MINISTRY OF HEALTH AND LONG-TERM CARE

2002-2003
Business Plan

Ontario

Message from the Minister

Hon. Tony Clement

As Minister of Health and Long-Term Care for the province of Ontario, I am pleased to present you with my ministry's business plan for 2002-2003.

Health and healthcare rank as number one concerns for people in Ontario and elsewhere in the world.

The ministry's mission is to respond to these concerns by advancing healthcare and enhancing physical and mental health in all of life's stages, through a high-quality, publically funded system that is accessible to all Ontarians.

Ontario has spent the last seven years redesigning the system to ensure universal access to publicly funded healthcare. Ontario is beginning to see the results, capitalizing on its world-recognized research and development and world-leading centres of excellence to realize improved health and healthcare.

As the system undergoes continuous improvement, we will continue to listen to Ontarians and to ask them to participate in realizing the ultimate benefits and promise of healthcare.

The people of the province recently gave the government clear direction on how they want health enhanced and healthcare advanced. This direction has come through the Public Dialogue on Healthcare, a survey mailed to four million Ontario households that generated an unprecedented response rate – more than three times the normal rate for a government direct mail initiative.

More than 400,000 households spoke in the Public Dialogue. They told the government that they want their one-tier, universally accessible, publicly funded healthcare system sustained and improved. Specifically, they want to see an increase in the number of doctors and nurses in the system to meet current and future needs, shorter waiting lists, increased access to such diagnostic tools as Magnetic Resonance Imaging (MRI) machines and a focus on keeping people well.

The government has listened and now, it is acting. This business plan details that action. It is anchored in the major financial commitment that the government has made to health and healthcare in 2002-2003 – $25.5 billion dedicated to the ministry alone, involving an increase of 7.3 per cent overall compared to $23.7 billion in 2001-2002, in addition to $342.3 million for healthcare facility infrastructure renewal through the SuperBuild initiative.

It builds upon the extraordinary array of initiatives that the government has already taken to improve access to care and deliver the very best value for every taxpayer dollar that is spent to promote health, prevent disease and disability, and treat illness and injury.

These initiatives have made Ontario a national leader in healthcare reform. Our 2002-2003 business plan will ensure we remain healthcare leaders.

The Honourable Tony Clement
Minister of Health and Long-Term Care

Ministry Vision

Advancing healthcare, and enhancing physical and mental health in all life's stages, through a high-quality system that is easily accessible for all Ontarians.

Around the world, particularly in jurisdictions within the developed world, societies and communities are struggling to address the dramatic changes in healthcare needs and possibilities due, in part, to a growing and aging population.

In Ontario, the government, through the Ministry of Health and Long-Term Care, has undertaken comprehensive reforms aimed at sustaining the health system and increasing its efficiency while addressing health issues. These relate to demographic and population changes, new knowledge, pre-emptive health strategies, and the benefits derived from new science, research, medicine, and technology.

Our goal is to achieve excellence in health and healthcare by involving all of our stakeholders as we move forward with our vision for healthcare in Ontario.

Core Businesses

The Ministry of Health and Long-Term Care (MOHLTC) oversees and funds a complex system of health services. It does so through five core businesses that work together to ensure that people get the health services they need, when and where they need them.

Public Health, Health Promotion and Wellness

This core business aims to protect, promote and enhance health, preserve independence, prevent or delay disease, injury and premature death, at all stages of life. Programs within this core business enable individuals, families and their communities to identify and respond to their health needs. Programs within this core business include Health Promotion, Integrated Services for Children, Community Health Centres, Midwifery Services, HIV/AIDS-related programs, Substance Abuse Bureau, Public Health and Emergency Health Services (land and air ambulances). These programs ensure transfer payment accountability, operational policy development and planning.

Challenges include increasing awareness and accessibility of health promotion and disease prevention programs while addressing other broader factors that impact health outcomes. This includes addressing existing and emerging infectious diseases such as West Nile virus and influenza. Many health problems can be lessened through community-wide prevention and early detection programs, e.g., cardiac, stroke, asthma, HIV, smoking cessation and diabetes. Similarly, chronic diseases can be lessened through public education and skills development, community programming, public policy development and information that address key risk factors.

This core business reflects the ministry's renewed vision to focus Ontario's healthcare resources on proactive healthcare services rather than reactive treatment of acute and chronic illness.

Ontario Health Insurance

Ontario Health Insurance programs include physicians' payments, drugs, laboratory services and assistive devices. Government-funded services are available to Ontarians who have registered and are eligible for the Ontario Health Insurance Plan (OHIP).

This core business ensures Ontarians have paid access to a range of health professionals. The medical services covered under OHIP range from diagnostic, preventative treatment and rehabilitation services provided by general and family doctors as well as specialists, to health services such as optometry, chiropractic, physiotherapy and those provided by community and public health laboratories.

This core business includes funding for three major reforms: Primary Care Reform through Family Health Networks which provides opportunities for family physicians to voluntarily move to family health networks and blended compensation; Academic Health Science Centre (AHSCs) alternate funding plans which provide physicians with the opportunity to change to funding mechanisms that recognize their combined clinical, teaching and research responsibilities; and the Laboratory Reform initiative intended to provide better regional co-ordination between hospital, public health and community laboratories.

Preventing, detecting and deterring fraudulent use of the health system by monitoring, assessing billings and the use of services, verifying continuing eligibility of people for OHIP coverage, and investigating suspected fraud are essential parts of the core business.

Integrated Health Care Programs

Integrated Health Care Programs are responsible for transfer payment accountability, operational policy development, planning and funding for two primary areas of activity:

- Institutions: Encompasses hospitals and related facilities, including community hospitals, specialty hospitals, psychiatric hospitals and academic health science centres, and Long-Term Care (LTC) facilities; and
- Community Services: Programs include Community Care Access Centres (CCACs), community support services, acquired brain injury services, supportive housing, Children's Treatment Centres, community-based mental health services and cancer care services.

This core business also administers activities associated with hospital restructuring. Its goal is to anticipate the needs of Ontario's growing and changing population so that the ministry can ensure appropriate services and technology are available to Ontarians through every stage of their lives.

Programs are delivered regionally and co-ordinated provincially. The aim is to facilitate integration of these programs at a local and regional level and maintain optimal patient care, bringing healthcare services closer to individuals in their communities. Regional offices guide and assist institutions to provide programs and services consistent with ministry approved policies, practices and standards.

The ministry does not directly manage most institutions. They are independent corporations run by independent boards or private operators. The ministry regulates and funds hospitals and LTC facilities, and directly operates four psychiatric hospitals. In 2002, Community Care Access Centres (CCACs) became statutory corporations of government.

Health Policy and Research

The Health Policy and Research core business integrates the ministry's policy and planning functions by providing clear, consistent and timely direction to support and improve the Ontario healthcare system. The goal is to create policies that support the development and implementation of a comprehensive, client-centred, integrated, accountable and accessible healthcare system that meets the needs of a growing, changing and aging population.

Working together with health system stakeholders, ministry staff develop legislation, standards, and programs, as well as policies. This is co-ordinated with the help of health service providers, consumers, and the public. System-wide planning allows the ministry to allocate resources and ensure the seamless delivery of health services across the province.

To enhance accountability, the ministry develops management policies, accountability and performance measurement frameworks linked to results to improve efficiency and effectiveness and promote the sustainability of the health system.

The ministry funds research to improve delivery of health services and works with research partners. Together with 21 health professions regulatory colleges such as the College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario, Health Policy and Research focuses on professional standards and patient safety. Programs within this core business also develop and establish educational opportunities for the health professions.

Effective strategic management and co-ordination of and liaison with other jurisdictions on key health issues in order to promote Ontario's strategic interests are also a key component of this core business.

Internal Administration

Internal Administration provides operational and strategic business support to the ministry in the areas of finance, capital planning, health restructuring implementation, general administration, human resources, organizational development, information technology, business improvement, audit, legal, communications and information, freedom of information, corporate co-ordination services, adjudicative health boards, and the government pharmacy.

It provides management frameworks, processes and tools to support effective and efficient program delivery, facilitates informed decision-making by promoting the use of compatible information technology across the health sector and co-ordinates critical infrastructure development.

This core business also supports business administrative services for the ministry's corporate and regional operations to ensure co-ordinated and responsive policy development and implementation.

A key activity is ensuring that appropriate controllership mechanisms (accountabilities, competencies, quality assurance and performance management systems) are in place so the ministry can make the most cost-effective and efficient use of resources. Internal Administration also leads development and implementation of accountability systems to monitor and report on transfer payment programs and is responsible for capital planning/financing for the ministry.

Annual Report on Key Achievements for 2001-2002

Good health and a readily accessible, accountable, high-quality healthcare system for the people of Ontario were top priorities for the government in 2001-2002. This was reflected in its actual spending of $23.7 billion to the Ministry of Health and Long-Term Care (MOHLTC), the largest in provincial history.

Ontario has one of the largest and most complex publicly funded healthcare systems in the world. Not surprisingly, the ministry's accomplishments were spread over a wide array of activities dedicated to addressing what the people of the province wanted from their healthcare system; providing the best in community-based diagnosis, treatment, care, health promotion and disease prevention; ensuring accountability by and among service providers, patients and others in the system; and sustaining the system in the long term.

Ontario has reiterated that the federal government must do more to help ensure long-term sustainability of the healthcare system by, at a minimum, restoring the Canada Health and Social Transfer (CHST) to 1994-1995 levels, or 18 per cent of the nation's bill for health and other social programs, and implementing appropriate increases to offset future costs in these areas.

Public and government dialogues played key role

The Public Dialogue on Healthcare was conducted, with 400,000 households participating, an unprecedented response. Four major priorities were identified: hiring more doctors and nurses; reducing wait times; providing greater access to diagnostic services; and focussing on keeping people healthy.

Accountability initiatives, better service co-ordination resulted in improvement to care

The Ontario government is developing a Patients' Charter of Rights and Responsibilities that will let people know what they can expect of their healthcare system and what they can do to help make it work better. Earlier this year, we consulted with stakeholders on the content of a Patients' Charter and reviewed similar initiatives in other jurisdictions. This information will be used to develop a Patients' Charter of Rights and Responsibilities for the people of Ontario.

In 2001-2002, the government, in partnership with the Ontario Hospital Association, issued hospital report cards for acute care, complex continuing care and emergency department care. The Acute Care Report Card represented one of the most comprehensive public accountability processes in the country and included one of the largest patient satisfaction surveys ever conducted in North America. The emergency department care and complex continuing care report cards were the first of their kind in the world.

The Acute Care Report Card compares a hospital's estimated budget to its actual costs. When costs are below budget a hospital is considered "efficient." In addition, the ministry through use of a new funding formula has allocated approximately $100 million based on a similar analysis.

The report card also measures overall patient satisfaction. In 2001, 88.5% of patients rated the level of care they received as "good" or "excellent."

The provision of radiation treatment closer to home for cancer patients became a reality with the discontinuation of the radiation re-referral program including in-province and out-of-country re-referrals. This was made possible by increased capacity and through an after-hours radiation clinic. Increased access was also achieved for cancer patients requiring systemic treatment through increased funding for more staff positions and for new cancer drugs. Cancer Care Ontario is working diligently to achieve greater local integration and improved co-operation of cancer services, and to establish a Quality Council that will oversee the development of standards and guidelines for quality cancer care services.

The Joint Provincial Nursing Committee published a progress report on initiatives to enhance Ontario nursing services. Statistics demonstrated that investments in nursing have helped increase full-time employment opportunities for nurses. The percentage of registered nurses reporting full-time employment in 2001 was at its highest level in seven years.

Through our Emergency Services Strategy, the ministry funded 10 regional co-ordinators to support Emergency Services Networks across the province. These networks addressed emergency service pressures by monitoring patient flow through the healthcare continuum. Providers including hospitals, ambulance services, LTC facilities, and CCACs worked together as part of the network to identify solutions to local issues and to facilitate co-ordination of services. In tandem with provincial strategies, such as free flu shots and alternative funding agreements for doctors, this helped ease pressures in hospital emergency departments, especially in peak periods during the fall and winter.

Funding for emergency health services was provided to municipalities through grants to buy land ambulance vehicles and equipment and to train paramedics in the new Canadian Triage Acuity Scale, which was implemented province-wide to ensure emergency room staff and paramedics can use a common language to describe the degree of patient illness or injury.

The Ambulance Response Information System (ARIS) II land ambulance dispatch system was successfully launched at the Quinte Thousand Islands Central Ambulance Communications Centre in Kingston, and an additional critical care transport helicopter, based at Toronto's City Centre Airport, was added to the province's dedicated air ambulance service.

The province's land ambulance operator-licensing scheme was replaced by a periodic, quality-based operator certification process, combining characteristics of accreditation with those of an inspection and compliance review program.

The ministry continued to implement the Ontario Stroke Strategy by approving six stroke rehabilitation pilot projects, providing dedicated funds for stroke education, and designating three new regional stroke centres and seven district stroke centres, for a total of 16 stroke centres with dedicated resources for evidence-based stroke care.

The 19 networks established to plan efficient and effective healthcare services for rural and northern residents submitted updated implementation plans for new acute care, rehabilitation, and complex continuing care expansions in hospitals, as well as other ways of improving services in their network.

In partnership with the Ministry of Community, Family and Children's Services, MOHLTC implemented preliminary changes, leading to a fully consolidated budget plan and process in 2002-2003 for children's treatment centres funded by both ministries. This will streamline accountability.

The ministry worked with partners to ensure accountability for the dollars invested in healthcare. Increased staffing and improved technology enabled earlier detection of fraud and abuse and prevented valuable healthcare dollars from being spent inappropriately. The MOHLTC/OPP Health Fraud Investigation Unit continued to conduct criminal and provincial offences investigations and support the prosecution of healthcare fraud. The unit has laid more than 1,200 charges and secured more than 180 convictions since 1997.

Telehealth, primary care aid in early diagnosis and treatment

Telehealth Ontario, a toll-free telephone health advisory service providing access to Registered Nurses for advice, information and referrals, 24 hours a day, 7 days a week in English and French, and translation services for 110 languages, began operation province-wide just before the start of the year. Since February 2001, it has responded to more than 1,000,000 calls, with some daily volumes exceeding 5,000 calls. In March 2002, the service added a direct TTY line for callers with speech and hearing difficulties.

Ontario's primary care reform program for increasing access to family doctors in all parts of the province made significant advances in 2001-2002. The first Family Health Network (FHN) – the Dorval Medical Associates Family Health Network in Oakville – was formed and at year's end the province-wide Ontario Family Health Network (OFHN) was administering and managing 14 local primary care networks, involving 178 doctors and serving 270,000 patients.

Interest in starting new family health networks was also marked. OFHN received 16 expressions of interest from health service organizations exploring conversion to family health networks. OFHN received more than 250 requests for information from physicians about FHNs and 350 requests for financial analyses to compare physicians' current revenue to their potential revenue in an FHN. More than 400 interested physicians attended information sessions.

Two reports evaluating primary care reform pilot projects indicated that network patients are satisfied with their regular doctor and that things doctors like about FHNs include such lifestyle benefits as more time off, stable income and more opportunities for continuing medical education.

Over $190 million was provided to upgrade and modernize medical equipment, leading to improved diagnostic and treatment services in the province. These grants provided hospitals, independent health facilities, ambulance services, community health centres and LTC facilities with the opportunity to replace and upgrade existing equipment necessary to maintain and improve health services in Ontario.

The ministry continued to develop the secure electronic information infrastructure to allow communication among Ontario's healthcare providers and, in partnership with OFHN, a transitional pilot project in Chatham-Kent was implemented.

The ministry enhanced timely access to a full range of health services and treatments by expanding programs and improving access to physician services. The government invested more

than $112 million to help stabilize emergency departments through globally funded contracts with physicians and hospitals. MOHLTC, the Ontario Medical Association and the Ontario Hospital Association developed two permanent funding models for emergency services, with 96 hospitals and more than 2,000 physicians participating.

Comprehensive contracts for paediatric and paediatric specialist services were implemented at the Hospital for Sick Children in Toronto and the Children's Hospital of Eastern Ontario in Ottawa. In addition, paediatric oncology services were globally funded in Kingston, Hamilton, London, Toronto, and Ottawa.

The Schedule of Benefits for Physician Services was changed to expand the criteria for midwife-requested assessments to support alternative funding arrangements for emergency departments; to compensate physicians for the complexity and time required for planning radiotherapy cancer treatment; and to help stabilize and improve the supply of radiation oncologists in Ontario. To support the expansion of MRI and Computed Tomography (CT) services in the province, payments to physicians for these services were increased by 30 per cent.

The ministry contributed to improving access to nursing health services. This included a $10 million investment for 106 nurse practitioner (NP) positions in LTC facilities, underserviced areas, family health networks and Aboriginal health centres. More than 85 per cent of these NP positions were filled. Benefiting communities reported that the NPs are adding value, enhancing access to care and increasing patient satisfaction.

The province issued two reports on the important developments in the field of genetic medicine and their impact on the provision of healthcare to Ontarians, *Genetics, Testing & Gene Patenting: Charting New Territory in Healthcare*, which was endorsed by all Premiers at a meeting in Vancouver in January 2002, and the report of Ontario's Advisory Committee on New Predictive Genetic Technologies, *Genetic Services in Ontario: Mapping the Future.* The mandate of the committee is to advise upon the development of a framework for introducing new genetic predictive testing and services into Ontario's healthcare system.

Bill 68, "Brian's Law" (Mental Health Legislative Reform), was implemented to create a comprehensive, balanced and effective system of community-based mental health services. More than 2,000 authorized leaves of absence and 100 community treatment orders were issued. Rights advice is provided by the Psychiatric Patient Advocate Office.

Phase 2 of the Mental Health Homelessness Initiative allocated $67.6 million to provide supportive housing for people with serious mental illness who are homeless or at risk of becoming homeless. A total of 1,046 supportive housing units were successfully put in place across the province.

In 2001-02, the ministry funded pilot programs in 17 existing Sexual Assault Treatment Centres to provide specialized care/treatment for paediatric victims of sexual abuse.

Additional funding for substance abuse programs strengthened the drug and alcohol treatment system that provided services to more than 125,000 people. In addition, the ministry provided $2.5 million as part of the Early Years initiative to support treatment programs for pregnant women with substance abuse problems and their children up to age six.

New Northern medical school, key to services closer to home

Last year, the Ontario government announced the establishment of a new Northern Medical School (NMS), the first new medical school in Ontario in over 30 years. NMS is intended to encourage students and physicians to establish and maintain practices in the North and in rural communities in an effort to improve access to physician services and ensure there are enough doctors in the future.

By fall 2001, a total of 113 new undergraduate medical positions were added in Ontario. Rural and regional networks for medical training were established and funded for both Southwestern Ontario and South Central Ontario and 50 new postgraduate medical training positions, geared to the needs of rural and northern communities, were added. The ministry expanded and introduced new programs to assess, train and license foreign-trained physicians.

A new funding formula for hospitals was introduced that recognizes hospital performance and the needs of the population. Approximately $96 million was provided under the new formula increasing the total funding to hospitals to $8.7 billion.

The ministry worked actively with LTC facility operators to ensure that approvals, development and construction of new beds and redevelopment of existing older beds would meet the government's commitment to building 20,000 new LTC beds by 2004 and redeveloping up to 16,000 existing older beds by 2006. The ministry continued to streamline processes and facilitate creation of successful partnerships and joint ventures.

Children's Treatment Centres (CTCs) were awarded an additional $20 million in annual funding, increasing services to children in existing CTCs and undertaking local system planning in the non-CTC areas of North Bay/Nipissing and York/Simcoe.

The government strengthened the Community Care Access Centre (CCAC) system through a series of reform strategies. These strategies will ensure improved accountability of CCACs and consistent application of government policies and guidelines to ensure that people get the care they need. The *Community Care Access Corporations Act*, *2001* was passed. With this act, the government appointed CCAC executive directors, board chairs and board members through Orders in Council. CCACs will be required to sign memorandums of understanding that outline the ministry's expectations concerning financial, staffing and administrative issues. The ministry also developed a comprehensive policy and operational strategy that included changes to CCAC case management and contract management. A resource allocation system for case managers was developed and implementation begun.

The first year of a three-year (2001-2002 to 2003-2004), $26.4 million Transfer Payment Capital Projects Initiative for community mental health programs, announced in the 2001 Budget, was implemented successfully. Nine projects totalling $5 million were funded in Barrie, Welland, Oakville, Cornwall, Bracebridge, Southampton, Strathroy, and Toronto.

Flu program led disease prevention, health promotion efforts

The Universal Influenza Immunization Program (UIIP) was launched in 2000. In 2001-2002, 4.9 million doses of influenza vaccine were distributed.

Funding for the Healthy Babies, Healthy Children (HBHC) program was increased to $74.5 million from $67 million. HBHC, a voluntary prevention/early intervention initiative designed to help families promote healthy child development, give children a better start in life and help them achieve their full potential, was introduced in 1998. An evaluation based on two years of research indicated that HBHC is achieving considerable success, approaching its target of universal coverage of all newborns in Ontario (screening all newborns of consenting parents) and delivering intensive home visiting services to high-risk Ontario families.

Healthier lifestyles were promoted through smoking cessation and prevention initiatives, including the establishment of a smoker's helpline, a mass media campaign for public education on tobacco control and youth-oriented tobacco use prevention activities.

Key Commitments and Strategies for 2002-2003

The ministry's key commitments and strategies for 2002-2003 are designed to fulfill the government's broad objectives for the healthcare system – high-quality care that is universally accessible and sustainable for the long term – and priorities identified in the Public Dialogue on Healthcare.

The Ontario government has allocated a record $25.5 billion to MOHLTC in 2002-2003 – an increase of 7.3 per cent over last year. This additional funding includes a 7.7 per cent increase for hospitals, bringing Ontario's investment in hospitals to $9.4 billion.

The ministry has translated this mandate into priorities to enhance both the system and the services it delivers.

We are committed to a publicly funded, universally accessible healthcare system that provides services to all the people of Ontario where they need them and when they need them.

- As announced in the 2002 Throne Speech, we will introduce a multi-year funding approach for Ontario hospitals to improve accountability, accessibility and fairness as well as enable hospitals to better plan for the needs of their communities and those who need care.

- We are committed to continuing to develop hospitals using innovative methodologies that ensure modern and efficient quality service delivery and value for money for the public. Two projects are currently underway in Brampton and Ottawa using partnership arrangements.

- In July 2002, the government announced an investment of $100 million. We will invest in improvements to the delivery of LTC services in Ontario and enhance nursing and personal care services in LTC settings.

- The government will consider and respond to the final reports of both the Romanow Commission on the Future of Health Care in Canada and the (Kirby) Standing Senate Committee on Social Affairs, Science and Technology and on any federal government plans, reiterating our commitment to our citizens through leadership in health system sustainability, reform and renewal.

We will continue to invest in healthcare infrastructure renewal throughout Ontario, and develop both the people and the technology needed to serve Ontario's population into the future.

- We will continue to develop 20,000 new LTC beds by 2004 and redevelop up to 16,000 existing older beds by 2006 to ensure that there is community care for elderly people and improved quality of life in Ontario's LTC facilities.

- Smart Systems for Health will support health system restructuring and the E-health Strategy with the goal of allowing secure electronic communication among Ontario's healthcare providers.

We are committed to a healthcare system that is managed with excellence for both consumer satisfaction and performance accountability.

- We will hold consultations to ensure that the proposed Patients' Charter is based on input from stakeholders and the public. The charter and its supporting mechanisms will serve to educate the public and healthcare providers on the rights and responsibilities of healthcare consumers.

- In partnership with the Ontario Hospital Association, we will release our annual Hospital Report Card on Acute Care. The results will be published in local newspapers and will be used by both hospitals and the ministry to improve hospital performance and better manage hospital services.

- We will continue to work with Community Care Access Centres in their new role as statutory corporations of government to ensure they meet the service needs of Ontario's residents within the framework of operating budgets.

- We will report in September on the health system performance indicators agreed to by the Federal, Provincial and Territorial First Ministers and Health Ministers.

- We will review the system under which health professions in Ontario are regulated to consider means to provide further assurances to the public of quality healthcare services, greater transparency and information to the public, and to enhance the accountability of professionals and their governing college.

- To enhance accountability, we will focus on fraud awareness and prevention through the creation of new partnerships with internal and external stakeholders.

- This year the province will pilot a key component of the Ontario Quality Management System for Laboratory Services, a peer review system, which will examine the performance of laboratories against established standards and requirements.

- The agreement between the ministry and the Ontario Medical Association (OMA) is currently in the third year of a four-year contract. This year, we will focus on a number of major commitments in the agreement, including tabling the Resource Based Relative Value Schedule Commission report on the relative value of the fee schedule, converting Academic Health Science Centres from fee-for-service to Alternative Funding Plans (AFPs), and rolling out Family Health Networks.

- The ministry is negotiating AFPs with physicians in Academic Health Science Centres as an alternative billing approach to fee-for-service. AFPs are intended to enhance and stabilize the recruitment and retention of physicians in teaching hospitals and improve the co-ordination and integration of medical staff, teaching hospitals and universities.

- The ministry is working with federal and provincial governments across the country on finding ways to manage the rapid growth in prescription drug costs. One such initiative is the Common Drug Review, which is intended to streamline the drug approval process across the country. With a drug budget that will exceed $2.2 billion this year, we intend to continue to work with our healthcare partners on the drug program.

- The ministry will continue to work with the OMA and other stakeholders to support and facilitate the expansion of primary care reform in Ontario. Elements of primary care reform include family health networks, Telehealth, community health centres and AFPs. This year, we will conduct further consultations about Family Health Networks. We will also review other primary care AFPs, such as health service organizations and community health centres, to bring them into alignment with primary care reform. We will also continue to explore new AFPs and re-negotiate existing AFPs for key areas, such as tertiary paediatrics, regional consulting paediatrics, oncology and northern specialists. These agreements will help ensure continued access to specialized services in Ontario.

We are committed to increasing access to healthcare professionals through various initiatives.

- We will commit to giving nurses and nurse practitioners (NPs) more responsibilities in caring for patients by implementing an Advanced Practice Nursing Strategy to enable nurses to take on greater responsibility in patient care within their scope of practice. This commitment includes doubling the number of NPs in Ontario. A total investment of $14 million has been made this year to support 137 new nurse practitioner positions in rural, small town and underserviced communities. This includes:
  - $3 million for the next three years (announced in May 2002) to support demonstration projects that will place 20 or more Nurse Practitioners in 12 communities that have had no access or limited access to a family physician for an extended period of time; and
  - $11 million (announced in September 2002) for an additional 117 new nurse practitioner positions.

  By 2004-2005, stable funding will be provided for up to 369 new nurse practitioners to work in Ontario's small, rural and underserviced communities, improving access to primary healthcare services.

- We will collect data from chief nursing officers and executives across the province to gain insight into the factors that affect the retention and recruitment of nurses. This information will be used to assist in analysing nursing human resources and informing retention and recruitment strategies in Ontario.

- We will participate fully in advising on the direction of nursing and health research. Nurses are key contributors to the health of Ontario's people and the government will increase its investment in nursing research by 50 per cent this year to $1.5 million.

- We are committed to ensuring that everyone in Ontario has appropriate access to a doctor and will be moving forward with several initiatives to improve access to physicians across the province.

  -We are committed to the first new northern medical school in Ontario in 30 years with campuses at Laurentian University in Sudbury and Lakehead University in Thunder Bay.

  -We will complete the 30 per cent expansion of medical school enrolment by fall 2002 bringing the total increase to 160 positions over the 1999 levels of 532.

  -We will work with the healthcare community to encourage more foreign-trained doctors to locate in under-serviced areas and increase the certification rate of these skilled individuals.

  -The Ontario Family Health Network ePhysician Project will assemble high-quality integrated information technology products and services for primary care physicians to support their timely delivery of high-quality healthcare services.

- We will continue to build on the Ontario Stroke Strategy achievements to improve patient outcomes. We will designate new district stroke centres throughout the province and re-organize stroke services in hospitals, rehabilitation facilities, long-term care settings and the community. We will continue to support health promotion initiatives and designate new secondary prevention sites.

- To help maintain and upgrade ambulance response times, we will provide $29.2 million in additional funding to municipalities for response time improvements and $3.3 million for the Central Ambulance Communications Centres (CACCs). Increased staffing will strengthen the ability of the province's dispatch centres and ambulance services to respond rapidly and efficiently to emergencies.

- To improve ambulance dispatch, we will continue to expand the ARIS II land ambulance dispatch system being deployed throughout the province over four years.

- The province will continue to invest in researchers and research organizations to ensure Ontario has the skills and capacity to conduct health and health services research now and in the future.

We are committed to introducing innovative ways to make diagnostic and treatment procedures accessible to all Ontarians and working toward reducing waiting times.

- We are taking particular steps to improve patient access to key diagnostic services, such as Magnetic Resonance Imaging (MRI) and Computed Tomography (CT). We will support new and innovative opportunities for partnerships between service providers to improve access to diagnostic services within the universal, publicly funded system. In summer 2002, the Minister announced that new or existing Independent Health Facilities (IHFs) could expand their provision of diagnostic services to include Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) services. This policy initiative, which includes provisions for up to 20 MRIs and five CTs, was designed to increase access to these important diagnostic services. Full implementation is expected by spring 2003. In addition, Ontario will provide $28.3 million in additional funding to hospitals to improve access to MRI diagnostic services by supporting extended service hours for medically necessary, OHIP-insured MRI services. Currently, Ontario has 44 approved MRI machines up from 12 in 1995. The government will continue to support the expansion of hospital-based MRI services throughout the province.

- The ministry will invest $30 million to replace aging radiation equipment.

- Working with hospitals and healthcare providers, we will plan and begin to provide funding for telemedicine initiatives at 140 hospital sites across Ontario.

- Ontarians will receive the best possible cancer care through the government's investment of $40 million for new therapies and treatment techniques. This investment includes funding for the new provincial drug funding program that provides hospitals and regional cancer centres money for new, costly anti-cancer and supportive care drugs according to evidence-based practice guidelines. This drug program provides cancer patients with access to new intravenous chemotherapies for cancers that would otherwise be untreatable. This investment also provides funding to meet the pressures of rising drug costs, population growth and more complex treatments.

- With an investment of up to $20 million in 2002-2003, the government will act on its recent commitment to make Visudyne therapy an insurable treatment for eligible patients who have the predominantly classic form of wet macular degeneration.

We are committed to valuing and supporting health promotion and wellness initiatives that will allow Ontarians to live healthier and longer lives.

- We will increase our funding for Healthy Babies, Healthy Children to $74.5 million from $67 million in 2001-2002, supporting and enhancing existing components of the program and increasing referrals and participation by primary care providers.

- We will introduce a policy framework for community-based children's rehabilitation services that is intended to promote equity of access, more consistent service delivery, increase integration with the broader system of services for children with special needs and strengthen accountability.

- In partnership with the Ministry of Community, Family and Children's Services and building on work done to date, we will complete the development of a common budget plan and process for children's treatment centres. The fully integrated approach will be in place effective April 1, 2003.

- Phase 2 of the Mental Health Homelessness Initiative will continue to be implemented to provide by March 2003 approximately 3,600 supportive housing units over three years for people with serious mental illness who are homeless or at risk of becoming homeless.

- We will also support initiatives that increase access to substance abuse treatment for under-served populations such as youth, older adults and people who require methadone maintenance treatment. Additional funding will be provided to programs for pregnant women with addictions and their children up to age six.

- We will complete the process of making awards for the development of community projects to support the implementation of the Ontario Tobacco Strategy. These projects are currently under development and will support the implementation of the strategy.

- As one of the ministries covered by the *Environmental Bill of Rights Act*, the ministry considers and incorporates environmental concerns into its policy decision-making. This commitment is laid out in the Ministry of Health and Long-Term Care's *Statement of Environmental Values* (SEV) document. We are committed to applying the SEV when making policy decisions that might significantly affect the environment and the health of Ontarians.

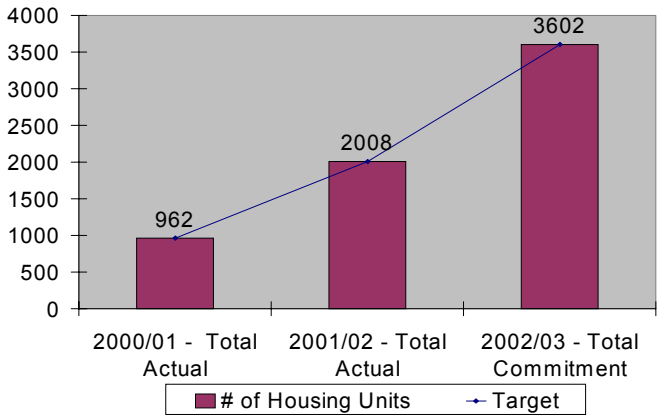
- The nine Mental Health Implementation Task Forces appointed by the Minister of Health and Long-term Care will be providing their recommendations for improvements to local and regional mental health services and supports to the Minister by December 2002. The government looks forward to reviewing the Task Force reports.

Key Performance Measures

Accountability and performance measurement are at the forefront of government concerns. The Ministry of Health and Long-Term Care continually monitors its goals for an improved health system. By linking the effectiveness of services to performance measures, the ministry can see how its reforms are working. Performance measures also help the ministry plan for the future sustainability of the health system.

Core Business: Integrated Health Care Programs

Provision of a total of approximately 3,600 housing units for the seriously mentally ill



Ministry Contribution

- In 2000-01, 962 housing units in Toronto, Hamilton and Ottawa (Phase 1) were established.
- In 2001-02, 1,046 additional housing units were established (Phase 2) throughout the province, for a total of 2,008 units.
- In 2002-03, an additional 1,594 housing units (Phase 2) for people with serious mental illness will be developed for a 3-year total of 3,602 units.
- As well, 7,900 supportive housing units and 1,761 Homes for Special Care units are available for people who have mental illness or who have substance abuse issues.

What does the graph show?

- The graph indicates the increase in the number of housing units for people with serious mental illness who are either homeless or at risk of becoming homeless.

2002-03 Commitments

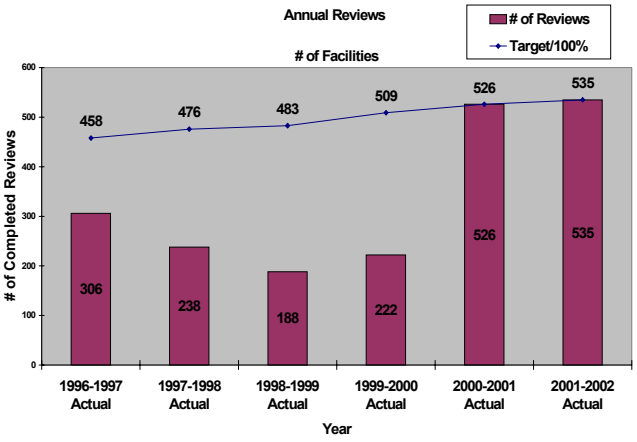
100% (3602 housing units) acquired by March 31, 2003

Long-term Target

100% (3602 housing units) acquired by 2003

Core Business: Integrated Health Care Programs

Completion of annual LTC facility compliance reviews



Ministry Contribution

- Ensures all Long-Term Care (LTC) facilities and interim beds located in hospitals are annually inspected and unmet standards followed up
- Ensures there is a knowledgeable staff to implement the LTC compliance management process
- Completes annual Levels of Care Classification Reviews to ensure facilities have appropriate funding for the following fiscal year, based on level of care needed for residents

What does the graph show?

- The graph demonstrates that, through annual compliance reviews of LTC facilities and LTC interim beds located in hospitals, the ministry is meeting its commitment that residents of LTC facilities receive quality care, programs and services in a safe and "homelike" environment in accordance with the provincial legislation, standards and policies.
- In 2001-02 all LTC beds were inspected; since January 1996, 6 facilities have been enforced with none in the last 2 years.

2002-03 Commitments

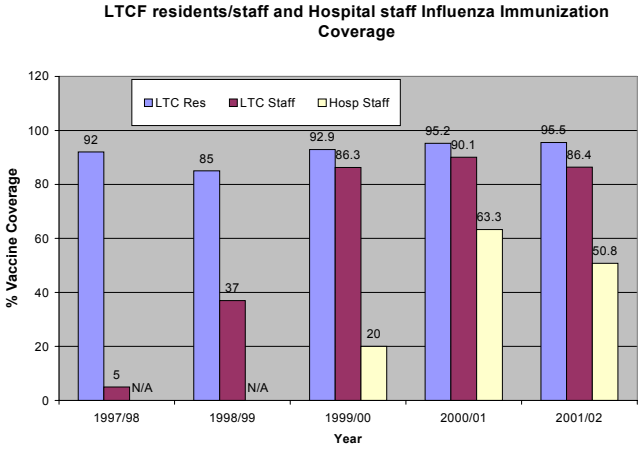
- 100% of LTC facilities and interim beds located in hospitals are reviewed
- Less than 1% of facilities in enforcement within a fiscal year

Long-term Target

- 100% of LTC facilities and interim beds located in hospitals are inspected annually
- Less than 1% of facilities in enforcement within a fiscal year

Core Business: Public Health, Health Promotion and Wellness

% influenza immunization rate among residents and staff of long-term care facilities and % influenza immunization rate among hospital staff



Ministry Contribution

- Ministry provides 50% grants to boards of health for mandatory programs
- Setting provincial standards for public health
- Provision of publicly funded vaccine and per-dose funding of influenza vaccine administration

What does the graph show?

- The measure relates to the outcome: prevention of infectious diseases.
- Trends: Immunization rates for residents and staff of LTC facilities have remained high and exceed Mandatory Health Programs and Services Guidelines targets. Hospital staff influenza vaccine coverage has increased since 1999/2000.

2002-03 Commitments

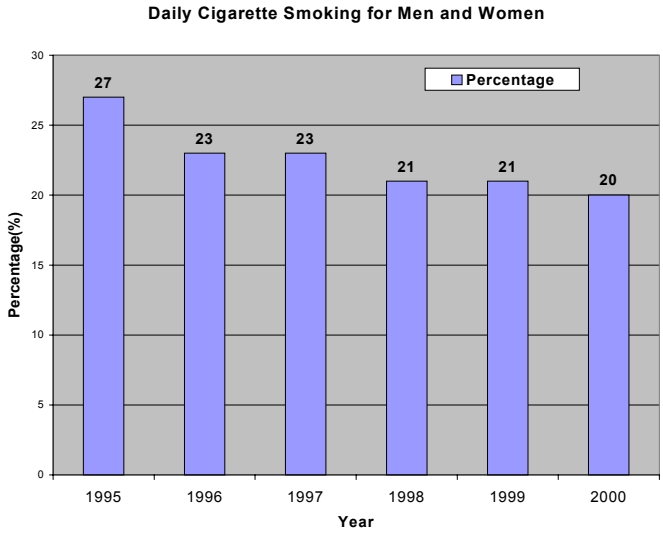
- 95% influenza immunization rate among residents and 90% for staff of long-term care facilities
- 70% influenza immunization rate among hospital staff

Long-term Target

To increase influenza immunization rates in LTC facilities to 95% by 2005

Core Business: Public Health, Health Promotion and Wellness

% of adult population using tobacco



Data Source: Ontario Tobacco Research (OTRU) Seventh Annual Monitoring Report 2000/2001

Ministry Contribution

- Ministry funding for Ontario Tobacco Strategy
- Ongoing consultation and advice to public health units
- Setting provincial standards for public health

What does the graph show?

- The measure supports the outcome: reduce tobacco use in the adult population.
- The data shows that daily cigarette smoking among adults aged 18 and over (men and women) has been progressively decreasing from a high of 27% in 1995 to the latest measured level of 20% in 2000.

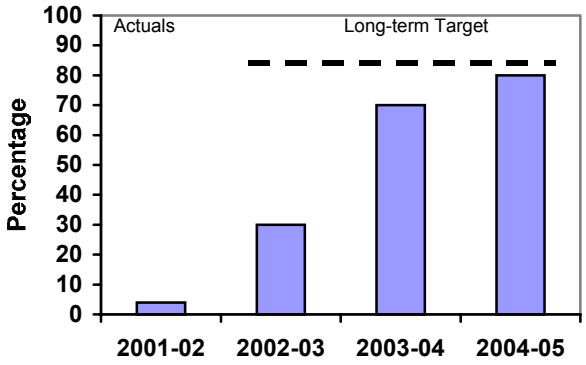
2002-03 Commitments

Ontario Tobacco Strategy to provide four provincial tobacco cessation initiatives aimed at adults:

1. Mass media campaign
2. 1-800 Quit Support
3. Clinical tobacco intervention for healthcare professionals
4. Quit and win contest

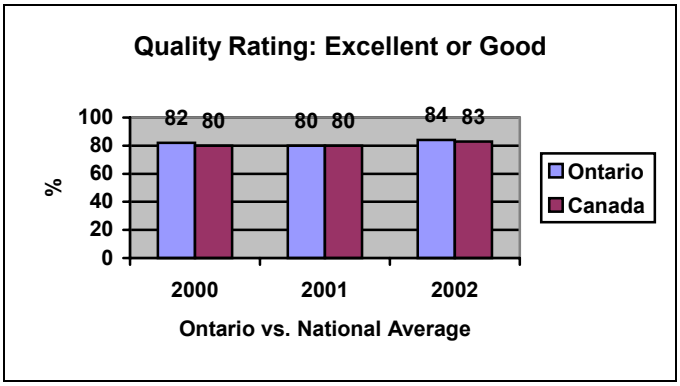
Long-term Target

The number of adults using tobacco will decrease to 17% by the year 2010

Core Business: Ontario Health Insurance Plan	
% of eligible family physicians voluntarily participating in a Family Health Network	
	Ministry Contribution • Designed and implemented primary care agency - Ontario Family Health Network • Negotiated template agreement (i.e. standard agreement negotiated between Ontario Medical Association and Ministry of Health and Long-Term Care and offered to physicians by Ontario Family Health Network – includes service definition, governance, enrolment and accountability) • Obtained Ontario Medical Association endorsement for first template model, to be offered to physicians in rural and northern areas
What does the graph show? • Increased participation of family physicians in Family Health Networks reflects improved access to primary care.	2002-03 Commitments Voluntary participation of 30% of family physicians (approximately 2,400) in a Family Health Network by the end of 2002-03 Long-term Target Voluntary participation of 80% of eligible family physicians in a Family Health Network by the end of 2003-04

Core Business: Health Policy and Research

Ontarians' rating of the quality of health services received



Data Source: Berger Population Health Monitor, Survey #23 - Satisfaction with Quality and Access, July, 2002

Ministry Contribution

- Policies to meet the needs of a growing, changing and aging population
- Health system-wide planning to allow the ministry to allocate resources and ensure the seamless delivery of health services across province
- Management policies and performance measurement frameworks that are linked to results, to renew accountability, improve efficiency and effectiveness, and ensure the sustainability of the health system

What does the graph show?

- This indicator exhibits Ontario's ability to keep up with and exceed the national average.

2002-03 Commitments

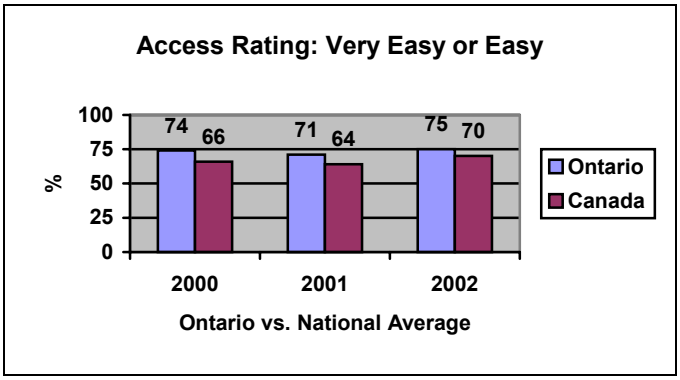
Continue to meet or exceed national average

Long-term Target

- Continue to meet or exceed national average as per ministry policy
- Ministry's long-term target is reported numerically (by percentage)

Core Business: Health Policy and Research

Ontarians' rating of accessibility of health services received



Data Source: Berger Population Health Monitor, Survey #23 - Satisfaction with Quality and Access, July, 2002

Ministry Contribution

- Policies to meet the needs of a growing, changing and aging population
- Management policies and performance measurement frameworks linked to results, to renew accountability, improve efficiency and effectiveness, and ensure the sustainability of the health system
- Strategic policies, as well as ongoing planning activities, including the Clinical Education program, to improve the supply and distribution of healthcare professionals in order to enhance regional access to appropriate professional services in communities across the province

What does the graph show?

- This indicator exhibits Ontario's ability to keep up with and exceed the national average

2002-03 Commitments

Continue to meet or exceed national average

Long-term Target

- Continue to meet or exceed national average as per Ministry policy
- Ministry's long-term target is reported numerically (by percentage)

2001-2002 Ministry Spending by Core Business – Interim Actuals

Ministry of Health and Long-Term Care

Operating*	$23,709 million
Gross Capital	$203 million
Major One-time Operating	$190 million
	6,605 staff

Public Health, Health Promotion & Wellness

Operating	$1,599 million
Gross Capital	$6 million
	575 staff

Health Promotion and Illness Prevention
Integrated Services for Children
Community Health Services
Public Health
Emergency Health Services

Ontario Health Insurance

Operating	$8,287 million
	1,910 staff

Ontario Health Insurance
Drug Programs
Laboratory Services
Assistive Devices Program

Integrated Health Care Programs

Operating*	$13,329 million
Gross Capital	$197 million
	3,075 staff

Integrated Health Care Program
Mental Health Facilities
Hospital Restructuring

Health Policy and Research

Operating	$331 million
	180 staff

Health Policy and Research

Internal Administration

Operating	$163 million
	865 staff

Ministry Administration
Ontario Review Board
Smart Systems and Knowledge Management

Notes

* Excludes major one-time costs

- Staff numbers are shown as full-time equivalents as of March 31, 2002.
- Gross Capital Expenditure includes the following: i) acquisition or construction of major tangible capital assets owned by the province (land, buildings and transportation infrastructure) and other tangible capital assets; ii) repairs and maintenance; and iii) transfers for capital purposes.

2002-2003 Ministry Approved Allocations by Core Business

Ministry of Health and Long-Term Care
Operating $25,452 million
Gross Capital $342 million
6,995 staff

Public Health, Health Promotion & Wellness
Operating $1,683 million
Gross Capital $8 million
645 staff

Health Promotion and Illness Prevention
Integrated Services for Children
Community Health Services
Public Health
Emergency Health Services

Ontario Health Insurance
Operating $8,748 million
2,090 staff

Ontario Health Insurance
Drug Programs
Laboratory Services
Assistive Devices Program

Integrated Health Care Programs
Operating $14,519 million
Gross Capital $334 million
3,200 staff

Integrated Health Care Program
Mental Health Facilities
Hospital Restructuring

Health Policy and Research
Operating $353 million
200 staff

Health Policy and Research

Internal Administration
Operating $149 million
860 staff

Ministry Administration
Ontario Review Board
Smart Systems and Knowledge Management

Notes

- Staff numbers are shown as full-time equivalents as of March 31, 2003.
- Gross Capital Expenditure includes the following: i) acquisition or construction of major tangible capital assets owned by the province (land, buildings and transportation infrastructure) and other tangible capital assets; ii) repairs and maintenance; and iii) transfers for capital purposes.

Who to Call

We welcome questions or comments about the ministry's business plan. Please send them to:

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You can also contact:

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