



OANHSS

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS

7050 WESTON ROAD, SUITE 700, WOODBRIDGE, ONTARIO L4L 8G7 • TELEPHONE: (905) 851-8821 • FAX: (905) 851-0744

February 11, 2014

Standing Committee on Social Policy
c/o Valerie Quioc Lim, Clerk
Room 1405, Whitney Block
Queen's Park
Toronto, Ontario
M7A 1A2

Dear Ms. Lim:

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) welcomes the opportunity to submit comments to the Standing Committee on Social Policy as it deliberates in its review of the *Local Health Systems Integration Act, 2006* (LHSIA).

OANHSS is the provincial association representing not-for-profit providers of long term care, services and housing for seniors. Members include municipal and not-for-profit long term care homes, seniors' housing projects and community service agencies. Member organizations operate over 27,000 long term care beds and over 8,000 seniors' housing units across the province. All OANHSS members deliver services on a not-for-profit basis.

Our comments are based on the Association's experiences and interaction with the Local Health Integration Networks (LHINs) through our participation on a variety of sector-related pan-LHIN committees, as well feedback from our members based on their experiences as health service providers in their respective LHINs.

LHSIA established the LHIN structure to plan, fund and integrate health care, primarily to deliver health care services based on local and community needs. Overall, OANHSS' experience in the LHIN environment has been generally positive, both at the provincial level and the LHIN level. We do however, propose that there are areas for improvement that can help further meet their goals, thereby creating a more efficient and effective health care system.

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More specifically, we propose the following recommendations for the Standing Committee's consideration:

1. Where possible and in cases of provincial interest, greater consistency in funding for health care services.
2. Greater collaboration between LHINs and their health service providers across the entire care continuum.
3. Greater flexibility by LHIN in capital decisions.

Need for Greater Consistency

LHSIA established each LHIN to plan and fund health care services based on local community need. Our concern, however, in carrying out this mandate, is that the allocation of funding by each individual LHIN to its health service providers can vary. We have long argued for a consistent funding approach across the LHINs, mainly so that health care providers are treated fairly and equitably across the province, especially given that they operate on scarce human and financial resources.

A specific concern is with respect to how provincial funding and program funding are allocated to health service providers across the LHINs. Provincial funding regardless of LHIN, should be allocated at the same level to ensure the same level of service is being delivered. Similarly, program funding, which is under the jurisdiction of the LHINs, should also be allocated the same level across the LHINs. This is especially an issue if the provider is delivering the same services across a number of LHINs and the funding allocated in the services differ. This would not only ensure greater standardization and equity for all providers in the long term care and community support sectors, but more importantly ensure that consumers have equitable access to services to meet their care needs.

Another example of the inconsistency in requirements and expectations across LHINs was during the recent execution of the 2013-16 Long-Term Care Service Accountability Agreement (L-SAA) whereby each LHIN introduced their own performance accountability indicators and obligations. We recognize that individual LHINs may want to monitor or measure specific activities and/or trends that may be evident and unique to their respective regions, however what we found was that only a few indicators and obligations were actually unique to that LHIN. In some cases, this has resulted in an additional resource burden placed on the home, particularly where indicators or obligations have financial implications in order to comply. For example, some LHINs made it an obligation for a LTC home to be accredited with a recognized accreditation body, which is currently a voluntary program.

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In this particular instance we recommended to the L-SAA Advisory Committee that there needs to be a more standardized approach in defining LHIN-specific indicators and obligations in service accountability agreements. We have received assurances that our recommendations are being considered for L-SAA as well as for all other services accountability agreements. However, more generally, for the purposes of this review, we recommend that for matters that have provincial significance or benefits, greater standardization or consistency should be adhered to when setting specific requirements for health service providers.

Greater Collaboration Leads to Better Decisions

The degree to which LHINs collaborate with the health service providers in their respective regions varies greatly across the province. Whenever there is greater dialogue, collaboration and planning that includes all partners in the health care system, everyone benefits.

Some LHINs have already established councils consisting of representatives from across the health care continuum, while other LHINs have established and/or participate in sector-specific councils, such as a council of long term care providers, another for the community sector, and another acute care. We have also found that some LHINs not only have never established such councils, but have offered little opportunity for collaboration, consultation or discussions with their health service providers, or with entire sectors within the system, regarding planning or project development.

One area where greater collaboration would greatly improve health care delivery in each LHIN is in capacity planning. Too often, planning decisions that impact the entire health care system are being made exclusively by the LHIN or in consultation with only a select few players in the health care system. If all players are involved in those discussions, more informed and effective decisions as they relate to capacity can be made.

For these reasons, we recommend that all LHINs establish at a minimum sector-specific advisory panels or councils to provide advice and input into specific projects or programs taking place in the LHIN and to raise any topical issues or concerns.

Flexibility is Required in Capital Decisions

The LHINs were originally established for the purposes of identifying and developing means to improve access to health care services. However, we have found that in some cases, the LHINs are instead creating unintended barriers to delivering health care services. For example, providers of a number of older long term care homes are in the process of planning to rebuild their homes to bring them into compliance with current design standards.

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Many long term care home providers are facing the prospect of having to move the physical location of their home to another site, sometimes in a different community within the same LHIN, and other times into a different LHIN. In some cases, the LHIN has blocked the movement of these beds either within the LHIN or across LHIN boundaries. As a result, some homes are struggling to find solutions that will allow redevelopment.

In these circumstances, it would benefit the entire health care system as a whole, acknowledging the shortfall of LTC beds across the province, if LHINs contributed to capital and redevelopment discussions as a partner locally, respecting providers' challenges in rebuilding their homes and the severe constraints many are under.

Conclusion

OANHSS appreciates the opportunity to provide comments to the Standing Committee during this review and we remain committed to working with the government to further implement and improve this model for health care delivery. While our comments may not necessarily be specific to LHSIA, we appreciate the opportunity to raise areas of concern as LHINs and the committee will be looking to improve the LHIN structure in the future.

Yours truly,



Donna A. Rubin
Chief Executive Officer