ONTARIO PHYSIOTHERAPY ASSOCIATION

March 26th, 2024

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

Re: Consultation on Home Care Modernization – Contracting

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 service provider organization (SPO) contracts and provider selection.

As noted in OPA's previous submission, the consolidation of the regional Home and Community Care Shared Services into Ontario Health atHome provides an opportunity to address many of the current inequities and issues faced by patients, families and health professionals. This engagement at the planning stages of contracts is particularly important for rehabilitation professions, as their numbers are small in comparison to other groups of service providers in home care, such as nursing and personal support workers.

The OPA has identified 8 recommendations for service provider contracts for your consideration, based on three main themes: enhancing equity and fairness across professions, contracts and regions; scope of practice changes; and increasing access to care for hard-to-reach geographies.

I. Enhancing equity and fairness across regions, professions, and contracts

Building new contracts 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. As different professions currently have different numbers of visits permitted and length of visits, contracts should ensure that any limitations are responsive to patient needs instead of historical limitations, and account for the current state of complexity and acuity of care. 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 consistently paid less on average than their peers in other rehabilitation professions, and the differential varies from contract to contract, 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.

Compensation inequity is intensified in the current fee per visit model as it does not take into account indirect care activities that support care delivery such as caseload management, and the ability of the physiotherapist to manage several patients within a caseload across geographies. Caseload construction and ongoing caseload management is a specialty skill of a home and community care health care professionals that supports optimal care delivery.

Compensation in home care is significantly affected by the need for travel by health care professionals, as well as late cancellation of scheduled visits, and must be mitigated.

1. OPA recommends that contracts recognize the need for equity in compensation for all rehabilitation health professionals through wages and the following elements:

    a. Any regulations of the number and length of patient visits must be based on the acuity and complexity of the care needed.

    b. Indirect care activities, such as caseload management, must be compensated according to the time and expertise required.

    c. Reimbursement for travel and late cancellation of visits must be included and standardized.

Contracts also need to take into account how to incentivize recruitment and retention in the homecare sector. The health care system is facing a growing human resources crisis with critical shortages in health professionals that include physiotherapists. OPA's survey on compensation and related factors for physiotherapists shows that 21% of physiotherapists in the home care sector are likely or highly likely to change sectors within the year, and 43% of that group report compensation as having a high degree of impact on that move. Other sectors, such as in hospital or private practice, offer greater compensation opportunities, and so there is a flow of health care professionals to other areas. Key performance indicators (KPIs) for health human resource issues would help increase understanding of this issue and its unique impact on the home care sector.

2. Contracts should address recruitment and retention specifically through supports for student placements, compensation, forums for team collaboration, supports and funding for education and professional development, and enabling all health care professions to work to their full scope of practice.

3. KPIs for evaluating health human resources issues include healthcare provider utilization, turnover, offer acceptance rates, as well as understanding job satisfaction, provider experience, likelihood to move to a different sector for work, and the ability to retain talent in the home care sector, and attract people to the sector.

It is important to ensure that contracts have mechanisms in place that will result in fair and safe working conditions across regions, professions, and service provider organizations. There is a high risk of a return to the variances and inequities impacting the rehabilitation services and workforces as accountability moves out to OHTs. It is critical that accountability structures be transparent to the individuals and communities.

A centralized organization that acts as the main contact for the public and provides a single-entry point and navigation services will be important. 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.

4. Accountability structures maintained at Ontario Health atHome should be recognized in contracts, and include an ombudsperson or other centralized human resource accountability structure for health care workers in home and community care to ensure fairness and safety in compensation and working conditions.

II. Scope of practice

A modernized home care system should also ensure that contracts enable professions to work up to their full scope of practice, especially since optimizing the scope of practice of professions can expand health system capacity by alleviating pressures elsewhere. Additionally, optimization of scope of practice also benefits recruitment and retention through recognition of each profession's contribution.

5. Contracts must readily adapt to changes in scope and enable physiotherapists to continue to work to their full scope of practice even when changes occur, without the need to rewrite the contract. This flexibility ensures better continuity of care for patients as they transition from different health care sectors, such as hospital or primary care, to home care.

6. Contracts can enable professionals to work to their full scope of practice by supporting education through funding and/or time allocation, and by compensating health care professionals in ways that are commensurate with their scope of practice.

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III. Increasing access to care for hard-to-reach geographies

There are significant differences between regions on availability of rehabilitation services (e.g., access to outpatient rehabilitation or specialized in-patient programs), along with geographic access to services and access to transportation (e.g., rural vs urban). Contracts need to enable greater equity of access across regions, while also taking into consideration region-specific environmental factors.

Although virtual care provides greater access to services for some, it is not appropriate in all situations. By establishing equal rates of compensation for virtual and in-person visits, contracts ensure that best practices and the needs of the individual and their environment are the drivers in choosing the type of visit, as well as reassert the independence of the health care professional and, ultimately, work to their full scope of practice.

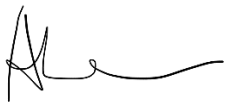
Finally, OPA is concerned with what seems to be a focus on hospital to home transitions, as this will lead to gaps in access to home care services from the community, such as primary care and self-referrals from unattached individuals. Without attention to community-based referrals, there would be a 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 contracts address community and individual pathways to access the full range of home care services, including rehabilitation.

7. Continued support for virtual care must be addressed through contracts, with equal compensation rates for virtual and in-person visits.

8. Contracts must ensure the access to home care services through multiple pathways from the community, such as self-referrals and primary care referrals, in addition to hospital to home transitions.

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

Sincerely,



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