



Health Care Transformation

2021 AMO Delegation Briefing Note

Introduction

The Eastern Ontario Wardens' Caucus (EOWC) has identified health care transformation, with a focus on both Ontario Health Teams and virtual care, as a key priority for 2021. The COVID-19 pandemic has highlighted the importance of having an effective, efficient and accessible health care system.

For more than 150 years, Ontario municipalities have provided their communities with health and community services. EOWC members are critical partners in the delivery of health care and are responsible for co-funding and delivering provincial health programs such as paramedic services, long-term care, and public health. In order to address local needs, EOWC member municipalities also make additional financial contributions above and beyond their required cost-share to hospitals, family health teams/medical centres, and physician recruitment. Since 2017, EOWC member municipalities have invested ~ \$613M in locally raised tax dollars for health services which equates to approximately \$122.6M per year.

EOWC members have a vested interest in the health care system and strive to shape the best possible care for rural eastern Ontario residents. The EOWC endeavors to ensure that rural residents have access to the same quality care as their urban counterparts. However, health care is the Province's jurisdiction and responsibility rather than municipalities, and as such the Province must be the primary funder. When municipalities are required to step in and bridge funding gaps, it places an extreme burden on the municipal property tax base and diverts resources away from other priority areas such as affordable housing, critical infrastructure such as roads and bridges, and the delivery of key services.

Ontario Health Teams

Across eastern Ontario, Ontario Health Teams (OHTs) are in various stages of development. Some EOWC members are a partner in an approved OHT; some are involved in the application phase, while others are excluded from the entire process. There is an inconsistency in municipalities' engagement with their local OHT and that is of significant concern to our members.

Municipalities require a seat at the OHT table, not only during the initial phase, but also as a valued and respected member of the ongoing governance structure. Similar to the governance of Public Health Units, municipal appointments must be guaranteed. Thus, the EOWC strongly advocates for the Province to mandate that the leadership of all OHTs must include representation from each County or Region within their catchment area. Municipal elected officials are best positioned to make local health-care decisions as they understand the unique challenges that rural communities face. They are elected to represent the interests of their taxpayers and communities and, as such, must be at the governance table to participate in these local health and community decisions.

A guiding principle of the EOWC is ‘say for pay’, where municipalities are required to pay for services, a governance model needs to be in place that allows municipalities to have a say in program development and delivery. It is also critical that both current and future municipal investments in local health care are protected. The OHT model must be designed to protect both current and future municipal operating and capital investments into any programs they operate such as long-term care, paramedic services and community services.

Municipalities are the only health care group that is both a taxing and spending authority and OHT funding and programs should respect this unique delivery model. OHT processes will impact funding from upper and single-tier municipalities for direct health care services and social services, as well as influence the way these services are delivered to our residents. Additionally, elected members of municipal councils have a duty to represent the interests of their ratepayers, by providing oversight for health-related services. While direct taxation may not be an issue for an agency with a volunteer Board of Directors, it is of paramount importance to our municipal councils. This process should be transparent and based on a governance model that will allow municipalities to meet their fiduciary duty and responsibilities under the Municipal Act. In short, the EOWC must be confident in a decision-making framework that recognizes the unique role of municipalities.

The responsibility to be the voice of our residents in the future direction of community-based health care, including the evolution of OHTs, is a key priority for the EOWC. Approving the structure and leadership of such a regionally based organization, with a broad-based mandate for health, requires input and leadership from the level of government that is closest to the people.

Virtual Care

Virtual care has risen in prominence during the COVID-19 pandemic and has allowed rural communities to overcome access barriers by enabling residents to access quality and timely health care services.

During the COVID-19 pandemic, physicians’ offices closed completely in some areas, while others operated on a limited appointment capacity. Meanwhile, people still needed care and access to their family doctors. Virtual care allows this connection to occur via phone or video depending on patient need. This access during the pandemic has occurred due to the Province’s willingness to allow primary care doctors to use virtual billing codes for virtual care over the phone or through a non-Telemedicine network platform. However, virtual billing codes are temporary at this time, and are only connected to the pandemic. The EOWC urges the Province to modify the existing fee-code system to allow for the permanent delivery of virtual care.

The critical shortage of family physicians across Ontario and specifically eastern Ontario is not a new issue. Nearly 50 percent of EOWC member municipalities are considered underserved, with a number of others just teetering on the edge.

For example, in Renfrew County, 25 percent of the population (27,000 and growing) have no family doctor. If residents need care, their only option is to travel to the emergency room of a hospital for what is most often a non-emergency issue. There are no walk-in clinics within Renfrew County.

To protect the surge capacity of their local hospitals, Renfrew County established the Virtual Triage and Assessment Centre, originally set up as a service to assist people with suspected COVID-19 symptoms, expanded to include anyone with a non-emergency health care issue. Within a very short time, people who had not previously had access to a doctor for years, were speaking with a family physician and getting the care they needed. For example, residents can call a 1-844 number and after being triaged, will receive a phone call from a physician, usually within one hour or less.

Family physician recruitment is ongoing but with tens of thousands of people needing a doctor, and retirements looming, it is simply unrealistic to think that EOWC member municipalities will be able to recruit the hundreds of physicians urgently needed in this region.

However, virtual care can be part of the solution to physician shortages in eastern Ontario. Virtual care physicians provide care and follow up as required, by the physician or through partnerships with Community Paramedic Services. As long as virtual billing codes are permitted, residents will receive the care they need.

In addition, the COVID-19 pandemic has magnified pre-existing problems within health care. EOWC member municipalities have seen an alarming increase in the number of opioid and other drug-related overdoses since the onset of the pandemic. In fact, some EOWC members are on target to quadruple the total number of overdose-related paramedic calls requiring the use of Narcan to save lives. The limited availability of mental health and addiction prevention supports continue to be a challenge, however virtual care can also be used to address this need.

Post-pandemic, the EOWC endeavors to build resilient communities and we will not be successful if vulnerable and marginalized people in need are left behind. We have an opportunity to do business differently, however, leadership from senior levels of government is required.

The Province must also ensure equitable access to virtual care solutions, as the pandemic has exposed the serious lack of internet access and capacity, which hinders equitable access to virtual care in rural communities that do not have reliable broadband. The EOWC will continue to advocate for better broadband in rural communities and provide ongoing support to any solution that delivers broadband connectivity to the region at speeds comparable to urban areas.

In summary, the EOWC is strongly supportive of expanding virtual health care across rural eastern Ontario. However, this requires government support, collaboration, funding, policy development and maintaining the billing codes that allow for the effective delivery of virtual care.

Modernization of Public Health and Emergency Health Services

Finally, the EOWC would like to remind the Province that the Caucus has not lost sight of the modernization of public health and emergency health services. The EOWC was very active in responding to and informing the Provincial Government's modernization consultations and legislation reviews. EOWC members would like to reiterate that the Caucus' position on these matters remains unchanged. Should the Province decide to resume this work, the EOWC will continue to advocate strongly that governance changes are not the solution to improving Paramedic Services. In addition, we will continue to remind the Province that municipalities are a key stakeholder in public health as funding contributors, and reinforce that a governance model needs to be in place that allows municipalities to have a say in program development and delivery.

Joint Community Paramedicine Policy Framework

Paramedic services in eastern Ontario are innovative leaders in community paramedicine and these services have improved overall patient wellness and reduced 911 calls and repeat hospital admissions. The EOWC is supportive of the Community Paramedic Policy Framework developed by AMO and the Ontario Association of Paramedic Chiefs (OAPC) and strongly agrees with the recommendations outlined in the AMO-OAPC joint paper.

Conclusion

EOWC member municipalities are the largest contributors to health care outside of the Province of Ontario and are deeply invested in public health and health care systems.

The EOWC strives to ensure that eastern Ontario residents have access to the same quality care as their urban counterparts. 'Say for pay' is a guiding EOWC principle. Where municipalities are required to pay for services, a governance model needs to be in place that allows municipalities to have a say in program development and delivery.

The EOWC values its strong relationship with the Province and we understand the importance of working collaboratively in order to create a world-class health care system. The EOWC remains committed to being the Government's municipal voice and expert. As co-funders and service delivery agents, EOWC members are strategically positioned at the frontline to provide meaningful input into health care planning and local operations.