Ontario Society of Occupational Therapists

Submission to the 2014 Pre-Budget Consultation

Assuring Access to Necessary Occupational Therapy Services In Ontario's Long-Term Care Homes

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The Ontario Society of Occupational Therapists (OSOT) is the voluntary professional association of Ontario occupational therapists. On behalf of over 3800 members, the Society is pleased to contribute to the deliberations of priorities for inclusion in the 2014 – 15 provincial budget. Our recommendations are framed in a commitment to provide a lens to needs that are legitimate and that serve the public good.

The need and the proposed budget solution…

This submission focuses on the need for budgetary allocation to provide for needs of Ontarians living in and served by the province's 634 long-term care homes. **Specifically, OSOT identifies the need for budget support to provide consistent, equitable and appropriate funding for occupational therapy services in long-term care homes across the province. Seniors who are residents of Ontario Long-Term Care Homes have lost access to important occupational therapy services as a result of policy changes to the funding of physiotherapy services. A formal mechanism for funding of occupational therapy services in long-term care homes is now required to restore services and achieve appropriate service delivery levels. The Society proposes that a provincial allocation of $57 million will allow for an appropriate budget based on $750 per bed per year ($2.05/bed/day) for occupational therapy services in long-term care homes.**

The Issue …

Provincial policy, enshrined in *the Long-Term Care Homes Act, 2007*, requires that long-term care homes assure access to Occupational Therapy (OT) services for residents with need (Appendix A). However, presently, these professional services, which focus on enabling each person to maintain and/or restore his/her functional ability to engage in the meaningful day-to-day activities of living, are now missing in most Ontario LTC homes.

The government's recent reform of the funding model for physiotherapy (PT) services in long-term care homes has resulted in a withdrawal of access to OT services in homes. Since 2005, insured residents of long-term care homes have been eligible for OHIP funded physiotherapy services when referred by their doctor or the registered nurse most responsible for their care. These OHIP funded services were delivered under contract by Designated Physiotherapy Clinics (DPCs) with licenses to bill OHIP. Over the past 5 – 8 years, OT services and other additional value-add services came to be provided to homes without cost by the DPC (presumably funded from the profits of the DPC) as a component of the physiotherapy contract. While the Ministry of Health and Long-Term Care (MOHLTC) had directed homes to fund OT services out of a designated Program and Support Services Budget (see Appendix B) this was typically not the

practice. Under the reformed funding model for PT services which became effective August 22, 2013, contracts for physiotherapy services can only support physiotherapy and will be more closely monitored. The result has been a loss of access to OT services because virtually all LTC homes have taken the position that they do not have adequate resources in their Program and Support Services budget to accommodate these services. The two associations representing long-term care homes, the Ontario Long-Term Care Association (OLTCA) and the Ontario Association of Nonprofit Homes and Services for Seniors (OANHSS) have asserted to the Ministry of Health and Long-Term Care that their members have not paid for OT services in the last 5 – 8 years and have used their PSS budget for other important resident supports. While they value occupational therapy and wish to engage service, they lack sufficient resource to do so. While the Ministry of Health and Long-Term Care has assured that a loss of OT services was not an intentional outcome, the reality is that the PT Funding Reform has resulted in the withdrawal of important OT services in long-term care homes.

Access to OT services must be restored to support maintenance and improvement of residents' functional status and quality of life and to enable long-term care homes to more effectively achieve their mandate to deliver restorative care.

Notwithstanding the above assertion, OSOT positions that it is insufficient to restore OT services to levels provided by the DPCs prior to August 22, 2013. The unusual service provision model allowed to exist over the past 7 – 8 years has eroded access to OT services and reduced access to minimal levels. Review of CIHI data for Ontario LTC Homes in comparison to other jurisdictions in Canada reveals that the relative mix of physiotherapy, occupational therapy and speech language pathology vary considerably from other jurisdictions (Table 1). Occupational therapy services are reported to be received by less than 3% of residents in Ontario homes as compared to an average of 8.6 % in other provinces. On the other hand, physiotherapy services have been received by over 80% of Ontario residents of LTCHs compared to an average of 11.2% in other provinces. Clearly the balance of OT, PT and SLP services needs to be addressed.

Consultation with provincial service providers in Alberta and Manitoba identify that where funding models provide for a single budget for OT and PT, it is not uncommon for Homes to allocate a higher percentage of the budget for occupational therapy which is perceived to have a greater relevance and value to residents and the health and safety outcomes homes strive to deliver.

Ontario utilization data is collected through the RAI-MDS 2.0. OSOT has identified to the MOHLTC concerns about the accuracy of the OT data this tool reflects. A number of limitations relating to the tool's sensitivity in accurately reflecting time-bounded episodic care, interventions that take less than 15 minutes, and assessment or indirect treatment time which are integral elements of OT service, result, in our opinion, in an under-representation of even

the limited time afforded by the DPCs and the value that occupational therapy services contribute to residents of long-term care homes. These inaccuracies of utilization data compound our assertion that funding for OT services must extend to serve beyond the 3% of residents identified in current measurement data.

Table 1 - Therapy Utilization 2011 – 20132 (CIHI)

Therapies	Assessed Residents Receiving Therapies ≥15 Minutes within 7 Days of Assessment			Relative Mix of Therapy Services by Setting and Jurisdiction		
	CCC - Ontario	LTC - Ontario	LTC - Other Provinces	CCC - Ontario	LTC - Ontario	LTC - Other Provinces
	%	N	%	%	%	%
Speech	15.2	392	0.4	0.3	7.2	0.4	0.6
Occupational	62.4	3,079	3.0	8.6	29.4	3.2	20.0
Physical	73.3	81,320	80.4	11.2	34.5	85.2	26.2
Respiratory	10.5	839	0.8	0.4	4.9	0.9	0.9
Psychological	14.6	1,463	1.4	0.4	6.9	1.5	1.0
Recreational	36.5	8,355	8.3	22.0	17.2	8.8	51.3
TOTAL (N)	(19,352)	(101,112)		(37,035)	100	100	100

Note: Duration and intensity of therapies varies by sector and jurisdiction. Rates are based on residents who were assessed with the RAI-MDS 2.0© assessment instrument in 2011–2012 and received a minimum of 15 minutes of therapy at least once in the seven days prior to the assessment.

Source: Continuing Care Reporting System, 2011–2012, Canadian Institute for Health Information.

The Solution… assuring access to necessary OT services in LTC Homes

Ontario occupational therapists are committed to deliver quality services to meet the needs of seniors residing in long-term care homes. OSOT asserts that this issue can be resolved with the formal recognition of funding for occupational therapy services in long-term care homes. The Society proposes that a provincial allocation of $57 million would allow for an appropriate budgetary allocation of $750 per bed per year ($2.05/bed/day) for occupational therapy services in long-term care homes.

What is Occupational Therapy?

Occupational Therapists (OTs) are regulated health professionals who work with residents of long-term care homes to promote their optimal function and independence in activities of daily living, those day to day basic living skills (self care, mobility, participation in social or leisure activities, etc) that give purpose, accomplishment, independence and meaning to one's life.

Occupational therapy interventions are targeted to:

- prevent de-conditioning and functional decline for as long as possible

- restore function when impaired by periodic injury, illness or other factors
- promote adaptation when cognitive abilities are impaired in order to improve function and/or reduce behavioural episodes related to loss of independence or control
- improve quality of life and engaged participation in the restorative care environment and activity of the home
- assess and intervene to mitigate resident risk relating to
    - cognitive behavioural status which may result in wandering, outbursts, etc.
    - falls
    - skin breakdown and other wounds associated with poor skin integrity
    - use of restraints
    - environmental accessibility
    - mental health status

Occupational therapy is well aligned with the philosophic orientation of a restorative care approach to resident care as enshrined in the *Long-Term Care Homes Act, 2007.* With a focus on the whole person – their physical, cognitive and mental health function in the context of their environment - occupational therapists address many of the most complex and challenging issues residents present. OTs work as members of interprofessional teams, bringing their unique skillsets and competencies to resident focused care and contributing and consulting to the problem solving, treatment planning and day to day resident care. An OT perspective and participation on key policy and program committees within a home is a value add in such areas as falls prevention, wound care and prevention, restraint reduction programs, pain management., etc.

Why is access to OT services for residents in Long-Term Care Homes a priority for Ontario?

Ontario's 634 long-term care homes, with nearly 78,000 beds, provide specialized care, accommodation, and services to over 112,000 individuals each year who come to rely upon them to better meet their care needs due to advanced disease, injury or social circumstances. Since 2005 the number of Ontarians over 75 has increased by more than 20%. Over the next two decades, Ontario will see the number of seniors more than double by 2036. The oldest age groups in Ontario are increasing in number faster than any others. The 75+ group is projected to increase by approximately 144 per cent by 2036. The 90+ group will triple in size. Attention to the skilled human resource capacity to address the needs of our aging population and those in long-term care homes is a strategic priority for Ontario.

Occupational therapists are needed in long-term care homes today to restore lost services, however, as the sector prepares to participate in the shifting gravity of our health care system,

occupational therapists will be needed even more.

While the province's policy direction (Ontario's Action Plan for Seniors, Dr. Samir Sinha's Report, *Living Longer, Living Well*) speaks increasingly to supporting seniors to age safely and with dignity as long as possible in their own homes, it is projected that there will remain a need to increase resources in long-term care homes in order to:

- support the increasing numbers of Ontarians living with very complex health conditions that require care and services beyond that which can be reasonably and cost-effectively delivered in the community. Residents currently present more specialized needs and higher rates of advanced chronic disease, disability, dementia and cognitive dysfunction, responsive behaviours and mental illness than ever before and this can be expected to continue.

- address the identified needs for short-stay services and atmosphere offered by long-term care homes for seniors who need convalescent care or slow stream rehabilitation with a goal to returning home. Indeed, Ontario's Action Plan for Seniors commits to expand these "assess and restore" services across Ontario. Two hundred and fifty more short-stay convalescent care beds will be designated in Ontario's long-term care homes.

- support the need for respite beds to enable caregivers the necessary breaks that can restore their capacity to continue to support loved ones at home

Occupational therapists are ideally suited to support health system goals in long-term care homes. Their focused attention on the needs of the most complex residents – complex seating and mobility assessments, wound care and pressure relief and management, falls prevention, behavioural supports programming, management of aggressive behaviours, mental health services, dementia care, cognitive assessment and training/adaptation – contribute to risk management, prevention of hospital admissions and promotion of quality of life for residents. In short, an investment in OT contributes to health system savings, safety and security of residents in long-term care homes and preservation of the independence, quality of life and personal dignity of residents.

Plans to mobilize increased beds in long-term care homes for short stay rehabilitation and a true "assess and restore" focus will demand occupational therapy services which are ideally suited to promote a client's rehabilitative potential and function in their Activities of Daily Living to facilitate a client's safe and effective return home. Without access to OT services these bed allocations will be under-resourced to achieve the outcomes inherent in their purpose.

The opportunities of respite care programs to provide support and resources to caregivers to support their ongoing ability to care for loved ones in their home with community supports will be enriched with an OT consultant in the LTC home.

In the absence of funding for OT services since August 2013;

- Occupational therapy services have been discontinued or severely cutback in homes across the province

- An important risk management profession is no longer addressing seating, falls prevention, pressure relief, restraint alternatives, behavioural issues that may result from cognitive decline. Resident incidents from falls, skin breakdown, etc. result in more hospitalizations and costs related to increased demands on LTC Home staff time

- Residents no longer have access to OT services that target to improve their functional status or to enable residents to adapt to changing functional status with the introduction of assistive devices. Increased dependence and risk results in reduced quality of life for residents and increasing care demands on nursing staff

- Comprehensive seating and mobility assessments commonly required for residents in LTC Homes and typically provided by occupational therapists are difficult to access. The risk of falls and incidents is increased when appropriate solutions for seating/mobility needs are not addressed. Some residents have been asked to self fund these assessments required to make application to the Assistive Devices Program for wheelchairs and seating systems.

- Occupational therapists have lost jobs and contracts across the province. Experienced therapists have been forced to leave the sector. While we wait for restoration of funding for OT, there is concern that expertise important to the sector will be lost.

Rationale for a $56 million investment….

OSOT proposes a *dedicated* budget for occupational therapy services in long-term care homes, as a result of the experience of the profession with the current Ministry funding model which includes provision of OT services amongst others from a larger Program and Support Services budget. The current model has not adequately provided Ontarians with the commitments of the *Long-Term Care Homes Act* for access to OT services.

The Society proposes a budget allocation based on $750 per resident bed per year. This figure is equivalent to the new funding allocation for physiotherapy services in long-term care homes and was selected for this reason. It is the position of Ontario occupational therapists that the profession brings a diversity of important skills and foci to the LTC Home care team. While

there are significant needs for physical restoration demanding of physiotherapy, occupational therapists complement this focus on physical restoration with attention to restoration of functional daily living skills and promotion of functional independence to a resident's maximum potential. Further, occupational therapists bring additional skills to assess and address cognitive decline and dysfunction, dementia care, responsive behavior management, complex seating, mental health services. It is the profession's assessment that need for occupational therapists is equivalent to that for physiotherapy. PT and OT services are different but complementary.

An allocation of $750/bed/year would provide homes the capacity to secure OT services in a cost effective human resource mix that has not been feasible in present day minimal hour contracts. Occupational therapists would be able to extend the reach of their services in cost efficient models utilizing OT support personnel, home appropriate mixes of full and part time staffing, etc. A home of 200 beds, for example, could consider a full or part time OT and up to 2 OT assistants. This is consistent with reports of staffing ratios we have accessed in Manitoba. The potential for an OT to add *real* value by being in the home each day (as opposed to a few hours each week) is a significant return for the investment of such funding.

Occupational therapists expect to be measured on the impact of their presence on quality indicators on which long-term care homes are measured – the profession believes it can contribute significantly to components of *Function, Safety and Quality of Life* indicators, enabling homes to more effectively reach performance targets.

The Society commits to work with the Ministry of Health and Long-Term Care to establish appropriate policy direction and definition for OT services, to share determinants of quality OT service delivery which can assist in the assessment of appropriate service delivery models within the sector, and to participate in evaluation and/or piloting of models of OT service delivery.

It should not be overlooked that while the funding model for physiotherapy prior to August 2013 was intended for physiotherapy services, it was, in fact, supporting limited OT services. In the government's reform initiative, although re-distributed, PT funding was essentially protected for physiotherapy services, enabling a more equitable distribution of public funding for PT services in LTC homes, retirement homes and the community across the province. None of the funding allocation was used to protect even the limited access to OT services it provided. OSOT is not in a position to know whether utilization of Program and Support Services budgets by long-term care homes is in keeping with Ministry expectations. We make no judgment on the current position of homes that there is insufficient resource to support OT service delivery from the budget. However, for nearly a year since the April 2013 announcement of the PT funding reform, funding for OT in LTC Homes has been identified as an issue and yet, has

remained unresolved. For nearly six months, since August 2013, residents in long-term care homes have largely been denied access to reasonable and necessary OT services.

It is time to make a commitment to assure residents of Ontario's long-term care homes that there is access to necessary occupational therapy services.

The Society proposes a provincial allocation of $57 million based on an allocation of $750 per bed per year ($2.05/bed/day) for occupational therapy services in long-term care homes.

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APPENDIX A

EXCERPTS FROM THE *LONG-TERM CARE HOMES ACT, 2007*
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07l08_e.htm

Section 9 – Restorative Care
There must be an organized interdisciplinary program with a restorative care philosophy that promotes and maximizes residents' independence. As part of this program, every resident must receive physiotherapy and other therapy services where relevant to his or her assessed care needs.

Section 57 – Integrating Restorative Care into Programs
Restorative care approaches must be integrated into all the care provided to residents and must be co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of living, to the extent of his or her abilities

Restorative care helps residents improve or maintain their ability to perform activities of daily living. Restorative care includes promoting continence and increasing muscle strength and balance. Integrated restorative care approaches can also help reduce falls and the use of restraints.

A restorative care approach promotes independence, health and well-being, and improves quality of life.

Section 59 – Therapy Services
The Home must arrange or provide occupational therapy and speech-language therapy as well as on-site physiotherapy on an individual basis or in a group setting based on residents' assessed care needs.

Section 60 – Space and Supplies – Therapy Services
There must be safe, appropriate space in the Home to provide therapy services and sufficient therapy equipment available at all times to meet the needs of residents.

APPENDIX B

EXCERPTS FROM MOHLTC LONG-TERM CARE HOMES FINANCIAL POLICY

http://www.health.gov.on.ca/en/public/programs/ltc/docs/level_care_policy.pdf

Program and Support Services

To be a PSS Expenditure, expenditures must fall into one of the following elements:

1. Expenditures on the salaries and benefits and purchased services for active staff (e.g.,physiotherapists, speech-language therapists, occupational therapists, OT/PT aides, recreational staff, volunteer co-ordinators, social workers, registered dietician time (in accordance with section 2.2 of the *LTCH Level-of-Care Per Diem Funding Policy*), and others) that provide support services directly to residents or conduct programs for the residents if, and only if:

    a. Support services and programs are required under the *Long-Term Care Homes Act,2007,* are in the schedule of recreation and social activities, or are assessed in a care plan or plan of care to benefit the maintenance or improvement of the level of functioningof residents with regard to the activities of daily living and/or improve the quality of life of residents.
    b. The time spent by PSS staff to assess, plan, provide, evaluate, and document the support services and programs being provided are included.

2. Expenditures on Program and Support Services training and education if and only if:

    a. The training or education enhances the Program and Support Services staff's ability to fulfill their primary job function.
    b. Attendance costs included are limited to reasonable charges for food, accommodation, and travel costs.

3. Expenditures on equipment, supplies, and devices used by staff that are irreplaceable in the provision of support services and planned and structured programs to meet the requirements of the *Long-term Care Homes Act, 2007* or the assessed needs of residents as determined by medical and nursing staff if, and only if:

    a. The PSS equipment, supplies, and devices purchased must meet the majority of residents' needs or must be assessed as necessary as part of a resident's care plan or plan of care.
    b. Computers and computing devices (that is, hardware and software) exclusively used for the creation and maintenance of resident records and used by PSS staff in the assessment, planning, providing, assisting, evaluation, and/or documentation of the program and support services needs of residents are eligible. Only computer and computing devices that are solely used for clinical

purposes (i.e., shared by direct care staff recognized under NPC and PSS) may be prorated between the NPC and PSS envelopes.

c. The cost of PSS equipment maintenance and repair (e.g., repair of a projector used solely for PSS activities) performed by internal or external service providers is limited to hours of labour and parts necessary for the required repair and/or maintenance. Labour costs associated with the job should be allocated as a purchased service whether completed by an internal or external service provider.

Funded staff time includes time to assess, plan, provide, evaluate and document services. Currently, homes receive $8.43 per resident per day[6] for provision of these services seven days a week.