



AdvantAge  
Ontario

Advancing Senior Care

# Response to Proposed new Regulations under the *Connecting Care Act, 2019*

April 8, 2024

# Response to Proposed new Regulations under the *Connecting Care Act, 2019*, designated Ontario Health Teams

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## Introduction

As one of the largest seniors' care associations in the province, AdvantAge Ontario appreciates the opportunity to share our thoughts on the Ministry of Health's (the Ministry) proposed amendments under the *Connecting Care Act, 2019* (the Act), which outline the requirements that Ontario Health Teams (OHTs) must meet in order to qualify for designation.

As we will outline in this submission, the lack of required representation on OHTs from seniors' community support service organizations, seniors' housing providers or long-term care homes is a major oversight that the Ministry should take this opportunity to correct. The inclusion of these groups in OHTs would lead to improved outcomes for seniors, residents of long-term care and the entire health system.

## Commentary

### **Involving Seniors' Care in OHTs**

To date, the Ministry has approved 58 OHTs across the province. Much of the early work done by these OHTs to deliver integrated and coordinated community health care is promising. Our members told us that when seniors' care organizations and long-term care homes are involved in their local OHTs, the benefits include better sharing of resources, improved collaboration and networking with other health care providers, the setting of shared priorities and the coordination of resident, client and patient care.

Recently, we polled our membership to get a better understanding of their involvement with OHTs. While slightly more than half of respondents reported being connected to their team at the local level, it is likely that this number is inflated as homes that are involved in OHTs would have been more likely to respond to the survey. Ontario Health (OH) has shared with us that their number is closer to 20%.

Encouragingly, 75% of the homes that are involved felt that their perspective was valued by their OHT and that their OHT treated seniors as a priority population. On the other hand, of the substantial number of homes who reported no involvement with their OHT, 50% would like to join but do not know how to do so and 28% have tried to join but have been unsuccessful. Given the important role that seniors' care and long-term care organizations play in the health system and in the lives of seniors—and the increasingly important role OHTs will play in overseeing seniors' care—this number of seniors' care providers stuck on the outside looking in is alarmingly high.

Members who are integrated with their local OHT shared many positive examples that illustrate the benefits of giving seniors' care organizations a real seat at the OHT table. One member told us

that their OHT has been helpful “in assisting bringing local physicians together to problem solve,” which has helped them with their physician coverage challenges. They added that their OHT is also assisting with building proposals on different models of medical coverage to be submitted to Ontario Health West, the Ministry of Long-Term Care, and the Ministry of Health.

Another member reported that “the OHT has allowed me to be a part of broader system discussions. It has helped my team partner with other agencies around health human resources challenges. It has ensured all perspectives are considered and has helped shape our strategic work.” Yet another member said that “it has been incredibly important to be a part of our local health system to better understand the challenges and what we can do as an organization to support our system partners.”

As noted in these above positive experiences, it is both strategically important and very valuable for long-term care and seniors’ care organizations to have a voice at these tables, especially as OHTs mature. We are not an island but rather an integral part of the health system that many people experience, either along their health journey or a loved one’s journey. These examples are encouraging and underscore the value that is created for residents, patients, families and caregivers when long-term care and seniors’ care organizations are meaningfully involved in their OHT.

Of course, there are some growing pains when it comes to OHTs, which is to be expected. Some members shared that, when an OHT is dominated by an acute care provider, they can tend to view long-term care as just a solution to their alternate level of care patients — a way to help solve their problems by offloading patients. Not all hospitals operate in OHT’s in this way but unfortunately, some do. Seniors’ care providers and long-term care operators have much value to bring to local health planning. Once they have a seat at the OHT table, they are often able to articulate the role of long-term care and seniors’ care in ways that increase understanding and collaboration, benefitting all system partners.

This hints at a broader concern, which is that partner organizations in OHTs don’t always fully understand or appreciate the role of seniors’ care—and long-term care in particular—in the health system. At some OHTs, seniors’ care is seen as a homogenous activity when in reality, it encompasses a wide variety of care delivered across a diversity of settings.

For example, one member told us that their OHT will only allow one individual to represent both retirement homes and long-term care homes (and not as a member of the core leadership group), disregarding the vast differences between these two settings, which face different issues and operate under separate and distinct funding models. Examples such as this create the impression that seniors’ care providers are not equal partners in the local health system. Additionally this myopic perspective undermines service system delivery planning.

In part, this inequity stems from the fact that there have been no provincial mandates or directives requiring OHTs to treat long-term care homes or seniors’ care providers as equal members of the team. For example, *The Path Forward*, a November 2022 memo from the Ministry of Health providing updated guidance to OHTs, specifically standardizes the types of providers who should be involved in the OHTs decision making. Noticeably absent is long-term care, which is listed along with municipalities and emergency health services as groups that *can* be consulted in OHT decision making at the *discretion* of the OHT.

Municipalities, particularly those in southern Ontario, provide a range of seniors’ services, from long-term care to housing and various outreach programs. It should not be at the discretion of

OHTs whether to include these essential partners in the planning and delivery of local health care. Nor should OHTs be allowed discretion in charging fees to HCPs to be part of their OHT. While Ministry guidance clearly states that financial contributions from members should not be a requirement or a barrier to joining an OHT, this is not the case for many of our members. OH and MOH should ensure this guidance is being equally applied across the province and should be restated and reinforced. Adding this language to regulation would reinforce this message.

The absence of long-term care and seniors' care organizations from the decision-making structures of OHTs will become increasingly problematic as Ontario's population ages. In 2020, there were 2.6 million people aged 65 and over in Ontario. By 2046, that number will almost double to 4.5 million. The majority of OHTs are preparing to handle this demographic shift by making older adults a priority population, but without adequate representation from seniors' care organizations, they are missing out on significant expertise from professionals who work with and for this population every day.

The best way to prepare for Ontario's impending demographic wave is to ensure that those with expertise in seniors' care are represented in the leadership of every OHT in the province. Seniors' care providers have valuable contributions to make to health care planning and delivery. They encompass a wide range of services and supports that include day programs, transportation services, meals-on-wheels, seniors' supportive housing and other important touchpoints that keep seniors healthy. These services play an essential role in keeping seniors living independently, which relieves pressure on hospitals and long-term care homes. Without the presence of seniors' care providers, an OHT will be limited in its ability to achieve its mandate.

Further, if OHTs proceed as planned, they could eventually be responsible for funding long-term care and other important seniors' care services, and will definitely be leading health care planning for local communities. The Ministry of Health, Ontario Health and the Ministry of Long-Term Care need to prioritize the inclusion of all senior's care service providers in OHTs, including both long-term care home operators as well as those with supportive housing/assisted living and community support services. Leaving it up to individual OHTs to decide what their relationship with long-term care and seniors' care will look like is already creating severe inequities across the province, in which there are entire communities where seniors' care providers are on the outside of the health system looking in, while just a short drive away, or across the street on the same campus of care, those same types of seniors' care organizations are involved in health system planning, building partnerships that are enhancing care and improving lives.

As the Ministry works to remedy this situation, AdvantAge Ontario would be happy to work with the Ministry to educate OHTs as to the role of seniors' care and long-term care in both the health system and the lives of seniors. Long-term care funding is particularly complex. It is unlike any other health system funding in the rigid manner in which funds must be used and in the complexity of the regulatory and reporting requirements that accompany funding.

As OHTs take over the responsibility for funding the care delivered within their jurisdiction, it is essential that they have an appreciation for the unique needs of seniors' care providers. The best way to ensure this is to give seniors' care providers a seat at the OHT table.

**Recommendation: As it sets out rules and norms for official designation as an OHT, the Ministry should explicitly require that OHTs include long-term care homes and seniors' care organizations in their governance and decision-making structures.**

## *Viability of not-for-profit care delivery in health care*

OHTs, at present, are comprised of a variety of health care providers, including both for-profit companies and not-for-profit organizations, who all operate within our public system of healthcare.

As the Ministry contemplates the requirements of OHT designation and moves to flow more funding through OHTs while delegating more responsibility to them, it should be careful to ensure that the not-for-profit delivery model of health care remains viable.

There is a risk that, as OHTs mature, they will consolidate the delivery of health care among for-profit providers and push out smaller, not-for-profit providers. Given the benefits of and consumer preference for not-for-profit health care, this should be avoided. For example, there is much evidence to demonstrate that the quality of care is higher in not-for-profit, municipal and charitable long term care homes than in those that are privately-owned and profit-oriented.

## Stakeholder Discussion Questions

*Are there any additional requirements, beyond those being proposed, that you would suggest being included in the proposed requirements for designation?*

Yes. As discussed above, we believe that the lack of a requirement for seniors' care representation on OHTs is an oversight that should be corrected. In addition to the proposed requirements for designation, the Ministry should mandate the inclusion of long-term care and seniors' care organizations in the governance structure of OHTs.

*What impacts do you anticipate from these proposed requirements?*

Without mandates that seniors' care organizations have a meaningful seat at the OHT table, these proposed requirements will not create the integrated, coordinated local health planning and delivery bodies that the Act envisions. Seniors are an important and growing health care population in every community across Ontario; it is essential that seniors' care providers be full and equal partners in OHTs.

## Conclusion

AdvantAge Ontario appreciates the opportunity to share our perspectives at this important juncture in the evolution of OHTs. Our members who are involved in the leadership of their local OHTs report that these partnerships are creating real and tangible benefits in the lives of seniors.

For this reason, it is imperative that the Ministry take this opportunity to mandate the formal inclusion of seniors' care providers, including long-term care homes, in the leadership and governance structures of OHTs.

## About Us

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors' care in Ontario. We represent close to 500 providers of long-term care, seniors' housing, supportive housing and community service agencies, including 98 per cent of all municipal long-term care homes and 83 per cent of all not-for-profit long-term care homes.

## Information Contact

Lisa Levin  
Chief Executive Officer  
905.851.8821 x 230  
llevin@advantageontario.ca