

Patients First Act: Preliminary Response

As we await the reintroduction of the *Patients First Act*, the Ontario Community Support Association (OCSA) is pleased to share its preliminary position on the legislation. This position is based on the proposed Bill 210 that was introduced in June of this year. The new bill is expected to be very similar if not identical to that legislation, and will include amendments or other changes to several other bills. **Our position is also informed by feedback from an in-depth survey of our membership, as well as input from stakeholder colleagues in the community sector, and legal and health policy experts.**

OCSA represents hundreds of non-profit agencies across the province that provide compassionate, quality home and community support services to over one million Ontarians per year. These services are important, cost-effective measures that prevent unnecessary hospitalizations, emergency room visits, and premature institutionalization. The need for these services is growing rapidly as the population ages and more people choose to remain and receive care in their homes and communities, for as long as possible.

Priority Recommendations:

1. That language pertaining to care coordination recognizes and includes care coordination resources that currently exist in the home and community sector, specifically community support, as part of the continuum of care.
2. That no changes be implemented that would allow the provision of LHIN-funded community support services by for-profit providers.
3. Given the importance and far-reaching implications of this legislation, we recommend that the government schedule public hearings into the Patients First Act in multiple communities around the province.

4. That there is further consultation around conditions that need to exist for the appointment of a supervisor by LHIN. That until such time that this is undertaken, the authority remain with the Minister of Health.

The majority of OCSA members have a favourable impression of the *Patients First Act*, and OCSA welcomes and actively supports the main objectives of the bill and many of its key elements. Foremost among these elements are the reform of the primary health care system and the strengthening of the role of the home and community support sector and its service providers within the health system. This broad change will improve the continuum of care for patients, their families and caregivers and lead to greater collaboration among primary care providers. It is a shift in thinking about home and community and one that many organizations, including OCSA, strongly support. .

We are also very pleased to see the planned appointment of an Ombudsman – widely supported by our membership – and progress on the issue of clinical standards. OCSA supports the legislation’s inclusion of a stronger voice for patients and families in the health system in the form of a new Advisory Council, as well as important language regarding the promotion of health equity, respect for diversity, and reducing health disparities.

The proposed legislation is not without significant areas of concern, and we recommend careful consideration of recommendations to address them. These include:

- **Ensuring that there is clarity surrounding the provision of care coordination was the top concern listed by members in our survey.** This is a critical detail that is apparently being left for interpretation once the legislation has been passed. Care coordination must promote a patient-centered approach; one which ensures that care coordination is situated where it makes the most sense, and is tied to the patient. When an individual is being served by a CSS agency, it makes sense that care coordination be provided by that CSS agency – the service provider that knows and manages the client’s care. Overall, wherever care coordination is situated, it is critical that this service be fully integrated with the full continuum of health care services that may be required by the client.

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- **It is our understanding that under the Home Care and Community Services Act, 1994 (HCCSA), approved agencies (including CCACs) must be not for profit organizations and that the proposed *Patients First Act* would not change that.** We feel strongly that this requirement should not change today or in the future. We know private delivery of health care increases public costs in the long-run, while reducing the quality of patient care. It is worth noting that OCSA members do this work for a purpose, not a profit – surpluses are reinvested in the community, and volunteers contribute over 3 million hours of service each year, a potential loss of up to \$81 million were it replaced by paid staff. It is essential that the *Patients First Act* reaffirm that LHIN-funded community support service providers *must* be not-for-profit.
 - **The significant expansion of the authority of the LHINs without appropriate appeal mechanisms. Specifically, OCSA members have expressed concern regarding the ability of a LHIN to appoint a supervisor to replace the boards of directors of community-based health service providers.** Given the strong provincial interest in guiding how such authority is exercised, we believe it would be appropriate to provide greater direction to LHINs about the conditions under which the appointment of a supervisor would be appropriate. Complicating this issue is that a large number of community support agencies hold Multi-Service Contract Agreements (M-SAAs) with the LHINs, yet receive less than 100% of their funding from them. These organizations receive their revenues from multiple sources, including other federal and/or provincial ministries, private client fees and charitable donations. Should the LHIN appoint a supervisor to replace the board of directors as indicated in the legislation, it could result in the LHIN controlling all organizational assets, programs and property, including those that they do not have direct funding authority over. This could also put other source funding at risk. We highly recommend that the government conduct further consultation, and until then, sever this authority and leave the oversight where it currently resides for other sectors of health care (hospitals and long-term care): with the Minister of Health.

There are two other issues which OCSA has raised consistently, including in *Response to Patients First: A Proposal to Strengthen Patient Centred Health Care in Ontario*, our submission to the government earlier this year, which are not addressed in the legislation:

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- Our organization advanced the need to address funding for infrastructure and administrative requirements. The vast majority of the home and community support sector has gone several years without an increase to base funding, restricting the capacity of agencies to innovate or create efficiencies by investing in new technology or improving training. The OCSA had hoped to see – and still wishes to see – a strong signal that cost savings arising from the reduction of administrative bureaucracies be reinvested into the sector to support more and better care for clients.
 - Additionally, there are few references key populations with unique needs – such as those with physical and cognitive disabilities and medically complex children – in the legislation. We would like to see recognition that specialized services such as supportive housing and independent living services are an important and distinct form of care within the community, and for them to be treated as such in the planning and organization of health delivery.

As OCSA has stated before, delivering more health care directly in the community will help to address equity and population health needs while reducing avoidable emergency room use, hospitalization, and institutional care. However, the proposed new structures for delivering this care are not fully defined, which risks troubling outcomes for patients and the broader community.

We urge the government to move forward with *Patients First* legislation judiciously. The OCSA is pleased to continue to offer its unique insights, experience, and expertise for further consultation.

Sincerely,



Deborah Simon

CEO
OCSA