PRESENTATION TO THE STANDING COMMITTEE ON THE

LEGISLATIVE ASSEMBLY REGARDING BILL 175

JUNE 15, 2020

Presented by Jules Tupker

- Home care has been inadequate and dysfunctional in Ontario for many years.
- The Conservative government of Mike Harris was the main cause of this situation.
- His government opened the door to privatization of Home Care by creating Community Care Access Centres (CCAC) and opening the concept of competitive bidding on Home Care contracts.
- The result of competitive bidding lowered the standard of care through low balling of bids by private contractors to get those contracts. It started a race to the bottom to see who could provide a minimum service for the least amount of money.
- Today we have a large number of Home Care agencies in Ontario most of which are privately owned and each with their own administration and each making a profit at the expense of services that should be provided to patients trying to live in their home.
- In 2014, the Thunder Bay Community Elder Abuse Prevention Committee held a Home Care forum and we heard many many stories from home care recipients of missed visits, late visits, untrained staff and inconsistent staff and from Home Care staff we heard about the lack of time to properly perform their duties at each location, ridiculous shifts, exhaustion, burnout, insufficient resources and poor pay.
- In talking to home care recipients and staff over the past few days, things have not gotten any better in fact a number of concerns were raised including concerns about PSWs doing RPN duties because there is a shortage of RPNs willing to work in Home Care. The idea of virtual nursing is also raising alarms among staff and care recipients.
- In reading Minister Elliot's speech in the Legislature in introducing Bill 175 I didn't notice any mention of improving the problems I just mentioned. She talks about "better coordinated patient care because health care providers would be empowered to work together with a full picture of the patient's needs, while still operating under strong oversight and accountability". By "accountability" I assume the accountability of the service provider to the patient. My interpretation of the Bill is that anyone having a complaint with the service that they are receiving would complain to the service provider and if not satisfied would have to go to the Health Team which is governed by a number of service providers including the service provider that did not provide the proper service in the first

place. A classic example of the fox guarding the hen house. I doubt very much that a satisfactory outcome would result from this process.

- I see this Bill attempting to create a seamless health care process from birth to death and this is something that has been a dream of governments for many years in order to make administration of health care more efficient but this Bill does nothing to address the inherent problems being encountered by Home Care patients and workers. That is where change needs to happen.
- The Ford government has decided to eliminate the LHINs and replace them with a super agency called Ontario Health which would fund community Health Teams which would be made up of service providers (Hospitals, LTC Homes, Physician Clinics, Home Care providers and possibly other services) in communities across the province.
- I would like to tell you a quick story of an attempt to create one of these "Teams" by Mike Harris's Conservative government in 1994-95 in Fort Frances. The concept was to create a "Comprehensive Healthcare Organization" based quite similarly to an HMO in the United States. At the time I was a Servicing representative with CUPE and when my co-worker and I researched the concept we realized that that people would have to "roster" to join the CHO and that the CHO could refuse to accept you as a member, based on the acuity of your health. When this was made public, the public raised their voices in objection and the concept was withdrawn. Today's Community Health Teams bear a startlingly similar appearance to the CHO in Fort Frances and I feel that if implemented many people will lose the universal health care that they enjoy and require.
- In reading Bill 175 I see the creation of Ontario Health which would have a Board that is not subject to Ontario legislation and that is made up mainly of appointed bankers, business people and corporate executives. There will be no public input into the members and there will be no public Board meetings or access to information from that Board. The LHINs that Ontario Health will replace had a similar Board formation process but the LHINs were required to hold public Board meetings and were responsible to the Ontario Legislature not just the governing party's cabinet as Ontario Health will be. Similarly, the independent organizations (Health Teams) that Ontario Health funds will be independent of government oversight and run by independent service providers (many of whom are for-profit agencies) who were not elected by the public and who the public and publicly elected Legislature have no control over.
- Bill 175 seems to replace Legislative control with regulations controlled by the Health Teams and the ruling party. If this process does not work the Provincial Legislature will not be involved in making changes. Public input has been eliminated.
- The government is under the impression that every community will be able to create a Health Team but I feel that that will probably not happen and certain communities will be left behind. What happens in those communities? I also believe that services provided by each of these Health Teams will vary across the province thereby destroying the concept of universal health care.

- There is no doubt that Home Care is dysfunctional and is absolutely in need of improvement but it is clear to me that Bill 175 will not provide the fundamental changes to Home Care that people wanting to heal in their home from illness or injury or die in their home with respect need.
- The concept of a continuum of service is one worth pursuing however the complete dismantling of the existing Home Care Legislation that this Bill proposes is wrong and Bill 175 should be withdrawn.