EXECUTIVE SUMMARY

PUTTING PATIENTS FIRST

Ontario is committed to developing a health care system that puts patients first. Over the past 10 years, the province has improved access to primary care, provided more care for people at home, reduced hospital wait times, invested in health promotion programs, and taken steps to make the system more transparent and more accountable. But there are still gaps in care.

GAPS IN CARE

Ontarians, including patients, care providers and system experts have identified challenges in our health care system.

- Some Ontarians – particularly Indigenous peoples, Franco-Ontarians, members of cultural groups (especially newcomers), and people with mental health and addiction challenges – are not always well-served by the health care system.

- Although most Ontarians now have a primary care provider, many report having difficulty seeing their provider when they need to, especially in evenings, nights or weekends — so they go to emergency departments and walk-in clinics instead.

- Some families find home and community care services inconsistent and hard to navigate, and many family caregivers are experiencing high levels of stress.

- Public health services are disconnected from the rest of the health care system, and population health is not a consistent part of health system planning.

- Health services are fragmented in the way they are planned and delivered. This fragmentation can affect the patient experience. It can also result in inefficient use of patient and provider time and resources, and can result in poor health outcomes.

Many of these challenges arise from the disparate way different health services are planned and managed. While local hospital, long-term care, community services, and mental health and addiction services are all planned by the province’s 14 Local Health Integration Networks (LHINs), primary care, home and community care services and public health services are planned by separate entities in different ways. Because of these different structures, the LHINs are not able to align and integrate all health services in their communities.
A PROPOSAL TO STRENGTHEN PATIENT-CENTRED CARE

To reduce gaps and strengthen patient-centred care, the Ministry of Health and Long-Term Care is proposing to expand the role of the Local Health Integration Networks. In Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario, the ministry provides more detail about the four components:

1. **More effective integration of services and greater equity.**
   
   To make care more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.

   Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery.

   In their expanded role, LHINs would be responsible for working with providers across the care continuum to improve access to high-quality and consistent care, and to make the system easier to navigate – for all Ontarians. The LHIN sub-regions would take the lead in integrating primary care with home and community care.

2. **Timely access to primary care, and seamless links between primary care and other services.**
   
   Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.

   The LHINs would work closely with primary care providers to plan services, undertake health human resources planning, improve access to interprofessional teams for those who need it most and link patients with primary care services. The ministry would continue to negotiate physician compensation and primary care contracts.

Strengthen accountability and integration of home and community care.
Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs.

With this change, LHINs would govern and manage the delivery of home and community care, and the CCAC boards would cease to exist. CCAC employees providing support to clients would be employed by the LHINs, and home care services would be provided by current service providers. This shift would create an opportunity to integrate home and community care into other services. For example, home care coordinators may be deployed into community settings, such as community health centres, Family Health Teams and hospitals.

4. Stronger links between population and public health and other health services.

Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.

The Medical Officer of Health for each public health unit would work closely with the LHINs to plan population health services. LHINs would be responsible for accountability agreements with public health units, and ministry funding for public health units would be transferred to the LHINs for allocation to public health units. Local boards of health would continue to set budgets, and public health services would be managed at the municipal level.

With the above four changes the ministry would continue to play a strong role in setting standards and performance targets, which would help ensure consistency across the province. The LHINs would be responsible for performance management, and for preparing reports on quality and performance that would be shared with the public and providers.

A PATH FORWARD

With Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario, the ministry will engage the public and providers to discuss the proposal. The ministry has many questions concerning how to plan for and implement the proposed approach successfully. The full paper includes a series of discussion questions. The ministry is committed to listening. You are invited to review the full paper at www.health.gov.on.ca/en/news/bulletin and submit feedback or pose questions to health.feedback@ontario.ca.

The ministry looks forward to continuing the conversation...and to taking the next steps towards building a high-performing, better connected, more integrated, patient-centred health system.