hospital and long-term care admissions. As many OHTs are led by or centered around hospitals, with an understandable desire to fix their own ALC issues, we recommend that during consolidation, structures be put into place to address the full range of home care services, including rehabilitation, to be accessed not just by health care organizations such as OHTs, but also by unattached individuals in the community.

Transfer of Home and Community Care to OHTs

As home and community care is transferred to OHTs, the following are important goals.

- **Procurement processes, contracts, and accountability structures**

From SPOs having contracts with up to 14 HCCSS, to a consolidated Ontario Health atHome, to the eventual transfer of home and community care to OHTs – the return to regional responsibility for services must not add undue complexity or increase the administrative burdens within the system. Opportunities to share administrative resources and best practices are often limited in a competitive bidding environment. Standardization of some elements and incentives to collaborate can help to reduce duplication, spread best practices throughout the sector, and decrease costs.

There is a high risk of a return to the variances and inequities impacting the rehabilitation services and workforces as things move out to OHTs. The resources mentioned in the section above that help define rehabilitation in this sector, standards and workforce issues must be required and applied to all OHTs that assume responsibility for home care.

It is also critical that accountability structures be transparent to the individuals and communities. As the number and size of the populations served by specific OHTs in different regions are not known at this time, a centralized organization that acts

as the main contact for the public and provides a single-entry point and navigation services will be important.

- **Accountability for a fair and safe workplace**

Accountability structures maintained at Ontario Health atHome should include an ombudsperson or other centralized human resource accountability structure for health care workers in home and community care. At this time, there is little to no mechanism except for the market to hold SPOs, or in turn OHTs, accountable for how those who provide direct patient care are treated. In no other sector of health care is the distance between the source of funding (government) and the health care worker as great as it is in home care, which has within it multiple layers of health care. The ombudsperson, either as an addition to the mandate of an existing position or another position within Ontario Health atHome, along with other accountability structures must include requirements for equity and fairness in workplace conditions, including safety.

We thank you for this opportunity to provide feedback and look forward to future dialogue and engagement in this process.

Sincerely,



Dorianne Sauvé
Chief Executive Officer