

Estimates Briefing Book 2016-17

Ministry of Health and Long-Term Care

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Ministry of Health and Long-Term Care
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Table of Contents

Part 1: 2016-17 Published Plan

MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW	8
MANDATE	8
MINISTRY CONTRIBUTION TO PRIORITIES AND RESULTS	8
MINISTRY PROGRAMS AND ACTIVITIES.....	10
PATIENTS FIRST: THE NEXT PHASE	10
Improving Access – Providing Faster Access to the Right Care	10
Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario.....	11
Low-Income Health Benefits Program	11
Hospital Parking Fees.....	12
Long-Term Care Homes	12
Connect Services – Delivering Better Coordinated and Integrated Care in the Community Closer to Home	12
Patients First: A Roadmap to Strengthen Homes and Community Care	13
Palliative and End-of-Life Care	14
Palliative Care	14
Physician-Assisted Dying.....	15
Integrated Funding Models	15
INFORM – Providing the Education, Information and Transparency People and Patients Need to Make the Right Decisions about their Health.....	15
Smoke-Free Ontario Strategy.....	15
Healthy Kids Strategy	16
Adult Immunizations	17
Ontario Alcohol Strategy.....	17
Menu Labelling.....	17

Protect - Making Decisions Based on Value and Quality, to Sustain the System for Generations to Come	18
Patient Ombudsman	18
Health Information Protection Act	18
Chief Health Innovation Strategist.....	19
Conclusion	19
MINISTRY FINANCIAL INFORMATION.....	21
Table 1: Ministry Planned Expenditures 2016-17 (\$)	21
Organizational Chart	22
Agencies, Boards and Commissions.....	23
Table 2: Total Operating and Capital Summary by Vote	25
APPENDIX: 2015-16 ANNUAL REPORT.....	27
MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW	28
ACCESS.....	29
Home and Community Care	29
Health Links.....	29
Family Health Teams	30
Community Health Centres and Aboriginal Health Access Centres.....	30
AHAC - Health Promotion Programming	31
Nurse Practitioner-Led Clinics.....	31
Birth Centres	30
Midwives	30
In Vitro Fertilization (IVF) Services	30
Enhanced Community-based Services for Seniors	32
Assess and Restore	32
Publicly Funded Physiotherapy Services.....	32
In-Home Physiotherapy Services.....	33
Community Clinic-based Services	33
Primary Care Physiotherapy.....	33
Community Exercise and Falls Prevention Initiative.....	33

Community Support Services	34
Short-stay Beds in Long-Term Care Homes	34
Long-Term Care Homes	34
LTC Home Redevelopment.....	35
Supports for Alzheimer's Disease and Related Dementias	36
Provincial Nursing Investments.....	36
Physician Supply	37
International Medical Graduates (IMG) Program	37
Other Health Care Providers	37
Mental Health and Addictions	38
Wait Times Strategy	33
Dental Care for Low-Income Children	39
Palliative and End-of-Life Care	39
Infrastructure Investments	40
CONNECT.....	41
Community Paramedicine	41
Health Care Options and Health Care Connect	41
Personal Support Worker (PSW) Initiatives	42
eHealth.....	42
eHealth Highlights	43
INFORM	44
Cancer Screening and Prevention	44
Ontario Diabetes Strategy	45
Health Promotion Programming	45
Disease Management	45
Indigenous Diabetes Programming	46
Self-Management Program	46
Centres for Complex Diabetes Care (CCDCs).....	46
Making Healthier Choices Act, 2015.....	47
Healthy Kids Strategy	47
Public Health	48

Children, Youth and Adult Immunizations	49
Immunization 2020	49
Universal Influenza Immunization Program.....	49
PROTECT	50
Health Information Protection Act, 2016	50
Health System Funding Reform.....	50
Integrated Funding Models/Bundled Care	51
Hospital Funding.....	52
Ontario Public Drug Programs (OPDP)	52
Patient Ombudsman	53
New Regulations under the Excellent Care for All Act, 2010	53
Chief Health Innovation Strategist.....	54
Assistive Devices Program (ADP) Quality and Value for Money Improvements	54
Table 3: Ministry Interim Actual Expenditures 2015-16*	55

Part I: 2016-17 Published Plan

Ministry of Health and Long-Term Care

MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

MANDATE

The Ministry of Health and Long-Term Care's mandate is to:

- Establish the strategic direction and provincial priorities for the health care system;
- Develop legislation, regulations, standards, policies and directives to support strategic directions;
- Monitor and report on the performance of the health care system and the health of Ontarians;
- Plan for and establish funding models and funding levels for the health care system;
- Manage key provincial programs, including the Ontario Health Insurance Program, primary care, drug programs, independent health facilities and laboratory services.

MINISTRY CONTRIBUTION TO PRIORITIES AND RESULTS

Historically, the budget of the Ministry of Health and Long-Term Care grew at an average annual rate of six per cent. If this unsustainable rate were to continue, health care would account for 80 per cent of Ontario's total program spending by 2030.

In recent years, the ministry has increased their focus on putting people and patients first and promoting evidence-based care to manage within fiscal constraints and drive efficiency. As a result, the ministry reduced its budget growth from almost six per cent in 2009-10 to 2.0 per cent in 2016-17 without compromising quality of care. In addition, drug system reforms have resulted in an estimated savings of over \$2 billion in savings that were reinvested in the drug system.



As the province's economy continues to face a challenging global environment, the ministry is delivering on *Patients First*, the government's renewed *Action Plan for Health Care*, while managing within its envelope. Funding hospitals, community and long-term care providers based on how many people they care for, the services they deliver, and the specific needs of the population they serve will help sustain the system for generations to come.

MINISTRY PROGRAMS AND ACTIVITIES

Ontario's *Patients First: Action Plan for Health Care*, launched in February 2015, affirmed the government's commitment to transform the province's health care system and put the needs of people and patients at its centre. The plan's four key objectives are working in concert to achieve that end by increasing access; connecting services; informing patients; and protecting Ontario's health care system.

Since the launch of *Patients First*, the ministry has made progress in all four areas, including beginning to implement the *Roadmap to Strengthen Home and Community Care*; expanding access to fertility services; launching the implementation of the Healthy Kids Community Challenge; reducing hospital parking fees; and consulting on and appointing the province's first-ever Patient Ombudsman.

Despite many improvements to the province's health care system over the past decade, health care services are not being provided equitably to Ontarians across the province. Moving forward, supporting patients requires structural changes to improve local planning and ensure that Ontarians get consistent care no matter where they live.

PATIENTS FIRST: THE NEXT PHASE

Improving Access - Providing Faster Access to the Right Care

Ontario will improve the patient experience with the next stage of the *Patients First: Action Plan for Health Care* by providing better access to care no matter where people live. The ministry will improve connections between primary health care providers, hospitals and home and community care. The ministry will make it easier for patients to find a primary health care provider when they need one, see their primary care provider quickly when they are sick and find the care that is right for them, closer to home.

This includes ensuring Ontario has the right number and distribution of doctors, nurses and other health care providers, and engaging in local planning to help ensure health care providers are available to patients where and when they are needed.

Community Health Centres, Nurse Practitioner-Led Clinics, Family Health Teams, Aboriginal Health Access Centres and nursing stations provide Ontarians access to

high-quality primary care. The 2016 Ontario budget proposes the investment of an additional \$85 million over three years to ensure these clinics can effectively recruit and retain qualified interprofessional staff in primary care settings.

The proposed changes are also intended to support an investment in front line services and make it easier for patients to find home care when it is needed. Moving home care under local health networks and making those networks more accountable to the public will better integrate home and community care with other parts of the health care system, and help to ensure that province-wide standards are being met. There will be a review of management structures in order to support service planning and delivery in a way that maximizes care for patients and clients while improving efficiency.

Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario

On December 17, 2015, the ministry released *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*.

The proposed changes aim to successfully build a high-performing, better connected, more integrated, patient-centred health system.

Under this proposal, the LHINs would govern the delivery of home and community care, assume additional responsibility for primary care, and have new linkages with public health.

The ministry would continue to play a strong role in setting standards and performance targets, which would help ensure consistency across the province. As part of their expanded mandate, 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.

Low-Income Health Benefits Program

The government recognizes the need to provide health benefits for children and youth in low-income families to ensure these children have access to services that fall outside of publicly funded health care. Benefits being considered include coverage for prescription drugs, vision care, assistive devices and mental health services.

This initiative is part of the five-year (2014-2019) Poverty Reduction Strategy and builds on the integrated and expanded dental program for low-income children, the Healthy

Smiles Ontario Program. It also supports the *Patients First* Action Plan by improving access to health benefits for children and youth in low-income families.

Hospital Parking Fees

As of October 1, 2016, hospitals that charge more than \$10 a day for parking will be required to provide five-, 10- and 30-day passes that are:

- Discounted by 50 per cent off their daily rate
- Transferable between patients and caregivers
- Equipped with in-and-out privileges throughout a 24-hour period
- Good for one year from the date of purchase.

Approximately 900,000 patients and visitors - including 135,000 seniors - are expected to benefit from reduced parking fees each year.

Long-Term Care Homes

Ontario is continuing to improve the long-term care homes sector to focus on resident-centred care that is responsive to behavioural and ethno-cultural needs. To support this, the 2016-17 Ontario budget proposes to increase the government's investment in resident care needs by two per cent a year over the next three years.

The 2016-17 Ontario budget also proposes to invest an additional \$10 million annually in Behavioural Supports Ontario, for initiatives to help residents with dementia and other complex behaviours and neurological conditions.

As part of the Enhanced Long-Term Care Home Renewal Strategy, over 30,000 long-term care home beds will be upgraded throughout the province and will provide improved accessibility, updated accommodations and more home-like environments to all long-term care residents in Ontario.

Connect Services - Delivering Better Coordinated and Integrated Care in the Community, Closer to Home

Patients First: A Roadmap to Strengthen Home and Community Care

Helping people live independently at home where they want to be is a central part of transforming the health care system to truly put patients first.

Progress has been made on *Patients First: A Roadmap to Strengthen Home and Community Care* (Roadmap), the ministry's three year plan that includes 10 steps to improve and expand home and community care in Ontario:

1. **Develop a statement of values with a focus on patient-and caregiver centred care:** The ministry has engaged with the Patient Caregiver Advisory Table (PCAT) to explore the development of the Statement of Home and Community Care Values.
2. **Create a Levels of Care Framework:** The ministry held workshops in 2015 with caregivers, clients and sector partners to receive feedback and discuss the development of the Framework, and has commissioned the University of Waterloo to undertake a three year research project to support it.
3. **Increase funding for home and community care:** In the 2015 Budget, the government announced that it is proposing to extend its commitment to increase funding for home and community care by five per cent each year.
4. **Move forward with Bundled Care:** Six teams in Ontario are implementing bundled care, which is helping people transition more smoothly out of the hospital and into their homes. In 2016, the ministry will review the early results of the first wave of projects and develop a plan for province-wide implementation.
5. **Offer self-directed care to give patients more control:** The ministry has formed a working group to provide input on proposed program specifications and evaluation measures.
6. **Expand caregiver supports:** The ministry is introducing expanded caregiver supports. The ministry has consulted with PCAT on their needs and experiences related to training and education for caregivers.
7. **Enhance support for Personal Support Workers (PSWs):** The ministry is currently working with Community Care Access Centres (CCACs), LHINs and service providers to implement a harmonized CCAC contract rate for PSW services.
8. **Increase nursing services for patients with complex needs:** Effective October 1, 2015, the ministry increased the maximum number of nursing visits or hours that a

CCAC client may receive, and permitted CCACs to provide nursing services above the maximum to clients in extraordinary circumstances.

9. **Provide greater choice for palliative and end-of-life care:** MPP John Fraser, Parliamentary Assistant to the Minister of Health and Long-Term Care, held 14 consultations over the summer and fall of 2015 with LHINs and stakeholder groups. Engagement with Indigenous communities began in 2015 and will continue in 2016.
10. **Plan for the future:** The ministry is developing a capacity plan that includes targets for local communities as well as standards for access to home and community care, and for quality of the client experience. The initial focus will be on support for people with dementia.

The government plans to continue to fund growth in community-based care at about five per cent per year to 2017–18, as committed to in previous Budgets.

Palliative and End-Of-Life Care

As proposed in the 2016 Ontario budget, the government plans to invest an additional \$75 million over the next three years in community-based residential hospice and palliative care to help fulfill its commitment to fund 20 more hospices, almost doubling the number of people who will have access to quality end-of-life care.

The ministry is also working on a comprehensive strategy for palliative and end-of-life care. The goal is to ensure all patients have access to palliative and end-of-life care by expanding hospice care and strengthening Ontario's palliative and end-of-life care services to better support people to die in their location of choice.

Palliative Care

As part of this plan, the ministry will support greater patient choice for palliative and end-of-life care. The ministry will expand access and equity in our system, establish clear oversight and accountability, and introduce new supports for caregivers. The ministry will also support enhanced public education on the issue of advanced care planning so that families are aware of the wishes of their loved ones when it comes to palliative and end-of-life care.

Physician-Assisted Dying

As part of the continuum, Ontario established an Expert Advisory Group on Physician-Assisted Dying. The group consulted with stakeholders from across the country and drafted a report advising participating provinces and territories on the implementation of physician-assisted dying. The province will consider this advice as it develops its policies, practices and safeguards.

Integrated Funding Models

The ministry is implementing innovative approaches to integrate funding over a patient's episode of care, regardless of who is providing the care or in what care setting.

Integrated or bundled care is one of the 10 steps in the first phase of the Roadmap to Strengthen Home and Community Care and is modelled on St. Joseph's Health System's Integrated Comprehensive Care Demonstration Project.

The ministry is providing up to \$175,000 to six teams per year for up to three years to enable them to design and implement innovative ways to provide better and more integrated care for patients and their families. These six teams are focusing their work on patients who need short-term care at home after leaving hospital. Instead of funding each step in the patient's journey separately, all the steps will be funded as one seamless bundle of care. As a result, patients will transition more smoothly out of hospital and into their homes; have fewer emergency department visits; and will be less likely to be readmitted to hospital.

INFORM - Providing the Education, Information and Transparency People and Patients Need to Make the Right Decisions about their Health

Smoke-Free Ontario Strategy

The Smoke-Free Ontario Strategy supports the key objectives of *Patients First* through efforts to provide the education, information and transparency Ontarians need to make the right decisions about their health. The strategy is designed to protect Ontarians from

the harmful effects of tobacco use, help more people quit smoking, and ensure young people don't get addicted.

The province is strengthening protections for youth from the dangers of tobacco and the potential harms of e-cigarettes by prohibiting the sale or supply of e-cigarettes to those under 19 years of age under the new *Electronic Cigarettes Act, 2015*; banning the sale of certain flavoured tobacco products, and increasing the maximum fines for youth-related offences under the *Smoke-Free Ontario Act, 1994*.

The new regulations under the *Electronic Cigarette Act* will further regulate the use, sale, display and promotion of e-cigarettes.

As well, Ontario is developing an innovative and evidence-based cessation strategy that will focus on creating an inclusive and coordinated cessation system that meets the needs of Ontario's tobacco users and their families, and the communities in which they live.

The 2016 Ontario budget proposes to increase the tobacco tax rate by \$3 per carton of 200 cigarettes. To further support the Smoke-Free Ontario Strategy, the Province proposes to use \$5 million of increased revenues from the tobacco tax to support a new investment for this year that will enhance priority populations' access to smoking cessation services, no matter where they live in Ontario.

Healthy Kids Strategy

Childhood obesity is a significant health concern in Ontario and impacts health in childhood and beyond. The Healthy Kids Strategy creates new health promotion and prevention programs, and builds on the existing ones, to protect the health of children and set the stage for better health outcomes.

The Healthy Kids Community Challenge involves 45 communities, representing almost 40 per cent of Ontario's population, that were selected to participate in building healthy environments for children in their communities.

Selected communities will continue to receive resources from the province including funding, as well as evidenced-based communication tools, training and evaluation support to develop and implement programs, policies and activities that promote children's health. Community-based initiatives focus on healthy behavior, including healthy eating and physical activity.

Adult Immunizations

As proposed in the 2016 Ontario budget, the government aims to make the shingles vaccine free for Ontarians between the ages of 65 and 70 years without medical contraindications.

The investment will save eligible seniors about \$170 in out-of-pocket expenses for the vaccine, and reduce emergency room visits and hospitalizations for vaccinated seniors.

Ontario Alcohol Strategy

As part of its commitment to supporting the safe and responsible consumption of alcohol, the Government of Ontario is developing a comprehensive, province-wide Alcohol Policy. Input from key stakeholders -- including health stakeholders, addictions treatment service providers, industry and law enforcement -- will be gathered and will help inform the policy's development.

The draft policy's four main pillars will focus on promotion and prevention, social responsibility, harm reduction and treatment. Once it is implemented, Ontario will join other provinces, such as Alberta and Nova Scotia, which have alcohol policies in place.

Menu Labelling

To make it easier for families to make informed and healthy food choices, new legislation called *the Healthy Menu Choices Act, 2015*, will come into effect on January 1, 2017. This legislation will require restaurants, convenience stores, grocery stores and other food service premises with 20 or more locations in Ontario which sell ready-to-eat and prepared food to:

- Post calories for standard food and beverage items, including alcohol, on menus and menu boards; and,
- Post contextual information to help educate patrons about their daily caloric requirements.

The legislation will also:

- Provide regulation-making authority to:
 - Exempt or require additional operators/settings to adhere to the legislation;
 - Create exemptions to the calorie posting requirement for food items;
 - Require the posting of additional nutrients at a later time;
- Prohibit municipalities from creating menu labelling by-laws;

- Provide for an offence for the failure of food service premise owners/operators to adhere to the legislation; and,
- Authorize inspectors to inspect and enforce these requirements.

Protect – Making Decisions Based on Value and Quality, to Sustain the System for Generations to Come

Patient Ombudsman

The province's first-ever Patient Ombudsman was announced in 2015 to help people who have an unresolved complaint about their health care experience at a hospital, long-term care home or community care access centre. The Patient Ombudsman's appointment will take effect on July 1, 2016.

Once in place, the Patient Ombudsman will help ensure patients' concerns get addressed and will help to inform health care system improvements.

Health Information Protection Act

Ontario is committed to transparency, open government and building a health care system that puts patients first.

The *Health Information Protection Act, 2015* would, if passed, make a number of amendments to the *Personal Health Information Protection Act, 2004*, (PHIPA) and the following Acts:

- *Regulated Health Professions Act, 1991*;
- *Drug Interchangeability and Dispensing Fee Act, 1990*;
- *Narcotics Safety and Awareness Act, 2010*.

These amendments, if passed, would strengthen the protection of personal health information, and increase transparency and accountability for health information breaches in Ontario's health care system. They would also create a strong foundation for the secure sharing of patients' personal health information in the electronic health

record, a province-wide system that allows health records to be shared between health care providers.

The *Health Information Protection Act, 2015*, if passed, would also replace the *Quality of Care Information Protection Act, 2004* with a new bill of the same name (QCIPA 2015) that would strengthen the culture of transparency and quality improvement in Ontario's health care system.

Chief Health Innovation Strategist

The appointment of the province's inaugural Chief Health Innovation Strategist in September of 2015 was one of the key recommendations of the Ontario Health Innovation Council's report to champion Ontario as a leading centre not only for new and innovative health technology, but also for bringing that technology to market both here in Ontario and around the world.

The province is moving forward on all six of the council's recommendations, which include:

1. Establishing a new \$20-million Health Technology Innovation Evaluation Fund to support made-in-Ontario technologies;
2. Using newly created Innovation Broker positions to connect innovators and researchers with opportunities in the health care system;
3. Streamlining the adoption of health care innovations across the health system;
4. Shifting to procurement practices that focus on outcomes, such as fewer hospital readmissions and the long-term value of medical devices;
5. Investing in the assessment of emerging innovative health technologies to get those products to market faster.

Conclusion

It has been one year since the province launched *Patients First: Action Plan for Health Care*. System partners have worked with the ministry hand-in-hand and have been instrumental in helping us make progress on all the pillars of the plan.

A number of our choices and decisions have been challenging for some stakeholders. But sometimes difficult decisions must be made in order to transform Ontario's health care system to prepare and refine it for the future.

As experience has shown over the past few years, bending the cost curve and putting patients first are not mutually exclusive when working to improve health care. Both are



possible - but it means finding new ways to better serve patients. This involves improving access to the right care; strengthening community-based care; giving people the information and supports they need to live healthier lives; and improving transparency and accountability.

The next phase of *Patients First: Action Plan for Health Care* will focus on the structural changes necessary to create the health care system that the people of this province need and deserve.

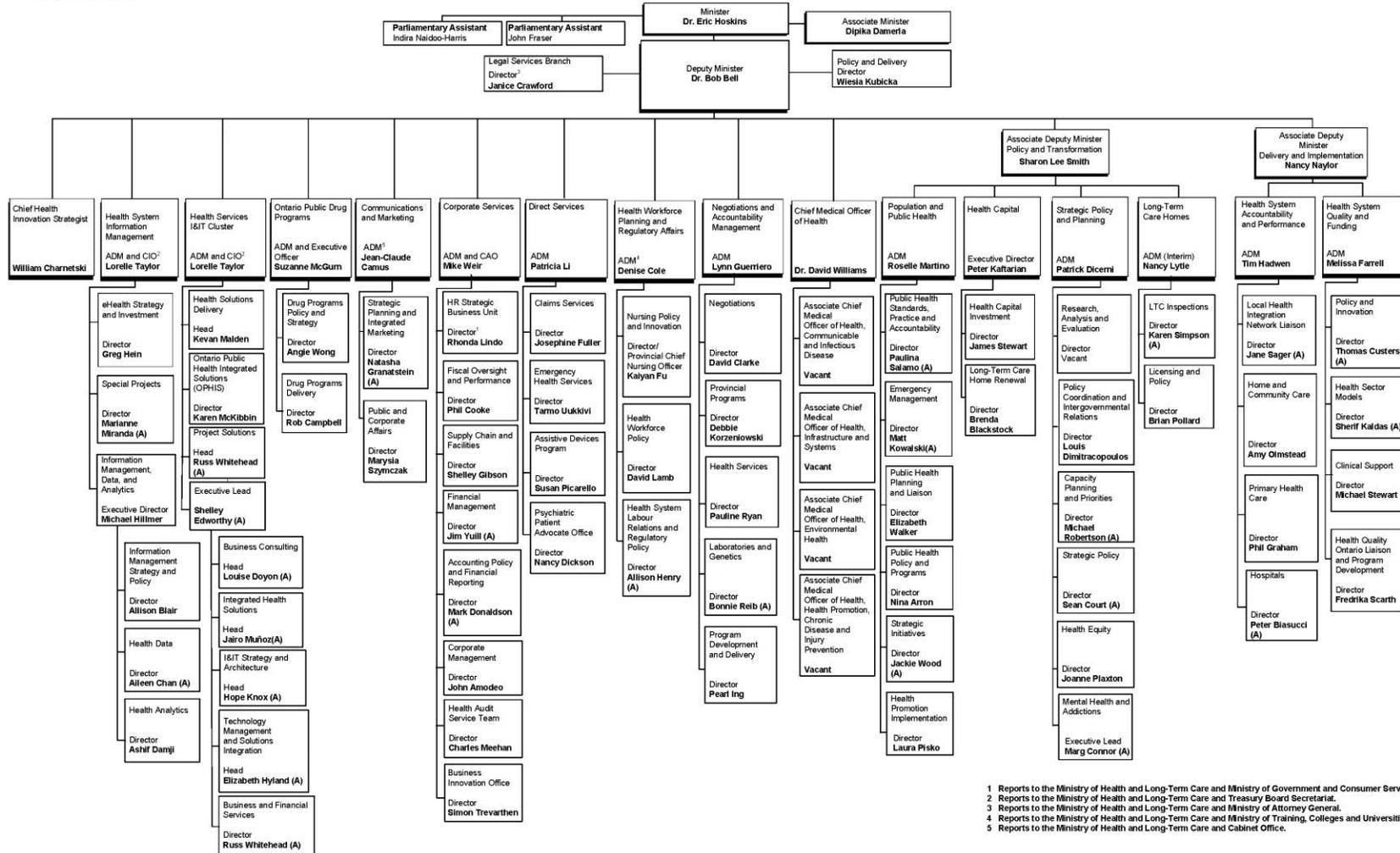
Ministry Financial Information

Table 1: Ministry Planned Expenditures 2016-17 (\$)

Category	Amount (\$)
Operating	50,253,790,260
Capital	1,531,424,900
Total	51,785,215,160

Organizational Chart

Ministry of Health and Long-Term Care
 Organization Chart
 March 21 2016



1 Reports to the Ministry of Health and Long-Term Care and Ministry of Government and Consumer Services.
 2 Reports to the Ministry of Health and Long-Term Care and Treasury Board Secretariat.
 3 Reports to the Ministry of Health and Long-Term Care and Ministry of Attorney General.
 4 Reports to the Ministry of Health and Long-Term Care and Ministry of Training, Colleges and Universities.
 5 Reports to the Ministry of Health and Long-Term Care and Cabinet Office.

Agencies, Boards and Commissions

Agencies Boards and Commissions	Expenses & Revenue		
	Estimates 2016-17	Interim Actuals 2015-16	Expenditure Actuals 2014-15
Cancer Care Ontario ⁽¹⁾			
Operating	1,431,317,974	1,440,594,100	1,301,988,949
Research	3,837,400	3,837,400	3,374,900
Cancer Screening Programs	92,363,500	93,282,600	87,775,500
Committee to Evaluate Drugs	886,000	886,000	551,884
Consent and Capacity Board	7,975,500	6,491,600	6,134,080
eHealth Ontario			
eHealth Ontario	368,912,000	275,500,000	314,800,000
eHealth Ontario Capital	30,171,100	55,800,000	59,496,700
Information Technology Programs	82,225,400	100,783,400	59,482,060
French Language Health Services Advisory Council	20,000	21,018	88
Health Boards Secretariat			
Health Boards Secretariat	4,172,696	4,190,623	3,818,896
Regulatory Boards:			
- Colleges (26)	1,339,936	1,519,783	1,313,184
- Board of Director - Drugless Therapy (non-College)	-	1,457	1,259
Physician Payment Review Board	58,805	66,762	57,686
Health Professions Appeal and Review Board	1,800,255	2,043,843	1,766,004
Health Services Appeal and Review Board	593,322	673,603	583,034
Ontario Hepatitis C Assistance Plan	9,057	10,283	8,885
Medical Eligibility Committee	1,427	1,620	1,400
Health Professions Regulatory Advisory Council	249,000	249,000	162,204
HealthForceOntario Marketing and Recruitment Agency	16,444,220	15,542,500	16,455,800
Health Quality Ontario	36,480,200	37,428,100	35,262,500
Joint Committee on the Schedule of Benefits	3,000	318	2,264
Local Health Integration Networks (LHINs)			
Central LHIN	2,007,302,400	2,045,311,500	1,953,302,331
Central East LHIN	2,208,957,200	2,236,046,200	2,218,667,141
Central West LHIN	878,655,100	899,671,500	877,914,562
Champlain LHIN	2,512,834,700	2,564,811,700	2,571,169,450
Erie St. Clair LHIN	1,104,577,100	1,136,671,100	1,145,915,720
Hamilton Niagara Haldimand Brant LHIN	2,874,112,900	2,936,061,300	2,898,705,835
Mississauga Halton LHIN	1,434,868,200	1,457,053,200	1,411,922,512

Agencies Boards and Commissions	Expenses & Revenue		
	Estimates 2016-17	Interim Actuals 2015-16	Expenditure Actuals 2014-15
North Simcoe Muskoka LHIN	847,531,000	877,750,200	864,670,645
North East LHIN	1,430,817,500	1,489,418,700	1,461,125,813
North West LHIN	635,806,700	665,214,500	658,156,316
South East LHIN	1,076,988,100	1,110,867,800	1,122,151,399
South West LHIN	2,220,260,500	2,255,389,400	2,255,177,833
Toronto Central LHIN	4,707,219,300	4,869,419,600	4,757,073,389
Waterloo Wellington LHIN	1,023,264,200	1,041,517,900	1,039,592,083
Ontario Agency for Health Protection and Promotion	147,717,900	153,617,900	156,148,400
Ontario Mental Health Foundation	3,104,768	3,104,768	3,104,768
Ontario Review Board	7,375,400	6,392,700	6,864,932
Practitioner Review Committees			
Chiropractic Review Committee	-	-	-
Optometry Review Committee	-	-	2,160
Dentistry Review Committee	-	-	-
Trillium Gift of Life Network	41,451,600	37,151,700	34,275,500

Note 1. Cancer Care Ontario receives funds from various programs within the ministry.

Table 2: Total Operating and Capital Summary by Vote

Votes/Programs	Estimates 2016-17 \$	Change from Estimates 2015-16 \$	%	Estimates 2015-16 * \$	Interim Actuals 2015-16 * \$	Actuals 2014-15 * \$
OPERATING EXPENSE						
Ministry Administration Program	118,141,700	(66,800)	(0.1)	118,208,500	120,152,900	116,984,925
Health Policy and Research Program	809,930,200	(41,634,300)	(4.9)	851,564,500	820,400,400	800,089,480
eHealth and Information Management Program	512,942,200	13,411,000	2.7	499,531,200	449,695,200	438,309,739
Ontario Health Insurance Program	18,506,538,100	438,886,400	2.4	18,067,651,700	18,284,006,500	18,093,316,978
Public Health Program	846,533,600	17,558,600	2.1	828,975,000	779,393,100	754,773,124
Local Health Integration Networks and Related Health Service Providers	26,255,106,800	659,075,300	2.6	25,596,031,500	25,585,204,600	25,235,545,029
Provincial Programs and Stewardship	3,684,814,300	(14,146,800)	(0.4)	3,698,961,100	3,753,093,959	3,525,560,739
Information Systems	145,443,100	(987,800)	(0.7)	146,430,900	143,414,700	129,262,375
Health Promotion	392,244,200	3,985,100	1.0	388,259,100	375,333,600	350,975,978
Total Operating Expense to be Voted	51,271,694,200	1,076,080,700	2.1	50,195,613,500	50,310,694,959	49,444,818,367
Statutory Appropriations	429,360	(78,000)	(15.4)	507,360	506,360	1,173,816
Ministry Total Operating Expense	51,272,123,560	1,076,002,700	2.1	50,196,120,860	50,311,201,319	49,445,992,183
Consolidation Adjustment - Cancer Care Ontario	1,743,800	(3,811,900)	(68.6)	5,555,700	2,782,600	164,401,764
Consolidation Adjustment - eHealth Ontario	-	-	0.0	-	-	27,527,300
Consolidation Adjustment - Hospitals	(1,005,122,200)	(245,512,700)	32.3	(759,609,500)	(833,404,700)	(788,032,325)
Consolidation Adjustment - Local Health Integration Networks	-	-	0.0	-	-	(1,902,829)
Consolidation Adjustment - ORNGE	(12,898,400)	2,000,900	(13.4)	(14,899,300)	(20,128,500)	(22,169,547)
Consolidation Adjustment - Funding to Colleges	(1,795,000)	30,300	(1.7)	(1,825,300)	(1,795,000)	(2,108,291)
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(261,500)	354,700	(57.6)	(616,200)	(628,500)	(1,129,447)
Consolidation Adjustment - Other	-	59,377,300	(100.0)	(59,377,300)	(48,042,100)	(197,272,510)
Consolidation Adjustments	(1,018,333,300)	(187,561,400)	22.6	(830,771,900)	(901,216,200)	(820,685,885)
Total Including Consolidation & Other Adjustments	50,253,790,260	888,441,300	1.8	49,365,348,960	49,409,985,119	48,625,306,298
OPERATING ASSETS						
Health Policy and Research Program	4,500,000	-	0.0	4,500,000	4,500,000	4,500,000
Ontario Health Insurance Program	7,500,000	(950,000)	(11.2)	8,450,000	8,450,000	8,450,000
Public Health Program	500,000	-	-	500,000	-	-
Local Health Integration Networks and Related Health Service Providers	58,537,600	-	0.0	58,537,600	58,537,600	58,537,560
Provincial Programs and Stewardship	11,229,400	-	-	11,229,400	11,029,400	11,029,400
Health Promotion	250,000	-	-	250,000	-	-
Total Operating Assets to be Voted	82,517,000	(950,000)	(1.1)	83,467,000	82,517,000	82,516,960
Ministry Total Operating Assets	82,517,000	(950,000)	(1.1)	83,467,000	82,517,000	82,516,960

Votes/Programs	Estimates 2016-17 \$	Change from Estimates 2015-16 \$	%	Estimates 2015-16 * \$	Interim Actuals 2015-16 * \$	Actuals 2014-15 * \$
CAPITAL EXPENSE						
eHealth and Information Management Program	30,172,100	(6,958,000)	(18.7)	37,130,100	55,800,000	59,496,700
Information Systems	1,000	-	0.0	1,000	1,000	-
Health Capital Program	1,450,847,800	(14,959,200)	(1.0)	1,465,807,000	1,158,509,600	1,470,955,063
Total Capital Expense to be Voted	1,481,020,900	(21,917,200)	(1.5)	1,502,938,100	1,214,310,600	1,530,451,763
Statutory Appropriations	12,284,700	1,230,300	11.1	11,054,400	17,610,700	1,412,892
Ministry Total Capital Expense	1,493,305,600	(20,686,900)	(1.4)	1,513,992,500	1,231,921,300	1,531,864,655
Consolidation Adjustment - Cancer Care Ontario	596,200	3,138,100	(123.5)	(2,541,900)	1,771,600	13,086,973
Consolidation Adjustment - eHealth Ontario	25,510,700	29,834,100	(690.1)	(4,323,400)	(20,695,900)	(7,594,000)
Consolidation Adjustment - Hospitals	7,098,200	121,860,100	(106.2)	(114,761,900)	146,129,900	(70,025,828)
Consolidation Adjustment - Local Health Integration Networks	368,700	(1,524,000)	(80.5)	1,892,700	610,600	891,888
Consolidation Adjustment - ORNGE	11,895,500	-	-	11,895,500	10,155,400	10,182,667
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(7,350,000)	(8,749,500)	(625.2)	1,399,500	5,473,300	(64,866,438)
Consolidation Adjustments	38,119,300	144,558,800	(135.8)	(106,439,500)	143,444,900	(118,324,738)
Total Including Consolidation & Other Adjustments	1,531,424,900	123,871,900	8.8	1,407,553,000	1,375,366,200	1,413,539,917
CAPITAL ASSETS						
Information Systems	25,302,800	5,628,700	28.6	19,674,100	14,479,500	21,420,249
Total Capital Assets to be Voted	25,302,800	5,628,700	28.6	19,674,100	14,479,500	21,420,249
Ministry Total Capital Assets	25,302,800	5,628,700	28.6	19,674,100	14,479,500	21,420,249
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	51,785,215,160	1,012,313,200	2.0	50,772,901,960	50,785,351,319	50,038,846,215

*Estimates, Interim Actuals and Actuals for prior fiscal years are re-stated to reflect any changes in ministry organization and/or program structure. Interim actuals reflect the numbers presented in the 2016 Ontario Budget.

Appendix: 2015-16 Annual Report

Ministry of Health and Long-Term Care

MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

In 2015-16, the ministry made progress in providing better access to quality health care services for all Ontarians. Care is increasingly being delivered in the community, closer to patients' homes or in their homes where people prefer to receive care. Indeed, the government has made it a priority to improve home and community care. Starting with the 2013 Budget, the government increased funding for home and community care by about five per cent each year. The Ontario government announced in the 2015 Budget a commitment to extend and increase funding for home and community care by five per cent each year over the next three years.

The ministry continued to strengthen the coordination and integration of health care services for Ontarians with complex health needs in order to improve patient outcomes and deliver increased value for health care dollars by expanding the number of Health Links from 69 to 82 across the province.

To help support affected Ontarians following discussions with people living with dementia, caregivers and stakeholders across the province, the ministry has started to develop a comprehensive dementia strategy.

To improve access to primary care services for people no matter where they live, the ministry is consulting on primary care and home care changes in order to improve the connections and communications between health care providers, hospitals and home and community care.

In addition, the ministry introduced new programs such as increasing access to in vitro fertilization (IVF) services for Ontarians with all forms of infertility. Ontario now funds one IVF cycle per eligible patient per lifetime and unlimited cycles of artificial insemination.

ACCESS

Home and Community Care

Ontario has continued to focus on investments in the community and home care sector to keep people out of more costly hospitals and long-term care homes and in their own homes for as long as possible – where they want to be.

Under *Patients First: Action Plan for Health Care*, the home and community care sector will continue to expand and be there for future generations who need it.

Since 2003, Ontario has more than doubled the funding provided for home care. In 2014-15, the ministry provided the Local Health Integration Networks (LHINs) with approximately \$2.5 billion in funding (based on Public Accounts) for Community Care Access Centres (CCACs) which are responsible for coordinating home care services.

In 2014-15, CCACs provided:

- Hospital inpatient and emergency departments with help for approximately 200,000 people to return home from hospital with CCAC care;
- 28.3 million hours in personal support and home-making visits;
- 6.7 million nursing visits; and
- 1.7 million therapy visits providing physiotherapy, occupational therapy and speech language therapy.

Health Links

Currently, there are 82 approved Health Links across 14 LHINs serving a catchment area of more than nine million people and focused on patients with complex conditions.

When family doctors, hospitals, long-term care homes, community organizations and others work as a team, patients with complex needs receive better, more coordinated care. Providers work collaboratively to design a coordinated care plan for each patient, and work together with patients and their families to ensure they receive the care they need.

Patients have an individualized, coordinated care plan; care providers who ensure the plan is being followed; support to ensure they are taking the right medications; and a

care provider they can call who knows them, is familiar with their situation and can help.

Family Health Teams

In 2015-16, the ministry invested more than \$340 million to fund Family Health Teams (FHTs). Since 2005, FHTs have played an increasingly important role in providing comprehensive primary health care services to Ontarians across the province.

FHTs are currently serving 206 communities across Ontario through interdisciplinary teams working together to provide holistic care for their patients. These health care professionals include 2,786 physicians and more than 2,100 other health professionals such as nurse practitioners (NPs), social workers, dietitians and pharmacists.

More than 3.2 million Ontarians are now enrolled in FHTs, including 885,622 who previously did not have access to a primary care physician. FHTs continue to play a key role in improving access and quality and delivering appropriate and effective care.

Community Health Centres and Aboriginal Health Access Centres

Community Health Centres (CHCs) are non-profit organizations that provide primary health and health promotion programs for individuals, families and communities.

There are 75 CHC corporations in the province serving more than 100 communities with a sector allocation of \$405.7 million in 2015-16, comprising \$373 million LHIN-managed and \$32.7 million ministry-managed investments for other community sector investments.

Aboriginal Health Access Centres (AHACs) offer a blend of traditional Indigenous approaches to health and wellness, primary health care, and health promotion programs in a culturally appropriate setting. There are 10 AHACs, with sites both on- and off-reserve, managed directly by the ministry.

The ministry provides AHACs with base/operational funding of up to \$26.3 million annually. This funding amount includes Diabetes Education Program and Nurse Practitioner (NP) funding through the 9,000 Nurses Initiative. Effective April 2012, the

agreements enhanced AHAC base funding and created physician funding in a separate envelope to aid recruitment and retention of physicians. Ten AHACs reach 93,000 clients accessing primary care and health promotion/cultural programs.

AHAC - Health Promotion Programming

As well, the ministry provides initiative-based funding to the 10 AHACs to deliver culturally-appropriate health promotion and chronic disease prevention programming in the areas of smoking cessation and prevention, physical activity, nutrition, and diabetes prevention. The ministry provides \$2.2 million per year for this stream of activity.

Nurse Practitioner-Led Clinics

As of January 31, 2015, there were 25 Nurse Practitioner-Led Clinics (NPLCs) open and seeing patients in Ontario. More than 49,000 patients have registered with NPLCs and are receiving primary health care services – many of whom previously did not have access to a primary health care provider. The existing NPLCs still have capacity to continue to increase their patient registration. NPLCs have improved access to comprehensive family health care for their patients and help to promote disease prevention and healthy living.

The ministry invested more than \$33 million in 2014-15 to support NPLCs.

Birth Centres

The province's two midwife-led Birth Centres, located in Toronto and Ottawa, provide pregnant women with low risk pregnancies a choice to deliver their babies in a safe, home-like setting. Seventh Generation Midwives Toronto, which is co-located at the Toronto Birth Centre, specializes in providing maternity care to Indigenous women and their families.

The two birth centres combined provided services to 575 women between March of 2015 and January of 2016.

Midwives

Midwives are primary care providers who provide better access to care during the pre-natal, labour, delivery, and post-partum period (up to six weeks following birth), including breastfeeding support and newborn care. There are about 800 registered midwives in Ontario. Midwives attended approximately 22,000 births in 2014-15.

In Vitro Fertilization (IVF) Services

Patients with medical issues causing infertility as well as patients with non-medical forms of infertility, such as single people or same-sex couples, are eligible under the new Fertility Program. Fifty-two clinics across the province are now offering government-funded fertility treatments.

Ontario has made fertility treatments more accessible by contributing to the cost of one IVF cycle per eligible patient per lifetime and unlimited cycles of artificial insemination. This funding will help over 5,000 people per year grow their families by expanding access to in-vitro fertilization.

The province is also working with the College of Physicians and Surgeons of Ontario (CPSO) to ensure that patients receive the highest quality fertility services.

Enhanced Community-based Services for Seniors

Assess and Restore

The ministry released the provincial Assess and Restore Guideline for LHINs and health service providers to help frail seniors who live in the community remain independent for as long as possible. In March, 2015, the province announced an investment of more than \$40 million over four years to support implementation of the Assess and Restore Guideline.

The government invested \$4.2 million for physiotherapy services across 25 FHTs, NPLCs and CHCs, which included \$500,000 in one-time funding for 2014-15, plus \$3.7 million annualized base amount.

Publicly Funded Physiotherapy Services

With an investment of \$156 million annually, the ministry implemented a comprehensive program for community and primary care physiotherapy, resulting in over 200,000 more Ontarians having access to services that promote their health and wellness.

In-home Physiotherapy Services

CCACs have become the single point of access for in-home physiotherapy services to seniors and community clients who require it. In doing so, the government is establishing a practice of equitable access and standardized assessment across the province. The new models of care that have been developed reflect evidence-based best practice based on the recommendations of the CCAC Advisory Panel. Additionally, assessment for in-home physiotherapy is part of a more comprehensive assessment of supports required to keep seniors at home.

Community Clinic-based Services

Since August 2013, the province has expanded access to community clinic-based physiotherapy services across Ontario. Currently 266 community clinics provide services which include: 218 community clinics, 46 community clinics located in hospitals and two community clinics located in CHCs.

In 2014-15, more than one million service encounters were provided to eligible patients through 215 community clinics in over 150 communities across all 14 LHINs. The new model has increased accountability among providers to deliver high quality physiotherapy services, informed by evidence.

Primary Care Physiotherapy

The ministry is committed to integrating physiotherapists into primary health care organizations. In November 2014, a joint ministry and LHIN team approved physiotherapy positions in 25 primary health care organizations to be integrated into their existing interdisciplinary programs.

Community Exercise and Falls Prevention Initiative

Each LHIN was allocated funding for community exercise and falls prevention programs for seniors. To date, LHINs have launched free and publicly accessible exercise and falls prevention classes in more than 2,000 locations in communities throughout Ontario.

Community Support Services

An amendment to Ontario Regulation 386/99 under the *Home Care and Community Services Act, 1994* came into effect on July 1, 2014. This amendment enables lighter needs clients to receive personal support services (PSS) through selected community support services (CSS) agencies.

The goal is to enable approved CSS agencies to provide a broader basket of services for seniors who are relatively independent within the community; and, to improve the ability of CCACs to focus on complex and post-acute clients.

Short-stay Beds in Long-Term Care Homes

The ministry created 250 more short-stay beds in Long-Term Care (LTC) homes that provide care for people who need time to recover strength, endurance and function before returning to the community.

Long-Term Care Homes

The ministry continues to strengthen and enhance the quality of care and services provided to LTC home residents. LTC home funding has increased to \$3.97 billion in 2015-16 from \$2.10 billion in 2003-04. This included a two per cent increase dedicated for resident care needs included in the 2015-16 Budget.

The ministry believes in resident-centred care with a focus on resident quality of life and quality of care. That is why the government made a commitment that every long-term care home in Ontario would receive a comprehensive inspection every year. By January 2015, the ministry had completed all the 2014 Resident Quality Inspections (RQIs) for every long-term care home. As of January 2016, the RQIs for 2015 have been completed.

To help address the complex care needs of residents, Ontario is also funding 75 Attending NP Full-Time Equivalents (FTEs) in Ontario's LTC homes over three years through the Attending Nurse Practitioners in LTC Homes Initiative. Starting with 30 Attending NP FTEs in 2015-16, the Attending NPs helped deliver coordinated services, including proactive assessments and screenings, follow-up care, timely specialist referrals, ongoing chronic disease management, and end-of life care.

The government is committed to the health and well-being of Ontarians living in LTC homes. Further measures to help support that commitment include:

- An initial one-time investment (in 2011-12 and 2012-13) of \$59 million to successfully implement Behavioural Supports Ontario (BSO), which included supporting the redesign of service delivery across the province, and hiring of over 600 new staff to meet the needs of individuals with challenging and complex behaviours. Since that time, the ministry has provided \$44 million annually to maintain the health human resources related to the BSO initiative.
- Investing close to \$70 million in LTC homes to improve access to physiotherapy and exercise classes for more seniors.
- Reducing LTC home wait times for individuals in the community waiting for a bed in a LTC home by 37 per cent since 2008-09.

Through these initiatives and investments, the ministry will continue to help ensure that residents continue to get the care and services they need in all of Ontario's LTC homes.

LTC Home Redevelopment

As part of the Enhanced Long-Term Care Home Renewal Strategy, over 30,000 long-term care home beds will be upgraded throughout the province and will provide improved accessibility, updated accommodations and more home-like environments to all long-term care residents in Ontario.

Based on the low uptake of the first phase of the Long-Term Care Home Renewal Strategy, the ministry consulted with the sector to understand impediments and review potential changes to the program to ensure all eligible beds are redeveloped by 2025.

Of the total 35,000 beds eligible for redevelopment, more than 30,000 beds, located in approximately 300 homes, remain to be redeveloped.

In October 2015, the ministry approved the first set of projects to redevelop under the Enhanced Long-Term Care Home Renewal Strategy and continues to evaluate the remaining applications that have been submitted.

Supports for Alzheimer's Disease and Related Dementias

The government recognizes the need to support people living with dementia, as well as their families, and has invested in a range of services to improve the lives of Ontarians living with Alzheimer's and related dementias and their caregivers. These include:

- Investing nearly \$29 million in funding to various chapters of the Alzheimer Society of Ontario to deliver a range of services to improve treatment and management of Alzheimer's disease.
- Providing LHINs with annual funding of \$44 million to sustain BSO staffing capacity to meet the needs of individuals with challenging and complex behaviours wherever they live. To date, base funding has supported the hiring of 604 FTEs to support BSO initiatives.
- Partnering with the Ministry of Research and Innovation to provide the Ontario Brain Institute with up to \$100 million over five years (\$20 million/year, between April 1, 2013 and March 31, 2018) to sustain and expand the institute's coordination and commercialization support for neuroscience research.
- Establishing five Regional Geriatric Programs located in Ottawa, Hamilton, London, Kingston and Toronto to provide comprehensive geriatric services, including the diagnosis and management of Alzheimer's disease.

The ministry has established an advisory group and five working groups composed of experts from across disciplines, including people living with dementia and their caregivers, to provide advice on the development of a dementia strategy. In the fall of 2015, eight targeted roundtables were hosted across the province by Parliamentary Assistant Indira Naidoo-Harris, with the support of the local Alzheimer Society chapters and LHINs, to hear from people living with dementia, caregivers, health care professionals and service providers.

Provincial Nursing Investments

The ministry continues to support initiatives that enhance nurses' skills, knowledge and expertise, expand their roles and responsibilities and promote safe working environments. There were 137,525 nurses employed in nursing in Ontario in 2015, up 1.7 per cent (2,245 nurses) from 2014.

Ontario has established a leadership table to address workplace violence in health care starting with the nursing sector.

Physician Supply

The ministry has been working to improve the patient experience by ensuring Ontario has the right number of doctors to care for people when they get sick. Approximately 93.6 per cent of Ontarians are already attached to a primary care provider.

Ontario is producing and attracting more physicians than ever before, but it continues to experience challenges related to physician specialty mix and geographic distribution. In this environment, Ontario is taking a patient-centred, targeted and strategic approach to managing the number of physicians in the province.

The province is also promoting new approaches to health care delivery, including the use of physician assistants (PAs), NPs and other non-physician health care providers to deliver team-based care.

International Medical Graduates (IMG) Program

Ontario offers multiple pathways to a health care career for IMGs with varying levels of qualification. In exchange for a training opportunity, IMGs are required to complete five years of Return of Service.

For the last nine years, Ontario has exceeded its target of providing 200 first year resident training positions annually for IMGs. In 2015-16, Ontario medical schools offered 209 IMGs Postgraduate Year (PGY) 1 entry resident training positions.

Other Health Care Providers

The province promotes new approaches to health care delivery, including PAs, NPs, and other non-physician health care providers to provide team-based care to meet patient needs.

In 2007, Ontario introduced PAs into the health care system. As of January 2016, there are approximately 250 PAs working across Ontario in a variety of clinical settings including emergency medicine and primary care. In addition to employed PAs, there are also over 100 students enrolled in Ontario's two PA education programs with up to 54 graduates expected annually.

Ontario has 2,567 registered NPs entitled to practice. Since 2005, the number of NPs employed in nursing in Ontario has increased by 305.2 per cent (from 594 to 2,407).

Mental Health and Addictions

The government's Mental Health and Addictions Strategy supports better mental health and addictions services across the province.

For the first three years, the strategy was focused on mental health supports for children and youth. Phase 2 expands the focus to include improved transitions between youth and adult services, with broader focus on addictions and adult mental health. Phase 2 also addresses better access, better quality, and better value, by focusing on five strategic goals to improve the system.

To support Phase 2, the government is providing \$138 million over three years - from 2014-15 to 2016-17 - to community mental health and addictions agencies. This is in addition to the over \$1 billion per year the ministry spends on community mental health and addictions services.

There are 294 organizations that offer community-based mental health programs in 901 service locations across Ontario, for a total of 2,393 programs. The range of services and supports provide alternatives to inpatient services, reduce the frequency of hospital admissions and length of stay at psychiatric facilities, and support people in the community.

Following the additional funding investment in 2014-15 and 2015-16, LHINs have funded a combined total of 205 separate community mental health and addictions initiatives or items to support Ontarians with mental illness or addictions.

Wait Times Strategy

Improving access to surgical services and diagnostic imaging supports *Patients First* by reducing the time patients wait for these critical services.

As of January 2016, services completed within access target included:

- 94 per cent of general surgeries performed within the 182 day target
- 86 per cent of cataract surgeries performed within the 182 day target
- 94 per cent of paediatric surgeries performed within the 182 day target

As of January 2016, MRI wait times have improved by 15 per cent. The ministry continues to target MRI wait times by funding base hours for new machines, targeting

one-time funding towards the backlog of MRI cases, and developing a new MRI demand forecasting methodology to guide efficient funding decisions.

Ontario continues to receive straight A's from the Canada-wide Wait Time Alliance for meeting performance targets in reducing wait times in five priority health service areas - hip replacements, knee replacements, cataract surgery, radiation oncology and cardiac services.

Dental Care for Low-Income Children

On January 1, 2016 the province integrated six existing oral health benefits and/or programs for children into a single program under the Healthy Smiles Ontario umbrella. Boards of Health (Public Health Units, or PHUs) have a key delivery role as well as dental providers in private practice. In addition, some PHUs have partnerships with CHCs which includes the funding of dental clinics.

The new integrated dental program makes it easier for families of eligible children and youth to access timely dental care. The integrated Healthy Smiles Ontario provides free preventive, routine, and emergency dental services for children and youth 17 years old and under from low-income households.

Palliative and End-of-Life Care

Ontario is committed to ensuring that people are supported at the end of their lives and allowed to die with dignity. Palliative care is delivered in all care settings including individuals' homes, hospices, long-term care homes and hospitals. All 14 LHINs have developed regional palliative care programs and identified palliative care as a priority in their integrated health service plans.

Under the 2005 End-of-Life Care Strategy, 34 residential hospices (RHs) or communities received funding for nursing and personal support services. Currently, 26 (23 adult, three pediatric) of the 34 RHs identified in 2005 are operational, and eight hospices are in different stages of implementation. Adult beds are funded up to \$90,000 and paediatric beds receive up to \$134,000.

One of the nursing programs being funded as part of the Health Human Resources Strategy includes the addition of 70 palliative NPs across the province at a cost of \$8.2 million annually.

Infrastructure Investments

The 2015-16 infrastructure plan supported capacity planning across the health care system. This helps give communities the necessary resources to plan and design appropriate health infrastructure that meets their needs.

Across Ontario, approximately 40 major hospital projects were under construction or in various stages of planning. The 2015-16 approved health capital allocation for Ontario included more than \$1.398 billion to expand, renew and modernize hospitals; and more than \$67.8 million for long-term care, community, and other programs to help modernize Ontario's health infrastructure and expand capacity to cope with a growing and aging population.

CONNECT

Community Paramedicine

Community Paramedicine initiatives allow paramedics to apply their health care training skills beyond the role of emergency response. Community Paramedics connect seniors and other patients with chronic conditions to health services, provide home visits as part of the team of health care professionals to help them with a range of services, play a role in educating seniors and other patients in their homes about chronic disease management, and can refer patients to local community service providers and other supports.

The province invested \$6 million to support implementation of 30 community paramedicine initiatives for 12 months across the province in 2014-15 and 2015-16. In November 2015, the ministry extended funding for 23 of the 30 Community Paramedicine pilots until March 31, 2016, providing an additional \$1.8 million. The goal of the pilots was to consider how paramedics could best contribute to improved access to care in the community for seniors and patients with chronic conditions. The pilots will be evaluated.

Health Care Options and Health Care Connect

Health Care Options, an online health care services directory to give Ontarians alternative options to emergency care, now provides a comprehensive list of primary health care resources in communities across Ontario, including urgent care centres, FHTs, NPLCs, CHCs and family health care practices. The goal is to inform and help Ontarians find the most appropriate health care services in their community and avoid unnecessary emergency department visits.

Health Care Connect refers Ontarians who don't have a physician to a primary care provider. People can call or log onto the internet to register with the program. Between February of 2009 and December 31st of 2015, Health Care Connect has referred 401,798 patients to a primary care provider.

Personal Support Worker (PSW) Initiatives

PSWs are a vital resource in the health care system and will become even more so with the rapidly growing demographic of seniors. In particular, PSWs play a key role in home and community care to help seniors stay independent longer and support the growing number of people coping with complex health issues, reducing the need for more costly care in hospitals and long-term care.

Ontario is committed to building a high-quality PSW workforce with the capacity to meet the system's personal support needs now and in the future.

More than 34,000 of Ontario's 100,000 PSWs deliver care, assistance and support to seniors and other people with complex care needs in their own homes and communities. About 41 million hours of personal support services in 2014-15 were delivered in the home and community sector.

On August 1, 2015, the ministry increased the minimum base wage from \$14.00 to \$15.50 for eligible PSWs, who provide publicly-funded personal support services. This increase was retroactive to April 1, 2015.

An increase of \$1.50 per hour, up to a maximum of \$19.00 per hour, was provided to all individuals providing publicly-funded personal support services in the home and community care sector – following through on the government's April 2014 announcement on PSW wage enhancements.

Ontario has expanded eligibility to include employees working in three additional programs, retroactive to April 1, 2014:

- Adult Day Services;
- Overnight Respite as part of Caregiver Support Services; and
- Self-Managed Attendant Services administered by the Centre for Independent Living Toronto program.

eHealth

The ministry is committed to ehealth initiatives because they enable health system modernization and lead to better care. Electronic health records and other ehealth systems are helping us to improve the safety, quality, and integration of health care services.

The ministry is developing eHealth 2.0 – a major undertaking to refresh the province’s ehealth strategy and establish provincial ehealth governance. The new governance is led by the eHealth Investment and Sustainment Board, chaired by the minister and delegated to the deputy minister, with a mandate to sponsor the new strategy and oversee its implementation. The ministry expects to bring forward eHealth 2.0 for formal approval in Spring / Summer 2016.

Today, almost all Ontarians who receive health services benefit from electronic health records containing information that can be accessed by authorized clinicians. Almost every Ontarian has an electronic health record and more than 80 per cent of Ontario’s family physicians have electronic records for their patients.

eHealth Highlights

More than 12,000 providers, including more than 80 per cent of family physicians representing over 10 million Ontarians have or are in the process of implementing Electronic Medical Records (EMRs). Telemedicine has enabled over 387,000 remote patient clinical encounters in 2014-15. All Ontario hospitals are now using digital diagnostic imaging and are connected to regional repositories that enable them to electronically share these images with other hospitals in their region.

As of January 2016, the Ontario Laboratories Information System (OLIS) collects approximately 84 per cent of all hospital, community and public health lab data in the province, creating a centralized record of a patient’s lab test results that is available to more than 95,000 users.

The Drug Profile Viewer provides authorized health care providers in 245 hospital sites and 20 CHCs with electronic prescription drug information and medication histories for 2.9 million utilizing recipients of the Ontario Drug Benefit, 24 hours a day, 7 days a week.

As of January 2016, the electronic Child Health Network (eCHN) system contains electronic patient records for over 75 per cent of the Ontario pediatric population.

Three connected backbone initiatives under eHealth Ontario’s Connecting Ontario project (formerly Integration Services) - Connecting GTA (cGTA), Connecting South West Ontario (cSWO) and Connecting Northern and Eastern Ontario - are in varied stages of implementation of regional clinical viewer solutions that provide access to important clinical data as part of a regional electronic health record. As of January 2016, over 41,000 clinicians as part of cGTA and over 37,000 as part of cSWO, were registered users of these solutions.

The Telehomecare Expansion Project is now underway in nine LHINs. To date, more than 7,500 new patients have been enrolled into the project, with more than 2,600

patients now enrolled per year. Preliminary findings show an approximately 50 per cent reduction in emergency department visits and hospital admissions that sustain until 6-months post discharge. The formal Telehomecare Expansion Project evaluation, which is currently ongoing, shows positive impacts on blood pressure, weight management, and blood oxygen saturation.

INFORM

Cancer Screening and Prevention

Cancer Care Ontario (CCO) is the government's advisor on cancer and renal systems and administers a number of programs and services, including:

- Integrated Cancer Screening (ICS) Program
- Ontario Breast Screening Program (OBSP)
- Clinical Specialist Radiation Therapist Integration Project
- New Drug Funding Program
- Nursing and Health Promotion Programs
- Diagnostic and Medical Equipment Programs.

A new online screening tool, [My CancerIQ](#), was released in December 2014 to help Ontarians learn about their risk of developing certain types of cancer and provide personalized recommendations to help them take action to lessen their risk of getting cancer.

CCO received \$1.8 billion in 2014-15 for programs to deliver timely, high quality services and improved access to care related to cancer and chronic kidney disease, as well as other services.

The goals of the screening programs are to increase the participation of Ontarians at risk for breast, cervical, and/or colorectal cancer, improve the screening performance of primary care providers and maintain a high quality integrated screening system. The province continued to strengthen the comprehensive screening programs in these areas and alert and remind people when it was time to schedule their next screening.

In addition, each year about 75,000 girls in Grade 8 are offered free vaccines to protect against the human papilloma virus, which can cause cervical cancer. The vaccine program saves families up to \$287.46 per child. The government also

continued to fund Prostate-Specific Antigen testing for men meeting the Ontario Health Insurance Program eligibility criteria.

Ontario Diabetes Strategy

Since 2008, as part of Ontario's Diabetes Strategy, the province has implemented more than 200 diabetes programs, reaching approximately one million Ontarians with diabetes or at risk of developing diabetes.

Through the strategy, the government has made investments aimed at reducing the risk and prevalence of diabetes, providing greater support to people in the management of diabetes and improving the access and quality of diabetes services and care in Ontario.

The key results of the Ontario's Diabetes Strategy include:

- 98.4 per cent of Ontarians with diabetes who wish to have a primary care provider have been referred to one;
- More than 20,765 individuals and more than 17,882 health care providers have received a self-management skills training;
- More than 9,800 patients benefitted from supports provided through six Centres for Complex Diabetes Care;
- Since 2009, more than 71,200 people have participated in community-based diabetes prevention activities, including modifying behaviour, screening for risk factors, training of health professionals and health educators and local campaigns to increase awareness of type 2 diabetes and direct people to local services and programs.

Health Promotion Programming

In addition to programs under the Ontario Diabetes Strategy, the ministry invests an additional \$5 million per year in Diabetes Prevention Program (DPP) funding to PHUs, AHACs, and CHCs for initiatives to address modifiable risk factors and drive individual behaviour change in order to prevent or delay the onset of the disease – targeting population groups with higher rates of prevalence including Indigenous populations.

Disease Management

Diabetes Education Programs help individuals manage their diabetes and avoid diabetes-related complications by providing education, nutrition counselling, diabetes management, outreach and monitoring patient behaviour and outcomes. A Diabetes Education Team consists of a registered nurse and a registered dietitian. Depending

on the community's need, it may also include NPs, chiropractors, social workers and coordinators.

Funding for diabetes education programs is approximately \$3.3 million in 2015-16.

Indigenous Diabetes Programming

The Ontario Aboriginal Diabetes Strategy (OADS) supports innovative, culturally competent provincial approaches to addressing the growing impact of diabetes in Indigenous/First Nations communities. In addition, the ministry provides targeted funding to improve access to high quality, culturally appropriate diabetes services and care for Indigenous and First Nations communities to support priorities such as enhanced foot care and diabetes prevention and management.

Funding for diabetes services in Indigenous and First Nations Communities is approximately \$2.4 million for 2015-16.

Self-Management Program

The Ontario Diabetes Strategy (ODS) has implemented self-management education and training programs for individuals and health care providers in all 14 LHINs. Self-management training empowers and prepares people with diabetes to play a greater role in their diabetes management and health care. The result is a reduction in diabetes-related complications and slowing of disease progression.

As of December 31, 2015, the Self-Management Program has delivered evidence-based self-management education and skills training workshops to over 20,765 individuals with chronic pain, chronic disease or diabetes and over 16,660 health care providers.

Funding is approximately \$4.5 million for 2015-16.

Centres for Complex Diabetes Care (CCDCs)

Centres for Complex Diabetes Care provide a coordinated, single point of access to specialized inter-disciplinary care for individuals with diabetes and complex health needs. The centres support efficient use of costly specialized services for people who are among the highest users of the health system.

Six CCDC sites have been implemented in 10 locations across six LHINs, prioritized on the basis of diabetes prevalence, complexity and availability of services. The six sites are:

- 1) Central East Community Care Access Centre
 - Lakeridge Health
 - Peterborough Regional Health Centre
 - The Scarborough Hospital
- 2) Health Sciences North/Horizon Santé-Nord
- 3) North York General Hospital
- 4) Thunder Bay Regional Health Sciences Centre
 - Thunder Bay Regional Health Sciences Centre
 - Sioux Lookout Meno Ya Win Health Centre
- 5) Trillium Health Partners
 - Mississauga Hospital
 - Halton Hospital
- 6) William Osler Health System

Funding is approximately \$10.7 million for 2015-16.

Making Healthier Choices Act, 2015

On May 26, 2015 the Ontario government passed the *Making Healthier Choices Act 2015*, which will help families make healthier food choices and protect youth from the dangers of tobacco and the potential harms of electronic cigarettes.

As part of the government's commitment to achieve the lowest smoking rate in Canada, as of January 1, 2016, the new legislation also:

- Increased the maximum fines for those who sell tobacco to youth;
- Banned the sale or supply of e-cigarettes to anyone under the age of 19;
- Banned the sale of flavoured tobacco products, with a temporary exemption for menthol flavoured products.

The government continues to consult with stakeholders to further regulate the use, sale, display and promotion of e-cigarettes.

Healthy Kids Strategy

The Healthy Kids Strategy is focused on three pillars:

1. Healthy Start - supporting health before and during pregnancy, and the early years to build the foundation for healthy childhood and beyond;
2. Healthy Food - initiatives to promote healthy eating, achieving healthy weights and healthy childhood development; and

3. Healthy Active Communities - building healthy environments for kids in their communities.

Several ministries across government have been working in concert to implement the strategy, including implementation of new programs and services to support and encourage breastfeeding for at least the first six months of life, and developing the knowledge and skills of key professions to support parents in raising healthy kids.

Forty-five communities across Ontario were chosen to participate in the Healthy Kids Community Challenge to deliver local programs and activities to help children and youth become more active and healthy. Communities receive resources from the ministry including funding, training, guidance and social marketing tools to help promote healthy eating, physical activity and healthy lifestyle choices for children and youth.

Public Health

The ministry continues to make significant investments to support Ontario's public health system. Since 2003, provincial funding for PHUs for mandatory and related public health programs and initiatives has more than doubled.

In 2015, the ministry invested \$705.5 million for mandatory and related public health programs and initiatives delivered by PHUs. In 2015, two per cent growth funding for mandatory programs was allocated proportionately to eight PHUs based on a funding formula that takes into account population and equity adjustment factors. No public health unit's funding for mandatory programs was reduced in order to minimize disruption to current levels of service provision.

The ministry also continues to maintain and/or enhance its funding for 75 per cent and 100 per cent provincially funded related public health programs and initiatives. In total for 2015, PHUs received approximately \$33.5 million in additional funding for the provision of mandatory and related public health programs and initiatives.

The ministry funds Public Health Ontario (PHO) – the province's first stand-alone public health agency – to provide scientific and technical advice and support to the health system and the government to better protect and promote the health of Ontarians.

PHO has released its Strategic Plan 2014-2019 – Evidence, Knowledge and Action for a Healthier Ontario, which includes setting out direction to advance public health evidence and knowledge, accelerate integrated population health monitoring and strengthening Ontario's public health sector by providing scientific and technical expertise.

Children, Youth and Adult Immunizations

Vaccines save lives by preventing disease. They reduce the need for physician visits, hospitalizations, drug treatments and public health efforts to manage vaccine preventable disease outbreaks. Immunization also helps us save health care dollars and helps Ontario's economy by reducing sick days and increasing productivity.

Currently, the Ontario government publicly funds 22 different (routine and non-routine) vaccines through its provincial immunization program that protect against 16 diseases.

Immunization 2020

In December 2015, the ministry released Immunization 2020, Ontario's five year strategy to strengthen the publicly funded immunization system to better protect all Ontarians from vaccine preventable diseases. As part of the strategy, Ontario will be proposing changes to the *Immunization of School Pupils Act, 1990* that, if passed, would include stronger requirements for school vaccine exemptions.

Immunization 2020 is a call for participation and action within Ontario's communities – inviting everyone to come together and work towards achieving better health for all Ontarians.

This framework:

- outlines a common platform for all immunization partners;
- supports a comprehensive approach to planning; and
- urges a system-wide approach to the immunization program.

Immunization 2020 focuses on ways of strengthening the current system. It also emphasizes the need to measure performance to monitor progress and ensure accountability for a stronger, more innovative immunization system.

Universal Influenza Immunization Program

Ontario's Universal Influenza Immunization Program (UIIP) was evaluated by an Ontario study showing that the program can prevent about 300 deaths and 1,000 hospitalizations, and can eliminate 30,000 visits to hospital emergency departments.

The ministry continued to focus on increasing immunization rates, including improving access and making it more convenient for Ontarians to get their flu shots. In 2012-13 pharmacists across the province were given the expanded scope to administer

publicly funded influenza vaccines to individuals five years of age or older. As of February 8, 2016, there were about 2,500 participating pharmacies that had administered approximately 863,400 doses of the flu vaccine during the current flu season.

Ontario is also now offering parents more choice in helping to protect their children and youth against the flu with a free nasal spray flu vaccine. In October of 2015, nasal spray flu vaccine was made available for children and youth aged two to 17 as an alternative to an injection in the arm.

The ministry continues to work with the health care sector in collaboration with the Ontario Hospital Association, long-term care associations and Public Health Ontario to improve flu immunization rates among health care workers.

PROTECT

Health Information Protection Act, 2016

This proposed legislation represents a clear commitment to strengthening health information privacy for the people of Ontario and supports the *Patients First: Action Plan for Health Care* by protecting the integrity of the health care system. Transparency and accountability for privacy protection would be strengthened by clarifying how personal health information may or may not be shared, and by establishing mandatory reporting requirements when certain privacy breaches occur. The proposed legislation also strengthens Ontario's ability to prosecute individuals who commit offences under the Act.

These are important privacy rules to set out because in an increasingly electronic health care environment information can be accessed and shared faster and more widely than ever.

Health System Funding Reform

Health System Funding Reform (HSFR) focuses more on providing funding based on the care patients need, rather than lump-sum funding to a health care provider.

HSFR has two key components:

1. Organizational-level funding (will comprise approximately 40 per cent of hospital funding: Funding is allocated to hospitals and CCACs using the Health Based Allocation Model (HBAM))
2. Quality-Based Procedures (QBPs) (when fully implemented, will comprise approximately 30 per cent of HSFR allocation): Funding is allocated to specific procedures based on a "price X volume" approach. This involves providing evidence-based allocations to targeted clinical groups. The price is structured to provide an incentive and adequately reimburse providers for delivering high-quality care

Over the fiscal years 2012-13 to 2015-16, HSFR has been shifting much of Ontario's funding for hospitals away from one that has primarily been health care provider-focused to one that revolves around the person. This will further support quality, efficiency and effectiveness in the health care system.

Prior to the implementation of HSFR, hospital and home care sectors were based primarily on global budgets. By 2015-16, in the four years since HSFR began, funding for both hospitals and home care sectors has shifted to approximately 50 per cent of hospital budgets and 30 per cent of Community Care Access Centre budgets being composed of HSFR funding (HBAM and QBPs).

Integrated Funding Models/Bundled Care

Integration – the absence of silos – is the aspiration of high-performing health care systems. Systems that are well integrated serve patients more effectively and are better able to cope with pressures. But while the idea of seamless, integrated care is easy to endorse, it's difficult to put into practice.

Part of the reason it's so hard to ensure coordinated care between different providers and care settings is because funding, accountabilities, and information technology are siloed. Hospitals have their own pots of money and their own electronic medical record software; home care has theirs; rehab services have theirs; and so on. These separate systems make it hard to communicate and coordinate, and don't create incentives for working together.

Enter the idea of 'integrated funding' known more simply as 'bundled care.' Rather than paying each organization separately for taking care of the same patient, bundled care means that a single payment is issued for a patient's entire episode of care for a health condition or procedure, potentially spanning multiple healthcare providers and settings. Putting integrated care and funding into practice is a key objective of the expanded role for Local Health Integration Networks put forward in Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.

Hospital Funding

Hospital funding in Ontario was \$17.3 billion in 2015-16, which represents a \$288.6 million or a 1.7 per cent increase over last year. The 1.7 per cent in additional funding is for hospital programs, including Post Construction Operating Plan, Priority Services and hospital operating pressures. Small hospitals received an across the board one per cent increase in base funding for 2015-16.

As of November 1 2015, there are a total of 154 hospital corporations that include public, private and specialty psychiatric with a total of 234 sites.

Ontario Public Drug Programs (OPDP)

Provincial drug coverage is available to seniors, social assistance recipients, residents of long-term care homes and homes for special care, those receiving home care services, as well as Ontarians who have high drug costs in relation to their household income. Coverage is also available for a number of specialty drugs used to treat a variety of conditions including metabolic disorders, childhood infections and age-related macular degeneration.

The government invested approximately \$4.8 billion in 2014-15 in the OPDP to provide drug coverage to more than 3.9 million eligible recipients, representing about 28 per cent of Ontario residents.

As of February 25, 2016, OPDP achievements include:

- 81 updates to the ODB Formulary;
- 205 new brand drugs have been funded, including new drugs and new indications funded through the Exceptional Access Program. This represents 459 Drug Identification Numbers (DINs);
- 146 drugs/indications have had access increased, that is new indications or expansion to general benefit;
- 84 cancer drugs/indications have been listed including new drugs and expanded indication – under ODB Program, EAP and New Drug Funding Program;
- 902 new generic drugs - 174 first time generic drugs - representing 1,863 DINs/strengths, have been listed on the Formulary as benefits;
- 544 new multiple source drug products (DINs) have been listed under the Off-Formulary Interchangeability classification.

Ontario has made prescription refills more convenient for people with chronic conditions and are continuing to make changes to ensure Ontarians get good value

when it comes to drug costs now and in the future. For example, Ontario has been working with other provinces and territories as a member of the pan-Canadian Pharmaceutical Alliance to capitalize on the combined negotiating power of the province's public drug plans. The results have been lower drug costs, increased access to drug treatment options and improved consistency of drug listing decisions across multiple jurisdictions.

As part of this pan-Canadian work, Ontario and other participating provinces and territories have, beginning April 1, 2013, set the reimbursement price of 14 generic drugs at 18 per cent of the brand name price. Another four products will be set at 18 per cent on April 1, 2016.

Patient Ombudsman

The vast majority of complaints about health care quality are resolved by current patient relations processes. There are, however, some complaints that are outside the scope of existing oversight bodies, or are not able to be successfully resolved through existing mechanisms. The Patient Ombudsman position was created in December 2014 as part of the *Public Sector and MPP Accountability and Transparency Act, 2014*, which includes amendments to the *Excellent Care for All Act, 2010*.

In 2015, the ministry consulted with Ontarians to identify the key skills and competencies the person selected as Patient Ombudsman should possess. Based on feedback received, Ontario's first Patient Ombudsman has been selected to help people with an unresolved complaint about their health care experience at a hospital, long-term care home or Community Care Access Centre. This will help make sure that health care is continuing to focus on patients' needs first.

New Regulations under the Excellent Care for All Act, 2010

The introduction of the Patient Ombudsman is part of a broader approach to strengthening complaints management processes in the health care system. Additional changes under the *Excellent Care for All Act, 2010* (ECFAA), enabled through the *Public Sector and MPP Accountability and Transparency Act, 2014* (PSMATA), will expand Health Quality Ontario's mandate to monitor and report on the performance of health sector organizations with respect to patient relations by developing patient relations performance indicators and providing quality improvement supports and resources for health sector organizations.

Independent of these legislative amendments enabled through PSMATA, two new regulations were introduced to strengthen the patient relations process in hospitals by setting standards for complaints management processes to ensure timeliness, transparency and accountability, and to ensure that patients are engaged as part of a hospital's annual Quality Improvement Plan (QIP) development process. These new regulations, which currently only apply to public hospitals, came into effect on September 1, 2015.

Taken together, the Patient Ombudsman and the new regulations under ECFAA will help ensure that patients are at the centre of the health care system and that patient concerns are addressed in a structured manner.

Chief Health Innovation Strategist

In 2015, Ontario recruited and appointed a Chief Health Innovation Strategist to make sure Ontario is taking the most innovative approaches to delivering health care and to champion the province as a leading centre for new health technology.

An important part of the Chief Health Innovation Strategist's work will be helping made-in-Ontario innovators demonstrate the effectiveness of their products and their potential to improve patient care. That serves us well here in Ontario but will also help Ontario companies access global markets, creating even more jobs here at home.

Assistive Devices Program (ADP) Quality and Value for Money Improvements

Following an extensive market and jurisdictional pricing review of wheelchairs, scooters and positioning aids, the government reduced ADP approved prices for these mobility devices thereby achieving value for money, saving the government approximately \$18 million annually while ensuring that mobility prices are fair to patients, vendors and government.

ADP will be implementing the second phase of the increase in the grant amount eligible clients with ostomies receive to help them purchase ostomy supplies.

A Clinical Eligibility Criteria for Hearing Aids Working Group of experts has been established by ADP to make recommendations for modernizing and ensuring that the hearing aid eligibility criteria for ADP funding are specific and measurable.

Table 3: Ministry Interim Actual Expenditures 2015-16*

Category	Number
Operating	49,409,985,119
Capital	1,375,366,200
Total Ministry	50,785,351,319
Staff Strength ** (as of February 29, 2016)	3,483.6

* Interim actuals reflect the numbers presented in the *2016 Ontario Budget*.

** Ontario Public Service Full-Time Equivalent positions.

