RNAO submission re. proposed new regulations and amendments to regulations under the Connecting Care Act, 2019 and other acts

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Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public we serve.

RNAO welcomes the opportunity to respond to the Ministry of Health's (MoH) consultation posted on March 28, 2024 regarding proposed new regulations and amendments to regulations under the Connecting Care Act, 2019 (the CCA) and other acts. This follows our previous responses to related consultations, including:

- **April 2024:** RNAO submission re proposed new regulation under the Connecting Care Act, 2019
- **March 2024:** RNAO response to the MoH consultation regarding home care modernization: contracting
- **November 2023:** RNAO submission to the MoH on Bill 135, Convenient Care at Home Act, 2023
- **June 2020:** Home Care Guarantee for the People of Ontario - RNAO's Response to Bill 175: Submission to the Standing Committee on the Legislative Assembly

Note: Given that formal drafted regulations have not been made available for public consultation, we offer the following feedback tentatively.

RNAO recommendations

1. **Ensure that Coordinating Corporations/OHTs are held accountable for the provision of high-quality integrated care for all, including home and community care.**

RNAO urges that the proposed regulations be amended – and reconciled with prior regulatory proposals/changes – to reflect the appropriate roles, responsibilities and accountabilities of Coordinating Corporations. We are concerned in particular with language contained in paragraph 4 of the current posting on the Regulatory Registry (the MoH proposal):

> The proposed regulations would clarify when an OHT's Coordinating Corporation receives funding for home and community care services from Ontario Health and apportions it to other HSP members, ***it is those members, not the Coordinating Corporation*** or the other OHT members, that would be accountable for providing the funded services in accordance with requirements set out in legislation and regulations. ***The proposed regulations would ensure accountability follows funding to frontline OHT members*** [emphasis added].

The concept of making home and community care organizations directly accountable to Ontario Health is inconsistent with:

a) the logic of Ontario's model of integrated care with Ontario Health Teams as:
   i. responsible for the provision of (integrated) care to attributed populations,
   ii. recipients of an integrated envelope of funding for the provision of that care, and
b) specific provisions in draft regulations to the CCA as proposed by the MoH in April 2024.

Our rationale follows:

a) The logic of integrated health care in Ontario

RNAO supports the principle that all corporate entities which receive public funds and/or carry responsibilities to the public be accountable to the funding and/or regulating entity. To this end, we agree that home care providers must be held accountable for the care they provide. However, RNAO insists that the regulations specify that home and community care providers be -- accountable to the Coordinating Corporations of their respective OHTs and not directly to Ontario Health --, as suggested in the MoH's current proposal.

It is RNAO's understanding that at the end state of Ontario's health system transformation, OHTs will each receive a single envelope of funding for the provision of care to their respective, attributed populations. After consultations with MoH staff, we now also understand that home and community care providers will be receiving funding through the OHT to deliver services as determined by the OHT. Thus, it is vital that home and community care providers be accountable from the start to the OHT directly[1].

As we discuss under point b) below, RNAO assumes that any new regulations will ensure that OHTs have both full responsibility and necessary competencies to assume full accountability for the provision of integrated care and the (single) envelope of funding to provide that care. This is also consistent with the government's many statements that, at maturity, OHTs will be clinically and fiscally accountable for population health (Evans et al., 2022).

RNAO also stresses that OHTs themselves be accountable to Ontario Health for the provision of any care to their attributed populations, including home and community care. This is central to ensure that our complex health system of care and social services be integrated in a seamless way for end users.

b) Specific provisions in draft regulations to the CCA as proposed by the MoH in April 2024

In RNAO's view, direct accountability of home and community care organizations to Ontario Health is inconsistent with recently-proposed regulations under the CCA (the April 2024 regulations). Those proposed regulations identified that, as a condition of designation, OHTs would each be governed by a non-profit Coordinating Corporation. As set out in those proposed regulations, the purpose of the Coordinating Corporations would be to promote collaboration and coordination of integrated service activities among the constituent members of the OHT and affiliated partners, with the aim of enhancing and improving all aspects of the Quintuple Aim: health equity, patient experience, provider experience, population health, and value.

To achieve this purpose, the April 2024 regulations set out specific planning and coordinating responsibilities for the Coordinating Corporation, including:

- a description of how the OHT intends to provide services in an integrated and co-ordinated manner, and specific to home and community care, and

[1] RNAO notes that recently-proposed regulations under the CCA would establish new governing bodies – or "coordinating corporations" to coordinate OHT activities. We discuss this more fully under point b), below.

- a readiness and delivery plan indicating how the OHT intends to provide home care, including through contracted providers.

In our April 2024 submission to the MoH RNAO urged that any properly-formulated home care readiness plans should include – at minimum – the following information:

- measures that the OHT constituent members will take to improve integration and co-ordination of the home and community care sector within the broader health system – this must include: implementing models that promote care continuity, to ensure client and provider satisfaction {RNAO, 2020a; RNAO, 2020b; RNAO, 2023; RNAO, 2024a}, and ensuring home care agencies provide care 24 hours per day, seven days per week, inclusive of nursing and in-home rehabilitation to provide clients with seamless care, and service trust {RNAO, 2020a; RNAO, 2020b; RNAO, 2023; RNAO, 2024a),

- specific steps that home care providers will take to ensure clients do not experience service interruptions as a result of the structural changes to the system from Bill 135,

- a plan to make use of care co-ordination and system navigation strategies – anchored in primary care – to facilitate access to and integration of home and community care services (RNAO, 2012a; RNAO, 2012b; RNAO, 2014; RNAO, 2020a; RNAO, 2020b; RNAO, 2023; RNAO, 2024a; RNAO, 2024b),

- a health human resource strategy and integration plan to bolster the home and community care workforce to meet the home care needs of the attributed population (RNAO, 2020a; RNAO, 2020b; RNAO, 2023) – this must include upward harmonization of compensation for RN, RPN and NPs working in home care to match those working in the hospital sector, to prevent continuous exodus (RNAO, 2020a; RNAO, 2020b; RNAO, 2023),

- a strategy to make use of digital health technologies as part of OHT integration activities (RNAO, 2020a; RNAO, 2020b),

- measures to ensure OHTs are accountable to needs-based funding that follows patients in an efficient and person-centred manner, adjusting for personal circumstances (RNAO, 2020b), and

- measures to ensure funds saved from increased integration, care co-ordination and better outcomes are re-invested into additional access to home care services for Ontarians and not to profit-making (RNAO, 2020a; RNAO, 2020b),

RNAO views the extensive responsibilities accorded to the coordinating corporation for provision of home and community care services as inconsistent with the notion of direct accountability of home and community care providers to Ontario Health, as suggested in the instant consultation.

In addition to these planning responsibilities, Coordinating Corporations will also need to contract for the provision of home and community care within their OHTs. The particular form and terms of these contracts will influence how home and community care services are provided within an OHT and the relationship between home and community care providers. The RISE study, *Examining Intersections Between Ontario Health Teams and Home and Community Care* (2022) is useful for identifying different

types of contracts that can be held between organizations similar to OHTs, and home and community care providers. According to the RISE study, each contract model forces different corporate behaviours. For example, "alliance contracts" require strong trust and push providers toward collaboration while "prime contracts" reduce fragmentation within the sector but encourage subcontracting. While each provider must be accountable to the coordinating corporation for particular outcomes embedded in the contract, accountability to Ontario Health for the choice of model, and the successful implementation of that model, must rest with the contracting Coordinating Corporation itself.

2. Amend the proposed regulations to require the Ontario Health atHome board of directors to include community representative/s.

RNAO urges MoH to ensure that Ontario Health's Equity, Inclusion, Diversity, and anti-racism framework (EDI and anti-racism framework) is explicit through all health system transformation policies and expected deliverables (Ontario Health, 2020). The framework recognizes 11 action areas, including:

- **"Represent and Reflect Ontarians:** Strive for all levels of the organization to reflect the communities served…

- **Include and Engage Key Voices:** Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services."

Ontario Health's EDI and anti-racism framework must specify who sits on the boards of all health system organizations. This means explicitly including persons whose mandate is representing communities on the board of Ontario Health atHome. In RNAO's April 2024 submission to the MoH, we called to amend the proposed regulations to require the by-laws of the coordinating corporation's board of directors to include community representative/s from the OHT's attributed population.

Similarly, we ask that community representation be required on Ontario Health atHome's Board of Directors. Rationale:

- We must ensure equitable access for historically marginalized communities. These communities are identified, in part, in Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework (Ontario Health, 2020).

- Ontario Health and Ontario Health Teams must also address the lack of health equity for other equity-deserving groups, such as persons with disabilities, Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex and others who identify as a gender or sexual minority (2SLGBTQI+) communities.

- We must also ensure equitable access to newcomer communities. Ontario's ethnically-diverse communities and newcomer communities have more residents unattached to primary care (Inspire-PHC, 2022; Kiran, 2022).

Evidence shows that many groups experience significant gaps in health-care services in Ontario, including: Indigenous Peoples; Francophones; refugees and new Canadians; persons with disabilities; people living on low incomes; 2SLGBTQI+ people; uninsured people; people who are unattached to a primary care provider; and people in supportive care/long-term care (Gauvin et al., 2020a; Gauvin et al.,

2020b). Patient experiences are adversely impacted by fragmentation between home and community care and other health sectors. Moreover, income, language, social circumstances, and complexity of needs contribute to inequities in access to home and community care services (Evans et al., 2022; Kuluski et al., 2017; Laher, 2017; Seong-gee & Lightman, 2016).

Inequitable access to home and community care is associated with increased adverse outcomes such as higher hospitalization rates, institutionalization, premature death and caregiver distress. Thus, it is crucial to ensure broadened and equitable access to care for those facing barriers (Kuluski et al., 2017; Yakerson, 2019). Community representation on the Ontario Health atHome board is paramount to identify and meaningfully address inequities related to home and community care services.

3. **Create and make public a detailed plan to transition the responsibility for providing home care to designated OHTs (and/or HSPs working within designated OHTs), and shift Ontario Health atHome's role to providing designated OHTs and/or HSPs with operational supports.**

In RNAO's response regarding Bill 135, we welcomed the dissolution of the Local Health Integration Network (LHIN) and their successors, the Home and Community Care Support Service (HCCSS) organizations (RNAO, 2023). We posited that the deeper integration of health sectors that flows from the elimination of LHINs/HCCSSs makes way for innovative care and funding models that will provide better care for clients (RNAO, 2023). We now must ensure the vision and theories, become a reality for all Ontarians and for all health professionals.

While we acknowledge the need to deem Ontario Health atHome as a health service provider as a transitional step, we urge that a plan be created and publicly shared to transition Ontario Health atHome to the role of providing operational supports. We must ultimately transition the provision of home and community care to OHTs and client providers and re-locate all care coordinators from HCCSSs/LHINs directly into frontline care organizations, with all cost savings reinvested back into home and community care (RNAO, 2020a). We expect this will ensure team work, quality performance, sectoral integration and access to home and community care services. By situating RN care coordinators in primary care to facilitate system navigation, including the provision of referrals for home care services, and by allowing care coordinators in home care to oversee the home care assessments, care plans and services, while maintaining information sharing with primary care (RNAO, 2023).

Conclusion

RNAO is a staunch advocate of health system transformation and continues to support Ontario Health Teams in order to advance integrated health systems of care. RNAO is partnering with several OHTs to help them implement RNAO best practice guidelines (BPG) and boost staff engagement through our Best Practice Spotlight Organization® (BPSO®) social movement of science. The OHTs working with us through our transformation-driven BPSO OHT model are already demonstrating greater integration, clearer co-ordination of services, common client-centred approaches, and attention to evidence across sectors.

RNAO was encouraged by the minister's 2023 disclosure that MoH was working on an "OHT maturity framework" to guide OHTs. In our view, the immediate release of such a framework as an evergreen document and contextual centerpiece for ongoing engagement with system stakeholders would bring coherence to the transformation process and focus stakeholder engagement. While RNAO recognizes

that the process of transforming the health system is a necessarily iterative process, it is challenging to conduct a full and proper assessment of each iteration – whether legislative, regulatory or policy – absent a clearly defined end-state. Critical and determinative characteristics of OHTs such as funding formulas and accountability measures have yet to be revealed to Ontarians. As these characteristics have important implications for nurses and the public, RNAO is eager to participate in this and other consultation processes and would welcome fuller information going forward.

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