



COMPETITIVE BIDDING IN HOME CARE A MODEL THAT DOESN'T WORK

Advocates for privatizing our public services using Public-Private Partnerships (P3s) do not mention the experiences of competitive bidding in Ontario's home care sector. The simple reason they do not is that it has been a disaster. The kind of disaster that will happen when the provision of needed services are pushed from the non-profit into the for-profit sector.

What is it?

The competitive bidding model was introduced in 1996 by the Harris Government. Home care agencies were required to bid every two or three years to provide services in each region served by Ontario's 42 Community Care Access Centres (CCACs). This included non-medical support services, social work and direct health care provided by visiting nurses and therapists.

With large for-profit companies bidding against local non-profit agencies, for-profit involvement in home care dramatically escalated. In 1996, for-profit agencies represented 18% of the home care sector. By 2001, that had increased to 48%. Many long established non-profit agencies stopped providing needed quality home care in communities across Ontario.

The inevitable and constant turnover of employers also means workers are regularly forced to reapply for their jobs, losing their seniority and their union in the process. Workers have left the home care sector. For patients this means rather than getting needed quality services in their homes, they end up in long-term care and back in hospitals, or are forced to seek private care at their own expense.

Liberal Response while in opposition

The McGuinty Liberals saw and understood the disaster of the competitive bidding model. In the run-up to the last provincial election (October 2003) McGuinty in a written response to an OFL question on home care stated:

“Our commitment to home care centres on ensuring that our frail and elderly have access to the services they need to keep them independent and healthy. **The current system is not working and we need to change it.** We will work to create a system that is patient-centered and flexible.” (emphasis added).

Liberal Response as Government

A year later, as Premier, McGuinty appointed Elinor Caplan with a mandate to conduct a review of home care but with no mandate to look beyond the competitive bidding model. The OFL and its affiliates with a direct involvement in home care used this review as yet another opportunity to discuss both the crisis in home care and viable solutions. They met together and individually with Caplan on numerous occasions.

When she reported back in June 2005, the OFL and its affiliates saw her report as simply tinkering with a flawed system because she did not/could not call for the elimination of competitive bidding nor the return of home care to a public, non-profit system.

Positive Action on Home Care

Based on labour's direct experiences in home care, the November 2005 Ontario Federation of Labour (OFL) convention document *Rebuilding Health Care* outlined specific actions which the Liberal government could begin to implement immediately:

Stop the competitive bidding process in home care. A process which has created massive and regular disruption of job security and working conditions for workers and in the continuity of services for Ontarians in need.

Move to establish a public system of home care drawing on the successful working models found in Manitoba and Saskatchewan.

Home care should be seen as part of the continuum of a health care system in our province and country. The 2002 *Commission on the Future of Health Care in Canada*, popularly known as the Romanow Report, identified the expansion of the home care system as an essential element of an expanded health care system. Such a system must ensure that services reflecting the diversity of need are available to Ontarians where and when they are needed, services which are provided by dedicated and knowledgeable workers who understand what their fellow Ontarians need. Home care workers must be seen as health care workers and should be treated as such.

The home care system which we need in Ontario must be established in a context of enforceable standards of care and appropriate levels of funding to ensure quality care. The kind of system we need can not and will not be developed by the advocates of Public-Private Partnerships (P3s). Their motive is to satisfy their greed, not to address the needs of the community.