Ontario Health Coalition Briefing Note

March 5, 2020

The Ford Government's Planned Changes to Home & Community Care

Ontario's home care system provides care to more than 730,000 Ontarians. The Ford government has introduced home care legislation that dismantles all remaining public governance and provision of home care services. It would turn over the control of home care to an array of provider companies and organizations to contract, subcontract, and provide in an array of different structures created by the provider companies themselves. In their plan, the legislation regarding home care is repealed and not replaced. Instead, the proposal moves most of the key elements of home care governance out of legislation and into regulation which can be changed at any time without going back to the Legislature and without any meaningful public input. The process by which these dramatic changes are being made is rushed and undemocratic. This briefing note provides a summary of the major changes and our key concerns.

Deregulation & Dismantling of Public Home Care Governance & Care Coordination

The new regime set out for home and community care dismantles most if not all public governance of home care. All remaining publicly owned & controlled home care would be transferred to an array of provider organizations including for-profit and non-profit organizations. The legislation is permissive, repealing the previous Home Care and Community Services Act and enabling the provider organizations to structure, contract, subcontract & run home care in an array of different ways that they would develop themselves. A significant proportion of the organizations that would take over previously publicly controlled home care functions either have no governance and public accountability structure (as in the Ontario Health Teams which are loose coalitions including for- and non-profits that self-govern with no public meetings, no access to information, no elected boards of directors, etc.) or are private (as in private for-profit home care companies) or are non-profit, of which some are actually community-based and democratic.

Background to Ontario's Home Care Reform

Since the early 1990s, home care has been reformed in several phases as follows:

- In the early 1990s home care was provided by an array of municipal and largely non-profit, charitable organizations. The NDP government undertook a major consultation on home care reform, culminating in their Long-Term Care Act of 1994. They created Multiservice Agencies to provide home care as a public non-profit service, with elected Boards of Directors including clients, professionals & a requirement to reflect the diversity of their communities. The vision was to provide an organized system of long-term care in the community to enable the elderly to age in place.
- In 1996 the Conservative government of Mike Harris brought in competitive bidding and in 1997 the Community Care Access Centres (CCACs) were formed. For-profits were invited to bid for contracts against the non-profits and ultimately won the vast majority of contracts. At the same time, hospitals continued to be dramatically downsized and home care became focused much more on replacing hospital care. Continual problems regarding quality, staffing shortages, continuity of care, access to care, inequities ensued. In 2001 the Conservative government eradicated all community memberships and elected Boards and replaced them with appointed Boards.
- Following their election in 2003, the Liberal government of Dalton McGuinty imposed two moratoria on competitive bidding (2004 & 2008) freezing the contracting system in place. Ultimately longer contracts and automatic renewals were instated and the majority for-profit privatization of home care remained. The CCACs were restructured to fit the LHIN boundaries. Some improvements to working conditions for home care PSWs were implemented. In their final reform, the Wynne government eliminated the CCACs and transferred them to the LHINs. Problems regarding access to care, shortages, quality & inequities continue.

Summary of the changes under the proposed legislation and regulation

1. The Ford government's Super Agency called Ontario Health would take over funding home and community care services from the Local Health Integration Networks (LHINs). The Super Agency (Ontario Health) is governed by a Board that is not subject to the Ontario public service legislation regarding conflict of interest and includes an array of pro-privatization business people, bankers and corporate executives, has no regulations for public input, open board meetings, public access to information and even less democratic protections than the LHINs.
2. The power to contract home care services (and apparently placement coordination functions) currently held by the LHINs would be handed off to an array of different organizations that are not publicly governed and accountable. These can include non-profit agencies, the Ontario Health Teams (which are loose coalitions without any public governance structures that include for-profit and non-profit companies) and primary care providers (most of which do not have public governance and accountability structures). The LHINs, which we advocated to be reformed to make them more public and accountable not less, are Crown Agencies, set up as public entities and operated on a non-profit basis.
3. The care coordination functions of the LHINs would be contracted by these organizations to provider home care companies (majority for-profit) or to unnamed third parties.
4. The LHINs will be renamed and continued on an "interim" basis until home care is transferred on a phased and gradual basis to the Ontario Health Teams or Health Service Providers.

Privatization of Public Home Care Governance & Services

This change means that significant and vital parts of home care could be privatized, including transfer of control from publicly-controlled LHINs to the Ontario Health Teams which are loose coalitions that include for-profit companies, and transfer of care coordination functions to an array of provider companies that are dominated by for-profit chains. This proposal would enable for-profit corporations to both coordinate care and be the providers of that care. This means that they themselves determine how many visits a person can have, how many supplies and resources are allotted to them, and supervise their own care. Already missed visits and non-fulfillment of contracts is a major longstanding problem for home care clients, compromising their care and safety. This is a conflict of interest and it is not in the public interest.

The proposal includes the creation of a new tier of unlicensed residential services without any public interest protections, and no protections against downloading and erosion of existing protections in hospital and long-term care. If this proposal were to expand the provision of supportive housing and was clearly defined as this, it would be welcome. Of concern is that instead of increasing care levels for our elders and vulnerable people, this tier would actually lower them. Among the changes, also, is a provision to send privatized home care into public hospitals. In addition, the proposal includes provision for the expansion of private for-profit hospitals into these and other residential care services (including potentially services that are provided by public hospitals and by long-term care homes). It is not in the public interest to expand private for-profit hospitals.

Inequities, Fragmentation and Chaotic Restructuring

This plan is chaotic. It would mean that home care will be governed by different entities in different regions according to different models. The plan would enable this array of different providers to structure and contract home care themselves. The Ontario Health Teams have no governance provisions. Not all of Ontario is covered by them. They are all different and it is uncertain how they will work. The first set are just getting started. This model does not "integrate" home care. It dismantles all existing public governance and devolves it to an array of service providers with very different cultures, motives, capacities, and governance models (or no governance model).

No Improvements to Access, Costs, Assessments, Missed Visits etc.

The proposal removes a host of existing public interest protections under the Home Care and Community Services Act and does not improve on existing provisions regarding access and eligibility, out-of-pocket costs, expansion of virtual home care without patient protections, and others. There is nothing in the new plan that provides any better protections for home care clients regarding access to care, assessments that do not measure actual need, rationing of home care, inequities from region to region, missed visits and other major problems in home care.