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Home Care Roadmap has potential, but beware of some dangerous pitfalls: Health Coalition

(Toronto) The Ontario government's plan to reform home care is short on details. The broad steps outlined in it contain potential for a strong and progressive vision to emerge, but there are also perils that Ontario Health Coalition is urging Health Minister Eric Hoskins to avoid.

"We want to be positive and we want to be able to applaud progressive steps by the Health Minister," said Natalie Mehra, executive director, "but this "Roadmap" does not actually contain any concrete commitment to provide access to care for people in need. It does not establish clear public coverage for any level of home care services. Also, we are really worried about the potential implementation of a complex system of contracting out and subcontracting home care that the Minister's panel proposed, which would make the system even more complex and fragmented. If the Minister follows his panel without questioning the pro-privatization slant of their recommendations, there is a very high danger of for-profit privatization of home care, including care coordination and care provision functions. This is absolutely not in the public interest."

"The home care system is currently a mess. There is no right to care for patients or clients. There is no community control or democracy," said Ross Sutherland, R.N., chairperson of the Ontario Health Coalition, formerly a home care nurse. "While we support the plan for public consultation on some key issues, we have to note that there already has been a great deal of public outcry and there is a fairly deep consensus on what the problems and needs are. What Ontario really needs now is principled leadership with the political will to establish home care as a part of Public Medicare that must be funded to meet need, and a principled approach that embraces equity and compassion for patients and treats the workforce fairly. Today, we want to raise a warning with the Minister of Health that in some serious ways his reforms could make things a lot worse if the perils of privatization, market-modelled home care and austerity are not avoided."

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Briefing Note

The pitfalls/potential pitfalls in the government's Home Care Roadmap released today:

- **Expanding privatization.** The worst recommendations in the government's panel report are the proposals that would result in a complex and multi-tiered system of contracting out home care. These proposals would mean the potential take-over of the public parts of home care, including the CCACs, by private for-profit companies. At least one organization has put out a media release today essentially celebrating the death of the CCACs. But the turnover of ownership of home care and care coordination to for-profit companies will be worse, not better. The LHIN takeover of other parts of home care will not improve anything at all, since the LHINs have many of the same problems that have provoked public ire with the CCACs, and they have no home care expertise. There is also a very dangerous proposal from the Minister's panel that includes a new form of public-private partnerships for home care in hospitals, which risks privatizing more hospital services. Furthermore, the government's panel recommends expanding home care "clinics" for services like wound care, which has meant the direct for-profit privatization of formerly public hospital services. The panel also

falsely characterized the “purchaser-provider split” (ie. contracting out/privatization model) as a required principle rather than a pro-privatization ideology that is not supported by the evidence. Simply put, instead of addressing the problems of fragmentation caused by contracting out home care, the government’s panel recommends dealing with the problems caused by contracting out and privatization by bringing in more contracting and privatization.

The Minister’s plan today is unclear on this, and while we are seeking assurances that home care privatization will be reversed, not expanded, the Ontario Health Coalition has already begun the first steps of mobilizing to stop the privatization of home care and we will intensify this if deepening or full-scale privatization is adopted.

- No clear right to care. The government proposes another consultation to establish “levels of care”. But if there is no clear right to access home care, if the proposal is simply to inform patients and clients of the level of care they can expect, then the current problems will not be solved, the erosion of public health care for all based on need not wealth will continue as care is moved out of hospitals, and the suffering of the elderly and those with chronic illnesses and disabilities will not be abated. Consultation sounds good. But if it is used to delay establishing a clear right to access needed care, it is just the opposite. Ontarians need a clear commitment for the government to provide leadership and provide care that Ontarians need. This is the basic principle of compassion that underlies our public health care system. Austerity and the agenda of downloading our collective responsibility to take care of each other onto individuals or families that are already putting more hours into the workforce than ever, must be replaced with a commitment to compassion and equity.
- The so-called “self-directed” care proposal is problematic. It is like a medical savings account which is championed by the far-right to undermine Public Medicare. In it families or clients are given funding to hire in their own care. It is very open to abuse and particularly risky for patients/clients who rely on substitute decision-makers. It can be very exploitative for the work force. Persons with disabilities have advocated for this under the principles of independence and empowerment, and there is not total consensus about this between workers, unions and service users. Regardless, it has different implications when expanded into the health care system and we want to caution the Minister about embracing and expanding this approach widely.

On the positive side:

- The government plans to consult on and develop a statement of home and community care values. The Health Coalition has recommended a principled approach that embraces the principles of the Canada Health Act, as well as equity, compassion, public and non-profit ownership in the public interest, accountability, respect for diversity and democracy. We are very pleased with the plan to consult with patients, clients, advocates and caregivers. But we are deeply concerned that the plan virtually ignores the home care workforce and their representatives in unions and organizations, as well as public interest organizations like ours. The conditions of work are the conditions of care and the workforce must be treated as an equal partner in any successful reform. Consultations should be open to all interested Ontarians.
- Improved funding. This is a repeat of the Ontario Budget announcement which continues home care funding increases for the next three years. It deserves recognition and support. However, it must be noted that home and community care are not in competition with acute and institutional care. Ontarians need capacity planning across the full continuum of care if the current hardships caused by cuts and privatization are to be addressed. If the hospital cuts continue at their current pace and access to long-term care homes continues to be severely rationed, the level of funding proposed for home care will not address the very severe problems and suffering that we continue to raise as a very serious public policy issue.

- Public consultations on levels of care framework. Moving the power away from provider companies and their narrow interests to a democratic process is positive. Again the workforce and their representatives in unions and organizations deserve proper attention and respect. If consultations are to be held they should be real and meaningful: on-the-record; broad; well-publicized; and include all who want to be included.
- Previously announced and other measures including improving PSW minimum wages to \$16.50 an hour by next year, increased nursing visits, support for caregivers (not specific), capacity planning.