Written Submission on Bill 175, Connecting People to Home and Community Care Act 2020
To: The Standing Committee on the Province of Ontario Legislative Assembly

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June 17, 2020

Bill 175, Connecting People to Home and Community Care Act 2020 should be withdrawn immediately.

I am a nurse registered with the College of Nurses of Ontario for 55 years. I am in good standing, ensure my continuing competence by participating in the CNO's Quality Assurance (QA) program annually, and adhere to the Professional Standards of Nursing Care. "The goal of professional practice is to obtain the best possible outcome for clients with no unnecessary risk of harm." (Foot Note #1) I have been involved in community nursing (having started my career with the Victorian Order of Nurses of Canada in rural southern Ontario and in Northern Ontario) BEFORE OHIP and Home Care were established in the province of Ontario) from the front line nursing to administrative to teaching at the University, College and secondary school levels to prepare registered and unregistered (PSW) health care workers for community nursing and community care. I am still involved. I take the standard of accountability seriously which includes advocating for clients, the profession, and the health care system by sharing my nursing knowledge and expertise with others to meet client needs. (Foot Note # 2) A nurse in an administrative role meets CNO professional nursing care standards by "ensuring that mechanisms allow for staffing decisions that are in the best interest of the client and professional practice; ensuring appropriate use, education, and supervision of staff; advocating for a quality practice setting that supports nurses' ability to provide safe, effective and ethical care..." (Footnote #3)

Bill 175 exposes clients to the risk of harm.
Bill 175 puts staffing decisions at risk of being made with a focus on profit and not with a focus on the health of the client and the health of the caregiver.
Bill 175 does not make any provision to ensure that the practice setting will support the nurses' ability to provide safe, effective, and ethical care for the client and family. This puts the registered nurse and other caregivers at risk of not being able to provide safe, effective and ethical care.

Patient and family-centered care must be the focus of health care. Bill 175 has a strong potential to become service-centered care unless there is established governance, oversight, and a straight forward complaint process with timely response. Patients, family, caregivers need to be safe and feel secure in the care they receive and provide.

Bill 175 restructures home care without sufficient education and a proper consultation process involving the public especially those living in Northern Ontario. The geography

of Northern Ontario is immense with populations living in scattered remote settings without public transportation, limited or no internet or modern technology (or technical skills), limited income, and few social supports. The demographics of Northern Ontario is not the same as in Southern Ontario. Each has unique differences that must be acknowledged. The home care plan must connect to the communities where the client lives/where the client calls "home". The "size" of the proposed Bill 175 "does not fit" the needs of North Eastern Ontario or of Northern Ontario as a whole ("The shoe does not fit"- regardless of how you stretch it. It is the wrong shoe).
Bill 175 dismantles much of the existing public governance and oversight and opens the door to the privatization of existing public and non-profit home care.
Bill 175 creates a new tier of residential "congregate care".
Bill 175 creates a potential expansion of private for-profit hospitals and privatization of public hospital care
Bill 175 repeals important clauses in existing legislation that protects clients and the public's interests in-home and community care
Bill 175 moves all of the key items of governance and democracy out of public protection and client protection to regulations that can be changed without public or client input and without public notice.

COVID-19 revealed the weaknesses in our provincial LTC system. The majority of the LTC homes are owned by for-profit companies. 80% of the deaths in Ontario occurred in LTC homes and most of these homes were owned and operated by for-profit companies Front line health care workers working in these homes also died. The LTC homes did not have adequate PPEs nor did they have staff trained in infection control and prevention. Many did not have a functioning Health and Safety Committee. WHY? Because for-profit puts Wealth before Health. The greed for profit took advantage of the elderly and the vulnerable in our communities, in our province and in our country. Hospitals did not want our elderly and vulnerable when they contracted COVID-19. They were put on "End of Life" protocol and offered "palliative measures" They died alone and "in place". Some were not fed, not bathed for weeks, not given any comfort measures as they waited for the end of life to come and release them. Their families will always grieve these memories. Their caregivers will always mourn.
. All levels of government were aware of staffing shortages in LTC for many years but chose to consider the issues in LTC "hot potatoes". Ontario wanted to be "Open for Business" regardless of the cost. And now our government has designed Bill 175 without any proper public consultation Our provincial government is rushing the Bill through parliamentary procedures while the public is occupied with the fall out from the COVID-19 pandemic and while the province is in a "state of a Health Emergency". We are not playing "dodge the ball" The games must stop now/here.

Conclusion:
Please do the right thing- <u>WITHDRAW Bill 175 - Connecting People to Home and Community Care Act 2020</u>

Let us get through the State of Emergency caused by COVID-19 Allow Ontarians to grieve the loss of their loved ones. We have been at war with a viral enemy. We

had no weapons. Our health care systems were not prepared. Our health care systems were preoccupied with money, power, wealth. We now need to "catch up". The reality is that we may never have any weapons against this virus. This virus was community spread in Northern Ontario. We lost the war against COVID-19 in our congregational care settings. Now our provincial government wants to create a new tier of residential "congregational care"? Have we not learned anything from this pandemic?

Bill 175 will bring on another war We are not finished with the COVID-19 war. Let's not be foolish. Let's stop, reflect and begin to act like "we are in this together" The public does not want more "lip service" or "talking out of both sides of the mouth" or "speaking with forked tongue". The public wants to plan and work together to have a safe, efficient and effective home care system that will not fail them when they need it.

I am attaching a newspaper article from The Sudbury Star dated Thursday, June 11, 2020 (6 days ago). (Exhibit 1) The headline reads: "College to Caution Sudbury Doctor" The article reads: "The Sudbury doctor appears to be remotely operating more than a dozen clinics; the college's website shows he has 17 alternative and business addresses. Seven are in Sudbury and the others are scattered around Ontario in small towns and First Nations, including Six Nations of the Grand River where the band council initially tried to block his arrival." ..."In 2017-2018, (Dr) Koka billed OHIP for $1.5 million, according to a data bank assembled by the Toronto Star. That put Koka's OHIP billings at the top one percent of doctors, out of 14,314 family and general practice MDs. According to the Canadian Institute for Health Information, the average family doctor bills about $307,000 annually. The $1.5 million in not necessarily Koka's entire salary since there are other ways doctors can be paid by OHIP but it also doesn't mean that the $1.5 million was income. Koka would have to pay overhead costs from the amount, including office space and staff. An investigation by the college found Koka had set up a two-way video-conferencing system in his methadone/suboxone clinic in Obsweken that would let him see patients from his Sudbury clinic. But two Six Nations members who registered complaints against the doctor said they didn't see him at all, and both left his care after just a few weeks. A complaint against Koka was filed in April 2017 by a patient getting methadone therapy, who said they never met with the doctor or anyone else in person. Instead, the patient spoke with Koka on the telephone and then got a prescription. After that, the complainant spoke with the physician's assistant via computer for refills. "My first script was given to me without labels, with only my dose on lids," said the patient. "I got unlabeled methadone from (Koka's) office". Later that month, the Ontario College of Pharmacists visited the pharmacy in the same building as Koka's remote consultation area and found it to be an unregistered pharmacy."
{A second complainant also went to Koka's clinic in April 2017 and claimed she got a text offering a small amount of money for recruiting new patients. She said she thought she was seeing Koka when she was interviewed by his assistant and got a prescription without ever seeing the doctor."

"Due to the pandemic, that cautioning process has yet to take place" (Foot Note #4)

This "story" illustrates the lack of "checks and balances" in the Community Health Care system and the long and complicated process involved to uncover problems. Bill 175 will just add to this "mess".

The solution to the problem in the above "story" depended on the ingenuity of the clients. In this case, the clients were from Six Nations and had the support of their band. One of Dr. Koka's business address was listed on Chiefwood Road in Oksweken (Six Nation territory). The band had a right to close Dr. Koka's business on their territory. Dr. Koka was harming Six Nation peoples. Would the province of Ontario do the same if a health care business was harming Ontarians living outside Indigenous territory? What would be the process to close down a health care business?

Dr. Koka still has 16 other business addresses in Ontario - mainly in Northern Ontario. Dr Koka is lauded by the NE LHIN. He is lauded by Health Sciences North. He has a meditation park at Health Sciences North named after him. He is a frequent advisor on mental health and addiction committees/studies/projects for NE Ontario. And yet he has a dark side that continues to prey on vulnerable people and their families. He misuses OHIP for his advantage. He uses his privileges to better his own interests.

We must never forget that vulnerable people are important. Vulnerable people matter. Vulnerable people have a say in what happens to them. Every one of us will get old one day and be vulnerable. Let's create a Home and Community Care Act that we can be proud of/that we can live with/that is inclusive/that is thoughtful, compassionate, and universal. This is not a Knee-Jerk response. This must be planned. We must utilize proper public consultation processes, respecting democracy, and the rights of all people to good health care by properly trained and educated health care providers who are driven by ethical motives. We need health care systems administered by people with the right moral compass - that put health before wealth. Compassionate and respectful health care is a human right It is NOT just for the privileged.

Foot Note #1 College of Nurses of Ontario, Professional Practice Standards Revised 2002, Introduction page 3
Foot Note #2 College of Nurses of Ontario, Professional Practice Standards Revised 2002, Accountability, Indicators page 4
Foot Note # 3 College of Nurses of Ontario Professional Practice Standards Revised 2002, Accountability, Indicators page 4
Foot Note # 4 Gamble.Susan; The Sudbury Star, Thursday, June 11, 2020; College to Caution Sudbury Doctor; section 8; Local; page B1.

Exhibit 1 College to Caution Sudbury Doctor

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cc France Gelinas MPP Sudbury East, Jamie West MPP Sudbury, Natalie Mehra OHC, Art Petahtegoose Tribunal Council North Shore. Doris Grinspun RNAO, Angela Gemmill CBC Sudbury, Mark Gentili editor Sudbury.com, Susan Gamble Post Media, Friendly to Seniors, Harold Carmichael Post Media, Jum Moodie Post Media.

Please Note: A copy of this email will be faxed to the Standing Committee on the Legislative Assembly on Wednesday Morning June 17/2020 Fax # 416-325-3505. Exhibit 1 will be included in the fax. I will send an email to the above email address (comm-legisassembly@ola.org after the fax is sent to be sure that all pages have arrived safely.

COLLEGE TO CAUTION SUDBURY DOCTOR

The Sudbury Star Thursday June 11 2020

SUSAN GAMBLE

A Sudbury doctor who was operating a remote methadone clinic in Ohsweken near Brantford has been ordered to be sanctioned by the College of Physicians and Surgeons.

Dr. Suman Kumar Koka of Sudbury was ordered in 2019 to come before the College of Physicians and Surgeons for a "caution" about not connecting directly with patients when ordering methadone maintenance treatment. That order was confirmed last month by the Health Professions Appeal and Review Board.

"In the committee's view, delegating methadone maintenance therapy to a physician assistant is not likely in the patient's best interest," said the disciplinary committee in February last year.

The Sudbury doctor appears to be remotely operating more than a dozen clinics: the college's website shows he has 17 alternative and business addresses. Seven are in Sudbury and the others are scattered around Ontario in small towns and First Nations, including Six Nations of the Grand River, where the band council initially tried to block his arrival.

One business address is listed on Chiefswood Road in Ohsweken.

College spokesperson Shae Greenfield said only OHIP would know if Koka is dealing exclusively in methadone clinics but all remote locations have strict rules.

"This would include rules around the delegation of controlled acts, the need for in-person examinations and medical record-keeping, all of which Dr. Koka was cautioned for failing to satisfy," Greenfield said.

In 2017-2018, Koka billed OHIP for $1.5 million, according to a data-bank assembled by the Toronto Star. That put Koka's OHIP billings in the top one per cent of doctors, out of 14,314 family and general practice MDs.

According to the Canadian Institute for Health Information, the average family doctor bills about $307,000 annually.

The $1.5 million is not necessarily Koka's entire salary since there are other ways doctors can be paid by OHIP, but it also doesn't mean the $1.5 million was income. Koka would have to pay overhead costs from the amount, including office space and staff.

An investigation by the college found Koka had set up a two-way videoconferencing system in his methadone/suboxone clinic in Ohsweken that would let him see patients from his Sudbury clinic.

But two Six Nations members who registered complaints against the doctor said they didn't see him at all, and both left his care after just a few weeks.

A complaint against Koka was filed in April 2017 by a patient getting methadone therapy, who said they never met with the doctor or anyone else in person. Instead the patient spoke with Koka on the phone and then got a prescription. After that, the complainant spoke with the physician's assistant via computer for refills.

"My first script was given to me without labels, with only my dose on lids," said the patient. "I got unlabelled methadone from (Koka's) office."

Later that month, the Ontario College of Pharmacists visited the pharmacy in the same building as Koka's remote consultation area and found it to be an unregistered pharmacy.

Koka told the disciplinary committee that he talked to his assistant after each appointment. He said he agreed the prescription should be continued and knew nothing of the unlabelled methadone. He said he had planned to meet the patient to discuss their treatment before they quit his care.

Koka acknowledged some issues with his record-keeping and changed his policies, according to the college disciplinary committee.

A second complainant also went to Koka's clinic in April 2017 and claimed she got a text offering a small amount of money for recruiting new patients.

She said she thought she was seeing Koka when she was interviewed by his assistant and got a prescription without ever seeing the doctor.

This patient left the doctor after just a few visits.

In his defence, Koka said his assistant properly introduced herself to the patient. He said he planned to meet with the patient to discuss a treatment plan before she cancelled her last appointment.

The doctor said he discussed the case with his assistant and agreed it was appropriate to keep the patient on the same methadone prescription she was already receiving.

Koka said he didn't know anything about a text that offered money in exchange for recruiting new patients.

After investigating the two complaints, the college disciplinary committee decided to issue a caution to Koka, which required him to appear before the board to be instructed on the lack of an established physician-patient relationship and of examinations. Also cited was a problem with his medical records, which was found when college investigators couldn't distinguish the doctor's electronic notes from those taken by his assistant.

The order also included directions for Koka to complete course work and to submit to monitoring by the college.

That wasn't enough for one complainant.

The man took the decision to the Health Professions Appeal and Review Board, pushing for a wider investigation into Koka's dealings, saying he felt Koka was "taking advantage" of Indigenous people on Six Nations.

The board released a decision last month saying the college had considered that Koka had issued a prescription for methadone without having a doctor-patient relationship and the unlabelled methadone.

"The board finds the committee conducted an adequate investigation and reached a reasonable decision," said the board, voting that the remedial orders of the college would suffice to protect the public in the future.

Due to the pandemic, that cautioning process has yet to take place.

Koka left the Six Nations clinic, which was later reopened by new owners.

According to the Ministry of Health, the province's narcotics monitoring system lets the ministry collect data about all opioids and other controlled drugs and the physicians and nurse practitioners prescribing them.

A spokesperson said that, from April 2018 to March 2020, 1,364 health professionals prescribed methadone to 42,708 people in Ontario.

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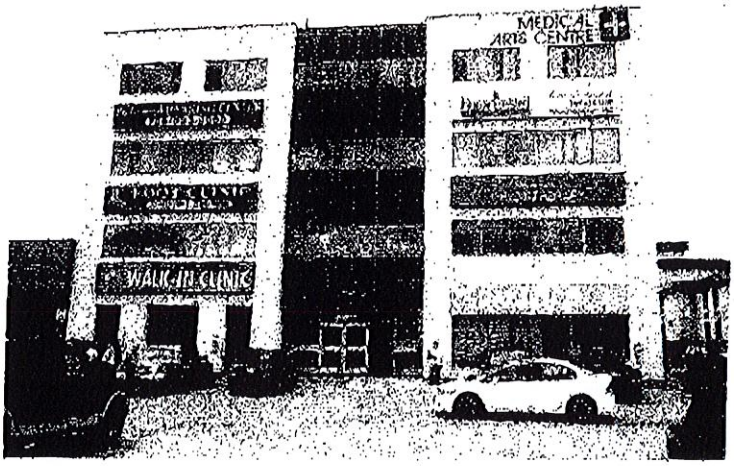

Dr. Suman Kumar Koka of Sudbury has 17 alternative and business addresses, of which seven are in Sudbury and the others are scattered around Ontario in small towns and First Nations, including Six Nations of the Grand River. Above is the Medical Arts Centre at 2009 Long Lake Rd. in Sudbury. JOHN LAPPA