February 29, 2016

Hon. Dr. Eric Hoskins
Minister of Health and Long Term Care
Hepburn Block, 10th floor
80 Grosvenor Street
Toronto, ON
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Via email: ehoskins.mpp.@liberal.ola.org

Dear Dr. Hoskins,

**Re: Response from the Regional Geriatric Programs of Ontario to *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario***

We applaud the Ministry's efforts to obtain feedback about structural improvements that can better integrate Ontario's health care system and strengthen home and community care. The Regional Geriatric Programs (RGPs) of Ontario Network and other emerging Specialized Geriatric Service (SGS) programs in the province have reviewed the above named discussion paper and have collaborated to prepare this response.

The RGPs of Ontario Network serves seniors with complex and/or multiple chronic conditions that cross traditional specialty boundaries. We focus on a subset of seniors who are at risk of further losses of health and independence and higher use of health care resources. The goal of SGS is to reduce the burden of disability by detecting and treating reversible conditions, restoring lost or at risk functionalities, recommending optimal patient-centred care, and managing multiple co-existing chronic conditions.

Our intention in this response is to offer concrete actionable suggestions that we believe will contribute to a health care system that better serves the needs of frail older adults. This population, which is more likely than any other to use acute, community and long-term care services, and contribute to system issues such as Alternative Level of Care (ALC), deserves specific attention.
We are concerned that older Ontarians were not a focus of this consultation process, nor included in any significant way in the *Patient's First* discussion document. This is despite the Ministry's commitment to a Seniors Strategy that prioritizes access for seniors to community-based supports to enable them to live at home for as long as possible. Given that seniors consume almost 50% of the health care budget and more than 60% of acute care hospital days (including a significant proportion of ALC days), we contend that the priorities of the provincial Seniors' Strategy should feature prominently in the subsequent plan, demonstrating health system planning reflective and proportional to the position seniors occupy as health care consumers.

To assist the Ministry, we offer the following responses to three of the key discussion points thoughtfully proposed in the *Patients First* discussion document.

**1. Strengthening the Consistency and Standardization of Services While Responding to Local Differences (p. 14)**

To assist the Ministry of Health & Long Term Care (MOHLTC) to ensure appropriate consistency and standardization of services for frail older adults, ***the RGPs of Ontario Network recommend the creation of a provincial Seniors' Care Leadership Advisory Council, modeled on the Mental Health and Addictions Leadership Advisory Council (LAC)*.** Drawing from the existing infrastructure of the Regional Geriatric Programs of Ontario, who would form the core of such a Council along with senior and caregiver representatives, a Seniors' Care LAC could address goals pertinent to the MOHLTC Seniors Strategy such as:

- Improve health and well-being for all older Ontarians;
- Create healthy, resilient, and inclusive age-friendly communities;
- Identify geriatric and geriatric mental health problems early; and
- Provide timely, high-quality, integrated, person-directed geriatric health care.

Similar to the mandate described in the Terms of Reference of the Mental Health and Addictions LAC, a Seniors' Care LAC can provide system leadership to:

- Improve quality of planning and decision-making;
- Enhance cross-sector collaboration;
- Improve accountability for results;
- Accelerate progress on the Seniors' Strategy; and
- Increase awareness of issues impacting older adults, particularly those living with frailty, within and outside of government.

This Council will also support system governance efforts at a provincial, LHIN and sub-LHIN level, fostering stronger linkages between RGPs of Ontario Network, the provincial government and local LHINs.

**2. Areas of Performance Measurement [Relevant to Services for Older Ontarians] (p. 14)**

The RGPs of Ontario Network is currently developing a system level framework for SGS performance measurement based on MOHLTC priorities. The framework builds on ideas expressed in the MOHLTC Specialized Geriatric Services Review, is informed by current evidence for health outcomes and is aligned with emerging directions in system performance measurement. The framework will provide standard indicators on the effectiveness of health services for frail and complex seniors and establish a mechanism for reporting on the experience of care, health of populations and value for money. ***The RGPs of Ontario Network recommend that performance measurement work undertaken by the MOHLTC include the RGP leaders, program evaluators, and their work to date, and be supported structurally and operationally by a Seniors' Care Leadership Advisory Council.***

**3. Supporting Primary Care Providers in Navigating and Linking with Other Parts of the System (p. 16)**

The clinical expertise of SGS providers and the comprehensive geriatric assessments provided through such clinical services, facilitates decision making intended to ensure that the right care is provided by the right provider in the right location at the right time, optimizing health service utilization and patient outcomes. There is an opportunity to better link primary care at a LHIN and sub-LHIN level to existing SGS interprofessional teams. We advocate for formal collaboration with primary care providers to provide assessments, care planning and implement interventions intended to support frail older people to remain living at home as long as possible. ***The RGPs of Ontario Network recommend that SGS clinicians and primary care providers use an integrated approach to care for frail and complex seniors.*** Consistent with the MOHLTC's commitment to improve access to community care for seniors (Ontario Action Plan for Seniors, 2013), an integrated SGS-primary care system should include home care coordinators and case management models designed to address the unique needs of frail seniors.

We look forward to the opportunity to discuss our recommendations and to participate fully in the next phase of planning for a truly patient-centred health care system, inclusive of the perspectives and responsive to the needs of older Ontarians.

Sincerely,

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