

Overview of Children's Treatment Services in Ontario

Introduction

Children are a unique population, and there is evidence that specialized knowledge and specific services are effective in improving health outcomes. Accountability for providing accessible and effective services to this population requires a macro perspective of how services are distributed and integrated, and the quality of services delivered in particular sectors and regions.

This report presents an overview of the mosaic of publicly funded children's treatment services Ontario. Investigators sought to:

- Compile an overview and describe the general characteristics (i.e. organization, specialization and integration) and distribution of the major health care treatment services that are currently available to children of Ontario.
- Determine whether the utilization of services varies by District Health Council area, where province wide data are available.
- Review findings with a group of expert stakeholders representing treatment services to identify issues and potential solutions for providing quality health care services to children in Ontario.

The quality of children's health care may be significantly affected by several characteristics of their health services:

- Organization and distribution of services,
- Availability and specialization of health professionals; and
- Coordination or integration of services.

There is a risk of poor quality health care from fragmentation, inconsistency in the availability of services and information (i.e., clinical expertise and management support). This risk has been recently described for the elderly in Canada, though there has still been relatively little investigation into the effects of health service organization and characteristics of professionals on the outcomes of health care for children in Ontario or Canada.¹³

The focus of this report is distribution of treatment services across the province. The focus included services to cure or improve the consequences of diagnosed childhood diseases and conditions, and secondary prevention of complications, but excluded organizations whose exclusive role is primary prevention, early intervention for risk factors, and health promotion. Furthermore, highly specialized tertiary/quaternary services affiliated with the pediatric academic health sciences centres were not included. The particular issues that flow from organizing such highly specialized services are currently being addressed elsewhere.⁶

Background

An important role for population-based child health services research is to determine if all children have access to high quality integrated and well coordinated ambulatory and inpatient health services. Variation in service organization, specialization and/or integration across regions may affect utilization and health care outcomes. In Ontario, high rates of variation for a number of children's services have been noted, for example, extremely high small area variation in utilization of home care for newborns and high regional variation in hospitalization for common medical conditions, most notably gastroenteritis.^{10,18,16} Variation

in utilization of other important services, such as rehabilitation services and developmental services from Children's Rehabilitation Centres (CRC) or mental health services from Children's Mental Health Centres (CMHC), have not been studied. However, there are indications that access to these services varies widely.

Several factors influence variation in access and quality of children's treatment services:

- Service characteristics, such as funding levels, service infrastructure capacity, management style, and organization;
- Professional characteristics, such as type and supply, practice styles, and procedure volume;
- Population characteristics, such as socioeconomic status and disease prevalence, which have been associated with variation in infrastructure and utilization of services.

The pattern of morbidity in children with special needs often requires a broad and evolving range of services over many years. Common conditions, such as developmental problems, attention deficit disorder, or childhood asthma, rarely result in severe outcomes such as death, but, owing to sheer numbers, ultimately have considerable cumulative impact on population health status. For these children, quality health care relies much more on a cluster of readily available, integrated or coordinated, and largely ambulatory services, than for children without special needs.^{11,12} Outcomes for such conditions may not be readily attributed to any single intervention or service.

With children representing a small segment of the health care seeking population, pediatric expertise may tend to develop in a few specialized centres or services, with less opportunity for homogeneous distribution along the lines of general regional health services and professionals. With this specialization, there has been an increase in specialized assessment tools and therapies for children.

In Ontario, a recent review of some highly specialized procedures was followed by recommendations to concentrate tertiary pediatric cardiac surgery and pediatric transplantation services in one centre.¹⁴ The Review Committee also made recommendations regarding principles for pediatric activities of the five Academic Health Sciences Centres (AHSC) and opportunities are being explored with other highly specialized hospital-based specialized services. However, not all of the important advances in therapy are concentrated at the level of tertiary and quaternary care. Knowledge and techniques in caring for children at the community level have also advanced and involve a range of professional services. Ensuring dissemination of best practices across the all communities based on this new knowledge is a significant challenge. For children with special health care needs, who often require a variety of services, additional problems arise around the access and coordination of care. Several reports have identified problems in care delivered to children with special needs through silos without coordination or integration.^{8,15}

Scope of report

The goal of this report is to provide an overview of the public services and organizations involved in providing health care treatment to children in Ontario. It is intended to provide a general overview of the common treatment services and does not delve into specific services or problem areas for decision-making. Previous ICES reports focused on hospitalization services for which data have been more readily available, while this report is oriented more towards including additional data on ambulatory treatment services.

The project relied on information from a variety of sources, including:

- Previously published material from Statistics Canada, and the Institute for Clinical Evaluative Sciences (ICES);
- New material from analysis of OHIP claims, home care claims, a survey of organizations, and stakeholder focus groups.

The amount of detail and accuracy of the material depend on the nature of information available from these sources. An attempt has been made to examine this information in overview, and to avoid detailed repetition when other sources of this information are readily available.

The survey of organizations was based on a voluntary participation framework used by researchers affiliated with ICES. As such, the results reflect a sample of services, and cannot be treated as a public inventory, shared or verified.