



News Release

For Immediate Release

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Community Health Centres Model Needs More Study To Inform Future Health-Care Planning: Auditor General

(TORONTO) Ontario's 75 Community Health Centres (CHCs) provide health-care services to vulnerable populations, but the Ministry of Health and Long-Term Care (Ministry) and Ontario's 14 Local Health Integration Networks (LHINs) do not have sufficient meaningful information about CHC operations to know whether CHCs are cost-effectively serving their intended population, Auditor General Bonnie Lysyk says in her *2017 Annual Report*, tabled today in the Legislative Assembly.

"Further study of this model could inform provincial health-care planning," Lysyk said after her Report was tabled. "This would require the collection of outcome-based indicators that CHCs do not all currently collect and report to the Ministry or the LHINs."

CHCs provide health-care programs and services designed specifically for their communities. Their mandate is to serve populations that have traditionally faced barriers in accessing health services, including the homeless, seniors, refugees, new immigrants and low-income people. In the 2016/17 fiscal year, CHCs received \$401 million from the Ministry through the LHINs.

We found that 16% of the CHCs were responsible for more patients than their capacity, while about half of the CHCs were serving less than 80% of their targeted number of patients. We determined that on a weekly basis in 2016/17, each CHC physician or nurse practitioner averaged 31 patient encounters—but some saw as few as 16 patients, and some nearly 60 patients. However, the Ministry lacks the information it needs to make informed decisions on whether it should expand the CHC network or reallocate funding among existing CHCs.

Other findings in the audit include:

- The annual base funding that LHINs provide to CHCs is predominantly based on historical levels, and not tied to the number of clients the CHCs serve. The LHINs did not adjust base funding for those CHCs that exceeded or served less than their targeted number of clients.
- There has been no comprehensive assessment of all primary-care models in Ontario, so it is difficult to know how CHCs fit strategically within the primary-care and overall health-care systems, and how the various models can best deliver primary care in the future.
- Neither the Ministry nor the LHINs defined what professionals (e.g., dietitians, social workers, dental staff, etc.), at a minimum, should be included in each CHC, and what minimum services inter-professional teams should provide to CHC clients.

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