HE-B3-1

Association of Ontario Health Centres
Community-governed primary health care

aohc acso

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

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13 May 2009

Honourable David Caplan
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

We would like to take this opportunity to address a couple of issues that are of great significance to Community Health Centres across this province.

1. **Community Health Centre Funding for Addressing the Health-care Needs of Non-insured Ontarians**

Over the last few years, we have enjoyed unprecedented growth and expansion in CHCs; these have been exciting times and we are grateful for a Ministry vision that includes growth in this unique model of primary health care.

One of the unique features of the CHC model of care is the mandate to deliver care to non-insured clients. In fact, CHCs are the only primary care model with this mandate. Yet new CHCs and CHC satellites are being told by the LHINs that there are no new funds for the non-insured. Some LHINs have told their CHCs to find it from their operating budgets.

This is unacceptable and a denial of our recognized and historical role to serve non-insured clients. This mandate was reiterated in a review of the CHC programme completed in 2001 that states that CHC's role is to serve Ontarians experiencing barriers to accessing care - 'including language, poverty, disease status, geographic isolation and **insurance status**' Chandrakant P. Shah and Brent W. Moloughney, *A Strategic Review of the Community Health Centre Programme*, prepared for the Community Health Branch of the Ontario Ministry of Health and Long-Term Care, May 2001, page p.42). The Shah report goes on to say 'Many of the population groups (e.g., transient, homeless, street-involved individuals, mentally ill, **uninsured**) served by CHCs have significant barriers to enrollment. This aspect is one reason for the continued need for CHCs (page 44).'

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Ontario's Community Health Centres
Les centres de santé communautaire en Ontario

Ontario's Community Family Health Teams
Équipes de santé familiale communitaire de l'Ontario

Ontario's Aboriginal Health Access Centres
Centres Autochtones d'accès aux soins de santé de l'Ontario

REFERRAL TO
RECOMMENDED
DIRECTION REQUIRED
RECEIPT RECOMMENDED ✓

Our existing centres that are in the midst of establishing new satellites as well as several new centres are reporting that they have yet to receive funds for addressing the health-care needs of the non-insured or told by their respective LHINs that 'there is no money for the non-insured' or 'to find it in their operating funds'. One new centre is receiving calls every day from non-insured persons seeking care, but the centre has been denied funds. As a result their Primary Care Team has expressed concerns about (i) client health and safety; (ii) a lack of referral resources; (iii) limitations to practice within the model; and (iv) increased liability.

In addition to the historical affirmation of CHCs' mandate to serve the non-insured, the Community Financial Policy (2009), found in Schedule D of the Multi-sector Service Accountability Agreement (M-SAA) clearly states that Community Health Centres are mandated to serve Non-insured Clients. This policy states: 'People residing in Ontario who do not have health care are considered a priority population for the purposes of CHC services as they face a significant barrier to accessing appropriate primary care. Funding for non-insured clients cannot be reallocated unless approved by the MOHLTC on recommendation from the LHIN (page7).'

We respectfully call on you to implement the government's policy commitment that CHCs serve the non-insured, asking that you immediately -

a) ensure that the LHINs are aware of the Ministry's policy that CHCs are mandated to serve the non-insured;
b) flow funds to the LHINs so that all new CHCs and CHC satellites who serve non-insured receive the required funds to provide this service; and
c) review the funding levels at existing CHCs to ensure that all CHCs are sufficiently funded to provide appropriate levels of primary health care to non-insured clients.

We trust that this misunderstanding is an oversight in the transition to the LHINs and that this issue will be addressed as soon as possible.

2. Stabilisation Funding:

First let me take this opportunity to thank you again for the 2.25% stabilization fund increase for 2008-09 that the CHCs and AHACs received late in the year but was retroactive until April 1st 2008.

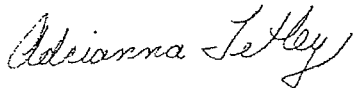
However, at this time, we are now requesting the status of the stabilisation fund increase for CHCs and AHACs for 2009-10 and 2010-11. While the MOHLTC-LHIN Accountability Agreement's increases for other LHIN-funded Health Service Providers remain in place, CHCs continue to be told to plan for a 0% increase in fiscal years 2009-2010 and 2010-11.

HE-B 3-3

We would respectfully request that the CHCs and AHACs receive the same stabilisation increase as other community-based, LHIN-funded organisations and that they be informed of this as early in the year as possible so that the CHCs and AHACs can make informed financial decisions to ensure quality of care for their clients, address ongoing operational and programme needs, and ensure their capacity to recruit and retain health-care providers.

We look forward to your response at your earliest convenience. If you or your staff have any questions, please do not hesitate to arrange a meeting by contacting Cory LeBlanc, executive assistant at 416-236-2530 x 222 or cory@aohc.org

Sincerely,



Adrianna Tetley
Executive Director

cc: Heather Mack, Chief of Staff
Shabnum Durrani, Senior Policy Adviser
Vena Persaud, Manager - Salaried Models and Programs
Jody Hendry, Manager, CHC & Midwifery Program - Midwifery and CHCs
Lee McKenna, Manager, Policy & Government Relations AOHC
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