OMA Response to “Proposed Regulatory Amendments to further support the Implementation of the Patients First Act, 2016”

August, 2017
Introduction

OMA represents Ontario’s physicians and advocates for the well-being of members and the health of Ontarians. We provide leadership for an accessible, sustainable and high quality health-care system. OMA appreciates the opportunity to respond to a regulatory proposal dated July 4, 2017 regarding the implementation of the Patients First Act (PFA).

The PFA became law in December 2016 despite significant concerns expressed by OMA and others. This submission is not meant to support the implementation of the PFA, nor should it be considered an endorsement of the PFA. Rather, it is focused on protecting physicians’ interest in delivering the highest quality care to Ontarians within the present environment.

Establishing LHIN Quality Committees

The Ministry of Health and Long-Term Care is considering amending Regulation 417/06 under the Local Health System Integration Act, 2006 to compel each LHIN to establish a quality committee.

The proposed function of the committee would be to:

“… review and provide advice and recommendations to the board of directors of the network on, a) Any responsibilities specified by the board with respect to quality issues; b) Overall quality of health services delivered or arranged by the network; c) Quality improvement initiatives and policies.”

In correspondence with the Ministry, OMA has learned that the proposed scope of this committee is broad and would apply to the home and community care services provided/arranged directly by the LHIN (formerly through Community Care Access Centres), as well as to any services funded by the LHINs through accountability agreements.

OMA has also learned that several LHINs have voluntarily established quality committees. Recognizing their relatively early stage of development, OMA has not yet been presented with evaluation data nor information to suggest that these committees have improved the quality of the local health system. In the spirit of transparency, it would be helpful to understand what information the Ministry is basing its decision on to mandate these committees. In absence of this information, OMA would like to advance several important recommendations:

1) Physicians are trusted leaders in the health-care system with a commitment to continuous quality improvement and safety. Given physicians’ unique perspective in all domains of practice, including direct care delivery, it is important that the physician voice is included in the consideration of quality to ensure, among other things, alignment with patient need, clinical relevance and meaningful outcomes. As the representative of Ontario’s physicians, OMA recommends that the regulation be amended to mandate at least one OMA representative on each LHIN quality committee.

2) Physicians’ position within the structure of the health-care system enables them to deliver the highest quality care to the public. It is critical that the quality committee respects that any issues related to physicians directly or indirectly must be established
separately between the Ministry of Health and Long-Term Care and OMA, as per the terms of our Representation Rights Agreement. Moreover, quality improvement processes cannot limit the autonomy of physicians, as self-regulated professionals, to make decisions that utilize evidence, knowledge and skill in the interest of delivering the most effective patient care. OMA recommends that the regulation be amended to clarify that physician issues per OMA’s Representation Rights Agreement, including those within LHIN-funded health-care organizations, are outside of the scope of the LHIN quality committee.

3) The proposed committee is being tasked with advising on the overall quality of health services delivered in the region. Quality outcomes are multi-faceted and although important, are not solely determined by the actions of a health provider. Physicians are often confronted with barriers outside of their control that impact the quality of care their patients receive. The quality committee must be required to consider and advise on the many factors that influence quality within the health-care system. This includes reviewing processes and structures that relate to (among other things) funding levels, service/resource availability, education, system connectivity/integration, the safety/well-being of providers and evidence-based care.

All things considered above, there needs to be clarity and appropriate scope of the committee to ensure meaningful results are achieved. Left as-is, the wording in the proposed regulation make what the committee is striving to achieve unclear.

French Language Health Planning Entities

Ontario’s doctors recognize that linguistics are important in the patient-provider relationship. Francophone persons continue to form an important part of Canada’s cultural identity and French is one of Canada’s official languages. In Ontario, the French Language Services Act provides a framework to access provincial government services in French in designated areas of the province.

In a presentation to the health sector, Ontario’s French Language Services Commissioner identified that the Francophone population has unique needs. He further asserts that linguistic and cultural barriers can negatively impact the quality and efficiency of the health system.

The proposed regulatory changes largely relate to the relationship between French Language Health Planning Entities and LHINs. More specifically, it sets out that LHINs shall involve the entities to a greater degree to support the integration of French language health services strategies in planning efforts. French Language Health Planning Entities have been working with LHINs since 2010. Their historic role has been to advise LHINs on the needs and engagement of French-speaking communities.

While Ontario’s doctors are encouraged to see Francophone issues being considered in health services planning, we raise the following:

1. What is the rationale for the changes being proposed? In absence of any supporting rationale, we do not feel sufficiently informed.
2. What are the specific outcomes that the Ministry is targeting with the proposed changes? The proposed regulation is vague on what outcome is being sought. Without defining clear outcomes, there is a concern that the proposed changes may serve to mainly increase bureaucracy in Ontario’s health-care system.

3. How has the Francophone community been engaged in developing these proposed changes? Have Francophone communities identified specific gaps in their care that these changes aim to address?

Physicians identify that access to French-speaking health services varies across the province. While not to diminish areas of need, it cannot be assumed that there are challenges in every relevant community. Improvements are more likely to be generated through the meaningful engagement of physicians who identify as being Francophone and those who serve French-speaking patients. Some physicians who responded to a consultation led by OMA indicated a lack of awareness regarding the existence of French Language Health Planning Entities. This points to the need for more physician outreach and engagement. OMA also wishes to reinforce that any physician issues that arise from this work as specified in our Representation Rights Agreement must be addressed between the Ministry and OMA.

Lastly, once the Ministry identifies clear outcomes that it wishes to pursue, it is important that an evaluation is pursued. A third party, preferably an academic medicine program, should be engaged for evaluation. Academic medicine brings to the table the necessary research background and tools for program evaluation. Outcomes should be predefined and monitored longitudinally using validated evaluation tools, and costs should be likewise monitored to understand the cost-benefit of the initiative.

**Conclusion**

In conclusion, achieving the best outcomes for Ontarians is top of mind for Ontario’s doctors. While OMA continues to have concerns regarding the *Patients First Act*, OMA appreciates the opportunity to provide the Ministry of Health and Long-Term Care with advice as it considers a regulatory approach to implementation.

**References**