

Alliance for Healthier Communities

Pre-Budget Recommendations

2020 Ontario Budget

The Alliance for Healthier Communities provides team-based health and social services, under one roof and close to home, for Ontario's most marginalized residents. Our 106 Community Health Centres, Aboriginal Health Access Centres, Community Family Health Teams and Nurse Practitioner-Led Clinics have demonstrated our ability to help the province meet the complex challenge of ending hallway healthcare with a focus on health equity and community wellbeing. For Ontario Budget 2020, we propose investments in four key areas:

1. Advance access to primary health care teams for complex clients of non-team physicians

Team Care is an evidence-driven model that connects fee-for-service physicians with supportive interprofessional teams for the 20% of their clinically and socially complex patients, who are often the highest users of the healthcare system. This model results in positive health outcomes, fewer emergency room visits, better discharge care and cost savings from \$10-\$90 per patient.

In just 2 years, over 1600 primary care doctors and 22,000 new patients have gained access to team-based care, in over 100,000 distinct encounters. But a high level of need remains: across Ontario, 4728 physicians currently lack access to interprofessional teams. On average 241 people per physician, or about 20% of rostered clients per physician, require access to team-based care. Mental health is one of the driving requests for support.

Budget Request:

\$75 million, phased in over 3 years, to take Team Care across the province by expanding access through current team based organizations: \$63M for 40-60 Team Care teams across the province, \$3M for existing Team Care teams to work at full scope, and \$9M for Team Care partnership facilitators in each OHT.



2. Integrate health and social care through social prescribing

80-90% of our health and wellbeing is determined by factors outside the mainstream health system. Social prescribing leverages health system encounters to refer people to

a range of community supports that directly improve their health and wellbeing – and for the first time allows health providers to track the impacts on both health outcomes and health service utilization. In other jurisdictions including the United States and United Kingdom, value-based and integrated care has been shown to shift health outcomes when action on social determinants and social needs is included by design.

This deliberate, strengths-based approach frees up clinicians to focus on clinical care; supports the province's focus on seamless, person-centred care; and advances Ontario's mental health and addictions strategy. The early results are dramatic: 90% of participating physicians say social prescribing has improved their clients' health and wellbeing and 50% report decreases in health service utilization.

Budget Request:

\$20 million over 3 years to make social prescribing available to every primary care team in the province. This investment will provide 120 full-time social prescribing navigators, to be shared across 240 team-based primary care sites, with regional and provincial coordination and support.



3. Address the Toxic Supply driving the Opioid Poisoning Crisis

The province continues to be gripped by a public health crisis of preventable deaths from a poisoned drug supply. Limited supports for people living with opioid use disorders force people to turn to underground markets, where the risk of experiencing harms is higher.

Community governed primary health care organizations are at the forefront of the response to the drug poisoning crisis. They are working to expand harm reduction beyond the vital work of Consumption and Treatment Services to include access to a non-poisoned supply of opioids. For people with refractory opioid use disorder (meaning intractable or resistant), and for whom Opioid Agonist Therapy (OAT) has not been successful, injectable opioids taken under supervision keep people in care and improve overall health. This treatment is called injectable Opioid Agonist Therapy (iOAT). There is strong evidence for the effectiveness of this treatment. It reduces use of illicit drugs, keeps people in care and reduces risks of incarceration. Through iOAT programs, providers prescribe drugs such as hydromorphone and diacetylmorphine. However, injectable hydromorphone, in concentrations required for treatment, is not listed on the Ontario Drug Benefit Formulary, while Diacetylmorphine must currently be accessed through Health Canada's Special Access Programme.

Low barrier Emergency Safe Supply Programs (ESSP) expand access to care by making hydromorphone tablets accessible. These can be given as take home doses and require less resources to implement. ESSP is currently being piloted in some areas as a low-threshold intervention to address the overdose crisis; research is currently being undertaken to evaluate its effectiveness and safety. Increased staff resources to centers providing these interventions will improve outcomes for impacted populations.

Budget Request:

Listing injectable hydromorphone, in concentrations required for treatment on the Ontario Drug Benefit Formulary and addressing barriers to accessing Diacetylmorphine will improve access to life saving treatment. While iOAT is resource intensive, it is cost effective. Expanding access is supported by evidence. The crisis is urgent, an additional \$5million/ year to increase staff resourcing and project supports in consumption treatment sites will make care accessible. Additionally, restoring funding to previously de-funded supervised consumption services will prevent deaths from overdose and drug poisoning.



4. Support Infrastructure for Community Health

Community-governed primary health care has a well-earned reputation for stepping up to meet the province's most urgent and emergent health needs, from dental care for low income seniors to Consumption and Treatment Services to Ontario Health Team leadership.

However, while many of our members are comparable in size to the small and mid-sized hospitals that received \$68 million this year to help address their funding pressures and challenges – over and above annual budget increases – community primary health care organizations have not received a base funding increase in over a decade.

Utility, insurance and property maintenance costs top the list of pressures, with overhead and staff support for new initiatives not far behind. Shared, equity-focused digital health solutions are being delivered on rapidly-aging technologies. We are stretched well beyond capacity. We need sustainable resources to keep the lights on, pay the rent, and deliver the innovative services that help end hallway health care.

Budget Request:

A 5 per cent budget increase equivalent to \$30 million would help stabilize community primary health care. An additional annualized investment of \$16.5 million would address increased costs to support performance and information management.



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