Patients Canada
Make your experience count

Patients Canada's presentation before the Standing Committee of the Ontario Legislative Assembly on Bill 175

Thank you. As many of you know, I am a health policy consultant but today I am here as the Board Chair of Patients Canada, a charitable organization dedicated to bringing the patient voice to bear on health policy and on services that work for patients. Our patient community consists of thousands of people who identify as patients. We reached out to that community for input prior to presenting today.

Let me start with a real patient story that directly relates to the proposed bill 175:

A frail, elderly, complex patient breaks her hip and has hip replacement surgery. Afterwards her surgeon explains to the family that she needs to be placed on a wait list for a rehab bed and that she urgently needs to get out of the hospital to avoid a hospital acquired infection. The family says great, let's get her on the wait list! The hospital then explains that it has no authority to do so. She'd have to wait for a "care coordinator" from the government agency (CCAC) to visit and authorize the physician's order – they are the gatekeepers of home and community care services. Worse still, the coordinator's visit are on a "first come first served basis" and they are backlogged.

It takes four weeks for the visit that would authorize what the surgeon had advised four weeks earlier. The patient is finally placed on a wait list for a rehab bed (once again on a 'first come first served basis"). Two days later the patient is diagnosed with hospital-acquired pneumonia—and is moved to the ICU.

This story shows the difference between a culture of care, a sense of priority and urgency (in hospital) versus a culture of administration and

process…of first come first served,…of lists and quotas – that of the government agency.

In fact two Auditor General reports have concluded that patients are not well served when government agencies are involved in the direct delivery and management of their care.

To the committee, my presentation thus far was taken practically verbatim from the presentation made to this committee in 2016 by the past Chair of Patients Canada, Michael Decter. At that time, he presented on Bill 41 entitled Patients First. That Bill was supposed to fix home care. Yet in 2016, that bill continued the to allow government agencies, this time the LHIN, to run home care.

We warned that unless there were bold structural changes, it wouldn't fix a thing and we were right. Not one of our recommendations were implemented. And here we are four years later and nothing has changed.

- Patient journeys are being bottlenecked by the LHINs that are inserted between the patient and provider. Where else in the system is a patient's treatment subject to approval by a nurse from a government agency? No where except home and community care. It doesn't work for patients.

- Care coordination is being done by the LHINs. Where else in the system is the determination of a treatment plan subject to the dictates of a government agency? No where except home and community care. It doesn't work for patients.

- What happens when the funder of home and community care also dapples in delivery? Dollars are disproportionately withheld to support the funder's own activities. Services are rationed. It

doesn't work for patients. By the way, that's not Patients Canada speaking, that is the finding of the Auditor General's 2015 report.

Today we see a bill, Bill 175 that with some changes, holds the promise of addressing a number of our recommendations from 2016:

1. Allow care organizations to determine who should get home and community care supports. Bill 175 would permit this. However, we ask that the legislation be amended by removing the LHINs from having any active role in that determination. Without this, the powerful forces of status quo will result in more of the same.

2. Let those responsible for delivering services together with patients and families coordinate them. This bill appears to allow this. However, once again we ask that legislation remove the LHIN completely from care coordination for the same reason mentioned previously. There will be no change until the current system is dismantled.

3. End the bottlenecking! Let primary care providers and hospitals refer directly to home and Community supports services and flow funding. This bill allows for that. We ask for an amendment permitting all primary care settings to be able to do so regardless of whether or not they have HSP status.

4. Prohibit the funder from syphoning funds to support their own activities. On this point the legislation is silent. This needs conflict of interest needs to be addressed.

The role of government and its agencies is to oversee, regulate, fund and hold providers accountable. Not to deliver care.

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In closing, we want to raise one more important concern. We have heard from some patients that during the COVID pandemic, they received calls from the LHIN either cutting their services or putting them on notice that their services would be cut. Some of these patients depend on those services and can't do without. They have no other options.

This practice is inconsistent with the Premier and the Minister's message urging people to stay home because it is the safest place to be. Nor is it consistent with the spirit of bill 175 as we understand it. Home care is a solution not the problem. We ask that the LHINs immediately restore home care services.

Thank you and we hope this committee will consider our recommendations.

CHECK AGAINST DELIVERY