



# News Release

For Immediate Release

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## Hard Look Needed to Improve CCAC Service Delivery Model, Auditor General Says

(TORONTO) The Ontario government needs to take a hard look at how the province's Community Care Access Centres (CCACs), along with their third-party service providers, deliver home- and community-based health care and related support services to patients outside hospital settings, Auditor General Bonnie Lysyk said today following tabling of a Special Report on the CCACs.

"The current home- and community-care service delivery model contributes to different experiences for patients, depending on where patients reside. For example, the 14 CCACs and their 160 third-party service providers don't use standard care protocols, meaning that patients with the same condition may receive different treatments, depending on where in the province they live," Lysyk said.

Lysyk added that "in the two decades since the inception of the CCACs, there has never been a thorough review to determine whether the current delivery model is providing consistent, equitable and cost-effective care."

The Report, requested by the Legislature's Standing Committee on Public Accounts, reviewed the network of CCACs across the province that co-ordinate nursing, therapy and personal-support services for patients outside hospital settings.

Most CCAC services are provided by contracted third-party organizations, but CCACs do provide some care directly, including therapy services and nursing services under three programs (Rapid Response, Mental Health and Addiction, and Palliative Care).

In the year ending March 31, 2014, the 14 CCACs employed about 6,630 full-time staff and spent a combined total of \$2.4 billion, or about 5% of Ontario's total health-care spending, to help more than 700,000 people.

Although the CCACs provide some care directly to patients, they have 264 contracts with 160 third-party providers, to whom they last year paid \$1.5 billion, or 62% of their total spending, to deliver the bulk of patient-care services. These include in-home changing of surgical dressings and physiotherapy. These third-party organizations include both private-sector for-profit companies and not-for-profit agencies.

Lysyk said in the Report that the CCACs claim that 92% of their expenditures go to direct patient care. However, that percentage falls to 72% when a stricter definition of direct interaction with patients is applied. And it drops even further, to 61%, for actual face-to-face treatment of patients. Regardless of the definition used, assessing the proportion of funding that should go to face-to-face treatment of patients can only be done if we know how patient care co-ordination and administration activities in the current CCAC service delivery model add value to providing effective patient care.

Other observations included:

- As at March 31, 2014, depending on the CCAC, costs per client served ranged between \$2,892 and \$3,775. The Ministry of Health and Long-Term Care has not fully addressed this variation between CCACs.
- CCACs pay inconsistent rates to contracted service providers for the same care services. In some cases, the same service provider is even paid different rates by the same CCAC for the same service. For example, one provider of personal-support services charged \$48.98 per hour in one geographic area and \$29.50 per hour in another geographic area within the same CCAC. In all, there are 14,000 distinct contracted rates for 94 different service categories.
- Both CCACs and service providers employ nurses with Registered Nurse (RN) designations to provide direct services to patients. However, the RNs employed by CCACs to provide direct patient services were paid between \$39.40 and \$43.70 per hour, while the nine service providers we visited during the audit paid RNs who provide direct patient services between \$25 and \$34 per hour.
- Eligibility criteria for transition care after discharge from hospital for complex patients vary from CCAC to CCAC. As well, complex-needs patients discharged from hospital who are eligible to receive transition care at home don't consistently receive this care within the required 24 hours. For the year ending March 31, 2014, 47% of patients across all 14 CCACs were not seen within 24 hours of discharge from hospital.

Lysyk plans to include two related audit reports—one on the CCACs' home-care program that focuses on personal-support services, and the other on the performance of Ontario's 14 Local Health Integration Networks that fund CCACs, hospitals, and other community health services—in her *2015 Annual Report* to be tabled at the end of the year.

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