



Community Health Centres

2017 Value-for-Money Audit

Why We Did This Audit

- Ontario's 75 Community Health Centres (CHCs) are community-governed, not-for-profit health-care organizations that employ physicians, nurse practitioners, dietitians, and other professionals to provide team-based primary care and community health programs to individuals.
- The Ministry of Health and Long-Term Care (Ministry), through Ontario's 14 Local Health Integration Networks (LHINs), provided \$401 million in operating funding to CHCs in 2016/17.
- Efficient operation of CHCs can help improve access to health care for vulnerable people and reduce the use of higher-cost services such as hospitals.

Why It Matters

- About 4% of Ontarians receive services from CHCs, including over 300,000 patients for primary care. Typically, these clients have incidences or risks of ill-health due to low income, unemployment or disability.
- The target vulnerable populations (e.g., homeless, low-income individuals, seniors and people with complex needs) that CHCs are intended to serve have grown in recent years; more than 20,000 Syrian refugees settled in Ontario between November 2015 and May 2017, and the number of social-assistance cases grew by 13% between 2007/08 and 2016/17.
- Studies have shown that CHCs serve clients who have more complex health needs than the general population, and are better at managing chronic diseases than fee-for-service physicians.

What We Found

- For over a decade, the Ministry and the LHINs separately managed various primary-care models (for example, family health teams, fee-for-service physicians and CHCs), and there has been no overall evaluation to determine the most cost-effective model or mix of models that would best meet the needs of Ontarians. The Ministry has not reviewed how CHCs fit strategically within the primary-care system.
- As of March 31, 2017, CHCs across Ontario registered about 83% of their targeted number of patients (patient capacity) into primary care, with only 16% of CHCs meeting or exceeding their patient capacity. Meanwhile, some of the CHCs we visited during the audit had people waiting to access primary care and other services, such as mental health and physiotherapy. The Ministry and the LHINs do not request utilization and wait-list information from CHCs, and so cannot identify where in Ontario CHCs are operating below or beyond their patient capacity. This information could inform funding and programming decisions.
- As of March 31, 2017, about half of the CHCs were serving less than 80% of their patient capacity. CHCs' base funding is not normally adjusted when they exceed or serve less than their targeted patient capacity.
- Because CHCs do not bill under the OHIP model, the Ministry does not have patient and health provider information that it collects for other primary-care models. As a result, without this information the Ministry cannot fully assess the effectiveness of the CHC model. However, CHCs are routinely collecting this information. The Ministry has not yet obtained direct access to this information.
- Neither the Ministry nor the LHINs have defined what professional services, at a minimum, should be staffed and delivered to CHC clients.
- The LHINs do not require CHCs to be accredited in relation to accepted standards of good practice and risk management. Obtaining accreditation (an external review of a CHC by an independent and qualified accreditor) can provide assurance to the LHINs that funding provided to CHCs has gone toward services that meet standards to ensure patients are safe and receive quality care. While some CHCs do pursue accreditation, only one of the four LHINs we visited requires CHCs to report their accreditation status. None of the LHINs we visited require CHCs to submit the accreditation review report to identify systemic issues.

Conclusions

- Neither the Ministry nor the LHINs have sufficient information to know whether CHCs' programs and services are cost-effective and provide timely care (including primary care) to and improve outcomes for their clients within the communities they serve.
- CHCs are intended to serve vulnerable populations and help reduce the strain on the health-care system and other provincial government programs. The Ministry does not have sufficient information to use in assessing how CHCs fit into the primary-care system in Ontario, nor has it defined what minimum core services (for example, physiotherapy, social work and nutrition advice) should be provided at each CHC location.