RNAO Comments on *Strengthening Care Coordinator Capacity in Primary Care Settings: Guidance to Ontario's Local Health Integration Networks*

Submitted to Ministry of Health and Long Term Care

May 15, 2017

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 they serve.

RNAO appreciates the opportunity to provide feedback to the Ministry of Health and Long Term Care on *Strengthening Capacity in Primary Care Settings: Guidance to Ontario's Local Health Integration Networks*. We are pleased that Minister's Hoskins mandate letters to the LHINs specifies as a priority locating care co-ordinators in primary care settings, and that the Ministry is providing guidance to LHIN's on how to transition care coordination to primary care.

Beginning with RNAO's 2012 *Enhancing Community Care for Ontarians* (ECCO) report, and repeated again in RNAO's ECCO 2014, we have urged that 1) primary care be the anchoring sector to enable a high performing health system, 2) care coordination be a function of primary care, and 3) care co-ordinators be located in primary care.[12] Primary-care based, RN-led care co-ordination for complex populations is well supported within scientific literature.[345678] Bodenheimer at al. identified comprehensiveness and care coordination as one of the 10 building blocks of high performing primary care.[9]

We have prepared suggested revisions to this document that will enhance its effectiveness as a LHIN guideline. They relate to: definition and scope of care co-ordination; implementation of care co-ordination in primary care; LHIN accountability; and wording.

1. DEFINITION AND SCOPE OF CARE CO-ORDINATION

The definition and scope of care co-ordination is not clear and varies throughout the document. In most parts of the document there is a focus on the "traditional" CCAC co-ordination of home and long-term care services. Footnote number one specifically indicates that, "broader care co-ordination is not the primary focus of this document." However the last paragraph on page 3 refers to the broader role. If the guidance document is not clear and consistent, neither will be the delivery and roll-out of the initiative across the province.

RNAO does not support the narrow definition of care co-ordination, and that is not what was intended by Minister's Hoskins Patient's First health system transformation. Our understanding is that the care co-ordinators role in the Patient's First model will be expanded beyond the current functions of CCAC (now LHIN) care co-ordinators role. It will entail care coordination and health system navigation inclusive of referrals to community support, mental health and addictions services. Care co-ordinators would serve clients eligible for publically funded home care and long term care services, as well as navigate health and social services for a broader population. For example, Toronto Central LHIN's One Community initiative will be focusing on developing care coordination and navigation that, "supports clients in the navigation of their own care."[10]

One of the major benefits of locating care co-ordination and co-ordinators in primary care is the long-term relationship and knowledge that these RNs have of their clients and their ability to assist them as needed before they become very ill. For example, care co-ordinators will be best able to work with clients and identify supports they may need such as counselling, meals on wheels and supportive housing – all of which will enable

clients to remain as vibrant members of their communities. Limiting the role of care co-ordinators only to the traditional CCAC role will effectively put handcuffs on a workforce that otherwise could have a significant upstream positive impact on population health.

As a member of the Ontario Primary Care Network (OPCC), we support the OPCC care co-ordination principles and support their full inclusion in this report. In addition, the document requires a clear definition of care co-ordination and care co-ordinators. The definition should be based on the expanded role mentioned above and include health system navigation. Navigation, as described in ECCO, is not a separate role, it is part of the new vision for care co-ordination and for the role of care co-ordinators. [11] [12]
Recommendation 1: The document must provide an expanded definition of care co-ordination and the care co-ordinator's role.

2. IMPLEMENTATION

The document has major gaps in implementation planning that must be filled so that LHINs have adequate and consistent guidance and expectations. Specifically, Phase *1: Planning* should include an assessment of the population health needs of each sub-LHIN region. While this work is likely occurring as part of Patient's First agenda it must be included as a critical tool for planning care co-ordination and the number of care co-coordinators required in primary care settings.
Recommendation 2: Include assessment of population health needs in each sub-LHIN region in the planning for transferring care co-ordinators to primary care

Phase 2: Design sets out different "models" of care coordination, and LHIN's are asked to identify models for their communities. RNAO does not support the use of the virtual model and request that it be taken out of the document. Evidence shows that for clients and their families, as well as for the interprofessional primary care team, it is important to have the option to meet care co-ordinators face to face. In addition, system navigation should be eliminated from this chart as it is an integral component of the care co-ordinators role and not a separate "model."
Recommendation 3: Remove reference to the virtual model and care navigations of care co-ordination.

The integration of care co-ordination into primary care will be a significant change. In order to assist with a smooth transition, the document should include guidance on best practices for undertaking care co-ordination in primary care in areas such as access, assessment, referral, electronic patient health records, and follow-up. In particular, guidance should be provided on how to ensure that patient's know how to access care co-ordinators while they transition to new settings so that this change is seamless to current patients.
Recommendation 4: Provide guidance on best practices for enacting the care co-ordination role in primary care.

3. ACCOUNTABILITY

In order to ensure that care co-ordination is located in primary care settings in a timely manner, it is important that this document include specific ministry reporting requirements including the following:

- Target time by which LHINs should undertake their baseline inventories. We would suggest these reports be completed by June 30, 2017.
- Requirement that the baseline inventories be submitted to the Ministry.

- Timeline for the phased-in relocation of care co-ordinators to primary care. We would suggest that the full rollout be completed by September of 2017.
- Patient satisfaction surveys should be completed in the fall 2017 and the results examined for continuous quality improvement. The Ministry should prepare the survey template for each LHIN so that consistent data is collected and analyzed across the province.

Recommendation 5: Ministry Reporting requirements must immediately be put in place.

4. LANGUAGE

The document refers to "embedding" care co-ordinators into primary care settings. Our understanding is that care co-ordinators would be seconded to primary care and the LHIN would remain as their employer. The word "embed" implies that the primary care provider would become their employer. This could result in unintended labour implications. Accordingly, please replace the word "embed" with the word "locate" throughout the document.

Recommendation 6: Replace the word "embed" with the word "locate" throughout the document.

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[1] RNAO *ECCO Enhancing Community Care for Ontarians. ECCO 2.0*. April 2014. p. 26-27

[2] RNAO ECCO Enhancing Community Care for Ontarians. ECCO 1.0. October 2012. p. 17

[3] Leff, B., & Novak, T. (2011). It takes a team: affordable care act policy makers mine the potential of the guided care model. Journal of the American Society on Aging, 35(1), 60-63

[4] Boyd, C.M., Boult, C., Shadmi, E., Leff, B., Brager, R., Dunbar, L., Wolff, J.L., & Wegener, S. (2007). Guided care for multimorbid older adults. The Gerontologist, 47(5), 697-704

[5] Boyd, C.M., Reider, L., Frey, K., Scharfstein, D., Leff, B., Wolff, J., Groves, C., Karm, L., Wegener, S., Marsteller, J., & Boult, C. (2009). The effects of guided care on the perceived quality of health care for multi-morbid older persons: 18 month outcomes from a cluster-randomized controlled trail. Journal of General Internal Medicine, 25(3), 235-242

[6] Leff, B., Reider, L., Frick, K.D., Scharfstein, D.O., Boyd, C.M., Frey, K., Karm, L., & Boult, C. (2009). Guided care and the cost of compl ex healthcare: a preliminary report. The American Journal of Managed Care, 15(8), 555-559

[7] Boult, C., Reider, L., Frey, K., Leff, B., Boyd, C.M., Wolff, J.L., Wegener, S., Marsteller, J., Karm, L., & Scharfstein, D. (2008). Early effects of "guided care" on the quality health care for multimorbid older persons: a clusterrandomized controlled trial. Journal of Gerontology, 63A (3), 321-327

[8] Marsteller, J.A., Hsu, Y-J, Reider, L., Frey, K., Wolff, J., Boyd, C., Jeff, B., Karm, L., Scharfstein, D., & Boult, C. (2010). Physician satisfaction with chronic care processes: a cluster-randomized trial of guided care. Annals of Family Medicine, 8(4), 308-31

[9] Bodenheimer, T., Ghorob, A., Willard-Grace, R., & Grumbach, K. (2014). The 10 Building Blocks of HighPerforming Primary Care. Annals of Family Medicine, 12(2), 166-171

[10] One Community: A Toronto Central LHIN Partnership. One Community Roadmap Summit – High-level feedback on ONE COMMUNITY vision and the Areas of Focus. January 2017

[11] RNAO ECCO 1.0. p. 11

[12] RNAO ECCO 2.0 p. 18