DEPUTATION: BILL 135, *CONVENIENT CARE AT HOME ACT, 2023*
STANDING COMMITTEE ON LEGISLATIVE ASSEMBLY

NOV. 15 2023

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Good afternoon, my name is Dr. Andrew Park. I'm the President of the Ontario Medical Association.

On behalf of Ontario's 43,000 physicians, thank you for the opportunity to appear here today.

The OMA appreciates the government's desire to improve home and community-based care. Bill 135 has the capacity to make meaningful change. It is critical, that action be taken to address the need for expanded and integrated home and community-based care. In the aftermath of the COVID-19 pandemic, it has become abundantly clear that we cannot wait to address the long-standing issues in Ontario's health-care system. The time to act is now.

Before I go any further, I would like to take a moment to recognize the tremendous work done by home and community-care providers to maintain and elevate patient dignity at the core of their work, and provide the best care possible, given system constraints.

In the lead up to this bill, the OMA has had the opportunity to work closely with government, and we appreciate the collaborative spirit we have seen from elected officials in this room. On Oct. 16, we hosted a highly successful Queen's Park Day which was attended by over 100 physicians joining meetings with more than 70 ministers and MPPs of all political parties. This event was representative of the shared interest between doctors and elected officials to improve Ontario's health care, and I am confident that we will build on the work we have done so far.

The OMA has released pragmatic solutions to address the top three issues facing the health-care system, following extensive consultations with physicians, stakeholders and the public. One of our three priorities is the need to increase community capacity and tackle hospital overcrowding.

Far too many Ontarians are languishing in hospital beds when they could be discharged and better cared for elsewhere. One significant cause of hospital overcrowding is a lack of access to home care, long-term care and palliative care.

This bottleneck of patients in hospitals, referred to as alternate-level-of-care or ALC, has existed in Ontario for many years, with its root causes remaining unresolved. In the meantime, extended hospitalization comes with the risk of adverse outcomes, including accelerated functional decline, infections, delirium, and falls. We can and must do better for these patients.

First, we must focus on appropriately funding home care and home care providers. When physicians refer patients to home care, their case is often accepted immediately, but there may be a delay between acceptance and provision of care that can span weeks or months. There are simply not enough professionals, nurses and personal support workers to provide this necessary care, and as a result, our patients must rely on informal caregivers such as partners, family, and friends to provide this support.

One of the root causes behind home-care staff shortage is the significant wage differential between home care and other sectors. The Ontario government must accelerate its efforts to recruit and retain home-care staff, which means paying them a wage that makes it abundantly clear just how vital they are.

Another key solution is embedding care-coordinators and home-care professionals in primary care teams. Physicians could work with a dedicated care co-ordinator to better advocate for their patients at time of need, as opposed to time of failure. Anecdotally, the top complaint from physicians regarding care coordination is the lack of effective and efficient communication. Team-based care presents an opportunity to streamline communication and eliminate barriers between health-care professionals.

Lastly, we can use "Hospital at home" programs, which provide therapies, tests, and monitoring typically provided in hospitals for patients who are sick enough to require acute care, but stable enough to receive them at home. These programs require flexible home visits, remote monitoring, and 24/7 access to health-care professionals. In Canada, British Columbia and Alberta have formally implemented programs like this.

These are just a few of the solutions outlined in the OMA's *Prescription for Ontario: Doctors' Solutions for Immediate Action*, which I encourage you to read in full. We want to work in tandem with the government to build a better and more reliable home care system.

With respect to Bill 135, I have a few specific comments:

Centralization of LHINs:

- The goal with centralization should be that Ontario Health atHome set standards for home care, ensuring that it is of high quality, provided at appropriate and equitable levels with availability that is commensurate with need, regardless of where patients live.
- The balance however, is that Ontario HealthatHome must avoid a "one-size-fits-all" approach, prioritizing autonomy for OHTs and health-care professionals. Centralization does not mean rigidity.

- Because, if implemented poorly, there is a risk of creating a centralized entity incapable of addressing the different socio-economic and demographic needs across the province, such as the situation currently seen in northern and rural Ontario

Forms:

- In consultations on home care, physicians have voiced the need for a single, standardized referral form for home and community services.
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Responsiveness:

- Ontario HealthatHome should help facilitate OHTs to be able to accept referrals as well as provide home care 24/7 to reduce avoidable emergency department admission.

OHT readiness:

- The new centralized home care structure must also account for the different levels of OHT readiness in the province, especially considering northern and rural Ontario, where these teams may be less developed
- There should be a process in place to assess OHT readiness in advance of the transfer of responsibility for home care

Care coordinators:

- As noted in our *Solutions Report*, home care coordinators must be embedded within primary care, acute care, and OHTs to support better collaboration between care coordinators and physicians

These are just a few points of feedback for this committee on Bill 135, but I invite you to read our written submission to learn more about the OMA's position on this bill. Thank you for your attention, and I look forward to discussing this subject further in the Q&A period.

- Currently physicians must look up the patient's postal code, find the correct Home and Community Care Support Services or HCCSS for short, print the correct form, and fax it back to the correct HCCSS, when time could be saved if there was only one referral form, ideally uploaded through the physician's EMR or e-referral platforms

- This around the clock availability should include referrals to home care. At present, intake closes at 8 PM on weekdays and is not available on weekends. This is directly contributing to the alternative level of care crisis.
- , ideally with readiness assessments including feedback from patients, their families, as well as health care professionals, including physicians

- As home care coordinators transfer into Ontario HealthatHome and eventually become integrated with OHTs, it will be important that physician access to care coordinators is not disrupted. Specifically, physicians outside of OHTs should have the same access to care coordinators and services for their patients as physicians within OHTs.