Executive Summary

Purpose

Children represent a small, though important, segment of the health care seeking population, and are consumers of a wide spectrum of services including medical and nursing services, rehabilitation services for developmental impairments, and mental health services, in and outside the hospital setting. Some have special health care needs for chronic, and often multiple, conditions. Advances in treatment methods cross the spectrum of professional services and increase the challenge of delivering high quality child-specific health care at community and regional levels.

While previous ICES reports focused on hospitalization services for which data have been more readily available, this report is oriented towards new data on ambulatory treatment services. The chief goals of this report are to:

- Provide a general overview of distribution and delivery of common treatment services to children 0 to 19 years of age across the province;
- Examine how service utilization varies by District Health Council (DHC) area; and,
- Report feedback from health care provider stakeholders regarding issues and solutions for ensuring access to quality treatment services.

Two important issues should be considered in the review of this report. First, this work focuses on characterizing the system or overall environment of treatment services for children, not specific communities and organizations, and as such, the data should not be interpreted as a report card. Second, this overview was compiled through a series of steps over time using data from markedly different sources, some of which are limited in timeliness and may not provide an exact indication of recent activity. Nevertheless, the emerging themes are reasonably current and assuredly relevant. This report has been produced to assist in informing existing major policy developments in Ontario, including the development of Local Health Integration Networks.

Study

This report deals with medical (medical and nursing), rehabilitation (rehabilitation and developmental) and mental health services that treat, cure or improve the consequences of diagnosed diseases and conditions of childhood. Specifically, this included: well child, newborn and minor assessments, general assessments, and consultations for three classes of physicians (generalists, pediatric specialists, and "other" which included otolaryngology, ophthalmology, optometry, psychiatry and chiropractic).

The analysis excluded organizations whose exclusive role is primary prevention, early intervention for risk factors, and health promotion such as Community Health Centres and Public Health, though these organizations were surveyed to ascertain types of services provided. As well, highly specialized tertiary/quaternary services affiliated with the pediatric academic health sciences centres were excluded, as the particular issues that flow from organizing such highly specialized services are addressed elsewhere.[6]

It is important to note that creating a complete picture service delivery, though desirable, is impossible at this point, as important data needed to examine access, utilization, integration and outcomes of services on a comprehensive basis is not yet available. In particular, data for mental health and children's rehabilitation centres needs to be brought onto the existing health information grid in Ontario.

Methods

The comprehensive research approach for this report involved the following components:

- Environmental scan and meetings with key governmental stakeholders
- Preliminary interviews surveys with DHCs
- Surveys of delivery organizations: Hospitals and non-hospitals, which were comprised of 6 types (Children's Rehabilitation Centres; Community Care Access Centres; Mental Health Centres; Community Health Centres; Public Health Units; Community Living organizations)
- Administrative data analysis of individual level data was studied to determine regional variation of services utilization. (Sources include: OHIP physician claims; home care claims (Ontario Home Care Administration Service); Statistics Canada; Hospital Inventory; MOHLTC census; CIHI discharge abstract database)
- Preliminary report on regional variation of service utilization issued in 2001 to survey groups
- Focus group discussions/proposals of solutions to challenges by survey organization representatives
- Publication of this investigative report

Findings and discussion

In attempting to create a bird's-eye view of delivery of children's ambulatory treatment services, an important finding was that currently, no master blueprint or inventory detailing the multiple sectors and respective roles exists.

In addition to professional services funded through OHIP, treatment services for children are delivered primarily through four organizational sectors in Ontario:

1. Hospitals;
2. Home care services (CCAC);
3. Children's mental health services (MH); and,
4. Children's rehabilitation services (CRC).

A large number of other organizations and programs were also identified as having involvement in child health, but are more involved in advocacy, health promotion, early intervention, information and referral and were not included in the study.

Data analysis, together with the survey and focus groups responses, point to the following challenges across the medical, rehabilitation and mental health sectors that prevent seamless service delivery:

1. Fragmentation and variation in services;
2. Limited availability of information;
3. Problems with the capacity and utilization of services;
4. Difficulties with integration of care; and
5. The lack of an overall blueprint and inventory for children's treatment services.

These system-level dilemmas seem to correspond with general concerns about children's services raised at a federal/inter-provincial level.[1]

In the course of producing this report, numerous initiatives were identified (e.g., the Specialized Pediatric Services Council, the development of networks, etc.) that indicate some forward momentum in improving treatment services for children in Ontario, though it is clear that numerous challenges must be addressed to achieve a more seamless system of service delivery. The following sections describe, in brief, the key findings in five areas of focus.

Distribution

The four major sectors have facilities distributed in the DHC areas with a few exceptions. However, evaluation of service coverage and access to services across these areas was difficult because of variation in types of services reportedly offered by organizations from different areas. For example, while 80 to 90% of CRC organizations reported programs in communication, occupational therapy, and physiotherapy for children, only 23% reported specific psychoeducational programs. Of MH organizations responding to the survey, only 54% reported behavior modification programs and 30% reported child psychiatry services, though almost all reported counseling services. Furthermore, organizations from different sectors (e.g. CCAC and CRC) appear to be delivering similar services to the same area. Some of this variation and overlap may be due to the labeling and identification of services while some variation may simply address local priority needs. These observations point out the potential for significant gaps and duplication in service access and delivery, which cannot be further investigated at this point because of the lack of comprehensive data on individual service encounters.

Utilization

Rates in the use of selected physician services (well child assessments, pediatric assessments, counseling, psychiatry, ophthalmology, and otolaryngology) by children vary across the province. The variation appears to be mild or moderate for most services, but was higher for pediatric and psychiatric assessment and consultation services (the highest DHC rate was over 4 times the lowest DHC rate). Four out of 16 DHC areas had rates below or somewhat below average for all of the main physician services. This group includes two northern DHCs (Algoma-Cochrane-Manitoulin-Sudbury and Northwestern Ontario) and two central rural DHCs (Waterloo Region-Dufferin-Wellington, and Grey-Bruce-Huron-Perth). The use of CCAC home care services by children also varies across the province. However, the rural versus urban differences noted for physician services were not observed for home care services, as there were relatively high rates of utilization in rural and remote area DHCs.

Health human resources

Information on supply of personnel specializing in child health is still rudimentary. Concerns regarding the distribution and availability of physicians and other providers have been identified in other recent reports. The number of pediatricians per capita varies substantially across the province. The survey results indicate difficulty recruiting and retaining pediatric expertise across all specialties and many regions. Physician workforce distribution appears to be associated with lower rates of children receiving care from specialists in many rural and remote regions in the province. Survey responses regarding waiting lists and durations suggest substantial delays in accessing rehabilitation and mental health services in most regions of Ontario, though actual data on wait times is not available. Organizations reported that the "usual waiting times" for speech-language therapy, psychoeducational services, child psychiatry, counseling services and behavior modification services were 5 to 6 months, on average.

Integration/coordination

There was little uniformity in reports of collaborative organizational relationships (outside of sectoral associations such as the Ontario Hospital Association) among the survey responses. Frequency of specific types of collaborative relationships reported (e.g., CCAC with hospital) was generally low. Problems in the verification of these relationships could account for some underestimation of collaboration activities, though responses suggest that explicit integration and collaboration across sectors is not yet consistently present.

Stakeholder input

Through focus groups, health care provider stakeholders indicated that meeting the goal of an efficient and equitable seamless system of care for children in this province requires significant policy changes, asserting that an overall public policy framework and blueprint for services for children would be required to make it happen. Stakeholders also indicated a need to break down the current silo approach to children's services that arose from distinct program funding mechanisms for education, mental health, and hospital services. They proposed a model in which integration and collaboration across services and sectors is more explicit and rolls up from the client-professional level, through organization and management, to leadership at a governmental level. This model involves clarifications in mandate, funding and accountability for treatment services for children, and more emphasis on clinical information management, human resources planning, clinical evidence and best practices.