

**Date:** November 10, 2023

**Proposal Number:** 23-HLTC055

**Bill or Act:** Convenient Care at Home Act, 2023

**Introduction:**

The Ontario Society of Occupational Therapists (OSOT) is a not-for-profit professional association that represents the interests of over 4,700 members through advocacy, professional development, member services, and practice support in Ontario. Our members work in home care, Ontario Health Teams (OHTs), and other health service organizations. Our participation in this consultation is essential to ensure that occupational therapy services are included in the transition of OHTs into maturity.

Occupational therapists (OTs) have proven skill sets that enhance individual clients, groups, communities, other health professionals, and teams. OTs focus on individual's functional abilities to manage at home, in the community, at work/school, and engage in fulfilling, quality lives.

Concerns and recommendations for the proposed changes to the *Convenient Care at Home Act, 2023*:

**1. Transitioning an Ineffective System:**

The current Home and Community Care system is not meeting the needs of clients and communities as there are staffing shortages, lack of funding, and inequitable access based on geographic resources. By transferring the current system into *Ontario Health atHome*, these dysfunctions will transition without addressing the real issues. **These issues need to be addressed prior to amalgamation of the 14 Local Health Integration Networks.**

- a. *Staffing shortage:* Currently, staff and contracted service providers in the community are paid less than their peers in other sectors (hospital, rehabilitation, private) and face higher risk and less job security. They are often not paid for sick and vacation time, leading to burnout and provider shortages. **Pay equity and job security need to be addressed to make service providers want to return to Home and Community Care** and our university students choose Home and Community Care as a place to work. Otherwise, wait lists will continue to lengthen, at home injuries and falls will increase resulting in increased need for emergency transport, emergency department visits, and hospital admissions.
- b. *Lack of funding:* Linked with the staffing shortage outlined above, additional funding needs to be provided to service providers. Not only for pay equity but also for access to assessments and equipment. The recent \$300 million dollar investment to support the contractor provider rate, without specific guidance, will be spent on nursing and personal support worker wages only without attention to other key system supports/professions such as occupational therapy. **Direction is needed to ensure ALL health professions are given access to funds.** The system cannot function with only a few professions – a multidisciplinary approach is essential.

- c. *Inequitable access*: Rural and remote geographies historically struggle with staffing. The pandemic, low wages, and burnout, have contributed to accelerating issues of access to services. **Incentives need to be created for ALL health care professionals to live and work outside of urban centers.** Alternative models of care, such as virtual and group service provision in the community, need to be explored and funded. Funding, and use of assistants (such as occupational therapist assistants) can increase access and help address waitlists.

## 2. **Recognition and Inclusion of all Health Care Professions:**

The health care system needs the contribution of multiple health professions to make it work. The Ontario Government has thus far focused on only a few professions. Nurses, doctors, and personal support workers cannot carry the full burden of the Ontario population's needs! Occupational therapists, physiotherapists, social workers, dietitians, and speech language pathologists, assistants, along with others, support health care and need the recognition of their contributions and value. These hard-working professionals were largely ignored before the pandemic and saw this exaggerated during the pandemic. We have seen large numbers of occupational therapists leaving the Home and Community Care sector due to being passed over on pandemic pay, bonuses, public recognition, lack of funding for education (both in the universities and beyond), and incentives.

Allied health professions are not included in consultations and are being excluded from discussions, task forces, and surveys. This is not acceptable! When the OHTs evolve and include Home and Community Care, all professions need to be involved in the discussions and decisions, otherwise, the health care system will never have a sufficient work force to address the needs of Ontarians. A multidisciplinary approach to idea generation, models of care, and service provision will enhance the outcomes to provide better quality of care, innovation, and problem solving. **It is essential that all professions within the health care system have a voice and contribute to the solution of health care early, and continuously, throughout the process.**

## 3. **Focus on Rehabilitation:**

Rehabilitative care is a core element in home care. Individuals can better facilitate independence at home and remain active within their communities. Rehabilitative services include occupational therapy, physiotherapy, registered dietitians, social work, speech-language pathology, and others.

With an aging population, we expect an increase in need for rehabilitation in the future. Our current system cannot meet the needs of Ontarians – it will not be able to handle an increase in the future! The Rehabilitative Care Alliance published a guidance document for integrating rehabilitation into OHTs ([Specialized Rehabilitation Guidance for Ontario Health Teams, 2023](#)). Several other resources are available supporting the integration of rehabilitation into home care including: [Rehabilitation Therapy Services in Home Care \(2011\)](#) and [Patient and System-Level Benefits of Rehabilitative Care \(2020\)](#).

- a. *Waitlist reduction:* With the focus on eliminating surgical waitlists, particularly for hip and knee replacements, there is a need to focus on the rehabilitative needs of these patients in the community. Without rehabilitation post-surgically, these individuals risk decline, prolonged pain, and extended time off work/isolation. The Home and Community Care system does not meet the current need for rehabilitation and it will definitely not meet the increased need when surgeries are accelerated with the use of private operating facilities. With the creation of *Ontario Health atHome*, there is real risk that rehabilitation is categorized as a lower priority for OHTs and is insufficiently planned for.
- b. *Rehabilitative Voice on OHTs:* We are concerned that with the integration of home and community care within OHTs that the rehabilitative voice will not be included in decision-making, particularly when it comes to services outside of hospitals and rehab facilities. OHTs are primarily led by hospitals which have not concerned themselves with home and community care in the past. New models of care that extend beyond these institutions will need to be generated and considered. **It is essential that the discussions and decisions include experienced individuals from home and community care and rehabilitation to develop these new models that incorporate care through all transitions and settings.**
- c. *Use of assets in the system:* Historically held roles and responsibilities are evolving and changing. With the expansion of scopes of practice and new models of care, we need to re-educate the decision-makers and participants in the system. The multiple health professions in the system each have meaningful offerings which need to be acknowledged and leveraged. **Education is required to explore each contributing profession to optimize their scope and allow them to practice to the full extension of their scopes.** For example, occupational therapists provide both mental health and physical health care services which are particularly helpful in the community where one service provider can address both types of concerns in one visit.

The Ontario Society of Occupational Therapists appreciates the opportunity to participate in this consultation and is open to further discussing our recommendations and strategies. We have confidence that together we can provide quality care to all Ontarians.

Thank you,



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