ONTARIO PHYSIOTHERAPY ASSOCIATION

April 27, 2020

Mr. Phil Graham,
Executive Lead, Ontario Health Teams
Ministry of Health

Ms. Amy Olmstead,
Director, Home and Community Care Branch
Ministry of Health

Via email

RE: Virtual Visit Rates in Home Care and Home Care Service Provider Rates for Services in Long-Term Care Homes and other Congregate Settings for Physiotherapists

Dear Mr. Graham and Ms. Olmstead;

As has been acknowledged legislatively and in policy, physiotherapists in the home and community care sector provide essential services to Ontarians. We are committed to supporting patients, families, and the health system by enabling people to manage their health conditions in their homes. Doing so safely during the pandemic means optimizing virtual services where possible and how that is implemented will have a significant impact on access to needed care, especially as we move to open up the health care delivery system again to include elective and urgent surgeries and other non-essential and emergency services.

We have received the update guideline *'Virtual Home Care Delivery Interim Guidance to Local Health Integration Networks and Approved Agencies Delivering Home Care under the Home Care and Community Services Act, 1994 Issued March 18, 2020 - Updated April 17, 2020'* and, in addition, we have received the April 17th, 2020 memo *'COVID-19 Plan for Home and Community Care'*.

As a profession we were pleased to see some recognition of the need to rectify the previously proposed fees for virtual visits by rehabilitation professions and the fact that a virtual visit can constitute a full-scope visit. We are, however, very concerned about the departure from contracted rates and the significant variance among professions revealed in the monetary amounts ascribed to virtual visits conducted by each profession. In fact, this document clearly demonstrates what in the past has only been known anecdotally due to the funding structure of the home care sector, namely that physiotherapists are compensated at a significantly lower rate than other health professionals for the commitment of the same time and specialized expertise. This inequity has compounded year over year as physiotherapists are asked to provide more acute

complex care in the community and the fact that rates have been frozen due to delays or holds on any contract negotiations.

We acknowledge these concerns must be addressed beyond the issue of an interim fee for virtual visits and we would look to do so at the earliest time possible after the pandemic. We are bringing this forward now because we are very concerned that the distribution and implementation of these interim rates will further cement these issues and because we feel there are steps that must be taken in the immediate future to prevent further deterioration of the recruitment and retention of physiotherapists in this critically important sector.

Specifically we wish to bring to your attention the following points and recommendations;

1. 'Full scope' visits in virtual care are the provision of the same scope of services that would be provided in a regular, in-person home visit – only the delivery medium is changed. At a minimum the regular negotiated rates should be respected and there should be no change in compensation for equal work, regardless of the delivery medium.

   Our profession has extensive experience in the delivery of virtual care and this is supported by standards of practice through the College of Physiotherapists of Ontario. It should be noted that the time to prepare, set up and deliver a virtual visit, including technology set up, informed consents, additional time to deliver care virtually and other requirements to meet standards of practice in virtual care, equate to the total time taken for a regular visit, including travel and, therefore, the absence of travel is no reason to alter the negotiated fees. In addition, all sectors that have introduced or increased access to virtual visits due to the pandemic have done so at the regular rates for fees. These sectors include the WSIB, auto insurers, extended health benefit programs and within the Community Physiotherapy Program (Ministry of Health Episode of Care model). There is no reason that equal work taking equal time should not be equally compensated regardless of how the services are delivered.

   Recommendation: Respecting the negotiated contracted rates is the minimum action that both meets the Ministry's commitment to Ontarians by enabling access to essential services in the community and its obligations to those who have contracted in good faith to provide those services, even when faced with the challenges inherent in the current crisis.

2. In keeping with the standards of practice as set out by our College, the determination of what is a full scope visit and the decision if the patient requires a 'full scope' visit should be determined at the point of care by the health professional based on their assessment, knowledge and skills. The communication seems to imply that this determination will be made by policy at the level of the LHIN which may unintentionally create barriers to this determination to manage limited resources.

   Recommendation: The determination of what is a full scope visit, determination of appropriateness and whether that level of visit is required must be made at the point of care by the health professional based on their assessment, knowledge and skills.

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3. There should be equity in compensation across all professions within the same comparator group of educational preparation, specialized knowledge and skill sets and that should be reflected in equitable value for professional time spent. Both these communications fully pull back the veil on the longstanding inequity of compensation in homecare and why is it now the most difficult sector to recruit and retain health professionals. The lack of equity and fairness in the valuation of the work has meant that professionals, in particular physiotherapists in some regions, have been forced to work the 'impossible day' by seeing as many patients as possible during the work day, while doing all preparations and charting during the evening at home. It should be noted that there is support across all the therapy professions noted in these memos to address the inequities in compensation for services in this sector as soon as possible after the pandemic.

   The fee for physiotherapy noted in both these communications is significantly lower than other professions due to issues from the time of divestment, the introduction of competitive bidding and other legacy fees including:

   - Retirement home fees for services provided to four or more individuals or more living within the same retirement home on the same day with each individual receiving one-to-one care. This retirement home funding and delivery model was never applied to other professions when rolled out.

   - Physiotherapy visits at the time of divestment, based on the type of clientele that were seen at that time 20 years and more ago, were estimated at less time than other professions. That is no longer the case as the complexity of care has increased, the allowed number of visits has decreased and the time spent in visit and documentation and system navigation has increased. These changes over the years have leveled the perceived differences among the professions that were institutionalized at the time of divestment – professions are spending the same time on average for visits.

   - Different regions were frozen at different times in their processes for contract renegotiations when all came to a halt. There are some contracts outstanding that would be unnaturally low for physiotherapy due to that timing.

   The introduction of a new 'fee schedule' as an interim policy during the pandemic that includes variances based on significant system-wide compensation disparities runs the risk of further cementing these issues and exacerbating the challenges of recruitment and retention of physiotherapists in this sector.

   Recommendation: That the interim fees proposed for full scope home care services be removed and that the current contracted rates be used during this time of pandemic retroactive to March 17th, 2020. In addition, at the earliest opportunity, that full review of funding and compensation models in home care for physiotherapists be initiated in consultation with all stakeholders including the Ontario Physiotherapy Association to address the longstanding inequities within the home care sector.

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When the OPA asked physiotherapists from all sectors to reflect on their experiences since the beginning of the pandemic for articles in our upcoming member newsletter it was difficult to read the reflections of our members in home care. Though dedicated to working through the challenges and worried for those patients who are vulnerable at home, they also expressed concerns as to whether they could continue to work in the sector. In one response a member summed up what we are hearing from many of those working in home care when she noted feeling 'abandoned and devalued' because of the 'Ministry of Health's announcement of new reduced fee schedule for homecare virtual visits. The only sector affected by wage decrease because of how they deliver the physiotherapy service.'

We know that the Ministry of Health values the work of health professions including physiotherapists in home care and is working hard to make the best decisions during a time of crisis. It is knowing this that makes bringing these issues to your attention critical at this time. We would welcome an opportunity to meet with you or your team to discuss these concerns and to find solutions that will meet the needs of patients and our health system on behalf of all Ontarians.

Sincerely,

Dorianne Sauvé
Chief Executive Officer