
MINISTRY OF HEALTH AND LONG-TERM CARE

4.11—Ontario Midwifery Program

(Follow-up to VFM Section 3.11, *Special Report on Accountability and Value for Money—2000*)

BACKGROUND

On December 31, 1993, midwifery became a regulated health profession in Ontario. The *Midwifery Act* defines the practice of midwifery as the assessment and monitoring of women during pregnancy, labour, and the post-partum period and the provision of care to women and their babies during normal pregnancy, labour, and post-partum period.

The Ontario Midwifery Program was established in 1994 to fund professional midwifery services. Based on information provided by midwifery practice groups, the Ministry estimated that midwives attended approximately 6,000 births in the 2000/01 fiscal year. The Ministry expects that, by the 2003/04 fiscal year, midwives will be attending about 12,000 births annually in the province.

For the 2001/02 fiscal year, the Ministry provided approximately \$28.6 million to fund the provision of midwifery services. In 1999/2000, it provided \$17 million.

In our *Special Report on Accountability and Value for Money* (2000), our major concerns with the Midwifery Program were:

- There was a lack of adequate information to determine whether the objectives of the Program were being met.
- The Ministry had not assessed the cost-effectiveness of the delivery and funding model for midwifery services.
- The process for referring midwifery clients to specialists may have been creating additional costs for the health-care system.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take corrective action.

CURRENT STATUS OF RECOMMENDATIONS

According to information obtained from the Ministry, the Ministry has taken some action on all of the recommendations we made in our *Special Report on Accountability and Value for Money* (2000). The current status of each of our recommendations is as follows.

ASSESSING COST EFFECTIVENESS

Recommendation

To help assess the quality of midwifery services and assess whether these services are delivered efficiently and effectively, the Ministry, along with the College of Midwives of Ontario and the Association of Ontario Midwives, should:

- *determine what information is needed to make these assessments; and*
- *ensure that the information is collected and analyzed.*

Current Status

We were advised by the Ministry that in June 2002 it completed a feasibility study on a midwifery management information system, which it worked on with the Association of Ontario Midwives, the College of Midwives of Ontario, and the Midwifery Education Program. The Ministry indicated that it will implement the study's recommendations in phases beginning in the 2002/03 fiscal year.

EQUITABLE ACCESS

Recommendation

To determine whether the Midwifery Program is meeting its objective of ensuring greater equity of access to midwifery services, the Ministry should:

- *clearly define the meaning of “greater equity of access”;*
- *assess the impact of the allocation of midwifery services in the agreements between local agencies and midwifery practice groups;*
- *review the arrangements that permit midwives to have private clients; and*
- *clearly define “resident” for the purposes of eligibility for publicly funded midwifery services.*

Current Status

We were advised that, as a first step to measuring access to midwifery services, the Ministry requires that local agencies report to it the source of the referral for clients obtaining midwifery care. This enables the Ministry to track the means of access to midwifery services. In addition, to monitor access to midwifery services, the Ministry also requires that local agencies report to it the number of clients being cared for by ministry-funded midwifery practice groups.

The Ministry indicated that it continues to monitor client access to midwifery services. Data continue to show that current agency referral patterns and the arrangements allowing midwives to have private clients are not interfering with the general population's access to

publicly funded midwifery services. However, demand for midwifery services continues to exceed the supply of midwives.

The Ministry advised us that it will continue to monitor access by reviewing data supplied by agencies on a quarterly basis.

The Ministry indicated that although the midwifery definition of resident is not identical to that of the *Health Insurance Act*, upon review, the Midwifery Program definition provides the most appropriate level of access to midwifery services for the population being served.

REFERRALS TO SPECIALISTS

Recommendation

The Ministry should ensure that the current process for referring clients of midwives to specialists does not result in unnecessary visits to family physicians or hospital emergency departments.

Current Status

The Ministry, in collaboration with the Ontario Medical Association and the Association of Ontario Midwives, established, effective April 1, 2002, new fee codes under the Ontario Health Insurance Plan's Schedule of Benefits that permit the same compensation to specialist physicians for midwife requests as for requests for consultation by physicians. According to the Ministry, this will alleviate the barrier that prevented midwifery clients from directly accessing specialists.