



RNAO speaking notes on Bill 74: *The People's Health Care Act, 2019*

Presented to the Standing Committee on
Social Policy

April 1, 2019



Good afternoon. My name is Doris Grinspun, and I am the Chief Executive Officer of the Registered Nurses' Association of Ontario (RNAO). With me today is Lynn Anne Mulrooney, RNAO's Senior Policy Analyst.

Thank you for this opportunity to present the views of RNAO's 42,000 RN, NP and nursing student's members to the Standing Committee on Social Policy on the *People's Health Care Act*.

RNAO supports a health system transformation that will enable a person-centred, seamless health system that will promote health, prevent disease, and provide personalized wrap-around services to manage acute, chronic, and palliative care needs.

In the interests of time, we are going to focus on a few key recommendations, however, we urge you to consider all 23 solutions-focused recommendations in our written submission.

RNAO is asking that you avoid making the same mistakes that were done when CCACs were eliminated. At the time, RNAO argued that the Local Health Integration Networks' (LHINs') roles of providing oversight of a health system and providing direct services must be separate. To avoid the challenges of trying to steer and row at the same time, it is important to ensure that Ontario Health (OH) provides planning, funding, and accountability and the Ontario Health Teams (OHTs) provide direct service delivery and its management. Our first recommendation then is **to prohibit OH from involvement in direct service delivery and management.**

Our second recommendation is **to ensure that primary care is the anchor for an integrated health system.** RNAO has insisted for many years the need for government to urgently recalibrate the balance between life-saving and wellness-enhancing services by strengthening the latter. By anchoring Ontario's health system in primary care as the best health care systems do globally, quality of care, health outcomes, and cost savings will be improved.

Primary care provides person and family-centred care that is comprehensive and continuous from before birth to death. While undoubtedly other health services that could make up OHTs provide critical functions, it is primary care that provides continuity of care over a lifetime. Amendments must be made to this draft legislation **to require each OHT to include primary care as a mandatory service.** To reflect the strong capacity that is already available in the primary care sector, **RNAO recommends – in the strongest possible terms -- that primary care be the lead organization in a minimum of 30 OHTs.** Many Community Health Centres (CHC), Aboriginal Health Access Centres (AHACs), Nurse Practitioner-Led Clinics (NPLCs) and Family Health Teams (FHTs), are ready and eager to take on this leadership role. To keep people out of hospital and to support them upon discharge, community care (home care & mental health and addiction services) should also be mandatory for each OHT.

To support integrated health services and further strengthen the capacity of primary care, **RNAO is urging the immediate transfer of the 4,500 RN care co-ordinators working in LHINs and the care co-ordinator function to interprofessional primary care teams.** As you see in our written submission, **other**

transformative nursing roles that must be relocated to interprofessional primary care teams include rapid response nurses and NPs providing integrated palliative care.

RNAO and Children's Mental Health Ontario (CHMO) recommend immediately shifting the Mental Health and Addiction Nurses from LHINs into interprofessional primary care teams and local child and youth mental health agencies.

We want to emphasize that labour agreements ought not to be disrupted to successfully achieve this transition. This transition should result in a substantive strengthening of primary care that is cost-neutral as people move with their compensation intact.

This can and should be done now without waiting for the formation of OHTs. As RNAO has written to Deputy Minister, Helen Angus, timely relocation in a planned fashion will help avoid confusion, multiple transitions, and possible attrition of nursing expertise likely to happen in a scenario where RNs and NPs go first to OH while awaiting the formation of OHTs.

Just imagine the current 10,584 RN, NPs and RPNs, working to their full scope, side by side with MHANs, RRNs, NP integrated palliative care providers, and the 4,500 RN care co-ordinators transferred from the LHINs strengthening the primary care sector overnight. This will positively impact every single Ontarians in every corner of our awesome province. It will ensure same day or next day access, improve clinical services, enrich health promotion and disease prevention, help people navigate the system, and address upstream challenges that many Ontarians face day in and day out, such as social isolation of seniors (by offering group activities), income insecurity and housing.

At the individual and family level, RNAO appreciates the prohibition that "no integration decision shall permit a transfer of services that results in a requirement for an individual to pay for those services, except as otherwise by law." At the systems level, RNAO urges the government to safeguard the sustainability and quality of the health care system by requiring not-for-profit entities to be the foundation of this transformation process. Being agnostic about whether the provision of health services is for-profit or not-for-profit will create conditions sure to increase costs while exacerbating two-tiered health care. At the very least, the government must prohibit the introduction of any additional for-profit health services. **So our last but not least 23rd recommendation is to require not-for-profit entities to be the foundation of the *People's Health Care Act, 2019*.**

As health care professionals, citizens, tax-payers, current or future patients, and human beings concerned about our loved ones, Ontario's nurses are strongly invested in our health system. As such, we urge you to move a person-centred, seamless health system from an aspiration to a reality.

Thank you for your attention. We will be pleased to answer any questions.