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STANDING COMMITTEE ON PUBLIC ACCOUNTS

CCACs—COMMUNITY CARE ACCESS CENTRES— HOME CARE PROGRAM

(Section 3.01, 2015 Annual Report of the
Office of the Auditor General of Ontario)

2nd Session, 41st Parliament
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The Honourable Dave Levac, MPP
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

Ernie Hardeman, MPP
Chair of the Committee

Queen's Park
December 2016

STANDING COMMITTEE ON PUBLIC ACCOUNTS

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2nd Session, 41st Parliament

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FRANCE GÉLINAS regularly served as a substitute member of the Committee.

VALERIE QUIOC LIM
Clerk of the Committee

ERICA SIMMONS
Research Officer

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PREAMBLE

On May 11, 2016 the Standing Committee on Public Accounts held public hearings on the audit (Section 3.01 of the Auditor General's *2015 Annual Report*) of the Community Care Access Centres (CCACs) – Home Care Program administered by the Ministry of Health and Long-Term Care.

The Committee endorses the Auditor's findings and recommendations, and presents its own findings, views, and recommendations in this report. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

ACKNOWLEDGEMENTS

The Committee extends its appreciation to officials from the Ministry of Health and Long-Term Care, the Ontario Association of Community Care Access Centres, and from the Central Community Care Access Centre, the Champlain Community Care Access Centre, and the North East Community Care Access Centre.

BACKGROUND

Ontario's 14 Community Care Access Centres (CCACs) are responsible for helping people to access home- and community-based health care and related social services in order to live independently. The Ministry of Health and Long-Term Care (the Ministry) funds the CCACs through the Local Health Integration Networks (LHINs). CCAC services are free to Ontarians who are insured under the Ontario Health Insurance Plan (OHIP). Since 2009 the CCACs have served increasing numbers of clients with more complex medical and social-support needs. In the year ending March 31, 2015 approximately 60% of home care clients were senior adults (age 65 years and over), 20% were adults (age 18-64 years), 15% were children, and 5% were palliative care clients.

Legislation

A Regulation under the *Home Care and Community Services Act, 1994* (Act) specifies the maximum amount of personal support services that may be provided to a client. At the time of the audit, the Regulation allowed a maximum of 120 hours in the first 30 days of service and 90 hours in any subsequent 30-day period. These limits could be exceeded indefinitely in "extraordinary circumstances" for palliative clients and those waiting for placement in a long-term care home, or for up to 90 days in any 12-month period for other clients.¹ The Regulation is silent on the minimum amount of services that can be provided.

¹ Effective October 1, 2015, a regulatory amendment (O. Reg. 304/15) under the Act increases the maximum amount of nursing services that the CCACs may provide to their clients. (The amendment does not increase the maximum amount of personal support and homemaking services that the CCACs may provide.)

Service Delivery Model

Through their staff of care coordinators, the CCACs assess individuals to determine if their health needs qualify for home-care services, and develop care plans for those who qualify. The CCACs then contract with any of about 160 private-sector service providers to provide home-care services directly to clients. CCAC care coordinators manage client cases, and reassess and adjust care plans on an ongoing basis. The service providers are either for-profit or not-for-profit. Some community support services and homemaking services may require co-payment from clients. A 2014 regulatory amendment and associated Ministry guidelines allow community support service agencies (support agencies) to provide personal support services for lower-needs clients.

Accountability Relationship

Each of Ontario's 14 CCACs is accountable to one of the Province's 14 LHINs, which are mandated to fund health service providers, including hospitals, CCACs, and support agencies, in defined geographic areas. The LHINs are accountable to the Ministry, which sets the overall strategic direction for health care in the province. The CCACs are represented by the Ontario Association of Community Care Access Centres (the Association). The Association provides shared services for the CCACs such as procurement, policy and research, and data and information management.

Spending on Home Care

Ontario spent a total of \$2.5 billion to provide home-care services to 713,500 clients in the year ending March 31, 2015. This was a 42% increase in funding and a 22% increase in clients served compared to the year ending March 31, 2009. Over the past decade, overall funding for CCAC home care and other services has increased by 73% from \$1.4 billion to \$2.5 billion, while remaining at a relatively constant 4% to 5% of overall provincial health spending. The 2015 Budget included funding increases for CCAC home care of 5% per year over three years, for a total of \$750 million. According to funding agreements with their respective LHINs, the CCACs must not spend more than they receive each year.

2015 AUDIT OBJECTIVE AND SCOPE

The audit assessed whether the CCACs, in partnership with the Ministry and the LHINs, have processes in place to provide care coordination to home-care clients in a seamless and equitable manner, monitor service providers in accordance with contractual and other requirements, and measure and report on the quality and effectiveness of home-care services provided.

Audit staff visited three CCACs: the Central CCAC (head office in north Toronto), the North East CCAC (head office in Sudbury), and the Champlain CCAC (head office in Ottawa). The Ministry, through the LHINs, provided these CCACs with a total of \$644 million in funding in the year ending March 31, 2015, representing 26% of funding provided to all 14 CCACs, for about 25% of the total CCAC clients in Ontario. The audit focused on services provided to senior adults (age 65 and older) and adults (aged 18 to 64), rather than to children.

Related Audits

- A previous audit of home care was conducted by the Auditor General in 2010.
- In September 2015 the Auditor released a Special Report on CCAC financial operations and service delivery.

MAIN POINTS OF 2015 AUDIT

The 2015 audit noted that some of the issues raised in the earlier 2010 audit had still not been fully addressed, including that

- clients continue to be put on wait-lists and face long wait times to obtain personal support services; and
- clients with similar assessed needs continue to receive different levels of services depending on where they live in Ontario.

The Auditor explained that home-care funding to each CCAC is

predominantly based on what each received in prior years rather than on actual client needs and priorities. As a result, to stay within budget, each CCAC exercises its own discretion on the types and levels of services it provides—thereby contributing to significant differences in admission criteria and service levels between CCACs. . . . [B]ecause there are no provincial standards in many critical areas, such as the level of personal support services warranted for different levels of client needs, some clients may receive more services than others.²

Specific observations from the 2015 audit included the following:

- Whether a person receives personal support services, and the amount of service provided, if any, depends on where the person lives (that is, which CCAC serves their geographic area).
- Supports to caregivers such as family members of home-care clients are limited and not consistently available across the province.
- The CCACs' oversight of contracted service providers needs improvement.
- Care coordinators' caseload sizes vary significantly, and some exceed the suggested ranges in the Association's guidelines, so there is little assurance on whether care coordination services were consistently provided to all clients.

² Office of the Auditor General, "CCACs—Community Care Access Centres—Home Care Program," *2015 Annual Report*, p. 77.

- Not all care coordinators maintained their proficiency in, and some were not regularly tested on, the use of assessment tools.
- CCAC care coordinators may experience difficulties in effectively referring clients to obtain community support services because assessment information and wait-lists are not centralized.
- Clients may not receive appropriate levels of services as CCAC care coordinators did not assess or reassess clients on a timely basis.
- CCACs are not able to provide personal support services to the maximum levels allowed by law (90 hours per month).
- Each CCAC's performance is measured against different targets for performing client services.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

Significant issues were raised in the audit and before the Committee. The Committee considers the issues below to be of particular importance.

The Ministry has received advice from the expert group on home and community care whose March 2015 report, *Bringing Care Home*, highlighted ongoing service challenges including lack of consistency, lack of support for caregivers, and difficult transitions from hospital to home. This was followed by the release in May 2015 of *Patients First: A Roadmap to Strengthen Home and Community Care* (Roadmap), which laid out steps to be taken to implement the recommendations made in the expert group's report.³ The Ministry also convened a Patient and Caregiver Advisory Table on Home and Community Care to provide feedback and advice on the implementation of the Roadmap.

The Ministry has also been working to address the Auditor's recommendations in key areas including

- the need to expand supports for caregivers in Ontario;
- the need for standardized guidelines for prioritizing clients to improve consistency of service;
- the need to better utilize health resources by diverting low-needs clients from the CCACs to community support service agencies; and
- the need to review home-care indicators to improve performance.

³ On June 2, 2016, the government introduced Bill 210, the *Patients First Act, 2016*. The Bill died when the Legislature was prorogued on September 8, 2016, and was reintroduced on October 6, 2016 as Bill 41. If passed, the Act would (among other things) transfer service delivery and management of home care from the CCACs to the LHINs. CCAC employees, including care coordinators (responsible for assessing a client's requirements, including determining eligibility and developing a care plan) would also be transferred, and the CCACs would be eliminated.

Specifically, the Ministry has

- conducted an inventory of caregiver training and education programs across other jurisdictions to explore approaches that can be adapted in Ontario;
- initiated the development of a levels-of-care framework that will support clients with similar needs to receive similar levels of service regardless of where they live; and will be based on best practices consistent across the province; and
- initiated work with Health Quality Ontario to review home care indicators and begin development of quality standards for home care.

The Committee heard that Ontario's 14 CCACs care for some 720,000 clients each year, more than double the numbers served just over a decade ago, and these clients also have more complex health needs. CCAC staff indicated that funding provided by the Ministry has not kept up with this exponential growth. The Ministry believes that improved efficiency of management and delivery will increase the funding available for client care and would improve access to needed services. The development of clinical standards, decision-making supports, and enhanced monitoring will improve the quality of care and strengthen public confidence in the system.

A representative of the Champlain CCAC noted that the CCACs support changes that will enable the delivery of higher-quality, more consistent, equitable, and better integrated home and community care across the province. The Champlain CCAC's adult complex care clients have increased by 33% in the last two years.

The North East CCAC serves a population of 554,000 people in a mix of urban, rural, and very remote communities scattered across 415,000 square kilometres. This CCAC provides individualized nursing, personal support, and rehabilitation services to more than 15,000 clients in their homes and home communities.

The Central CCAC reported the highest absolute number of seniors and the second-highest growth rate of aging seniors of all the CCACs. This CCAC responded to approximately 300,000 calls (900 calls daily) from clients and families and delivered care to more than 82,000 clients in the community. The CCAC's care coordinators completed over 70,000 face-to-face visits with clients and their families and helped over 39,000 clients transition home from hospital. Over 95% of this CCAC's clients receive nursing services within five days of being assessed. In response to the Auditor's recommendation on auditing service provider organizations, the Central CCAC has conducted 21 scheduled and random audits.

Service Levels and Hours of Care

The Auditor noted that the CCACs are not able to provide personal support services to the maximum levels allowed by law. The CCACs visited during the audit generally provided no more than 60 hours of support services even though the regulation allowed for up to 90 hours (and up to 120 hours in exceptional cases such as palliative care).

The Committee asked about the number of hours per month of personal support services that are provided to clients. A representative of the Association explained that the CCACs' goal is not to target the maximum number of hours but rather to provide the right level of care for individual clients.

Ministry representatives acknowledged that there are historically-rooted funding inequities across the province that they are working to correct. The aim is to ensure that health funding is aligned with growing populations and the increasing complexity of health needs. Using information from Public Health Ontario, the Ministry is bringing more attention to population health planning. The Ministry is also actively considering the possibility of revising the LHIN boundaries to be better aligned with municipal and board of health boundaries.

The Committee expressed concern about discrepancies in wait times between the CCACs and asked how the Ministry is responding to the Auditor's recommendations regarding consistency of care. Ministry staff explained that work is being done on a levels-of-care framework that would define priority levels and acuity levels in the sector, and help to standardize service levels across the province. The standardization of care coordinators' caseloads is a government priority.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

1. The Ministry of Health and Long-Term Care

- a) address funding inequities between Community Care Access Centres;**
- b) establish a minimum level of care, based on assessed need, that clients can expect to receive;**
- c) develop standard guidelines for prioritizing clients for services, and monitor compliance with those guidelines; and**
- d) ensure that clients with the highest level of assessed need are provided hours of care closer to the regulated maximum.**

Community Support Services

The Auditor noted the importance of better utilizing health resources by diverting low-needs clients from the CCACs to community support services agencies. However, the audit found that CCAC care coordinators may experience difficulties in effectively referring clients to obtain community support services because assessment information and wait-lists are not centralized, and many community support service agencies have long wait-lists.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

2. **The Local Health Integration Networks**
 - a) **develop centralized wait-list information for all community-based support services in order to provide current information on the availability of such services to all health service providers and clients; and**
 - b) **ensure that all home care health-service providers and community support service agencies share assessment information on a common system.**
3. **The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure that low-needs clients who require personal support services receive these services from community support service agencies, where appropriate, rather than through the Community Care Access Centres or, as the pending *Patients First Act, 2016* would enact, through the community care function within the Local Health Integration Networks.**

Client Assessments

The Auditor found that clients may not receive appropriate levels of services when CCAC care coordinators do not assess or reassess clients on a timely basis. In addition, the Auditor found that not all care coordinators maintained their proficiency in, and some were not regularly tested on, the use of assessment tools.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

4. **The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure**
 - a) **that home-care clients are assessed and reassessed within the required time frames; and**
 - b) **that care coordinators maintain their proficiency in, and are regularly tested on, the use of assessment tools.**

Discharge and Follow-Up

The Committee noted that the Auditor found significant variations in the extent to which CCACs followed up with clients discharged from home care. A CCAC representative said that work is underway to standardize this process. Ministry staff are also piloting a “bundled care” model. Under this model, clients will experience a more seamless transition from hospital care to home care as they

are looked after by substantially the same team of health care providers in both settings.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 5. The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure that all home-care clients are contacted for follow-up after discharge.**

Oversight of Service Providers

The Committee asked about the Auditor's finding that the CCACs were not monitoring whether service providers were complying with the required wage increases for PSWs. Ministry representatives explained that they have achieved good compliance overall and asked the LHINs not to allocate any new service volumes to employers unless they were fully compliant. The Committee noted the importance of strengthening oversight of service providers.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 6. The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks,**
 - a) demonstrate that funding meant for Personal Support Worker wage increases was spent as intended;**
 - b) develop performance indicators and targets for home-care services;**
 - c) collect relevant data that measures client outcomes;**
 - d) collect data on missed, rescheduled, and late visits from each contracted service provider;**
 - e) conduct routine site visits to monitor the quality of care provided by service providers;**
 - f) review and revise the client satisfaction survey methodology to ensure that client satisfaction survey results can be used to effectively monitor the performance of service providers; and**
 - g) apply appropriate corrective actions to service providers that perform below expectations.**

Support for Caregivers

All present agreed on the importance of ensuring that caregivers—the relatives, friends and other non-professionals who help clients at home—are given necessary assistance such as respite support. The Ministry is exploring ways to provide more support to caregivers.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 7. The Ministry of Health and Long-Term Care ensure that caregivers receive a sufficient level of appropriate support.**

CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Health and Long-Term Care**
 - a) address funding inequities between Community Care Access Centres;**
 - b) establish a minimum level of care, based on assessed need, that clients can expect to receive;**
 - c) develop standard guidelines for prioritizing clients for services, and monitor compliance with those guidelines; and**
 - d) ensure that clients with the highest level of assessed need are provided hours of care closer to the regulated maximum.**

- 2. The Local Health Integration Networks**
 - a) develop centralized wait-list information for all community-based support services in order to provide current information on the availability of such services to all health service providers and clients; and**
 - b) ensure that all home care health-service providers and community support service agencies share assessment information on a common system.**

- 3. The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure that low-needs clients who require personal support services receive these services from community support service agencies, where appropriate, rather than through the Community Care Access Centres or, as the pending *Patients First Act, 2016* would enact, through the community care function within the Local Health Integration Networks.**

- 4. The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure**
 - a) that home-care clients are assessed and reassessed within the required time frames; and**
 - b) that care coordinators maintain their proficiency in, and are regularly tested on, the use of assessment tools.**

- 5. The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure that all home-care clients are contacted for follow-up after discharge.**

6. **The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks,**
 - a) **demonstrate that funding meant for Personal Support Worker wage increases was spent as intended;**
 - b) **develop performance indicators and targets for home-care services;**
 - c) **collect relevant data that measures client outcomes;**
 - d) **collect data on missed, rescheduled, and late visits from each contracted service provider;**
 - e) **conduct routine site visits to monitor the quality of care provided by service providers;**
 - f) **review and revise the client satisfaction survey methodology to ensure that client satisfaction survey results can be used to effectively monitor the performance of service providers; and**
 - g) **apply appropriate corrective actions to service providers that perform below expectations.**

7. **The Ministry of Health and Long-Term Care ensure that caregivers receive a sufficient level of appropriate support.**