

THE NIAGARA FALLS
REVIEW
4801 Valley Way, Niagara Falls, ON, 905-358-5711

Editorial & Opinion

- [Home](#)
- [News](#)
- [Editorial & Opinion](#)
- Home care: Good politics or sound policy?

Home care: Good politics or sound policy?

Posted By Michael Decter

Updated 1 day ago

Health Minister George Smitherman recently cancelled the tender process for home care services in Hamilton. Confronted by a well organized campaign by two Hamilton home care providers, VON and St. Joseph's, backed by the public sector unions, his decision has brought to a standstill the providers selection process for home care services across Ontario. Minister Smitherman reacted to the political firestorm unleashed in Hamilton by the ill-considered communication strategy followed by the Hamilton Community Care Access Centre.

A tip for future tender managers - never tell the losers they lost before announcing the winner. Much of the anxiety and political turmoil was exaggerated in Hamilton by the visibility of the incumbents who knew early on that they had lost and the absence of any visible winner who might have proven attractive to the community.

One tender process gone awry is a poor reason to scrap a major and generally well-functioning government procurement process. Elinor Caplan, the former health minister, conducted a lengthy and thoughtful review of the Community Care Access Centre system. These 14 citizen boards oversee home care across Ontario. Caplan recommended a number of reforms that were adopted by the current government in their first term. She also recommended retaining the tendering approach.

Now, the minister has three options:

First, he could order a new tender process in Hamilton and ensure all bidders are treated fairly. He could also appoint an independent reviewer of stature to ensure fairness in the process. Someone with the reputation and outstanding character and intellect of Dr. John Bienenstock, former dean of medicine at McMaster University would be ideal. The minister could also direct that the process be open, transparent and that the winners and losers be announced at the same time. The reasons given for the selection made by the CCAC could also be public.

Second, the ministry of health could rework the structure of home care management by integrating the Community Care Access Centres with the relatively new Local Health Integration Networks. The CCACs have expertise in managing purchasing that would be of value to the LHINs in their work.

Competitive tendering has been successfully used by Dr. Alan Hudson to dramatically reduce Ontario wait times for cataract surgery and hip and knee replacements and other surgical interventions. As Tony Blair, former prime minister Tony Blair in the United Kingdom demonstrated, a more responsive health system can be achieved by forcing health providers to compete on quality and price within a publicly insured system.

Third, the government could abandon the tendering process and confirm existing providers as permanent deliverers of care. It is this third option that should worry both taxpayers and citizens. Whatever its imperfections, the tendering process has resulted in a more responsive home care system for Ontarians. A return to local monopoly providers will increase costs and decrease accountability and responsiveness.

Smitherman does not face an easy task. By halting Hamilton's tender and freezing all tenders across the province he has encouraged those opposed to a competitive process to declare victory. Ontarians deserve better from their government and from their health minister than a major policy decision taken on the basis of one poorly communicated tender decision.

Quality needs to be a central aspect of home care. So do responsiveness and cost-effectiveness. In Hamilton much has been made of the argument that a change of provider organization undermines continuity of care. Policy-makers need to understand that fully 75 per cent of home care is short term, less than 20 days. For the 25 per cent of patients in longer term chronic care, the CCAC has the ability to protect continuity of care when provider organizations change.

For the past six years, I have proudly served as the chair of the volunteer board of Saint Elizabeth Health Care, a not-for-profit Catholic charity that celebrates its 100th anniversary this year. From this vantage point, I have observed the many improvements that have occurred in Ontario home care.

The minister should be wary of those urging a return to the good old days. Those good old days, as I remember them from serving as deputy minister of health, consisted of monopoly provider agencies refusing to innovate, measure quality or provide services such as pain management for cancer patients in the home. We have come a long way in the past decade. Good policy, not bad politics, should determine our collective way forward.

Michael Decter is co-author of *Navigating Canada's Health Care*.

Article ID# 891433