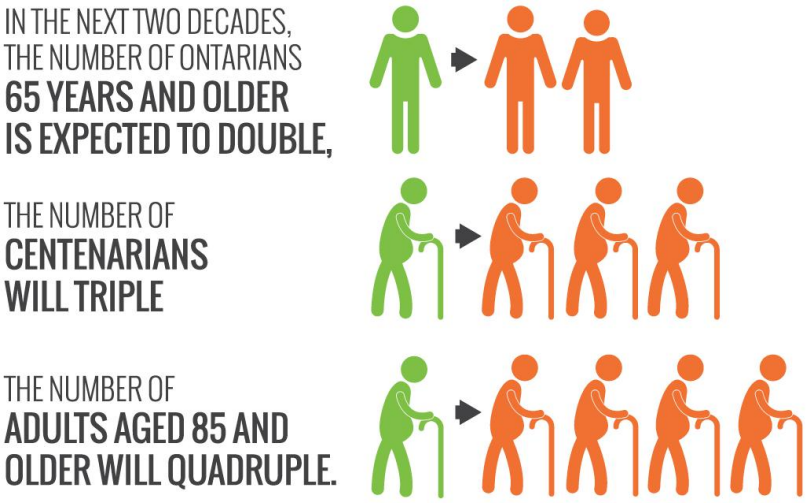
Starting the discussion now to prepare for Ontario's future

Advice on the 2014 Ontario Budget
From Ontario's Community Care Access Centres
December 17, 2013

Like many jurisdictions around the globe, Ontario is facing a paradigm that has never existed before in human history. In just two years, for the first time there will be more seniors in Ontario than children aged 14 years and younger. By 2027, the first generation of baby boomers will be 80 years old and by 2036, one in four Ontarians will be a senior citizen. As our population ages, it will also become increasingly diverse as new Ontarians from around the world will contribute significantly to the growth of our population and the vibrancy of our communities.[1]



The challenges posed by an aging population are not limited to an increased number of aging citizens who become ill and require health care. The caregivers who provide the majority of care for seniors and others with health challenges are getting older as well. Our family

[1] Ontario Population Projections Update: 2012-2036 Ontario and Its 49 Census Divisions, Ontario Ministry of Finance, Spring 2013.

structures and traditional support networks are changing and we will need new models of caregiving, more engaged communities and increased volunteerism to support our aging population in years to come.

Our health care workforce is also aging. The average age of family physicians and registered nurses in Canada is just over 50 years and just over 45 years, respectively.[2] Only one-quarter of Ontario's personal support workers, who provide the lion's share of in-home care for seniors, are under the age of 40 years.[3]

There are other shifts worth noting. Public expectations for our health care system and other public services are changing. The seniors of today are, and certainly the seniors of the future will be, increasingly technology-savvy. They are empowered with greater access to information about their health care conditions and health care options, and have higher expectations for meaningful engagement, flexibility and choice in the delivery of health care services. Customer service expectations that are traditionally seen in other industries, such as the retail and hospitality sectors, are increasingly having an impact on health care and have important implications for Ontarians' overall level of satisfaction with their health care providers and the health care system. Twitter and other social media provide the means for citizens to instantly share their health care experiences with others. These changes provide opportunities that must be embraced and integrated into the planning and delivery of health care and other public services.

The rapid pace of technological innovation will continue to shape possibilities for delivering care. More than ever before, technology has the potential to transform health care delivery models. It can electronically integrate fragmented health records to allow care providers to safely, effectively and efficiently share patient information, including with patient and their caregivers. It can support the implementation and standardization of leading care practices, reduce duplication, and enhance quality of care and patient safety. And it can help build capacity to coordinate and manage care to best meet the needs of patients, directly and at a distance through tele-health and tele-home care technologies. It can also empower patients to engage with their health care providers in new ways and more effectively manage their own care.

Advancements in clinical information systems and analytics are providing system level "big" data that supports decision making in real time to manage risks, improve safety and keep

[2] Canadian Institute for Health Information

[3] "Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results.

Ontarians as healthy as possible. It also allows for better system-wide planning based on current and reliable data.

Economic and demographic pressures and trends will continue to challenge the "universality" of the health care system. Beyond the publicly funded health care system, income disparities and inequitable access to health services not covered by public health insurance in Ontario can cause variations in health outcomes among the 20-30 per cent of citizens that do not have supplemental or employer insurance.[4]

Recent economic analyses suggest that while some Canadians are saving more, the overall debt burden amongst Canadians remains high and the average debt is growing more for seniors than any other age group.[5] In August 2013, a CIBC survey indicated that more than one-third of parents with children under the age of 25 years will have to work longer and sacrifice retirement savings to help their children with education costs. The gap between the richest 10 per cent and the poorest 10 per cent of Ontarians is widening.[6] These trends and disparities must be included in our considerations as we make choices and prioritize the competing values of our health care system. This will inevitably include difficult debate about what services are publicly funded, what range and standard of services should be available across the province in the years to come and how we ensure equitable access to care.

Our health care system has begun to make the changes that will be required to address this new paradigm. Advances in health knowledge, practice, technology and pharmacology are helping people to live well longer, and more care is being provided to people in their homes and communities than ever before. A shift from a focus on episodic illness to the integrated management of chronic diseases and age-related frailty is underway across the health care system. And there is growing appreciation of the importance of investing in prevention, health promotion and the development of supportive, resilient communities to help people maintain wellness across the age spectrum.

While these are the right changes, more will be required to ensure that Ontario is ready for the future. It is vital to start now to prepare for the realities that Ontario will face in coming years. Ontario's Community Care Access Centres (CCACs) suggest five areas of focus:

[4] Life and Health Insurance Industry Fact Sheet, Canadian Life and Health Insurance Association, 2012.
[5] Equifax Canada's Q2 2-13 National Consumer Credit Trends Report.
[6] Ontario's Growing Gap: Time for Leadership, Armine Valnizyan, Canadian Centre for Policy Alternatives, May 2007.

1. **Forward-looking health system capacity planning, including health human resource planning, to ensure that future investments are aligned with population needs and provide optimal value for taxpayers**
2. **Continued investment in home and community care to ensure cost effectiveness, sustainability and models of care that are aligned with changing population needs and citizen expectations**
3. **Increased recognition and support for the critical role of informal caregivers**
4. **Investment in health technology and innovation to ensure that Ontario is on the leading edge of advances in health care delivery**
5. **Beginning broad public engagement in discussions about the future of health care in Ontario.**

Recommendation 1: Undertake forward-looking health system capacity planning, including health human resource planning, to ensure that future investments are aligned with population needs and provide optimal value for taxpayers.

There is widespread public discussion underway at the political level, in the media and in communities across the province about health care system capacity. Questions are often asked about whether Ontario has the right level of acute care, rehabilitation, primary care, long-term care and home and community care to meet the current needs of Ontario citizens. These are difficult questions, particularly given the need to manage health care costs and the fact that Ontario is in the early stages of health system transformation in response to evolving population needs.

There are bigger questions that must be considered as we look to the future. What is the right level and balance of health system capacity across the continuum of care to meet our future needs? What does a fully realized transformed health care system look like, what will our service, infrastructure and human resource needs be, and how will we ensure that we these capacities in place? How will new technologies and cutting edge health interventions impact needs and care delivery? The even more challenging questions are, what can we afford and how will we pay for it?

The opportunity exists now to start to plan for Ontario's future health care needs. Long-term scenario planning is needed to ensure that the changes we are making today are preparing Ontario to serve the needs of tomorrow and future years. Our planning must also incorporate the opportunities provided by new technologies to optimize the effectiveness of our health

workforce and address geographic challenges in access to health care, including the opportunity provided by telemedicine and tele-home care to optimize access to high quality health care.

Long-range human resource planning is a critical component of future success. As our current health workforce ages, we must ensure that Ontario has the education and training capacity to meet future demands and that young people encouraged to consider careers in health care, and in particular in community health care. Ontario also has the opportunity to consider new ways of integrating health care professionals from other countries into our health care workforce and to take advantage of untapped resources in our province.

In First Nations communities in the north, youth are in need of educational and employment opportunities. Our experience has been that the best way to attract people to provide health care services in northern Ontario is to provide training in the north. Providing greater access to education and training in health care careers in the North, including personal support workers, would provide the dual benefit of helping First Nations youth find rewarding careers and building health human resource capacity in northern Ontario.

A critical part of long-term capacity planning must include growing and stabilizing the supply of community personal support workers. Personal support workers are essential to Ontario's ability to continue to support people in their homes and communities. Personal support workers provide the lion's share of home care, providing more than 25 million hours of service each year, approximately twice the volume of all other home care services combined. The vast majority of personal support workers are women and a large proportion are new Ontarians and visible minorities – and it is an aging workforce with only 1 in 4 workers under the age of 40 years.[7]

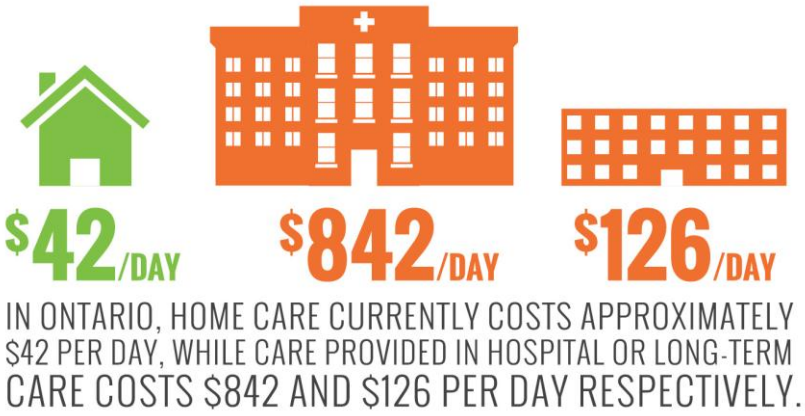
Successful, sustainable health system transformation and our ability to support Ontarians to age with dignity at home will depend in no small measure on ensuring a strong personal support workforce operating at their maximum scope of practice as integral members of interdisciplinary care teams. However, community personal support workers continue to be the lowest paid health care workers with limited access to full-time employment, pensions and other benefits. Ontario has had considerable success with targeted investments and initiatives aimed at improving opportunities for nurses through the Ontario Nursing Strategy and the leadership of the Ontario Nursing Secretariat. Given the critical contribution of personal support workers, we recommend that a similar strategy is needed for this sector. At the very

[7] "Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results.

least, a compensation and capacity plan for personal support workers is needed that will ensure Ontario has the ability to provide sustainable services in the community now and in the years to come.

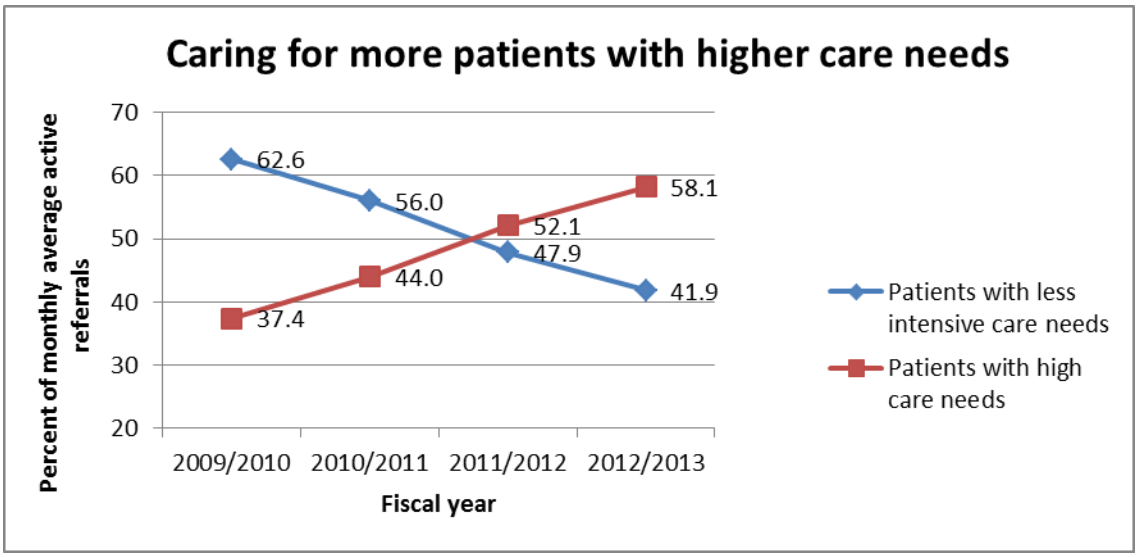
Recommendation 2: Continue to invest in home and community care to ensure sustainable models of care that are aligned with changing population needs and citizen expectations.

Increasingly, the public is appreciating the value of a more robust home and community care system, with 63 per cent of Canadians identifying home and community care as a top priority in seniors' health care.[8] The 2013 Ontario Budget and Ontario's Action Plan for Health Care recognize the importance of multi-year investment in home and community care, even if it means holding the line in other parts of the health care system in the face of the need for economic restraint. Other health system partners, including hospitals and long-term care, have publicly acknowledged that investment in home and community care is the right thing to do for the people of Ontario. Maximizing investment in home and community care will ensure that people have access to most cost-effective care in the right place, and protect capacity in hospitals and long-term care homes for the people who need this level of care.



The province-wide adoption of a "Home First" philosophy is enabling CCACs to care for more patients with increasingly complex needs in their homes. Since 2009/10, there has been an average 67 percent increase in the proportion of CCAC patients with high care needs – patients who in the past would have occupied long-term care or acute care beds. In fact, Ontario is on the leading edge internationally in supporting people with complex needs at home.[9]

[8] 2013 National Report Card. Ontario Medical Association and Ipsos Reid Public Affairs. August 2013.
[9] John Hirdes, "Care in the Community" presentation, Waterloo Wellington CCAC 2013 Symposium



Through collaborative discharge planning based on the Home First philosophy and increased investment in community alternatives, the number of people waiting in acute and post-acute beds for alternate levels of care decreased by 15 percent between 2009 and 2013.[10] And the number of patients moving directly from hospitals to long-term care homes has decreased by 37 percent.[11] Instead of waiting for months or even years in acute care beds, these patients are now transitioning home or to other community settings where their needs are more appropriately met at significantly lower cost.

While progress continues, over one in 10 hospital beds is still occupied at any given time by patients whose health care needs could be better addressed at lower cost and with better outcomes in other parts of the health care system. With continued investment the home and community care system has the potential to do more to provide the most cost effective care to support Ontarians in their homes, bring people home from hospitals sooner and prevent premature admissions to long-term care.

As home and community care adapts to changing needs and citizen expectations, it is important to recognize the impact of this shift across the continuum of care. For example, as a result of growing capacity to support people at home, long-term care homes are now admitting a more consistently complex cohort of patients, who not only have higher health and personal support needs, but more complex and challenging behaviours as the result of Alzheimer's and other dementias. Increasingly long-term care homes are also caring for residents with complex

[10] OHA ALC survey results – November 2007 to June 2011; WTIC: ATC – July 2011 to Jan. 2013
[11] CCAC Client Health Related Information System

mental health problems who require enhanced levels of supervision and new skill sets to manage behaviours and related risks to residents and staff.

Maintaining the multi-year commitment to investment in home and community care is a critical element of health system transformation to meet the needs of Ontarians today and in the future. This includes insuring that a balanced continuum of care is maintained that reflects the increasing complexity being addressed at other levels of the system, including long-term care homes. To optimize the use of current long-term care home capacity, a capitol plan is required to support completion of the redevelopment of older long-term care homes to address both the needs and expectations of seniors and their families. As noted earlier, comprehensive capacity planning is needed to ensure that community resources and capital investments are aligned with population needs.

To support this investment commitment, CCACs are equally committed to keeping administrative and overhead costs low and to continue to advance opportunities to enhance efficiency and quality of care. CCACs provide value for every health-care dollar spent, with more than 91 per cent of their budget allocated to patient care.

In 2007 CCACs consolidated, reducing the number of CCACs from 42 to just 14 corporate entities that are aligned with the Local Health Integration Network service boundaries. The amalgamation enabled CCACs to streamline their leadership and administrative structures while maintaining a local presence in communities across the province to support the delivery of care to patients. In 2005/06, the last fiscal year prior to consolidation, CCAC administration and overhead accounted for a total of 9.2% of total CCAC funding. Following consolidation, in 2012/13 administration and overhead costs have been reduced to 8.7 per cent of funding, a significant improvement. General administration, including executive compensation, has been reduced from 5.7 per cent in 2005/06 to just 4.4 per cent in 2012/13.[12] Just three per cent of CCAC employees earn over $100,000 a year – that's a quarter less than a mid-sized hospital.

CCAC investments in information technology and efforts to use technology as a tool to drive integration are creating new efficiencies and improving the quality and safety of care. One example is the provincial deployment of e-referral from CCACs to long-term care homes (LTC). eReferral to LTC is a new automated process that simplifies and speeds up the admission process to LTC homes for people who can no longer live independently in their own home. Ereferral enables CCACs to provide LTC homes with all relevant information in one place to review, accept, respond and admit patients to LTC beds, eliminating faxing and paper-based

[12] CCAC MIS Comparative Reports, Ontario Ministry of Health and Long-Term Care Health Data Branch

processes. eReferral reduces the time from application to acceptance and from vacant bed notification to admission. It also reduces administrative time. Based on the success of e-referral to LTC in the Champlain and Central East CCACs, CCACs are working with long-term care homes to spread e-referral across the province over the coming year.

CCACs are actively engaged in all Community Health Links contributing care coordination expertise and capacity, as well as technology enablers that are improving the quality of care for the highest cost patients in the province. Providing more coordinated care will drive improved quality, better value for the health care system and better patient outcomes.

One key success factor and opportunity to improve the delivery of home and community care lies in the way funding flows from government through Local Health Integration Networks (LHINs) to home and community care providers. Funding stability and predictability have significant impacts on the consistency of care and the quality of patients' experience with the home and community care system. Three no-cost structural changes to the funding process would enhance the ability of the home and community care system to provide a consistent, predictable care to patients across the province:

1. Advanced planning and increased transparency about the distribution of funding amongst home and community care providers

   Funding commitments in the provincial budget are announced broadly for home and community care, encompassing CCACs, community support services, community mental health and addictions services and other initiatives related to home and community care. The allocation of funding to individual services and organizations occurs primarily at the Local Health Integration Network (LHIN) level and LHINs make differential investments across all of these services. As a result CCACs and other community service providers have no basis for predicting actual funding levels or planning service volumes until they receive confirmation of their funding allocation.

2. Earlier confirmation of funding allocations

   Funding allocations are rarely confirmed until the second half of the fiscal year, and sometimes as late as the fourth quarter, and are often accompanied by new service targets. In practice, this process forces CCACs to restrict service levels in the first half of the year until funding is confirmed, increase admissions and service levels in the second half of the year to meet targets and optimize use of resources, then bring service levels

down to achieve a balanced budget by the end of the fiscal year and ensure sustainable rate of spending into the next fiscal year.

3. Enabling home and community health service provider to balance their budgets over multiple years.

   Unlike hospitals, CCACs are not permitted to carry over in-year funding surpluses from year to year, nor are they permitted to incur a deficit. Most in-year CCAC deficits pressures are in the magnitude of one per cent of overall funding, and a disproportional level of effort is required to ensure any deficits are eliminated by the end of the fiscal year. More importantly, the effort to affect these adjustments creates unnecessary uncertainty and frustration for our patients and health care partners.

Unlike acute care hospitals, more than half of the patients who receive care from CCACs need long-term support over months and years. This means that a patient admitted in one year will continue to require care into the next year. Simple changes in the funding process would help CCACs and other home and community care providers to create stability and enable providers to build services over time in a sustainable way in order to better manage people's long-term needs and improve confidence in the home and community care system for both our patients and our health care partners.

The lack of predictability, late confirmation of funding allocations and the need to achieve a balanced budget within the year make planning and delivering a consistent level of services nearly impossible. These factors interact to create a situation in which CCACs service levels ebb and flow over the course of the year. These up-swings and especially the down-swings have a direct impact on the stability of care to patients, create significant human resource challenges for our contracted home care service providers and are confusing for our communities and health care partners. These shifts are particularly challenging for acute care hospitals that rely on CCACs to ensure efficient patient flow.

Recommendation 3: Increase recognition and support for the critical role of informal caregivers

As care shifts from institutions to the community and as Ontarians age, supporting the needs of family and other informal caregivers must be a continuing priority. Approximately 1 in 5 Ontarians is a caregiver for a family member or friend. A Canadian Health Consumer Survey

conducted by Deloitte in 2009[13] reported that 10 per cent of Canadians reported that they have a family member who requires constant care. It has been estimated that family caregivers provide 80 per cent of all care needed by people with long-term health problems contributing between $24-31 billion worth of care each year.[14]

In 2010 the Canadian Institute for Health Information released a report[15] indicating that one in six people providing informal care for a senior experiences distress. People caring for seniors with Alzheimer's or other dementias experience the highest levels of stress. Without supports, caregivers are at risk for health problems, depression and other negative outcomes that impact their ability to live productive, satisfying lives and their ability to continue providing care.

As our society ages, serious consideration must be given to the future of caregiving. Our current caregivers are aging and our traditional family support networks are changing as well. There are now more unmarried than married Canadians, and nearly 43 per cent of households have no children. Children of aging parents are part of an increasingly mobile workforce and are moving away from their home communities for economic and career opportunities elsewhere. These factors will shape the future of caregiving and have important implications for the sustainability of our health care system.

Changes such as the proposed amendments to *Employment Standards Act* to provide unpaid leave and job protection for caregivers are important steps, but more is required and the changes must extend beyond the public service system. To transform our health system and advance our society's appreciation for the role and needs of Ontario's informal caregivers, we will need to increasingly incorporate key design elements into the future health system planning, workplaces and policy. Government can play a leadership role in:

- Developing mechanisms to engage and accommodate caregivers in decision-making and the design of future health care and social service delivery models,
- Initiating discussion about the personal, employer and broader economic productivity issues of workplace absenteeism due to employee caregiving obligations and opportunities support their ongoing health and wellbeing in balancing family obligations, career demands, and caregiving,
- Creating incentives and tools to help employers to implement caregiver friendly work environments and programs, and formally recognizing employers like the Bank of Montreal that have shown leadership in this area,

[13] "2009 Survey of Health Care Consumers: Key Findings, Strategic Implications", Deloitte Center for Health Solution, 2009.
[14] http://mssociety.ca/ontario/pdf/BriefCaregiverSupportsMay2013.pdf
[15] "Supporting Informal Caregivers – The Heart of Home Care", Canadian Institute for Health Information, 2010.

- Continuing to promote community development (such as the Seniors' Secretariats' recent *Age-Friendly Community Planning Guide)* and housing options that provide safe, supportive environments and facilitate multi-generational living, and
- Raising our society's game in how it responds to the needs of informal caregivers through new ventures, social entrepreneurship and/or collaboration to fill gaps in care and support that public spending cannot address.

Recommendation 4: Invest in health technology and innovation to ensure that Ontario is on the leading edge of advances in health care delivery.

The power of technology is changing the world that we live in. It is also one of the most transformational elements enabling a more effective society and health care system. Technology innovations are already changing the way health care is provided and will continue to be an important enabler to address future challenges. To highlight just a few examples:

- Remote clinical interactions supported by technology exist and are growing in use to improve access, particularly in remote areas of the province (remote health care consultations, remote health monitoring and health coaching);
- Robotics have transformed industries such as manufacturing, and will be increasingly integrated into health care through surgical interventions and advancements in prosthetics and assistive devices;
- Connected and comprehensive electronic medical records are close to becoming a reality for Ontarians;
- Big data, analytics, and decision support systems are increasing the knowledge available to health planners, professionals and patients in drive health practices to achieve the best possible health outcomes;

Revolutionary innovations such as these and others not yet envisioned will no doubt extend into our homes and enable a host of new options for how patients will receive health care in the years to come.

One example of how technology is already improving home care in Ontario is eShift, an initiative of the South West CCAC, which deploys mobile technology that connects up to four enhanced-skill personal support workers (ePSWs) working overnight shifts in the homes of patients with a remote registered nurse (RNs) via a web-enabled iPhone. The program currently serves families of medically fragile children and palliative care patients, but has the potential to spread to other patient populations that need high levels of support and ongoing supervision.

eShift is an example of how technology, in partnership with health care professionals and patients can:

- Support more patients and provide higher levels of support at a lower cost by enabling each paediatric registered nurse to monitor, mentor, and manage care at up to four locations simultaneously,
- Maximize health professional scope of practice and value to the health system
- Reduce patient visits to the emergency department,
- Enable more patients to die at home, fulfilling their wishes and reducing the cost associated with hospitalization,
- Provide improved access to nursing care for patients in remote rural communities,
- Improve access to and reach of valuable nurse specialists, and
- Provide more support for caregivers.

Ontario has the skills base, creativity and energy to be a leader in the development and adoption of new technology innovations to advance the delivery of health care.

Recommendation 5: Begin broad public engagement in discussions about the future of health care in Ontario.

Through health system funding reform Ontario has begun shaping service delivery models and re-aligning incentives to ensure that appropriate care is provided in the right setting to achieve the best health outcomes at the lowest cost. This includes creating incentives to shift care from institutions to home and community settings, changing current reimbursement structures to encourage innovation.

Recognizing Ontario's changing demographics and public expectations, important questions remain about how we will continue to finance or pay for health care. This is not a comfortable question, given the value Ontarians place on our publicly funded health care system.

However, beyond the publicly funded system, it is important to recognize that today, approximately 30 per cent of health spending in Canada is funded privately or from supplemental and employer insurance for services that include private hospital rooms, dental care, prescription drugs, vision care and physiotherapy.[16] The private sector is increasingly recognizing the opportunities to develop and market goods and services geared to the needs of

[16] http://www.oecd.org/els/health-systems/Briefing-Note-CANADA-2013.pdf

consumers as they age. As the population ages and a wider range of options become available that are not traditionally paid for by the public sector, how will individuals make up the difference and how will we ensure equitable access to the right continuum of services?

Other jurisdictions in Canada and other countries have begun to grapple with these challenging questions and to introduce new funding and payment models for extended health care benefits, including home and community care. Some of the models from OECD countries with predominantly public health financing include[17]:

- *Public systems* funded through general tax revenues (e.g. Canada, Denmark, Finland, Ireland,
- *Social insurance systems* funded through mandatory contributions; percentage of income often contributed by employers and employees (e.g. Germany, France, Netherlands). These universal health care systems achieve a measure of income and risk distribution,
- *Private, not-for-profit* insurance funded through voluntary contributions in a competitive market, administered by private corporations that do not distribute profits,
- *Private, for-profit* "commercial insurance" funded through voluntary contributions in a competitive market, administered by private corporations that distribute profits to their owners (shareholders), and
- *Patient co-payments or "user pay" mechanisms and/or tax-sheltered health savings accounts.*

In order to be ready for Ontario's future, CCACs believe that we must begin now to engage in broad public discussion about the future of the health care system and how we will continue to ensure that a broad continuum of services continues to be equitably available to all Ontarians.

[17] Flood, Colleen. Exploring Social Insurance: Can a Dose of Europe Cure Canadian Health Care Finance? Montreal: McGill-Queen's University Press, 2008.

In summary

Ontario CCACs are fully support the efforts underway to transform of health care to address the changing needs of Ontario's population and ensure the sustainability of the health care system Ontarians cherish. We believe the time is now to begin to look beyond the immediate needs of Ontarians and consider the future of our health care system, and the realities of our shifting demographics.

Successful health transformation will depend on forward-looking capacity planning, a continuum of care that includes a robust home and community care system, evolving models to support informal caregivers and fully realizing the potential of technology innovations. Long-term human resource planning is a critical success factor, in particular, planning to address the needs of personal support workers who provide the vast majority of care in the community. It must also entail broad public engagement to look beyond immediate needs and consider how we develop and maintain systems to support our future needs.

About Community Care Access Centres (CCACs)

Ontario's 14 CCACs help people get care where and when they need it throughout the province. CCACs help Ontarians of all ages understand their care options, access high quality home and community-based health services and resources, and receive timely and coordinated care at home.

Last year CCACs helped over 653,000 Ontarians by:

- Providing care at home to 532,000 patients, including supporting 318,000 seniors to stay in their homes,
- Ensuring 82,000 children received health services at school,
- Supporting 25,000 people with end-of-life care at home,
- Assisting 26,000 seniors transitioning to a long-term care home when it became too difficult for them to live at home independently,
- Working in hospital inpatient and emergency departments across the province to help approximately 200,000 people return home from hospital with CCAC care,
- Helping over 201,000 patients find a family doctor or primary care provider, including over 19,000 patients with high care needs since February 2009,
- Making thousands of referrals each day to other community support services to wrap all needed care around patients,

- Helping people to smoothly transition to other places in the health care system such as complex care beds, rehabilitation beds, palliative care beds, residential hospices, assisted living programs and supportive housing, and
- Helping thousands of others find information and health services through our self-serve on-line resources, call centres and with the assistance our information and referral specialists.

Family caregivers were critical partners in all of these activities.

About the Ontario Association of Community Care Access Centres

The Ontario Association of Community Care Access Centres (OACCAC) supports Ontario's 14 CCACs to work with their health system partners to deliver quality home and community care. The mission of the OACCAC is to:

- Provide leadership, inspiration and serve as the collective voice for the contribution made by the CCACs to an integrated health care system,
- Champion innovation, performance improvements and value proposition of community-based services, and
- Deliver high-quality products and services which assist our members and partners in fulfilling their mission and mandate.

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