Ontario residents want appropriate care for all residents, whether they need acute, chronic or end-of–life-care. They believe healthcare should be high quality, easy to access and available universally to all residents. Patients want clear standards for healthcare that can be monitored and measured. They also want healthcare that provides maximum value for the money spent.

The current healthcare system falls short of these goals. Too often, healthcare delivery is fragmented and uncoordinated; significant regional variations exist. Many patients do not get the care they need. Our healthcare system struggles to meet the needs of Ontario's ageing population, despite increased spending. As a result, CARP welcomes the Ontario Government's commitment to developing a healthcare system that puts patients first.

The "*Patient First: A proposal to strengthen patient-centered healthcare in Ontario*" discussion paper recognizes the key gaps in care and aims to address them. However, CARP is concerned that the paper's proposals do not include accountability to ensure tangible change. CARP calls on the government to implement and enforce measurable standards to ensure its efforts to integrate the healthcare system result in tangible care improvements for patients.

The Auditor General's Report issued in December of 2015 noted that homecare services in Ontario are failing to meet patient care needs, despite budgetary increases in recent years. Their audit uncovered long wait times for home care, unmet patient needs and variations in the level and quality of care depending on a patient's geographic location.

According to a *[CARP Poll](#)* on homecare conducted in April of 2015, CARP members say that they have experienced uncoordinated services, long wait times, and insufficient access to much needed homecare services. Over one third (35%) of CARP members (two thirds of whom reside in Ontario) reported receiving home they rated as either "poor" or "fair". Only one in seven (14%) members polled rated the quality of homecare they received as "excellent". The remainder described their home care as "good" (41%) or "don't know" (9%).

On average, CARP Poll respondents waited over a month (31 days) for an initial assessment and an additional 20 days to receive homecare. On average, CARP members said homecare should begin within 10 days from the initial assessment; 41 days sooner than the average time taken.

CARP recommendations: Standards required for improved patient care

Home and community care is failing Ontarians due to an overarching lack of standards, enforcement and accountability. Therefore, CARP recommends that the Ministry implement measurable, enforceable standards to ensure that patients experience better service delivery and care as the government integrates home and community care. CARP recommends that the Ministry put in place:

1. **Enforceable standards and centralized oversight over coordination of care**
   Currently, access to care and level of care are determined by where a patient lives. The Auditor General Report found that each Community Care Access Centre (CCAC) allocates different levels of care to individuals with similar levels of need because each CCAC develops its own criteria as a result of funding inequities. The performance of each CCAC is measured against different targets, and only some centers report their performance.

   It is unacceptable that patients receive sub-optimal care because of where they live. CARP recommends that universal care standards be implemented and enforced across the province, so that all patients receive the level of care required, regardless of location.

   CCAC's have had difficulty referring clients to community support services because assessment information and wait lists are not centralized. Many care coordinators contact agencies on their own, resulting in varying access to support services. CARP recommends that the Ministry mandate and create a centralized wait list and information sharing system so that all patients have equal access to community supports and services.

2. **Training standards for coordinators**
   The Auditor General Report found that not all care coordinators are being trained and subsequently tested on their skills and use of assessment tools. There is little assurance that all care coordinators are proficient in assessing clients' needs and are using the assessment tools appropriately. Also caseload sizes among care coordinators vary significantly and some are taking on larger caseloads than recommended ranges, compromising the quality of care. As a result, CARP recommends that training and caseload size standards be implemented to ensure care coordinators are well equipped to provide quality care.

3. **Standards for contracted service providers – quality control**
   The Auditor General Report found a lack of accountability by, and quality control of, contracted service providers to ensure they are complying with the contract requirements. Some CCACs do not verify service providers accurately and often CCACs did not identify occasions when the service provider did not provide the needed services at the time required by the patient. Therefore, CARP recommends that standards for contracted service providers be enforced to ensure that quality care is being delivered to patients.

The current outdated, fragmented and increasingly costly healthcare system is lagging in performance at the cost of patients' health. CARP is calling for action on system-wide changes that will set province-wide standards for quality care and access rather than more incremental changes or pilot projects that fail to enhance access to needed care across the system.

CARP welcomes the opportunity to work with Ontario's Ministry of Health and Long Term Care and other stakeholders to transform healthcare delivery in Ontario. Our goal is to ensure that all Ontario residents have access to high quality care, no matter the state of their health or where they live.