

# Paediatric OT – Open Member Forum Summary

## BACKGROUND

The Ministry of Children and Family Development (MCFD) announced a system overhaul on October 27, 2021 of the Children and Youth with Special Needs programs. The new system is referred to as 'Family Connection Hubs' and changes both funding and access of therapy services. The Ministry shared general information in relation to planning and implementation of the hubs through online information sessions in December 2021. There has been no fulsome or meaningful consultation with professional associations related to the planning and implementation of these hubs at this time.

CAOT-BC held an open forum for occupational therapists working in paediatrics on January 12, 2022 to gather information about the concerns, gaps, issues, and questions that occupational therapists have in relation to the transition to the hub model. This document is provided as a summary of that open forum based on the themes presented. We welcome further information and stories to share that we can provide to the Ministry in future consultations.

## Workforce Concerns and Job Security

A large network of OTs that support families and children and youth with special needs in BC work in a private practice setting. Individual OTs are concerned about losing their jobs due to the new government system. OT companies are concerned about the loss of an experienced workforce in this area of practice that requires particular expertise. OTs who work in currently publicly funded Child Development Centres are uncertain if their specific CDC will be chosen as a hub and if they will have their same job going forward.

- The proposed plan states that children will receive treatment regardless of diagnosis, which may increase demand for more therapy services, including OTs; however, the plan does not indicate how the increased demand for therapists will be met.
- A lack of details regarding the implementation of the new system has created uncertainty around job security for OTs:
  - o How will the new system affect OT practice and the ability of families to access referrals to OTs
  - o Current Private Practices are set up to work in their respective regions, there are concerns around single service providers applying to all the geographic hubs and limiting the existing work for OTs in each region
  - o Experienced and established private OTs are questioning if they should be continuing to take new referrals in advance of the hub model implementation to avoid having to re-refer children and families to hubs. Closing these practices will negatively impact the workforce and regional economies.
- The proposed plan does not address the processes for existing organizations to be included in the "Hub". OTs reported confusion around whether organizations (i.e: schools) are now required to apply to be part of the "Hub" which may pose a risk of being rejected and potential loss of funding for existing employees including OTs.
- There is a hope that current practicing OTs who are experienced and have been in the workforce for many years under the same contracts will not be at risk of rejection when applying for the "Hub".

- The Ministry has acknowledged that more OTs will be needed to meet service needs, but with no specified plan for recruitment, mentoring and support for geographically isolated and new graduate therapists or retentions plans, such as acknowledging areas of special practice, and research and leadership roles for senior therapists.

## **OT Scope of Practice and Experience Losses**

OTs are concerned that there will be a potential loss of professional experiences, mentoring and support for specialty skills (networking opportunities, inter-professional team relationships, choice of treatment approach etc.) in the hub model. Specific concerns were identified as follows:

- Concerns regarding the loss of existing networks of experienced OTs who share the same niche in practice area
  - o Such changes may include geographic restrictions and loss of private practices as a result of new regulations enforced by the “Hub” system.
  - o Existing multidisciplinary teams being separated to create the “Hub” system may lead to the loss of valuable working relationships between departments / providers which can negatively impact the quality of care provided to the current children and families
  - o Client’s geographical location may be used to determine the healthcare professionals involved in their care which can disrupt existing client-therapist relationships. Furthermore, this can significantly affect the transfer of care for clients with complex needs who have been followed closely by the same team over the years.
- The vague description provided by the proposed plan (little explanation/demonstration of understanding OT scope) creates feelings of uncertainty about OT responsibilities within the new system and potential changes and limits to OT scope of practice.
  - o For example: Proposed plan did not indicate details of OT role in family-centered care and whether OTs will maintain their autonomy in assessing and addressing family goals and creating client-unique intervention strategies.
  - o OTs are concerned about loss of professional autonomy as it appears that the “Hub” will have all authority to determine client needs and services using the assessments proposed
- Concerns regarding loss of opportunities to provide a variety of evidence-based approaches through individual Ax/Tx plans instead of one singular approach pre-determined by the “Hub”. OTs expressed the need for different approaches to be respected and supported within service frameworks because some treatment approaches, such as ‘Behaviour Modification’, can be controversial. However, the holistic theoretical basis used by OTs can guide them in choosing a treatment approach that is inclusive, open to neurodiversity, and accessible depending on OT assessment of client needs.
- There is concern that with a larger dispersion of hubs than current CDCs that professional support and mentoring will be diluted. It is questioned how much support there will be for specialty skills and services (such as splinting and complex feeding) and if hubs will be completely independent of each other, or if therapists and the children they serve can liaise with therapists with different skill sets and expertise in other hubs.

## **Potential Client Effects**

- Current extensive waitlists for therapy services have not been addressed by the government and the proposed plan to treat children without diagnoses can increase the demand for services and current waitlist times. Additionally, OTs have highlighted the concern that the proposed “Hub” system does not include any solutions to address waitlist times.
- Research indicates and informs us that children learn when they are in trusted positive relationships. Furthermore, compassion and empathy in such relationships are needed to foster a safe environment

for children to grow and ultimately contribute to society in meaningful ways. However, the new “Hub” and their authority (loss of autonomy as noted in ‘OT Experience Losses’ section) may disrupt current trusting and long-standing relationships between children and therapists that are crucial for child development.

- **For example:** OT has been working with clients for 10 years and she has been told unless she applied and was approved to continue with that service through the ‘Hub’, the family would be redirected to another therapist.
- OTs are concerned that the ‘Hub’ system restrict client autonomy as they will not give families the choice to continue with their current therapists which may increase their anxiety and distress due to needs not being fully met.
  - **For example:** Abrupt change in service provider may lead to children with complex needs losing eligibility for appropriate medical equipment that was prescribed by long-standing OT.
- The new ‘Hub’ system may increase the need for rural clients to travel to the Hub centers due to local private practicing OTs going out of business (i.e as a result of not being contracted with the Hub). This can be a barrier as some clients may not have access to reliable transportation and flexible schedules that accommodate for the commute. Furthermore, there is a concern that bad roads during winter conditions may: a) prevent clients from accessing services, and b) put clients at increased risk for injury during travel.
  - Additionally, rural clients who cannot travel to these designated Hubs may be restricted to virtual services. However, this mode of service delivery may not be ideal for that specific child due to personal factors, such as lack of equipment and Internet access. Furthermore, children with higher needs may receive the most benefit from in-person services.
- OTs may prioritize non-government funding on caseloads which can negatively affect the accessibility of care for clients with various socioeconomic backgrounds (clients may not be able to afford these services anymore)

## Solutions Suggested So Far...

OTs are natural problem solvers and members that attended the open forum provided the following suggestions to support the development of the Hubs in a way that will address the workforce concerns and be sure to support BC children and families well:

- To conduct a scoping review of other jurisdictions that have effective pediatric service delivery systems, especially those using hubs, and use as model for implementation planning in BC
- Private therapists that have long-standing clients to be given the opportunity to follow client until they age out
- Hire senior consultant therapists to help build and maintain independent Hub systems to ensure that staff development is function-focused and the best quality of care is provided and provide ‘Practice Leader’ and ‘Clinical Educator’ roles and structures
- To offer projects to support OTs in the different Hubs
  - **For example:** Ontario funded project which consists of
    - An amazing knowledge translation event for occupational therapists
    - Development of an Autism Toolkit for OTs
      - OT’s suggestion for BC’s Hub system: development of more toolkits for OTs to support best and consistent practice approaches,
    - The development of a virtual community of practice among OTs across Ontario while the knowledge translation event is taking place
    - An opportunity to receive group coaching & mentorship from ‘seasoned’ occupational therapists by a cohort of occupational therapists working with children & youth on the autism spectrum

- To have more than 40 hubs to ensure shorter waitlists and more locations to increase service accessibility
- Take some parts of the current system that are effective and implement into new system rather than completely demolishing current system
- Offer incentives for private practicing OTs to join and stay at the Hub
  - o **For example:** The Hub to honor existing rate of pay for current service providers to ensure smoother transition and maintain workforce of experienced OTs
- Existing private contracts to be allowed bridging time-period during transition to 'Hub' system so knowledge gained for complex clients could continue to be used while families and OTs adjust to new system
- To spread awareness that OTs with many years of experience may have a bachelor's degree and should not be discriminated against in favour of those with a master's degree during job applications for the 'Hub'.

### Questions for Consultation:

- How can the needs of all families be addressed in big centres? How could a small hub in Terrace have enough support to serve their area well?
- How often will providers need to renew their contracts with the Hub?
- How will the 'Hub' accommodate physical space for specialized services in the centres as well as community-based care? (for example, for splinting services, mobility equipment provision and trials, standardized assessments)
- How will the government support communities that do not have enough resources to apply to have a Hub?
- How will the 'Hubs' ensure consistent care for clients and efficient use of the workforce?
- Will the Hubs support each other for more "specialized" activities that are difficult to maintain competencies at each individual Hub? By spreading services out further and without a formal support network between hubs, will skills be further diluted?
- If OTs subcontract, how will that affect their autonomy as a profession, their ability to choose the goals with the family, and the hours they dedicate to therapy? Will there be "hoops" to jump through that they will need to dedicate time for, rather than focusing on direct therapy?
- Will the hourly rate be competitive to retain experienced therapists who can work with complex children and can help guide new grads in this field?