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Mr. Patrick Dicerni
Assistant Deputy Minister
Health Programs and Delivery Division
Ministry of Health
10, 438 University Ave
Toronto, ON M5G 2K8

Dear Mr. Dicerni,

The OMA appreciates being consulted on the Ministry's new quality assurance program for Integrated Community Health Services Centres. We have advocated for reducing wait times through shifting more procedures into the community, when it is safe and appropriate to do so, and while ensuring capacity in hospitals is fully maximized. We strongly support enhancing access to care through expansion of publicly funded ambulatory centres in the community.

During recent consultations, physicians have raised several key issues regarding the transition to the new inspection body Accreditation Canada and associated implementation requirements. We are highly concerned about the rapid pace of implementation and excessive administrative burden that the new quality assurance program places on physicians.

Given that many implementation questions remain outstanding, it is essential that the Ministry allows enough time for careful planning, communication and involvement of physicians to mitigate real risks of negatively impacting ICHSC and physician capacity to provide care.

We have summarized the key points of concerns of our members below along with clear recommendations for next steps and look forward to addressing the issues in a collaborative fashion.

1. **Timelines must be realistic**

The Ministry transitioned the accreditation process of ICHSCs to Accreditation Canada on April 1, 2024, and the plan is that ICHSCs would be inspected and required to comply with new standards on October 1, 2024. Consultations on the new QA program have been conducted without access to the new standards and with no opportunity for review, feedback and subsequent revisions.

These timelines are not realistic or reflective of the magnitude of changes proposed. Accreditation is a resource-intensive process and sufficient preparation, and lead time is needed to understand the new quality standards.

2. **Clarity on funding is needed**

For existing ICHSCs, there is currently a lack of clarity on revisions to current budgets and future costs related to operational requirements for ICHSCs including inspections, accreditation, and maintaining accreditation. It is uncertain whether the inspection costs associated with Accreditation Canada will be comparable to the previous CPSO program. Given the shift to a more frequent assessment cycle of 4 years coupled with a potential increase in inspection costs to adjust for new standards this could impose a significant burden on the centres. Government funding of these centres must consider any increased inspection expenses to avoid imposing a financial burden.

Given the recent announcement of call for new applications to licenses, we also ask that the Ministry addresses questions regarding funding for new ICHSC including specific details regarding operational budgets and price per procedure.

3. **Ensure right-touch accreditation**

While we support that quality standards for ICHSCs should align with those of public hospitals in principle, the accreditation process must be distinct from that of hospitals and designed specifically for the ICHSCs to reflect their leaner organizational set-up.

ICHSCs do not have substantial operating budgets, and do not have the same sophisticated organizational capacity, dedicated administrative infrastructure and health human resources available as hospitals do. It will be important that Accreditation Canada tailors expectations and requirements accordingly so that they are practical and appropriate for ICHSCs. In the first few years of operation, support and training is essential to support the ICHSCs through the transition period.

The OMA understands that current accreditation relies on a pass/fail system and that a 30-day window has been allotted for an ICHSC to respond should they fail. More detail is required to understand what happens to those facilities that "fail". The nature of what is to be accomplished in the 30-day window is not known and needs to be explicitly stated. Given the leaner organizational set up of ICHSCs, which enables the efficiencies they have been established for, the practicality of addressing recommendations within only 30 days may in many cases not be possible if the recommendations are substantial (i.e. modifications to physical space, procuring new equipment, significant infection control/ventilation requirements, etc.).

Finally, it is important that the Ministry clarifies whether Out-of-Hospital Premises which perform surgeries and procedures that fall under the scope of the *Integrated Community Health Services Centres Act* will now fall under the purview of Accreditation Canada or they will remain with the CPSO. Centres should not face duplicative oversight or inspection regimes.

4. **Physician engagement must be improved**

The OMA has called for the creation of an implementation working group that would help oversee the important work of expanding community-based ambulatory care, since Bill 60 was tabled in February 2023.
While we appreciate the Ministry's consultations with the medical profession so far, physicians have not been properly engaged in implementation planning, in particular around development of quality standards, planning of timelines, and next steps for ICHSCs.

5. **Clarity on next steps is needed**

We understand from the information received on April 5 that the Ministry is launching a call for applications for more MRI/CT scans, GI endoscopies and orthopedic surgeries based on regional need. We had recommended the Ministry to engage the OMA on funding considerations and choice of services prior to launching the call for applications, and we are disappointed that this did not occur. We recommend establishing a MOH and OMA implementation working group to strengthen communication and engagement moving forward. We also ask for further clarity on the number of licenses that will be made available, timelines, eligibility requirements and application evaluation criteria.

The excessive requirements coupled with insufficient funding and funding uncertainty is resulting in an additional administrative burden on doctors and this must be resolved.

To help address the above issues we provide the following recommendations:

- **Delay the implementation timelines to 2025.** Allocate more time to conduct readiness activities. This would allow for adequate preparation, education, troubleshooting and mitigating risks of negatively impacting capacity to deliver care.
- **Provide clarity on funding.** Existing ICHSCs require clarity on budget revisions and how increased costs related to inspections will be reflected in Ministry funding allocations. The Ministry must also address questions regarding funding for new ICHSC including operational budgets and price per procedure.
- **Reconsider the 30-day response time for failed accreditation**. A more realistic time period would be 90-120 days. Further clarity is need on "failed accreditation" and we ask that flexibility in terms of conditional passes is considered.
- **Establish a MOH and OMA implementation work group,** which would consist of clinical experts to guide and support implementation details. This should include representation from specialties impacted by ICHSC changes, including surgical, medical, and diagnostic specialties, surgical assistants, and family physicians.

For further details on our concerns and implementation recommendations, we have attached the submission we provided to the Ministry in February 2024.

We look forward to discussing our above recommendations and appreciate your continued collaboration on improving health system outcomes, including better patient access to care, enhanced well-being for health professionals, and improved value for the public.

Thank you,

Adam Farber
Interim Executive Vice-President, Economics, Policy and Research, and General Counsel

Kimberly Moran
CEO

cc:
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