



Ontario Society of
Occupational Therapists

Current Policy Issues

Advocacy to position OT in Ontario
for today & tomorrow

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OSOT's Policy & Advocacy Issues

The policy and advocacy issues that OSOT addresses are directed by the Society's [Strategic Plan](#) and the [Advocacy Strategy](#) approved each year by the Board of Directors. With a mission to *lead by providing vision, voice, visibility & value for Ontario occupational therapists*, advocacy is a core activity of the association. The diversity of practice focus and environment of occupational therapists in the province imposes a responsibility to monitor the activity and policy direction of at least 12 provincial ministries. OSOT's capacity to do so and to identify and respond to and engage with issues impacting OT is supported by a dynamic volunteer workforce, OSOT Teams. We, as Ontario OTs are indebted to their shared commitment, energy, expertise and passion!

OSOT's Advocacy Strategy identifies a commitment to address a proactive, profession-directed advocacy agenda as well as a commitment to monitor and respond to emerging policy issues directed by government, employers, health system stakeholders, etc. – all with a goal to achieve our visions that....

OSOT is an essential voice that influences the health care conversation. Every member in our community takes action to make our vision for the profession in Ontario a reality. And...

Occupational therapy is a vibrant profession in Ontario that is well-known, respected, valued and easily accessible across the health care continuum.

Monitor the issues that OSOT is addressing regularly to inform your OT practice and your personal advocacy activities.

- Monitor the **Current News** column on the homepage of www.osot.on.ca. OSOT posts news as it becomes available
- Monitor the **Current Issues** section of OSOT's Practice Sector Resource Pages in the Members Only section of the website.
- View OSOT's [official responses, briefs and promotional documents](#) & monitor OSOT's [recent advocacy meetings](#).
- Link with [OSOT Sector Teams](#) to relay your questions or input regarding emerging issues affecting your practice.
- Subscribe to your **LHIN bulletins and updates** to track health policy issues in your region. See www.lhins.on.ca to find your LHIN contact information.
- Set up a [Google Alert](#) to monitor key issues or topics of interest to you. News will come to your inbox!
- [Contact OSOT](#) to identify your issues, concerns, perspectives on risks, opportunities ...anytime!

ADVANCING OSOT'S ADVOCACY AGENDA

OSOT's strategic plan identifies a platform for the following proactive advocacy initiatives to position occupational therapy in Ontario's evolving health care system and to assure Ontarians have access to occupational therapy services that support their health and well-being.

Positioning OTs as Leaders in Seniors Care

OTs have much to offer a health care system transitioning to more effectively meet the needs of an aging population and OSOT is promoting this message! View [OSOT's response to Ontario's Senior Strategy Consultations, 2012](#). OSOT has engaged an active government relations strategy over the past 3 years to promote occupational therapy and the diversity of contributions OTs can make to government and sector priorities. OSOT's advocacy messaging aligns well with key messages of Ontario's [Action Plan for Seniors: Independence, Activity and Good Health](#). OSOT promotional strategies have supported this advocacy agenda and have included; a [digital campaign promoting OT](#) as a resource to home safety assessments, aligned with the government's introduction of the Healthy Home Renovation Tax Credit; stories of example on the [OTOntario website](#) and; a [2014 TV Commercial](#) and subsequent 2015 digital campaign promoting OT as a resource to seniors living safely at home.

Advocating for Increased Access to Community-Based Occupational Therapy

OSOT's proactive advocacy agenda positions occupational therapy at the forefront of a health system transitioning to an increased focus on community-based care; a system with goals to promote health and wellness, minimize emergency and hospital admissions and promote safe aging at home. Ontarians need increased access to publicly-funded community-based OT services. The Society has undertaken an aggressive government relations strategy over the past three years to promote recommendations that Ontario's home care system must assume a more "enabling" or restorative care approach – a shift in approach from the "caring for" models of service delivery our current home care system exemplifies. Occupational therapy is positioned as a solutions-focused facilitator and contributor to such a focus that we believe can more effectively promote health and well-being, support seniors to age at home both safely and with an enriched quality of life, and can contribute meaningfully to health system efficiency by reducing or delaying requirements for long-term care or dependence on personal support. View OSOT's positioning documents that have supported these meetings:

- [Supporting Successful Aging at Home](#)
- [Supporting Independence in Chronic Disease Management](#)
- [Supporting Successful Rehabilitation & Transitions from Hospital to Home](#)

In 2013, OSOT commissioned an international jurisdictional review of community-based OT services and models for service delivery. This report identifies interesting exemplars in Australia, New Zealand, Great Britain and Denmark which have informed our advocacy. OSOT has positioned exemplars from this review, such as the Home Independence Program

OSOT's work in response to developments in the Home and Community sector and in the primary care sector supports this advocacy priority. In light of the potential for significant transformation in these sectors, OSOT is poised to position occupational therapy as an important resource to Ontarians across the health care continuum from primary care to long-term care. Current options for integration of community based services with hospitals, primary care, etc. such as bundled care (integrated funding models), community hubs, HealthLinks, interprofessional teams focused on specific populations, etc. are all models through which occupational therapists could be meaningfully engaged .

Achieving Extended Health Insurance Coverage for Occupational Therapy

The lack of coverage of OT services by many extended health insurance plans was identified as a critical priority of OSOT members in the 2013 strategic planning process. Attention to this issue has been identified as a priority advocacy issue to be addressed, if possible, with our nation-wide partner OT associations. An early focus, unique to Ontario, is the promotion of inclusion of OTs providing psychotherapy services under plan provisions for psychotherapy coverage. This advocacy opportunity is supported by the pending proclamation of the controlled act of psychotherapy which OTs will be authorized to perform. Regretfully, delay in proclamation has to date deferred attention to this advocacy priority.

Advocating for an Expanded Scope of Practice for OT in Ontario

In partnership with the College of Occupational Therapist of Ontario and the 5 Ontario OT academic programs, OSOT is leading the profession's review and advocacy for an expanded scope of practice for the profession under the *RHPA*. This multi-year project commenced in 2009 and has to date included extensive consultation with Ontario OTs, a referendum confirming that OTs wish to proceed with advocacy for anew scope statement and proposed authority for additional controlled acts. See most recent [Update Communique](#). The project is now in the phase of building the evidence base to support a formal proposal and advocacy to government. This has to date included; extensive literature reviews, the commission of an economic analysis of proposed changes, and recommendations that OTs demonstrate their desire/need to perform controlled acts by seeking delegation from authorized professionals.

RESPONDING TO HEALTH SYSTEM CHANGE & POLICY INITIATIVES

Being nimble and able to respond to both emerging trends and specific policy initiatives affecting the practice of occupational therapy in Ontario is important to the achievement of OSOT's visions for the Society and the profession in Ontario. The following represent key policy issues the Society is addressing:

Ontario's 2015 Action Plan for Health Care – *Patients First*

Dr. Eric Hoskins, Minister of Health and Long-Term Care introduced government's new [Patients First: Ontario's Action Plan for Health Care](#) in February 2015. The plan focuses on 4 goals to increase access to better and more coordinated care, and ensure the health care system is sustainable for generations to come;

1. **ACCESS:** Providing patients with faster access to the right care,
2. **CONNECT:** Connecting people with the services they need to receive better coordinated and more integrated care in the community, closer to home,
3. **INFORM:** Providing people with the education, information and transparency they need to make the right decisions about their health, including:
4. **PROTECT:** Protecting our universal public health care system for generations to come, ensuring that decisions are based on value and quality, including:

OTs will recognize a continuation of the key themes and directions of the 2012 Action Plan for Health Care and will welcome the additional increased attention to the voice and input of patients into their health care decisions and system organization. Further, OTs are well advised to review the specific proposed action plans as they relate to their focus of practice and practice environment – these will be government directions over the next 3 years. Key initiatives of interest to OTs include foci on interprofessional primary care, mental health and addiction services, dementia care and supports, increased rehabilitation for seniors, home and community care transformation, attention to palliative care. OSOT's [Strategic Advocacy Agenda 2014 – 15](#) is well aligned with these priorities.

Patients First: a proposal to strengthen client-centred health care in Ontario

In December 2015, Health Minister Eric Hoskins released a discussion document for consultation that proposes significant health system restructuring aimed at giving patients better access to care no matter where they live. The proposal aims to transform Ontario's health care system and to integrate primary care, home and community care, acute care,

mental health and addiction services and public health across the entire health care system. The proposal speaks to dissolution of Community Health Integration Networks, restructuring administration coordination of home care services under the Local Health Integration Networks (LHINs) with coordinator roles or system navigators potentially housed in primary care organizations. Special attention would be given to indigenous peoples, Franco-Ontarians, newcomers to Ontario and people who experience mental health and addiction challenges as these populations are to presently experience inequitable access to health care services.

OSOT has responded to the high level proposal communicating general support for the goals and directions of the proposed transformation. Occupational therapists have long advocated for a more integrated health care system. This notwithstanding, the absence of detail leaves both potential for risk and a state of much uncertainty. [View the Society's advice and concerns](#) about the proposed transformation agenda.

Home and Community Care Transformation

In May 2015, Ontario's Ministry of Health and Long-Term Care introduced [Patients First: A Roadmap to Strengthen Home and Community Care](#), a three year plan to transform home and community care. The plan outlines 10 steps Ontario will take to achieve greater consistency in care, increased integration of services available, more support for caregivers and, ultimately, better access to the right care for those in need. This plan was informed by the report of the Ministry's Expert Group on Home and Community Care, [Bringing Care Home](#), which was submitted further to an extensive review of the sector in the fall of 2014. (View [OSOT's submission to the Home & Community Care Review](#))

The goals of the Roadmap are to:

1. Develop a statement of values with a focus on patient- and caregiver-centred care
2. Create a Levels of Care Framework
3. Increase funding for home and community care
4. Move forward with Bundled Care
5. Offer self-directed care to give patients more control
6. Expand caregiver support
7. Enhance support for Personal Support Workers
8. Increase nursing services for patients with complex needs
9. Provide greater choice for palliative and end-of-life care
10. Plan for the future

Occupational therapists are important members of the interprofessional team that serves clients in the home and community care system. In recent years, OTs have expressed frustration that their capacity to add value and impact to their clients and the health care system in this sector has been minimized as a result of restrictions to visit numbers and client access to services. This new commitment to home and community care creates opportunities

for occupational therapists to participate in defining a new home and community care system, however we note that therapy professions are not mentioned in the document! OSOT has advocated for a home care system that supports a more “enabling” or restorative focus to support people to live life fully participating actively in occupations that are important to them and continues to promote OT as a part of the solution for home and community care. Special emphasis is placed on the roles OTs can play to support seniors aging at home, those living with chronic disease and/or dementia, and evidence based approaches to integrate OT and PSW services to minimize care support over the long term. To this end, OSOT has promoted models gathered from an international jurisdictional review, for example, the Home Independence Program introduced and studied in Australia and New Zealand and now piloted in a few Ontario CCACs. (See the positive [HIP Program evaluation in CW CCAC!](#))

The Home and Community Care Review did not, by directive, address structural aspects of the Home and Community Care system. However, 2015 [reports of the province’s Auditor General](#) shed light on concerns relating to the administration and use of public funds by Ontario’s Community Care Access Centres and appear to have fueled health system transformation that will include dissolution of the CCACs. The Minister of Health has publicly stated that frontline services are critical to support Ontario’s health care objectives and will be preserved....albeit, under a proposed new service delivery model under the LHINs.

View OSOT’s response (developed in collaboration with community therapy partner associations) to the government’s Roadmap for Home and Community Care [here](#).

Transformation of Ontario’s Primary Care System

At the same time as reviewing options for transformation of the home and community care sector, government is also considering the potentials for reform of the primary care system. In late 2013, the Ministry of Health and Long-Term Care (MOH) convened the Expert Advisory Committee on Strengthening Primary Health Care in Ontario to address current challenges in Ontario’s primary care system. The MOH identified four policy questions of particular interest:

- attaching all Ontarians to a primary care provider,
- ensuring all Ontarians can obtain services from an inter-professional care team,
- improving integration of care among providers, and
- ensuring access after business hours and on weekends.

This committee was chaired by Dr. David Price, Provincial Primary Care Lead and Chair of the Department of Family Medicine at McMaster University. The Committee authored a report, [Patient Care Groups: a new model of population based primary health care for Ontario](#) which was publicly released on October 15, 2015. The report recommends a complete redesign of Ontario’s primary care sector to engage a population-based model of primary care delivery, designed around Patient Care Groups (PCGs). The proposed PCGs would be fund-holding organizations that would be accountable to the MOH through the Local Health Integration

Networks (LHINs). Citizens are assigned to a PCG based on geography, “akin to the assignment of public school students to the local school in their neighbourhood”. Funding to each PCG would be on a per capita basis, “reflecting the demographics, geographic rurality of the population, socio-economic status, and projected health needs of the catchment area”. The PCG then contracts with its local primary care providers, “honouring existing relationships and agreements currently in place”, to deliver primary care services that would include physicians, nurses, and other health care professionals. The concept of interprofessional teams in primary care is asserted, however, details of how this would be implemented are scarce.

Health Minister Eric Hoskins reports that this report is one source of input the government is considering in its quest to improve Ontario’s primary health care system.

Occupational therapists work across the province in interprofessional primary health care teams in Community Health Centres and Family Health Teams. However, saturation of OT into the primary care system remains limited, not all CHCs or FHTs engage OTs. Further, patients of family physicians who are not members of OT-supported FHTs or CHCs have no access to OT services. Reform of the primary care sector provides some opportunity for expansion of interprofessional services to meet needs of Ontarians. It should be underlined that the recommendations of the Price Report have not been formally adopted by the Ministry of Health and Long-Term Care, however, OTs could be well served by contemplating the risks and opportunities of potential reform in these directions. OSOT’s [Primary Health Care Team](#) is reviewing this report and will monitor and advise the board re implications for OTs in Ontario. Members are encouraged to forward any comments to the [Chair](#).

Promoting OT Roles in Primary Care

While potentials for change abound, OSOT continues to advocate and position OT for increasing roles in the province’s primary health care sector. Since the 2010 funding approval for OTs in Family Health Teams we have seen a growing attention to the value OTs can bring to primary care. OSOT continues to promote occupational therapy services to [Family Health Teams](#), [Nurse Practitioner-Led Clinics](#), [Aboriginal Health Access Centres](#) and [Community Health Centres](#). [OSOT’s Primary Health Care Team](#) supports OTs working in primary care and facilitates activities that promote role development and access to OT. For example, OSOT has participated in the province’s Low Back Pain Strategy which has focused on the development of pilots of evidence-based care for LBP to achieve better outcomes, improved quality and efficiency in LBP management and decrease inappropriate utilization of health care resources (e.g. imaging). The [Inter-professional Spine Assessment and Education Clinics \(ISAEC\)](#) pilots are underway in Hamilton, Toronto and Thunder Bay and the [Primary Care Low Back Pain Pilots](#) are enabling interprofessional teams which can include OTs to develop cost-effective management of low back pain. Work in Ontario’s primary care system is also linked to OSOT’s priority to position OTs in seniors care as much of the primary care system is focused on managing the needs of

our aging population. OSOT's [Primary Health Care Team](#) has developed a network of OTs working in primary care and works to support this growing potential for practice.

Ministry of Health & Long-Term Care Assess & Restore Guideline

The Ontario Ministry of Health & Long-Term Care released a new [Assess and Restore Guideline](#) in 2015 which defines the elements of an Assess & Restore approach to care. It outlines expectations and defines the roles and responsibilities of LHINs, Health Service Providers, and care providers in delivering A&R interventions across five areas: screening, assessment, navigation and placement, care delivery and transitions home. Implementation of the Guideline is meant to;

- extend the functional independence of frail seniors and other people who live in the community for as long as possible;
- reduce the burden on caregivers by improving psychosocial and health outcomes for frail seniors and other people who live in the community; and
- help LHINs, HSPs and health care professionals adopt evidence-based clinical processes and interventions that are effective in improving the functional independence of community-dwelling seniors and other people.

Assess and Restore (A&R) interventions are short-term rehabilitative and restorative care treatments targeted to frail seniors at risk for hospitalization or admission to LTC who are deemed to have restorative potential. The Guideline targets access to 'facility-based' A&R interventions (i.e. hospital or Long-Term Care (LTC) home Convalescent Care Program (CCP) bed settings). OTs should play important roles in these restorative in-patient interventions and supports upon discharge home. The Rehabilitative Care Alliance has been mandated to coordinate/facilitate a two year implementation (March 2015 – 2017) of the Assess & Restore guideline across the province. OSOT is closely monitoring proposed implementation timelines over the next 2 years to provide input and to support members to ensure services are engaged at the local level. In the meantime, Assess & Restore Programs are being rolled out across several LHINs who have identified rehabilitation services as a priority for the seniors care strategies.

Rehabilitative Care Alliance

The [Rehabilitative Care Alliance \(RCA\)](#) is a provincial collaborative funded by Ontario's 14 Local Health Integration Networks and created to effect positive changes for rehabilitative care across Ontario. Working together with stakeholders to standardize rehabilitative care, the Alliance aims to not only improve long term clinical outcomes but also increase community capacity for rehabilitation so that people have access to rehabilitative care when and where they need it.

With completion of the Rehabilitative Care Alliance's first two-year mandate, the Alliance released its final report and recommendations, [*Inspiring New Directions in Rehabilitative Care: Rehabilitative Care Alliance 2013 – 2015 Report*](#). The report outlines RCA recommendations for Local Health Integration Networks (LHINs) and Health Service Providers (HSPs) under the umbrella of five priority areas of focus: Definitions, Capacity Planning & System Evaluation, Frail Elderly/Medically Complex, an Outpatient/Ambulatory Rehab Minimum Data Set, and Planning Considerations for Re-Classification of CCC/Rehab Beds. The RCA recommendations are expected to result in system-wide improvements in rehabilitative care across the continuum.

OSOT has sat on the Advisory Groups for each of the 5 working groups and continues to have representation into the second mandate of the RCA and its key foci which include;

- Assess & Restore/Frail Seniors Medically Complex
- Outpatient/Ambulatory
- Rehabilitative Care System Evaluation
- Total Joint Replacement QBP
- Hip Fracture QBP

Ontario's Special Needs Strategy

The Ontario government announced a commitment to develop a new Special Needs Strategy in April 2014 that will work to improve how families of children and youth with special needs (including physical, developmental and/or communications needs) access the services they need. The strategy identified in [*Putting it All Together: A Strategy for Special Needs Services that Make Sense for Families*](#) has 3 foci:

1. Identifying kids earlier and getting them the right help sooner including the development of a new developmental screen.
2. Coordinating service planning
3. Making supports and service delivery seamless - Implementing integrated delivery of children's rehabilitation services so that: children have access to speech-language, occupational therapy, and physiotherapy services that are delivered seamlessly from birth to when they leave school.

OTs provide services to children with special needs in their homes, in Children's Treatment Centres and in schools through the province's School Health Support Program coordinated by the CCACs. OSOT is a member of the Special Needs Strategy Provincial Provider Table and represents an OT perspective to this collaboration with the Ministries of Children & Youth Services, Health & Long-Term Care and Education. [*OSOT's School-based OT Team*](#) is monitoring & addressing strategy evolution as is AFACTS (the Alliance of Associations representing Community Therapy Providers) of which OSOT is a member. OSOT has developed a paper on

OT roles with children and youth with special needs and their families which has been shared with regional planning tables who are addressing service delivery development for integrated rehabilitation services. View [Occupational Therapy in the Ontario School System: Effective Strategies that fit with the Special Needs Strategy](#). This document has been well received by both the 4 Ministries involved in the strategy and the local planning tables, in part because it promotes evidence-based strategies that target to increase capacity in the system. The *Partnering 4 Change (P4C)* model developed and researched in collaboration with CanChild has demonstrated significant impact on increasing both therapist and teacher experience and, most importantly, child outcomes.

The Strategy identifies 34 Regional Planning Tables for both the Coordinated Service Planning and Integrated Delivery of Rehabilitation Services tasks. Tables are expected to develop local solutions that will meet objectives and *best* serve the children and families at the centre of the strategy. To date, there is little known about final recommendations but deadlines for regional table proposals for Coordinated Service Planning were due June 15, 2015. It is expected that there will be regional variability and that coordinating functions may shift amongst stakeholders. Ministry decisions re proposals were to be made in the fall to facilitate the *beginning* of implementation by November 2015, however this work is delayed and no announcement date has been communicated.. The Integrated Delivery of Rehabilitation Services tables' deadline for proposals was October 2015. These proposals are also under review by the Ministries. It is expected that communication of feedback to local planning tables will occur in spring/early summer 2016 in order to enable regions to engage partnerships and planning for implementation of new service delivery models in the fall of 2017. We understand that there may be significant re-alignment of services.

The Ministries are also developing Program Guidelines which are intended to promote equity and consistency of service delivery across the province. OSOT has a representative to the Guideline Advisory Panel. It is expected that Program Guidelines will be circulated for some comment by June 2016.

OSOT recognizes that these strategy developments, while they hold potential for improved services to meet needs of children with special needs and their families, also promote a sense of instability amongst service providers in the sector. It is clear that change will happen, it is not clear what that change will be. OSOT advises members to be as informed as possible about discussion/developments at the local level and the strategy in general. The [Special Needs Strategy Website](#) is the most current resource on all aspects of the strategy and includes robust Q & A pages. You will need to register to access this site but it's free.

Assuring Access to OT Services in Long-Term Care Homes

Further to the Physiotherapy Funding Reform of August 2013, access to OT services in LTC Homes has been severely restricted if not lost as a result of what the Ministry of Health and Long-Term Care describes as an unintentional consequence. While [OSOT supported the](#)

[MOHLTC](#) move to restructure PT funding in long-term care homes, it was with the understanding that attention to OT service access would be addressed. Such attention has not been forthcoming. The Society continues to advocate for effective models for service delivery to enable resident access to necessary OT services. [OSOT's Long-Term Care Homes Team](#) has been active in government relations meetings, review of literature and models in other jurisdictions, promotion of OT to the LTCH sector, and assisting in the development of advocacy documents such as:

- OSOT Briefing Note to MOHLTC – [Implications of PT Funding Reform on Access to OT Services - September 2013](#)
- OSOT's January 2014 Submission to the pre-budget Consultation – [Assuring Necessary Occupational Therapy Services for Residents of Ontario Long-Term Care Homes, January 2014.](#)
- OSOT [Communique to Support 2014 MPP Lobby](#) re Access to OT in LTC Homes -
- OSOT's March 2015 Submission to the Ministry of Health and Long-Term Care - [Occupational Therapy in Ontario Long-Term Care Homes: Strategies to Achieve Capacity to meet Resident Needs.](#)

At the request of the Minister Responsible for Seniors and the Association Minister of Health, OSOT has worked collaboratively with the professions of physiotherapy, speech-language pathology, dietetics and kinesiology to propose models for interprofessional teams to support resident needs in Ontario long-term care homes. In October 2015, [Supporting Seniors across Long-Term Care: building capacity for restorative care](#) was submitted. This paper explores a number of options for the enhanced provision of interprofessional team services to seniors living in both long-term care homes and the community.

Auto Insurance Cost and Rate Reduction Strategy

In the 2013 Budget government announced the [Auto Insurance Cost and Rate Reduction Strategy](#) with a goal to protect consumers and reduce car insurance rates by an average of 15% by 2015. A significant focus of the strategy is to crack down on fraud and to explore cost reduction initiatives. OTs working in the province's auto insurance sector experience impacts resulting from strategy initiatives, including:

- **Licensure of Clinics**
Licensure of health providers billing through the auto insurance sector billing system was introduced in December 2014 as a component of the Anti-Fraud Strategy. This has increased the cost of business for providers in the sector and imposes new regulatory standards and audits by the Financial Services Commission of Ontario. OSOT continues to monitor the impact on OT clinics and providers and has supported members with the preparation of a [Health Service Provider Toolkit for FSCO Examinations/Audits.](#)

- Budget 2015 Proposed Auto Insurance Coverage Reductions**

Ontario's [Budget 2015](#) introduced a commitment for further reform of the auto insurance product to achieve promised premium cutbacks for consumers. Proposed clawback of medical and rehabilitation benefits and attendant care are of significant concern to OTs who work primarily with the seriously and catastrophically injured. View [OSOT's Presentation to the Standing Committee on Finance & Economic Affairs](#) who reviewed the bill prior to passage on June 4th. The Ministry of Finance is consulting on [regulatory changes to the Statutory Accident Benefits Schedule](#) to enact the new changes. OSOT will be responding by the June 29, 2015 deadline.
- Review of Minor Injuries Guideline - Proposed Common Traffic Impairment Guideline**

An extensive review of the scientific literature regarding the treatment of minor injuries (sprains/strains/whiplash) has resulted in a report and recommendations [Enabling Recovery from Common Traffic Injuries: A focus on the Injured Person](#) developed by a multi-disciplinary team of experts. This draft guideline was released for consultation in August 2015. OTs are concerned that the draft guideline provides little exposure to occupational therapy. OTs are not, for example, identified as a profession that can initiate the guideline. View [OSOT's response to the Draft Common Traffic Guideline](#). We await further direction from the [Financial Services Commission of Ontario](#).
- Assuring the quality of Assessment of Attendant Care Needs**

OT is one of 2 professions authorized to assess and identify auto insurance claimants attendant care needs. In this contentious benefit driven system, therapists are often in the middle of competing interests of claimant lawyers and insurers. Consistency and integrity of OT assessments is called to question when OT reports vary significantly for the same client. [OSOT's Auto Insurance Sector Team](#) has developed a [reflective practice resource](#) and offered workshops, etc. however, there is a need to look further at how we can address reputational management in this field of practice. The Society is currently undertaking a survey of key stakeholders to inform future directions and exploring feasibility of course/continuing education options to more effectively support OTs.
- Exploring innovative models for treatment of Minor Injuries**

OSOT has funded the Auto Insurance Sector Team for a development project to explore an innovative model for OT intervention for claimants with minor injuries (sprains/strains) funded through the Minor Injury Guideline. It will be important to monitor the direction of the Common Traffic Guideline to see how and if the emerging Minor Injury Alternative Program could be incorporated into options available to support injured claimants.

Ontario Mental Health & Addictions Strategy – Phase 2

In 2011, Ontario launched [Open Minds, Healthy Minds](#): Ontario’s Comprehensive Mental Health and Addictions Strategy, a 10-year strategy to deliver mental health and addictions services to Ontarians in an integrated, coordinated and effective way.

The first three years of the Strategy included a \$93 million investment that focused on children and youth. Building on the first phase of the Strategy, Phase 2 expands to improve transitions between youth and adult services, and to invest in improved services and care for Ontarians of all ages who have mental illness and addictions. Government has announced additional investments of over \$65 million in 2014–15, growing to about \$83 million annually by 2016–17, to ensure that the expanded Strategy will help to ensure Ontarians and their families have better access to quality services and supports for their mental well-being.

5 Pillars of the next phase of the Mental Health and Addictions Strategy include:

1. Promoting Mental Health, Resiliency and Well-being by:

- Expanding proven programs to promote mental health in schools and the workplace.
- Using public health expertise and programming for mental health promotion and addictions prevention.

2. Ensuring Early Identification and Intervention by:

- Using virtual applications to enable people with mental illness and addictions to access services.
- Expanding and tailoring training programs, mentorship and support led by service providers.
- Increasing access for self-help and early intervention by expanding on existing programs.

3. Expanding Housing, Employment Supports and Diversion and Transitions from the Justice System by:

- Increasing supportive housing for people with mental illness and addictions who are homeless or at risk of homelessness.
- Expanding effective workplace mental health programs.
- Expanding initiatives to reduce contact with the justice system.

4. Providing the Right Care, at the Right Time, in the Right Place by:

- Developing integrated service coordination across Health Links and Ministry of Children and Youth Services lead agencies, and strengthening coordination between service collaboratives and Health Links.
- Addressing gaps for youth who are using harmful substances.
- Developing innovations in patient care for people suffering from simultaneous mental and physical illness.

5. Funding Based on Need and Quality by:

- Establishing a new funding model linked to population need, quality improvement and service integration. Ontarians can expect better access to high-quality services delivered consistently wherever they receive them.

[View a Ministry of Health powerpoint presentation on the Strategy achievements to date and Phase 2.](#)

Occupational therapists are important mental health professionals who have much to contribute to the goals and strategies identified in this next phase of the province's mental health strategy. There appear to be good synergies with the current priorities. OTs are encouraged to communicate and advocate their services relating to the identified priorities above. OSOT's [Mental Health Sector Team](#) is reviewing the Phase 2 commitments to determine potential actions of OSOT to support positioning of OT within the new directions of the strategy. Members are encouraged to forward their comments and input. A priority project to develop a white paper, positioning OT as a resource to the goals of the strategy and identifying the synergies of the strategy's attention and the skills and foci of occupational therapists has been identified. This document would be circulated to the new [Mental Health & Addictions Leadership Council](#) and would be a resource to members. Volunteers are sought to lend their professional expertise to this document in the areas of:

- resiliency and wellness
- transitional aged youth
- addictions
- transitional/supportive housing
- employment supports
- homelessness
- diversion/transition from the justice system

Proclamation of the *Psychotherapy Act, 2007*

On April 1, 2015 Ontario's Ministry of Health and Long-Term Care proclaimed the *Psychotherapy Act, 2007* to come into force, thereby creating the new College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPO). However, the controlled act of psychotherapy has not been proclaimed into force at this time as the MOHLTC contends there is confusion about interpretation of the act that needs to be clarified before proclamation. Proclamation of the *Psychotherapy Act, 2007* provides a legal directive for the Transitional College of Registered Psychotherapists and Registered Mental Health Workers to officially become a regulatory College and to begin the process of registration of applicants to the College immediately. Only registrants of this new college will be authorized to use the title "psychotherapist". As a result, OTs will be able to continue to practice psychotherapy as the act

remains in the public domain but will no longer be able to call themselves a psychotherapist unless they register with the College of Psychotherapists until the issues around proclamation of the controlled act are resolved.

At the request of the Minister of Health, the 6 Colleges whose members were to be authorized the controlled act of psychotherapy (OT, nursing, medicine, psychology and social work & psychotherapy) are working collaboratively to further define the controlled act, ensuring that it is clear to members, potential applicants, and the public as to what the controlled act of psychotherapy entails. This work was completed by the end of 2015 and is being considered by the MOHLTC.

In the interim, [OSOT's Mental Health Sector Team](#) continues to work to support OTs to practice psychotherapy with excellence. Research funded by the OSOT Research Fund has resulted in the development of a [Compendium of Psychotherapy Resources for Occupational Therapists](#). Current work focuses on the development of supports for professional supervision for those practicing psychotherapy. The updated second edition was just published in March 2016.

Ontario's Homelessness Strategy

The government's new [Poverty Reduction Strategy, Realizing our Potential](#) is focused on achieving better outcomes for Ontarians living in poverty such as employment opportunities, income supports, education and housing. As part of this strategy, Ontario set a bold long-term goal to end homelessness. On January 26, 2015, government announced the appointment of an Expert Advisory Panel on Homelessness to provide practical advice on how to best approach this goal. The province will develop a plan of action to end homelessness based on the panel's recommendations and will report on progress annually. View the [press release](#).

While the [panel members](#) have a wide range of expertise and backgrounds to serve this mandate, occupational therapists might position that it is not clear whether there is clinical expertise that is focused on the bio-psycho-social factors perpetuating homelessness and their impact on preventing independent community functioning and occupational performance. Occupational therapists appreciate that poor health among the homeless population is related in part to their restricted participation in a balance of meaningful occupations (Heuchemer & Josephsson, 2006). OTs have specific expertise in facilitating engagement in occupational roles, founded on an occupational perspective of well-being. [OSOT's Mental Health Sector Team](#) is discussing this issue to determine if there is a potential for the profession to advocate for representation to this advisory panel or make submission to the panel representing an OT perspective on issues relating to homelessness.

Ontario's Retirement Homes Act Review and Consultation

The [Retirement Homes Act](#) was introduced in 2010, creating the first provincial legislative requirements for licensing and mandatory care, safety and administrative standards for retirement homes. The Act also created the Retirement Homes Regulatory Authority (RHRA) to license homes, inspect retirement homes to ensure they meet prescribed standards, investigate consumer complaints, enforce the Act and educate licensees, consumers and the public. The legislation requires the Minister Responsible for Seniors Affairs to undertake a review of the Act within five years, and present a report of the findings to the Speaker of the Legislative Assembly.

A public consultation designed to focus discussions and collect feedback on the legislation invited comment and input by September 30, 2015. OSOT participated in this consultation making a written submission. Although the *Retirement Homes Act* does not require Retirement Homes to provide therapy services, OSOT identified the increasing needs of an increasingly complex resident cohort in retirement homes for restorative focused services, including access to OT. While presence of OT on the staff of a retirement home would be ideal, OSOT also spoke to the need for increased access to publicly funded community based services for residents of Ontario retirement homes. View [OSOT's response to the RHA Consultation](#).

Ontario Launches Accessibility Action Plan

On June 3, 2015 the government celebrated the 10th anniversary of the [Accessibility for Ontarians with Disabilities Act](#) and launched [The Path to 2025: Ontario's Accessibility Action Plan](#). The Action Plan builds on strengths and outlines a path to an accessible Ontario by 2025. While attention to the physical environment is an important focus, the plan speaks assertively to the priority of employment for persons living with disabilities. OTs have much to offer in this arena. OSOT will be reviewing this plan to consider how to support members to promote their services and expertise to support implementation of the “path” and achievement of an accessible Ontario by 2025.

Early Diagnosis of Children with Autism Spectrum Disorder

In June 2015, OSOT received notification from the Ministry of Children and Youth Services and the Ministry of Health and Long-Term Care about a new initiative to improve access early diagnosis for children with Autism Spectrum Disorder (ASD) before the age of 3. The ministries propose to pilot multi-disciplinary “ASD Teams” within primary care organizations to leverage existing capacity and augment the services currently being provided. One time, time-limited funding will be provided to support a small number of primary care organizations to develop

and implement an ASD pilot. Each ASD Team under this pilot is expected to include at least one individual in each of the following disciplines – pediatrician, family physician, nurse practitioner, speech language pathologist and occupational therapist. As more information becomes available, OSOT will share this broadly with members. The [OSOT Primary Health Care Team](#) will assist in monitoring implementations of these pilots across the province from an OT perspective.

New Core Services Guideline for Children & Youth Mental Health Strategy Released

The Ministry of Children and Youth Services has released **Program Guidelines and Requirements (PGR) #01: Core Services and Key Processes** to advance the children’s mental health strategy, *Moving on Mental Health*. This guideline will become effective July 1, 2015.

The Ministries of Children and Youth Services, Education, Health and Long-Term Care, and Training, Colleges and Universities are working in partnership to implement the strategy and achieve its goals: to improve access to high quality mental health and addictions services, strengthen worker capacity, create a responsive and integrated system and build awareness and capacity about mental health issues within communities.

The vision is to strengthen the community-based system for delivering mental health services to bring people and organizations closer together locally and benefit children, youth and families.

The ministry has identified **33 geographical service** areas to ensure that children, youth and families across the province can access the same core services, and have clear pathways to care. Families may choose to access child and youth mental health services from whichever service area is most convenient.

Each service area will have a **lead agency**, with responsibility for making high-quality core services available as well as planning across the continuum of mental health services. Lead agencies are responsible for engaging cross-sectoral partners in the health and education sectors, including the relevant Local Health Integration Network (LHIN) and school boards. Core services may not be available in every service area immediately – the expectation is that they will be made available over time as lead agencies assume their roles and responsibilities. Lead agencies will connect with other providers to plan and enhance mental health service pathways for children and youth and improve transparency, so that everyone will know what to expect.

PGR #01 describes the MCYS-funded child and youth mental health core services and key processes that will be made available over time across the 33 geographical service areas. Core services represent the range of MCYS-funded CYMH services that lead agencies are responsible

for planning and delivering across the continuum of mental health needs within each service area. It is recognized that children and youth in receipt of core mental health services may also require other services and supports. For example, children and youth may receive more than one core service as part of a service plan, as well as other services funded by MCYS or other partners.

Core services to be available across all service areas include:

- Targeted Prevention;
- Brief Services;
- Counselling and Therapy;
- Family Capacity Building and Support;
- Specialized Consultation and Assessments;
- Crisis Support Services; and
- Intensive Treatment Services.

Learn more about [Program Guidelines and Requirements #01: Core Services and Key Processes](#).

OTs working with children and youth, whether focused in the mental health sector or otherwise will be interested to be familiar with the evolving resources, supports and strategies to both prevent development of mental health issues and to provide appropriate treatments and supports to children and their families. The focus on *Moving on Mental Health* is largely on community-based services. Occupational therapists have not been widely engaged in the community mental health services sector. The identification of Lead Agencies in the 33 regions across the province identifies an organization to which the OT community might position the value of OT services as a professional resource to children and families in the region.

Ministry of Transportation consults on Reporting of Medical Conditions affecting Driving Status

On June 2, 2015 the Ontario legislature passed Bill 31, [Transportation Statute Law Amendment Act \(Making Ontario's Roads Safer\), 2015](#). Amongst other things, the Bill,

- increases fines for distracted driving from its current range of \$60 to \$500 to a range of \$300 to \$1,000, assign three demerit points upon conviction, and add distracted driving to the existing list of novice driver conditions.
- Applies current alcohol impaired sanctions to drivers who are drug impaired.
- Introduces additional measures to address repeat offenders of alcohol impaired driving.
- Requires drivers to wait until a pedestrian has completely crossed the road before proceeding at school crossings and pedestrian crossovers.

- Increases fines and demerits for drivers who door cyclists, and requiring all drivers to maintain a distance of one metre when passing cyclists, where practicable.
 - Helps municipalities collect unpaid fines by expanding licence plate denial for drivers who do not pay Provincial Offences Act fines.
- And....
- Amends physicians and optometrists reporting requirements
 - Allows the Ministry of Transportation to engage in consultations to develop regulations that will:
 - Better define mandatory and discretionary reporting requirements for physicians and optometrists;
 - Clarify what types of medical conditions need to be reported;
 - Set out what specific driver information must be provided by mandating the use of standardized reporting forms; and,
 - Allow other regulated health care practitioners to report medical problems to the ministry.

This legislation and resulting regulations have the potential to make significant improvements to the medical review program by identifying specific medical conditions/functional impairments in regulation and including a broader range of medical professionals into both mandatory and discretionary reporting models. The Ministry of Transportation is now commencing comprehensive consultations with key stakeholders relating to the medical review process. These consultations are focused to;

- Determine the list of medical conditions that will become mandatory for physicians to report
- Explore other health care practitioners who should be included in reporting requirements (either mandatory or discretionary).

OSOT was invited to participate in these discussions on behalf of Ontario occupational therapists. The Ministry of Transportation is interested to have occupational therapists identified as a professional group that can report regarding medical reviews. Discussion focused on whether the profession best fit to be a mandatory or discretionary reporter. No decisions were made in this preliminary consultation. Occupational therapists are recognized to play key roles in assessing physical, cognitive and sensory function as they relate to a variety of occupations including ability to drive. Many OTs perform assessments to assist in the identification of fitness to drive. OSOT encourages members to contribute to our voice about the roles OTs should play in reporting of medical conditions relating to driving.

Clinic Regulation

Twelve of Ontario's health regulatory Colleges* have launched consultations to discuss whether Ontarians would benefit from a clinic oversight model and what clinic regulation might look like

in Ontario. A consultation website and webinar have been developed to support review of this issue at OntarioClinicRegulation.com.

* Members of the Clinic Regulation Working Group are:

- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Chiropractors of Ontario
- College of Chiropractors of Ontario
- College of Dental Hygienists of Ontario
- College of Dental Technologists of Ontario
- College of Kinesiologists of Ontario
- College of Massage Therapists of Ontario
- College of Naturopaths of Ontario
- College of Occupational Therapists of Ontario
- College of Opticians of Ontario
- College of Physiotherapists of Ontario
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

OTs who work in private clinics, who are employed or contracted by a clinic or who own or operate a clinic should apprise themselves of the potential plans and proposals of the regulators to determine the implications for their practice and/or business. It will be important to understand clearly the definition of “clinic” and the potential implications – costs, standards, compliance, etc. that a clinic regulation model would impose. OSOT has expressed concerns that the broad proposed definitions of “clinic” could apply to almost any agency through which OT services are delivered and therefore may apply to many more OTs than likely feel they are affected. [View OSOT’s response to the Clinic Regulation Consultation.](#)

Provincial Dementia Care Strategy

The Ontario government has committed to the development and implementation of an [Ontario Dementia Strategy](#). Parliamentary Assistant to the Minister of Health and Long-Term Care, MPP for Milton, Indira Naidoo-Harris continues to lead this process for Ontario with the following mandate;

- Championing the development of more evidence so that we may better understand Alzheimer’s and Dementia, and using research and innovation to explore ways in which we can improve supports for these diseases throughout the sector.
- Working with the Minister of Health and Long-Term Care and the Minister Responsible for Seniors Affairs to develop a comprehensive strategy to care for patients with Dementia and Alzheimer’s disease.
- Expanding access points to care for patients and their families by supporting the implementation of 25 new Memory Clinics across Ontario.

- Supporting work at the national level to engage the discussion on Dementia and Alzheimer's care.
- Working with colleagues across government to identify ways to expand supports to family caregivers, including the right to time off work, access to respite programs, as well as access to education and training resources.

OSOT takes the position that occupational therapists have much to offer the field of dementia care and should be at the planning tables for this strategy development. Already OTs are contributing to Memory Clinics in many communities. In some communities OTs are participating as team members in Behavioural Supports Teams. OSOT advocates that more OTs need to be engaged in this province wide initiative that has been largely nursing driven. OSOT has meetings with Naidoo-Harris this spring.

Assistive Device Program – Central Equipment Pool

The recent announcement that Shoppers Home Health will be moving out of the wheelchair and mobility business has left OTs and users of the Assistive Devices Program (ADP) uncertain about the future of the Central Equipment Pool (CEP) which was managed under contract by Shoppers for the ADP. The CEP was developed to serve clients with needs for sophisticated seating/mobility systems that may be re-cyclable. Some members are suggesting that now is the time to advocate for significant change to the CEP model to better assure access to timely purchases and to equipment repairs. OSOT's Seating and Mobility Team is monitoring this issue.

OT and Service Animals

As a component of regulation review under the provisions of the *Accessibility for Ontarians with Disabilities Act* relates to the accommodation of service animals as part of the Customer Service Standards required of employers and any organization that provides goods and services to the public. Part of the regulation addresses professionals who can certify that a person has a disability for which a service animal is appropriate. This regulation is under review with a goal to ease access to this provision for people who wish to use service animals. Occupational therapists are proposed to be amongst a group of new professionals to be authorized to confirm disability and need for a service animal. While it is not clear how many OTs work with service animals, this is a growing area and addresses a wide range of disabilities that may benefit from services animals – vision loss, hearing loss, diabetes, mental health, autism, physical disability, etc.

Trendwatching 2015

Monitoring key trends both within and outside our health care system that have the potential to affect now and into the future the delivery of OT services is an important activity for all OTs wishing to position their services for success and to be ready to take advantage of emerging opportunities. View OSOT's December 2015 complimentary webinar, [*Trendwatching 2015: foundations for planning our future.*](#)