

Feedback Form: Proposed Home and Community Care Regulations

As part of the regulation development process, the ministry is seeking feedback on proposed new home and community care regulations.

As you review the proposed regulations, you may wish to consider the following questions:

- Would the proposed regulations create any unintended disruption or risk to current care delivery?
- Would the proposed regulations create any barriers to improving care delivery?
- Would the proposed regulations impose new costs, or enable new cost savings?
- Should there be different or additional requirements in the regulations?
- What lessons from COVID-19 should be applied in the new regulations?

We appreciate your feedback!

Please submit this completed form to HCCB.Modernization@Ontario.ca by July 15, 2021

Your Organization's Name: Home Care Ontario

Representative First and Last Name: Sue VanderBent

1. Scope of Services, Service Maximums (slides 9 – 11)

- Do you have feedback on any aspects of the proposed approach set out on slide 10?

Home Care Ontario supports the previous regulatory approach the government had identified which established “home care services” in the regulations, alongside “community support services.” Most jurisdictions in the world recognize home care as a distinct sector within the health system, and it is our recommendation that the province continue to follow suit.

By not identifying “home care services” the regulations do not properly articulate the important role the home care sector plays in Ontario. Furthermore, it may have the unintended consequence of confusing patients and families who are seeking “home care services” if they are not described in the regulations and therefore recognized as distinct by stakeholders in the system.

Additionally, the definition of “community support services” now includes several new activities for the community support services sector (bereavement supports, respite, etc). This is problematic as slide 24 indicates that Community Support Services are intended to only be contracted to not-for-profit organizations (a position we disagree with). Many home care providers currently provide these services within “home care”, and so the new definition not only creates confusion, but would disrupt service and create immediate barriers to accessing quality care if interpreted literally.

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Furthermore, many community support services organizations do not have regulated staff and infrastructure to deliver services such as “education, prevention and awareness pertaining to chronic disease management, aphasia and communication disorders”, and by excluding the for-profit portion of the home care system from delivering them, the government will be limiting access to proper care and supports. Programs should be allocated to providers based upon achievement of outcomes and the delivery of quality care, and to drive the delivery of integrated care, not linked ideologically to tax status.

We strongly recommend that “home care services” are identified in the regulations and that “community support services” remain as defined in the *Home and Community Care Services Act*.

2. Client/Patient Eligibility Criteria (slides 12 - 13)

- Do you have feedback on any aspects of the proposed approach set out on slide 11?

Click or tap here to enter text.

- For the proposed new services of Traditional Healing and Indigenous Cultural Supports:

- Do you have feedback on whether client/patient eligibility criteria should be defined provincially in regulations, or left to be determined more locally (and if they should be defined provincially, what they should be)?

Click or tap here to enter text.

- Do you have any other feedback on these proposed new services?

Click or tap here to enter text.

3. Care Coordination (slides 17 – 20)

- Do you have feedback on the proposed requirements for care coordination functions on slide 17?

Overall, Home Care Ontario strongly supports the direction being taken with regard to care coordination, and moving from defined roles to defining functions which can be delivered by other parts of the health system including home care providers, removing silos and driving integration of health and social care. As discussions about the modernization of these functions are only at the beginning stages, and they need to be informed further by program/pathway development and tests of change, the Ministry must strive to ensure the regulations are as flexible and high level as possible so that functions can be adjusted over time. Home Care Ontario recommends that, as much as possible, these functions are spelled out in policy rather than in regulations. The regulations should require accountability for elements of the Quadruple Aim, including achievement of outcomes. Primary care should be able to refer

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patients seamlessly to home care, and evidence-based pathways need to be established to support post-acute care discharge and provide more seamless experience as they transition home.

- Do you have feedback on the factors to be considered when planning care on slide 18?

The function of “navigation” needs to be addressed, as it has been left out of materials so far.

It is unclear where facilitating LTC placement and oversight of the LTC wait list would sit in the end state when HCCSS has been dissolved.

- Are there any rules or parameters in addition to what is set out on slide 19 that the ministry should consider regarding an HSP or OHT’s assignment of care coordination functions?

On Slide 19 the ministry identifies several requirements that would need to be met if care coordination functions were assigned to a contracted provider. We recommend the Ministry have further discussions with the sector on this list, as some requirements will be difficult to meet under the current environment (i.e. without digital/data sharing arrangements). These could be a barrier to improving care delivery if they are not first resolved. Because of this, these requirements are likely better off handled in policy rather than in the regulations.

Additionally, we question why the regulations would call for a different treatment of contracted providers over other parts of the health care system. We recommend that everyone providing the functions of care coordination be held to the same standards.

4. Bill of Rights, Locations of Service, Eligible Providers, Methods of Delivery (slides 21 -25)

- Do you have any feedback on the proposed items on slides 21-25?

Eligible Providers:

Home Care Ontario continues to be extremely concerned with the direction the Ministry is proposing regarding Ontario Health providing funding to OHTs and HSPs to oversee home care services, and those same OHTs and HSPs also being able to directly deliver the home care services that they have been entrusted to oversee. This move could impact the quality of care provided to Ontarians and drive up costs to taxpayers.

Today, the health system has oversight, governance and accountability built into it, where HCCSS provides oversight and ensures accountability for public funds when home care services are delivered. In an effort to support its move to eliminate the LHINs, the government is proposing a structure that would reduce the necessary accountability structure. In our view, it

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is inappropriate for organizations to be permitted to deliver care directly without the necessary oversight in place.

Furthermore, as HSPs will be given the ability to directly deliver OR contract home care services, there do not appear to be any conflict-of-interest provisions envisioned to ensure that an HSP makes this decision based on what is in the public's interest, and not its own organizational interests.

The standard public sector procurement approach must be followed to ensure a rigorous process of selection as well as standards of quality are put in place for home care. Further, Home Care Ontario strongly recommends that the regulations stipulate that HSPs and OHTs must provide home care services through contracted providers *only* and we encourage the Ministry consider whether legislative change is also required to ensure a contracted model is maintained. We are not suggesting HSPs could not be contracted to provide home care services, simply that the services must be contracted, and not arbitrarily assigned to an organization that can then choose to deliver the care itself, or contract if it so chose to.

Requiring home care services to be contracted is the only way for government to ensure the best value for money for taxpayers, and to ensure patients receive the highest quality of care. Unless this approach is taken, there is the potential for a wholesale shift of home care to the NFP sector, which could dramatically reduce capacity in the sector.

5. Charges for Services (slide 26)

- Do you have any feedback on the proposed items on slide 26?

Click or tap here to enter text.

6. Plans to Prevent Abuse, Complaints, Appeals, Patient Ombudsman (slides 27-30)

- Do you have any feedback on the proposed items on slides 27-30?

Click or tap here to enter text.

7. Self-Directed Care, Residential Congregate Care, Other Related Amendments (slides 31 - 35)

- Do you have any feedback on the proposed items on slides 31-35?

Click or tap here to enter text.

8. Other feedback

- Do you have any other feedback on the proposed regulations?

Click or tap here to enter text.