

**Ontario Health Coalition**  
**Summary and Analysis of Ontario's Seniors' Strategy Recommendations**  
*January 9, 2013*

Ontario's Minister of Health released the summary and recommendations of the report on its Seniors' Strategy yesterday. "Living Longer, Living Well" is a report by Dr. Samir K. Sinha, MD, DPhil, FRCPC Provincial Lead, Ontario's Seniors Strategy. The full report was not released and is not available on line. The following is a brief summary and analysis of the summary document released yesterday.

**Seniors as "Cost-Drivers"**

Much of the preamble concerns itself with the cost of seniors to Ontario's health system. Most of the language of this section offensively relates to seniors as – in the report's words – "cost-drivers" in the health system. Note: the report's authors fail to pay commensurate recognition to the fact that seniors have funded this system for their entire lives and as such as key *investors* in our health system, if one is to follow this odious line of thinking wherein demographic groups are defined in terms of their relative costs. The summary and recommendations state that, left unaddressed the increase in the elderly population "could bankrupt our province". There is not one shred of evidence in the summary and recommendations document released that supports this contention.

Some of the media reports have followed course, without considering any actual facts. Some media reports today refer to seniors' health costs as "skyrocketing" or other such hyperbole. Note: in fact, home care funding has actually declined as a proportion of provincial health spending, and on a per-client basis. Health care spending in Ontario is less as a share of the provincial budget than it was a decade ago and we are near the bottom of the country in health care spending.

**Means-tested Home Care**

The preamble contains lip service to embracing "progressive" funding and moving forward based on the needs and values of Ontarians. However, the key recommendation regarding funding is not progressive. The report calls for means-testing and some sort of user fees or deductible to pay for home care. The Minister, in her comments yesterday, noted that the provincial government has done this for drugs for seniors and wants to extend it to home care. The report also recommends further means-tested and user fees for drug benefits for seniors – beyond the user fees for those with incomes of greater than \$100,000 as adopted in the budget – something several seniors' groups warned about last spring.

The proposal for a means-tested home and community care system is a dangerous proposal and we are strongly opposed to it. The Canada Health Act calls for health care to be provided on a universal basis: on equitable terms and conditions regardless of income. As more and more hospital services are moved out of hospitals into home and community care, progressive organizations all across Canada have called for the extension of the principles of the Canada Health Act to cover home and community care. The Minister of Health is instead proposing to *privatize* the payment for home and community care.

The burden of care should not be put on the sickest when they are elderly and dying. The proposal to adopt a means-based home care system is an abrogation of the promise of the Canada Health Act, and

core principles held by Liberal governments for two generations (and the NDP, and many citizens who vote Conservative also). The introduction of this approach into the Ontario Drug Benefit Program was a dangerous precedent and in a very short time we are able to see exactly why it is such a slippery slope. It is important that our members and supporters tell the government that we strongly oppose means-tested health care for seniors and the abandonment of universality.

### **The Principles**

Access, Equity, Choice, Value and Quality are listed as the principles in the summary and recommendations. In theory this is an innocuous list, though far less than the Canada Health Act's principles. However, these principles are not defined in the usual way and much of the language is vague and without concrete proposals.

Much of the language of this section pertains to moving patients out of hospitals. There is no mention of patients' rights to access hospital care, to be protected from user fees or coercive tactics to force hospital discharge, or to be given proper and full information on their choices regarding living in long-term care homes if they have assessed need for this level of care.

Moreover, there is no concrete recommendation to establish a positive right to access any range of home or long-term care. No recognition of extremely long wait lists.

Equity does not mention income as a factor (though equitable access to care without user fees is a core tenet of the Canada Health Act). And it does not mention rural/urban issues.

There is nothing here to protect seniors' access to publicly funded health care and support services. Choice is not only choice to live at higher risk with less service, but also choice not to be discharged out of hospital without adequate care or refused information on long-term care placement.

### **Poverty and Income Supports**

The summary notes that Ontario has done much to reduce poverty levels in older adults to below national levels. It does not recognize growing poverty among seniors in Ontario – a rate of increase that is almost double that of other provinces – nor the increase in poverty amongst older women in particular.

A positive recommendation is that the province should support efforts for retirement and age-related benefits (old age security) for low and moderate income seniors. However, there are no concrete measures attached.

A weird recommendation is that among other active and healthy living proposals, the seniors' secretariat should promote meaningful employment for elderly.

### **Other positive recommendations include:**

Increased awareness of services to help the elderly stay healthy and at home.

Improved access to primary care, improved communication, team-based approach, house calls.

Increase funding to home and community care by 4% this year and next.

Increased respite, convalescent care.

Nurse-led outreach teams for long-term care. (This is not clear but sounds potentially positive.)

A provincial working group of geriatricians, care of the elderly family physicians and specialist nurses, allied health professionals, and others to help develop a common provincial vision for the delivery of geriatric services and a prioritization plan to guide local staffing and funding of care models as resources become available. Note: though the provincial working group is positive and can work to make concrete recommendations to address shortages etc., there are no concrete recommendations to address these in this report.

Enhancing the range of palliative care settings available in their regions, including within a patient's home, hospice, and institutional care settings as well.

Clinical practice guidelines to reduce drug interactions.

Full review of MedsCheck program to evaluate its efficacy.

Promote awareness of respite and unpaid caregiver support programs.

Awareness initiatives for elder abuse, though nothing concrete to support them.

**Other poor recommendations/privatization:**

In addition to the privatization of payment for home and community care recommended, there are other key privatization threats included in the recommendations.

More means-testing (private payment) for the Ontario Drug Benefit program. The report recommends the Ministry complete its move away from the ODB program for seniors to a full income-tested system rather than age-based system. Note: this is privatization of payment, but it is also not clear that it isn't just a cut. Ontario already has a means-tested drug benefit plan (Trillium) so it is not clear what is meant here.

There is a recommendation to improve access to clinic-based physiotherapy. Thus, does the report seem to support the continued closure of out-patient physiotherapy in our local hospitals? There is no clarification as to whether these clinics would be privately owned and operated or public, for-profit or non-profit. There is no clarification as to whether this would be privately-paid physiotherapy or publicly-funded.

There is a recommendation that long-term care homes be a home and community care hub. This is undefined, however, it risks further for-profit privatization of home and community care and we oppose any such proposal. (The majority of Ontario's long-term care homes are now private and for-profit.)

### **Other undefined proposals**

Community Paramedicine – not defined.

Hospital at Home model – not defined.

Senior Friendly Hospitals approach – not defined, sounds positive.

Adoption of care transitions and standards as part of the Avoidable Hospitalization Advisory Panel's recommendations – in the report titled *Enhancing the Continuum of Care*. Which recommendations?

Undefined capacity planning to move people from long-term care homes to assisted living, home care or supportive housing. It is not clear what this means or how it is intended to be accomplished. Potential bad-case scenario: long-term care residents to be subjected to the same system of reassessment and care rationing that home care clients are now subjected to?

The Ministry of Health and Long-Term Care should support its LHINs to leverage the partnerships, momentum, and successes of their Behavioural Supports Ontario (BSO) Initiative to help define what core community geriatric mental health and addictions services need to be funded and delivered. Additionally, a standard approach to assessment, referral, and service delivery models needs to be developed and implemented within and across LHINs. Note: this proposal seems to adopt the dangerous "core service" approach, often a euphemism for cuts to needed health care services. It is not clear what is intended here.

Nothing concrete on aboriginal seniors' care – a call for a process to consult on an aboriginal seniors strategy.

A call for improved transportation -- nothing concrete.

Lip service to supports to modify homes to age in place.

Alternative Funding – not defined -- for geriatricians

Strengthen PSW registry – not clear what this means.

Health, social, and community services providers streamline their assessment and referral processes in unspecified ways– not clear what this means.

### **What is Missing:**

- The summary and recommendations released to date fail to recognize that many Ontarians already have insufficient home care, or in the worst cases, no access at all. There is no proposal to improve existing access to home care beyond already-announced funding. Ontarians currently do not have a clear right to access home care services and many patients continue to be offloaded from hospitals without adequate care in place due to funding shortfalls and staffing shortages. In recent months a number of Community Care Access Centres (government agencies responsible for the funding and provision of home care) have reported that they are wait-listing even high needs clients. Care is severely rationed leaving seniors with no option but to pay out-of-pocket or go without. According to the 2010 Provincial Auditor's report, more than

10,000 Ontarians are on wait lists for home care. The Auditor further found that home care services are inequitable across Ontario and wait lists are inconsistently tracked, a situation that continues today.

- More than 20,000 Ontarians are waiting for placement in a long-term care home, according to Ministry of Health data, and Health Quality Ontario reports that wait times have quadrupled since 2005. Wait lists numbering 20,000 or more have persisted since the late 1990s. The summary and recommendations release yesterday do not address the long wait lists for Ontarians who have already been assessed as needing long-term care home placement.
- The report fails to address longstanding problems such as: Ontario's poorly organized home care which is run through an expensive competitive bidding system rife with duplication and privatization; inadequate care levels in long-term care homes; the shortage of acute care and complex continuing care beds for seniors in hospitals; and, the ongoing cuts to and privatization of outpatient hospital services such as physiotherapy, occupational therapy, speech pathology and chiropody required by the elderly.

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