June 15, 2020

Calerie Quioc Lim
Clerk, Standing Committee on the Legislative Assembly
99 Wellesley Street West
Room 1505 Whitney Block, Queen's Park
Toronto, ON M7A 1AA2

Dear Committee Members,

I am writing on behalf of Home Care Ontario, the voice of home care in Ontario™, and our members who represent 28,000 staff who provide high quality home care to over 350,000 Ontarians every year.

It is our pleasure to submit the following recommendations to you regarding Bill 175, *Connecting People to Home and Community Care Act, 2020*.

Today, a strong home care system is even more important due to the arrival of COVID-19.

COVID-19 has changed everything – but the good news is that Ontario's home care professionals are trained and prepared to support our loved ones safely at home. During the pandemic, your home is one of the safest places for you to be, and home care professionals are more important than ever.

The pandemic makes the health care transformation even more important.

We welcome Bill 175, however, we have some significant concerns around the current legislative approach in a few specific areas. We are proposing amendments we believe are necessary and we respectfully urge you to address these at Committee to ensure the stability of the home care sector going forward. Specifically, the areas we recommend you address are:

1. Removing potential conflicts of interest for Health Service Providers
2. Inserting key Definitions that are currently missing
3. Clarifying the ability to contract for home care services

Enclosed, please find the details of these proposed amendments.

Sincerely,

Susan D. VanderBent, CEO
BA, BSW, MSW, MHsc

319A-175 Longwood Road South
Hamilton, Ontario L8P 0A1
sue.vanderbent@homecareontario.ca

Introduction

Home Care Ontario members represent 28,000 staff who provide high quality home care to over 350,000 Ontarians every year. It is our pleasure to submit the following recommendations regarding Bill 175, *Connecting People to Home and Community Care Act, 2020.*

For over a year we have worked collectively with the Ontario Hospital Association, Ontario Community Support Association, and representatives from primary care groups to develop a shared vision of what a modernized home care system should look like.

It should be noted that our organization has been very engaged with provincial decision makers as they developed these historic proposed reforms. We have advocated for good public policy that would ensure the growth and stability of a robust home care system. Specifically, we have asked for changes that will allow providers to:

- Streamline the delivery of care;
- Reduce duplication; and,
- Deliver more care at home.

Bill 175 offers much towards our shared goal.

First, the new bill would allow health care providers, including those in primary care, hospitals, and home and community care, to work directly with one another to offer high quality, co-ordinated care. This is a critical, much needed step.

Second, it eliminates the current practice of patient service maximums. This will allow for care plans to be reviewed and adjusted with the goal of ensuring patients receive the level of care based on their changing needs, and move towards a patient outcome focus.

Third, the legislation takes steps to redefine the role of care co-ordination. It removes the requirement for formal reassessments and will allow for the care co-ordination role to be housed within different elements of an Ontario Health Team (OHT). This will help reduce unnecessary duplication, and greatly improve the patient experience.

Finally, the legislation would also give patients the ability to access their own care plans and have their care plan accessible to everyone connected digitally with their private medical care. It would also empower patients to utilize video conferencing and other digital tools to connect with their care providers. Home Care Ontario has been very active in advocating for changes to the Personal Health Information and Privacy Act (PHIPA) to enable full access for members to 'view and contribute' to the patient record in real time. These changes will help ensure health professionals have accurate, real time information, improving both patient care, and experiences.

All of the aforementioned changes are very positive steps towards building a better integrated system. However, Bill 175 has a small number of serious flaws, which we believe may have unintended consequence, that need to be addressed in order to ensure the new system is successful, and patient care is not negatively affected during the transition. These changes are in 3 key areas:

1. Potential Conflicts of Health Service Providers
2. Missing Definitions
3. Ability to Contract

The Following outlines our concerns in more detail and proposes precise recommendations on how to strengthen the legislation.

1. Removing Potential Conflicts from Health Service Providers

Bill 175 would provide Ontario Health with the authority to fund a Heath Service Provider (HSP) or an Ontario Health Team (OHT) (or LHIN in the interim state) to then provide funding to an individual (as in the case of self-directed care) or on behalf of an individual to purchase home and community care services.

This provision intends to continue the practice of HSPs, OHTs, and LHINs to purchase home care services through contracted providers. In this type of relationship, funds flow through an administrative not-for-profit body (currently the LHINs), which act as the custodian of the funds and provides oversight on the service providers. HSPs are not responsible for directly delivering home care services, as doing so would put them at odds with their custodian role in the system.

However, Bill 175 also proposes that HSPs can deliver home care services directly.

We believe if HSPs are meant to continue to act as custodians and provide the appropriate oversight, they should not be permitted to directly deliver home care services.

Recommendations:

We recommend you revise S. 3 of Bill 175, which introduces a new s. 21.1 of the Connecting Care Act, to read as follows:

"The Agency may provide funding to a health service provider or Ontario Health Team for the purpose of the provider or Team providing funding (a) to an individual or (b) on behalf of an individual under contractual arrangements between the health service provider or Team and a home care services provider or a community care services provider."

We further recommend a new section should be added to the *Connecting Care Act* through an amendment to that act made under Bill 175 which would provide as follows:

"A home care services provider shall be either a business organization or a not for profit organization or entity. A community care services provider shall be a not for profit entity."

2. Missing Definitions

Home and Community Care and Community Services

There is a general indication the government intends to maintain the definition of "community services" in the *Home and Community Care and Community Services Act* and its Regulation 386/99, and the regulatory summaries state that new regulations will refer to this definition under a proposed new umbrella definition of "home and community care services." This umbrella definition will consolidate the four existing sub-categories into two sub-categories of services that would bundle existing services together in a new way and add new services under the definitions. New categories would be: "home care services" and "community care services."

These definitions are intended to be explained in the new Regulations, however, we strongly believe they will be foundational to the operation of the home care sector, as well as the *Connecting Care Act*, and therefore should be included in the *Connecting Care Act* directly.

Recommendations:

We strongly recommend the term "home and community care services" be defined in the *Connecting Care Act* through an amendment to Bill 175 at Committee.

Further, we recommend both new categories "home care services" and "community care services" also be defined in the Act.

Health Services

Section 21(1) and (2) of the *Connecting Care Act* provides the funding authority for Ontario Health to fund Health Service Providers and OHTs. Section 21(1) provides for the funding of "health services" that they provide, while section 21(2) provides for the funding of "non-health services that support the provision of health care".

Currently, there is no definition in the *Connecting Care Act* or in Bill 175 for "health services" or "non-health services that support the provision of health care".

Section 3 of Bill 175 proposes to amend Section 21 of the Connecting Care Act by adding subsection (1.1), which appears to be done to capture the funding of "home and community care services", however, it is currently unclear whether sections 1 and 2 are intended to cover everything other than "home and community care services".

Recommendations:
We recommend section 21 of the Connecting Care Act be amended to indicate that all intentions regarding funding of home and community care services are clearly set out only in Section 21.1

3. Ability to Contract

The government has stated its intention for home care to continue to be primarily a contracted service, and that no direct funding relationship is envisioned between home care providers and Ontario Health. However, currently Bill 175 gives no direction on this fact.

Additionally, the language of Bill 175 is not clear about the funding obligations of the LHINs during the transitional period. There is some language around this concept in Section 1(7) of Bill 175, however, this language is conditional, and reliant on regulations. This must be addressed.

Recommendations:
We recommend that Bill 175 specify that HSPs and OHTs (and in the transitional period, LHINs) are able to contract with service providers to provide home care services (as defined). As currently worded, it is not clear that the right to contract with providers is intended, and this must be clarified.

Additionally, we recommend the Connecting Care Act be amended to clearly provide that the current funding arrangements of the LHINs with service providers will continue in place until some specified future time period and will not be changed until then except by mutual agreement between a particular LHIN and a particular contracted service provider.

Furthermore, we recommend the introductory explanatory notes to Bill 175 be expanded to also included references to funding HSPs and OHTs to provide home and community care services and that it is intended that these entities would contract with third party business organizations or not for profit entities to deliver those services. It should also state this is being done to "ensure quality, consistency and accountability in the delivery of home and community care services".

About Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario*™, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. For over thirty years Home Care Ontario has promoted the growth and development of home care as a key pillar of Ontario's health care system through advocacy, knowledge transfer, thought leadership, and member service.

In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, respiratory therapy, infusion pharmacy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.