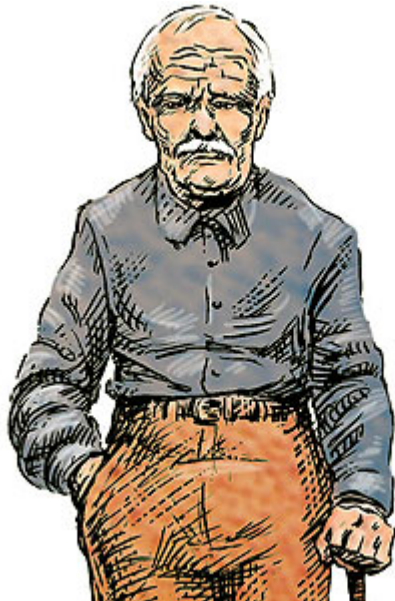


Quality should be job one in home-care competition



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There is no relationship between managed competition and a decrease in quality and continuity of care, say Elinor Caplan and Francesca Grosso.

Provincial criteria to evaluate bids put priority on innovation and value for money

May 29, 2008

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Home care in Ontario is undergoing a revolution. Recently there has been a great deal of criticism of the home-care provider selection process based on left-wing vested interests that miss what is really at issue. These arguments launch us back into the public-private debate when we should be focused on quality for patients.

We believe the public-private debate is a false debate that only distracts the public from the real issues and facts. We write from our experiences as the former minister of health for Ontario and author of the 2005 home-care review (Elinor Caplan) and as a current adviser to Saint Elizabeth Health Care, a non-profit, charitable home-care provider (Francesca Grosso).

So, here are the facts.

In 1997, the Ontario government introduced "managed competition" where home-care providers had to compete to provide services to Ontarians. This set off a battle between unionized, not-for-profit and private providers. Some unionized organizations argued they could not compete with non-unionized companies. It would be a "race to the bottom" where price would rule.

A lot has happened since 1997. In 2005, a major review of the home-care bidding process was conducted: *Realizing the Potential of Homecare: Competing for Excellence by Rewarding Results*. The Caplan report was predicated on the idea that home care needed more innovation in staff education and assessment, processes, technology and information management. Competition must encourage innovation and make quality job one. After providers pass a high standard of quality (75 per cent), only then should the bid price receive consideration.

Community Care Access Centres (CCACs), responsible for conducting the competitions, have integrated the report's recommendations. The criteria for evaluating competitive bids now reflect quality, innovation and value for money first. CCACs have committed to supporting continuous quality improvement.

Recently, two long-time, not-for-profit home-care providers, the Victorian Order of Nurses-Hamilton Branch (VON) and Saint Joseph's Home Care, identified themselves as having been eliminated from the Hamilton home-care competition. This happened because they failed to pass the quality test, an important detail that has been omitted from the press coverage to date.

Subsequently, a well-organized, fear-mongering campaign was launched that convinced Hamiltonians a new provider would mean that trusted home-care workers who had been coming to their homes would be replaced by new personnel. When the public panicked, Health Minister George Smitherman halted the process and put a moratorium on competitive bidding in Ontario.

But the evidence doesn't back the rhetoric. When VON lost its contract in Windsor (to another non-profit organization), the transition was handled smoothly. Who now provides care to the people of Windsor? The same people as before only under new management that is more focused on quality and better training. The same story unfolded in Niagara.

A home-care provider might employ thousands of workers province-wide. It doesn't parachute workers into different locations. It hires the same community workers who provided care before. New management must provide the evidence that it meets the high quality expectations of the CCAC and will improve care to its clients. This is a fundamental principle at work in the bidding process.

Client satisfaction surveys conducted in Windsor and Niagara showed that quality satisfaction ratings increased dramatically after the client-focused transitioning assured and even improved continuity of care to vulnerable people receiving home care.

Since the events in Hamilton, we are now in a holding pattern on how to award home-care contracts. In the meantime, VON and Saint Joseph's continue to provide care in that area. The unions declared victory. The losers may be the people in Hamilton.

A recently released, Ontario-wide client satisfaction survey conducted by the CCACs shows that Hamilton, serviced 80 per cent by these two providers, rated below the provincial average on issues including continuity of care.

These facts demonstrate that there is no relationship between managed competition and a decrease in quality and continuity of care. In fact, the evidence is quite to the contrary. When the competition is designed to continuously improve quality of care, it's the clients who benefit.

It isn't about whether or not the public interest is served when a commercial home-care provider displaces a non-profit agency that has been delivering the service for years. Expensive consultants, used to write bids by many private and non-profit providers, cannot invent quality where it doesn't exist within an organization's values or services.

The real question is whether or not the long service agency can prove that it provides quality care. Tradition and entitlement must not trump quality and excellence. Furthermore, home care in Ontario is a \$1.8 billion industry and growing. Many non-profit providers are multi-million dollar organizations that are larger than their "commercial" counterparts. Non-profits do compete successfully for contracts worth tens of million of dollars at a time. It is a sensible way to ensure value for the taxpayer dollar and quality for the patient.

The bidding process that was halted in Hamilton was actually working. It resulted in the elimination of organizations that could not demonstrate quality because they could not produce the evidence and had scored below the provincial average on client satisfaction.

This is not about public versus private providers, unions or even health-care workers. It's about the public's right to quality home-care services. Competition, if based on quality improvement, can be a tremendous driver for better care. Today we can, do and should measure results. Home-care services are improving because they are being monitored.

Had Hamiltonians known the facts about how their services measured up against the rest of the province, they would not have been taken in by the

shameless manipulation that took place. People have the right to be accurately informed. The recent policy requiring transparent performance reporting will serve the public well. We are pleased that the McGuinty government is taking the time to reconsider the issue. Adding greater, ongoing transparency will allow fewer surprises in the managed competition environment.

Francesca Grosso is a principal at Grosso McCarthy Inc. and co-author of Navigating Canada's Health Care with Michael Decter. Elinor Caplan is a former Ontario minister of health (1987-1990) and author of the Caplan report: Realizing the Potential of Homecare: Competing for Excellence by Rewarding Results.