

# **Estimates Briefing Book 2017-18**

Ministry of Health and Long-Term Care

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# **Part I: 2017-18 Published Plan**

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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, Assistive Devices Program, drug programs, independent health facilities and laboratory services.

### MINISTRY CONTRIBUTION TO PRIORITIES AND RESULTS

The Ministry of Health and Long-Term Care is working toward a patient-focused, results-driven, integrated and sustainable publicly funded health system. *Patients First*: the government's renewed *Action Plan for Health Care*, provides the blueprint for building an integrated and sustainable public health care system in Ontario. The plan is based on helping people stay healthy, delivering good care when people need it and protecting the health system for future generations.

Once fully implemented, *Patients First* will support integrated and comprehensive health services across primary and specialist care, home and community care, hospitals and other health care settings.

The ministry's annual fiscal growth rate has averaged approximately 2.5 per cent since 2012-13, down from a historical average of approximately 6-7 per cent. The ministry has accomplished this by managing the physician services budget, holding the line on hospital operating growth, finding drug program savings and other actions.

The ministry continues to invest in health care to ensure that all Ontarians can get quality health care faster, when and where they need it.

## **MINISTRY PROGRAMS AND ACTIVITIES**

*Patients First: Action Plan for Health Care* continues to build on the government's commitment to transform the province's health care system, put the needs of people and patients at its centre and provide better access to care no matter where people live. The plan's four key objectives are working in concert to put the needs of people and patients at the system's centre by: increasing access; connecting services; informing patients; and protecting our health care system.

Progress has been made on these four objectives. Connections between primary health care providers, hospitals and home and community care have been improved. We have made 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 they need, closer to home.

## **YEAR THREE OF THE PATIENTS FIRST: ACTION PLAN FOR HEALTH CARE**

*Patients First* is about taking a population health approach, breaking down silos between health care providers and facilities, and enabling critical connections between primary care, home care and public health.

While many improvements have been made to the province's health care system, it remains fragmented, preventing people from smoothly transitioning between care settings such as hospitals, primary care and community-based health services.

The *Patients First Act, 2016* makes careful, well-informed adjustments to the structure of the health care system to break down silos and improve integration and access. Under the Act, Local Health Integration Networks (LHINs) will take on responsibilities for primary care planning, delivering home and community care services and engaging with boards of health. This will provide people with easier access to care closer to home, better coordination and continuity of care, and a greater focus on culturally and linguistically appropriate services.

The *Patients First Act, 2016* sets the foundation upon which a stronger system can be built. Once fully implemented, the Act will improve consistency, access and integration without added administration in local health services.

Ontarians will continue to have freedom to choose their doctor. Access to a primary care provider close to home will be made easier through a single phone number. Planning primary and home and community care with a sub-region lens by community will allow family doctors and nurse practitioners to better navigate services for their patients.

Bringing public health specialists to the LHIN planning table will allow better coordination and understanding of the population health needs in each community.

The planning of primary care and home and community services will pay special attention to the needs of Indigenous communities and Francophone Ontarians. Indigenous Ontarians, Francophone Ontarians, community leaders and health care providers are collaborating with the ministry to ensure health care services are culturally appropriate. As well, the ministry is ensuring that health care services meet the principles of reconciliation with our Indigenous partners

Through the assessment of the capacity of health resources across the sub-regions, the ministry will ensure that investments are focused where the need is greatest to improve the equity of health for all Ontarians.

Implementing these changes will achieve the triple aim of improving the patient experience, improving overall health of the whole population and improving the sustainability and cost effectiveness of our publicly funded system.

## **IMPROVING ACCESS - Providing Faster Access to the Right Care**

### **OHIP+: Children and Youth Pharmacare Program**

Beginning January 1, 2018, the province will provide drug coverage for children and youth who are covered by OHIP and aged 24 and under, regardless of family income.

Under OHIP+: Children and Youth Pharmacare Program, over four million Ontario children and youth will have publicly funded access to all drugs listed on the Ontario Drug Benefit Formulary/Comparative Drug Index as well as drugs made available through the Exceptional Access Program.

There will be no co-payment and no deductible.

### **Mental Health and Addictions**

Ontario is working to transform the mental health and addictions system so that it is equitable, high-performing and recovery-oriented, where every person in Ontario can access consistent, high-quality services, no matter where they live. This includes ensuring mental illness is treated like any other chronic disease.

On February 8, 2017, Ontario announced new investments of more than \$140 million to expand access to important mental health and addictions services for thousands more Ontarians across the province.

These investments are expected to create:

- Additional services to help more Ontarians who experience anxiety and depression be more successful through proven structured psychotherapies such as cognitive behavioural therapy.

- Up to nine hubs to provide integrated services for young people who will benefit from easier access to mental health and addictions support, along with access to a holistic range of supports such as primary care, employment and supportive housing.
- Up to 1,150 additional new supportive housing units for Ontarians living with mental health and addictions issues who are homeless or at-risk of homelessness.

This funding includes about \$20 million for supportive housing and about \$30 million for structured psychotherapy. These investments are in addition to the government's annual funding for mental health and addictions of about \$3.7 billion for both the Ministries of Health and Long-Term Care and Children and Youth Services.

### **Medical Assistance in Dying**

The ministry recognizes the importance of supporting patients and families, their caregivers and community-based providers in promoting dignified palliative and end-of-life care. Our commitment includes giving Ontarians greater choice over their palliative and end-of-life care.

On June 6, 2016, medical assistance in dying became legal in Canada in line with the Supreme Court of Canada's decision in *Carter v. Canada*. On June 6, 2016, Ontario announced:

- Support for the province's health regulatory colleges in providing guidance on medical assistance in dying to their respective members.
- Drugs required for medical assistance in dying would be available to Ontarians at no cost.
- The establishment of a clinician referral service to support doctors/nurse practitioners who may object to providing the service themselves and are looking to refer patients to willing providers, or are looking for a clinician to provide the required second assessment.

The ministry established a telephone-based Clinician Referral Service for physicians and nurse practitioners who conscientiously object to medical assistance in dying or are not able to provide medical assistance in dying for other reasons and need to refer a patient to a willing health care provider.

Thanks to federal legislation and provincial health regulatory college policies, there are safeguards and protocols in place to provide safe and accessible medical assistance in dying to eligible Ontarians. The ministry aims to support patient choice, while protecting the vulnerable and respecting the rights of health care providers and institutions.

In addition to these protections, on May 10, 2017, the *Medical Assistance in Dying Statute Law Amendment Act, 2017* received Royal Assent and came into effect. The

Act supports the implementation of medical assistance in dying, provides greater clarity for patients and legal protections, their families and health care providers, including institutions and clinicians and strengthens compassionate, high quality end-of-life care for Ontarians. The Act also establishes a new role for the coroner in overseeing medically-assisted deaths.

Ontario has been exploring ways to support access to medical assistance in dying for eligible patients, while respecting the conscience rights of clinicians and existing health regulatory college policies. On May 31, 2017, the province will launch a Care Co-ordination Service (CCS) to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options. The CCS will build on the success of the ministry's Clinician Referral Service that currently supports physicians and nurse practitioners in making effective referrals, and at the same time the CCS will provide additional supports by allowing patients, family/caregivers and the general public to call directly for information regarding medical assistance in dying and other end-of-life options, and make self-directed requests.

The ministry is working to provide patients with care that respects their wishes and dignity at every stage of their lives and in every setting. Medical assistance in dying is one part of a larger conversation on how to provide care for people at their end of their lives.

### **Ontario's First Nations Health Action Plan**

Ontario is investing nearly \$222 million over three years to ensure Indigenous people have access to more culturally appropriate care and improved outcomes, focusing on the North where there are significant gaps in health services. This investment will be followed by sustained funding of \$104.5 million annually to address health inequities and improve access to culturally appropriate health services over the long term.

Ontario's First Nations Health Action Plan, which will be implemented and evaluated in close partnership with Indigenous partners, focuses on primary care, public health and health promotion, seniors' care and hospital services, and life promotion and crisis support. The plan includes:

- Investments in primary health care, including increasing physician services by 2,641 more days per year for 28 First Nations communities across the Sioux Lookout region.
- Providing cultural competency training for front-line health care providers and administrators who work with First Nations communities.
- The creation of a Remote First Nations Medical resident stream to train physicians to address the specific primary health care needs of remote First Nations communities in Northern Ontario.



- The establishment of up to 10 new or expanded primary care teams that include traditional healing.
- Expanding access to fresh fruits and vegetables for approximately 13,000 more Indigenous children in northern and remote communities.
- Expanding diabetes prevention and management in Indigenous communities.
- More hospital beds for seniors' care at Meno Ya Win Health Centre and increased funding to the Weeneebayko Area Health Authority for capital planning.
- Improving access to home and community care services, including on-reserve.
- Life promotion and crisis support, such as trauma response teams, youth programs and mental health workers in schools.
- Expanding access to telemedicine for individuals who need clinical support.
- Working with Indigenous partners across the province to invest \$25 million over three years and \$14 million in ongoing funding for home and community care, \$48 million over three years and \$30 million in ongoing funding for primary care, and \$15.5 million over three years and \$10.2 million in ongoing funding for diabetes prevention and management.

### **Dementia Strategy**

Dementia is the leading cause of dependency and disability among older persons worldwide. The Alzheimer Society of Ontario estimates that more than 175,000 Ontarians are currently living with dementia. By 2022, these numbers could rise to more than 266,000 people living with dementia in Ontario.

In recognition of the importance of supporting those who live with dementia as well as those who care for them, the ministry is developing a comprehensive dementia strategy. To help inform this strategy, the ministry launched an extensive public engagement process across the province in the fall of 2016.

The ministry consulted with more than 5,500 Ontarians via an online survey and email submissions, town hall consultations in five cities, engagement with more than 50 organizations including Indigenous, Francophone, ethno-cultural and LGBTQ community organizations, and working groups and roundtables. The ministry is currently reviewing and analyzing the results of this feedback. The draft strategy is expected to be released in spring 2017.

Along with the feedback, the dementia strategy will build on the government's substantial investments to improve access to supports and services that enable those living with dementia, and their care partners, to live well and within their community for as long as possible. These investments include \$100 million over five years (2013-18) in the Ontario Brain Institute for neuroscience research; an increase in annual funding for Behavioural Supports Ontario of \$10 million in 2016-17, raising the government's

investment from \$44 million to \$54 million annually, to enhance health care services for older adults with cognitive impairments and who exhibit challenging and complex behaviours; and \$31 million in funding to various Alzheimer Society of Ontario chapters to deliver a range of services and supports to those living with dementia, including Alzheimer's disease and their care partners.

### **Nurse Prescribing**

We recognize that Ontario's nurses are valuable, highly-trained professionals. This is why we continue to support initiatives that enhance their skills, knowledge and expertise, expand their roles and responsibilities, and promote safe working environments.

The ministry is working with nursing and other health care partners to expand the role of registered nurses (RNs) to allow them to prescribe drugs directly to patients for certain non-complex conditions such as ear infections, skin rashes and colds. RN prescribers would improve wait times and access to care for patients by freeing up physicians and nurse practitioners to treat more patients with complex needs. This initiative would also help Indigenous, rural, remote and northern communities as nurses take on a bigger role treating people closer to home, where there may not be a doctor available right away to help.

The ministry is working with its health partners to find the most efficient, effective and safe way to implement registered nurse prescribing in Ontario.

### **Long-Term Care Homes Staffing**

Staffing is an integral part of ensuring safe and quality care for long-term care (LTC) home residents.

The government continues to recognize staffing as a priority and the Minister's mandate letter tasks him with considering necessary investments, including staffing to improve the safety and quality of life for LTC home residents.

All licensees are responsible for an appropriate staffing mix based on the individual and changing care and safety needs for all residents at all times.

Additional staffing is provided through targeted streams:

- \$17.9 million invested in Supplementary Staffing, provided as reimbursements under the High Intensity Needs Fund claims for the 2015-16 fiscal year.
- \$3.7 million in annual investments were provided for 2016-17 fiscal year, to support the first year of the Attending Nurse Practitioners in LTC Homes Initiative.

- \$37.15 million has been allocated to the Local Health Integration Networks (LHINs) exclusively for the LTC home sector for specialized staffing resources as part of the Behavioural Supports Ontario program.

### **Indigenous Midwifery Programs**

The ministry is supporting the establishment of six Indigenous Midwifery programs across the province to provide culturally appropriate child and maternity care to Indigenous women, their children and families. Indigenous midwives will provide a full range of safe and culturally appropriate midwifery primary care, support services, language and community education to pregnant women and the broader community.

The six programs receiving funding include:

- Dilico Anishinabek Family Care, Fort William First Nation
- K'Tigaaning Midwives, Nipissing First Nation
- Kenhte:ke Midwives, Tyendinaga Mohawk Territory
- Onkwehon:we Midwives, Akwesasne
- Shkagamik-Kwe Health Centre, Sudbury
- Southwest Ontario Aboriginal Health Access Centre, London.

The ministry is also providing development grants for organizations across the province to explore how Aboriginal Midwifery services could be established in their communities.

### **CONNECT SERVICES - Delivering Better Coordinated and Integrated Care in the Community, Closer to Home**

#### **Patients First Roadmap**

*Patients First: A Roadmap to Strengthen Home and Community Care* is the province's plan to improve and expand home and community care over three years. This plan outlines how the government will transform how care is delivered at home and in the community.

Since May 2015 when the Roadmap was launched, Ontario has made important progress, making it easier for patients and their caregivers to access better care at home and in the community.

Currently, six teams in Ontario are delivering bundled care, and more than 2,400 patients across the province have been enrolled in the project. Bundled care helps people transition more smoothly out of the hospital and into their homes. Early results are positive, with new relationships forming between the hospital and home and

community sectors. Patients are experiencing shorter hospital stays and a more integrated care experience once they get home.

To help ensure that home and community care assessments and services are consistent and transparent across the province, the ministry is developing a 'Levels of Care Framework'. Ontario has established an expert panel that will provide recommendations on developing this framework.

To ensure their input is reflected in the framework, the government has been consulting widely with patients, caregivers and sector partners, as well as key leaders in research and quality improvement, including the University of Waterloo and Health Quality Ontario. After province-wide consultation, the ministry released a statement of values, which identifies the values most important to patients and caregivers in the delivery of home and community care.

Beginning in 2016-17, the province is investing a total of \$155 million in hospice and palliative care, including the 2016 Ontario Budget commitment of \$75 million over three years. This investment will add up to 20 new hospices, increase funding for existing facilities and increase supports for caregivers, among other things.

The ministry has taken steps to enhance supports for caregivers so they are able to continue caring for their loved ones at home and in the community. This includes \$20 million in annual funding for caregiver respite. The ministry is also developing new programs to meet identified priority gaps in caregiver training and education. Additional respite care has been provided for informal caregivers who are looking after friends or family members at home. The ministry is conducting consultations on the need and potential role for a caregiver organization in Ontario.

The ministry is developing a Self-Directed Care program to give eligible patients and families the option to receive funding they can use to hire, or purchase services from, a home care service provider of their choosing, rather than having those services coordinated through the Community Care Access Centres. Self-Directed Care will give patients and families greater choice over who provides services in their home and when services are provided; enable more flexible service delivery arrangements; and promote closer working relationships between patients and care providers and continuity of care.

As well, Ontario is developing a capacity planning framework to guide the long-term planning of health care services in a way that is locally-driven to ensure the needs of patients and their families are met today and in the future. Part of this capacity planning includes the development of a Dementia Capacity Planning project, which will help ensure that services are in place for the future needs of Ontarians living with dementia.

These initiatives are supported by a growing investment in home and community care, including \$100 million in additional annual funding to increase home care services to respond to the growing number and needs of patients and their caregivers.

## **Patients First Act**

On December 7, 2016, Ontario passed legislation that will help patients and their families get better access to a more integrated health care system to help improve the patient's experience and deliver higher-quality care.

The *Patients First Act, 2016* gives Ontario's 14 Local Health Integration Networks (LHINs) an expanded role, including responsibilities for primary care planning, home and community care services delivery and the ability to formally engage boards of health.

Once fully implemented, changes supported by the new legislation will:

- Improve access to primary care for Ontarians, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
- Improve local connections between primary care providers, inter-professional health care teams, hospitals, public health and home and community care to ensure a smoother patient experience and transitions.
- Streamline and reduce administration of the health care system and direct savings into patient care.
- Enhance accountability to better ensure people in Ontario have access to care when they need it.
- Formally connect LHINs and local boards of health to leverage their community expertise and ensure local public health units are involved in community health planning.
- Strengthen the voices of patients and families in their own health care planning.
- Increase the focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French-speaking people in Ontario.

Ontario will continue working with French language health leaders, First Nations, Métis, Inuit and urban Indigenous partners and health providers to ensure their voices are heard, in particular with respect to equitable access to services that meet their unique needs. The province will also continue to work with health care partners across the system, as well as patients, families and caregivers to ensure that patients have reliable, efficient access to the health care services they depend on every day.

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

### **Healthy Kids**

Childhood obesity is a significant health concern in Ontario and impacts health in childhood and beyond. Childhood overweight and obesity rates nearly doubled nationally between 1978-79 and 2004, with 28 per cent of Ontario's children and more than 41 per cent of Indigenous children (off-reserve) in Canada being overweight or obese. Obese children are at least two times more likely than non-obese children to be obese as adults.

Adult obesity is associated with an increased risk of chronic diseases and conditions including heart disease, stroke, cancer, and Type 2 diabetes.

In 2013, the government approved Ontario's Healthy Kids Strategy and directed the ministry and partner ministries to take action on initiatives to reduce childhood obesity. To date, ministries have acted upon many of the recommendations of the Healthy Kids Expert Panel.

On January 1, 2017 the *Healthy Menu Choices Act, 2015* came into effect. It makes it easier for families to make informed and healthier food choices by requiring food service premises with 20 or more locations in Ontario selling or serving standard food and beverage items to post calories on menus and display tags and labels.

In the year ahead, the ministry will continue implementing Healthy Kids Community Challenge, a program that provides 45 selected communities with funding, training, advice, social marketing tools and other resources to develop and implement community-based programs and activities that promote healthy behaviours for children.

### **Immunization 2020**

Immunization is a key component of Ontario's public health system, and one of the most cost-effective health interventions known. Vaccines save lives by preventing disease. For more than 200 years vaccines have been saving lives around the world. Thanks in large part to vaccines, infectious diseases that were once the leading cause of death worldwide are now the cause of less than five per cent of all deaths in Canada.

Because of safe, effective immunization programs, once-common and deadly childhood diseases, such as smallpox, have been eliminated, and cases of measles, rubella and other diseases in Canada have been dramatically reduced. However, some of these diseases still exist today and can pose a threat without vaccination.

In December 2015, Ontario launched Immunization 2020 - a roadmap that will help the ministry and its partners modernize our publicly-funded immunization program over the next five years. Immunization 2020 outlines 20 actions to be achieved by the year 2020,

resulting in improved uptake of vaccines, reduced risk of disease outbreaks and better health for all Ontarians.

As part of Immunization 2020, Ontario has proposed changes to the *Immunization of School Pupils Act* that, if passed, would include stronger requirements for school vaccine exemptions. It would require health care providers to report any vaccines they administer to children and youth - and that are needed to attend school in Ontario - to their local public health unit directly. Parents seeking non-medical exemptions for their children would be required to complete an online education session to help them understand the risks of not immunizing their children so that they can make an informed choice.

### **Smoke-Free Ontario Strategy**

Over the past ten years, Ontario has seen a remarkable drop in the number of people who smoke. Yet, 2,000,000 Ontarians – almost one in five (17.4%) – still smoke. While significant progress has been achieved smoking rates have plateaued in recent years, there is still more work to be done. Ontario remains committed to achieving the lowest smoking rates in Canada.

In a letter to sector partners in March 2017, the Minister of Health and Long-Term Care announced plans to modernize the Smoke-Free Ontario Strategy. With this, Ontario has an opportunity to identify priorities which build on lessons learned over the last ten years since the *Smoke-Free Ontario Act* (SFOA) came into effect, address the current landscape of emerging issues and products, and incorporate new evidence.

The modernization of the Smoke-Free Ontario Strategy will be responsive to emerging evidence and aligned with the ministry's strategic vision and priorities. An Executive Steering Committee as well as a separate committee with Indigenous partners, will be established focusing on the following main themes: Prevention, Protection, Cessation and Emerging Products, with Research, Surveillance and Evaluation cutting across all themes.

The ministry continues to work collaboratively to ensure Ontario remains a national and international leader in tobacco control.

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

#### **Ontario's Strategy to Prevent Opioid Addiction and Overdose**

Ontario is implementing its first comprehensive Strategy to Prevent Opioid Addiction and Overdose (Opioid Strategy) by enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment

and harm reduction services. The strategy was informed by the recommendations of the Methadone Treatment and Services Advisory Committee established by the ministry to advise on strengthening Ontario's methadone treatment and related services.

Ontario's Opioid Strategy includes:

- Designating Dr. David Williams, Ontario's Chief Medical Officer of Health, as Ontario's first-ever Provincial Overdose Coordinator to launch a new surveillance and reporting system to better respond to opioid overdoses in a timely manner and inform how best to direct care.
- Developing evidence-based standards for health care providers on appropriate opioid prescribing that will be released by end of 2017-18 to help prevent the unnecessary dispensing and over-prescribing of pain killers.
- Delisting high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary effective with the January 2017 Formulary update, to help prevent addiction and support appropriate prescribing.
- Investing \$17 million annually in Ontario's Chronic Pain Network to create or enhance 17 chronic pain clinics across the province, ensuring that patients receive timely and appropriate care.
- Expanding access to naloxone, which is now available at no cost and without a prescription for patients and their families through participating pharmacies and eligible organizations to help prevent overdose deaths.
- Increasing access to buprenorphine/naloxone (also known by its brand name Suboxone) for addiction treatment, improving patient outcomes and integration of care for those using this treatment.
- Stricter controls on the prescribing and dispensing of fentanyl patches as of October 1, 2016. Patients are now required to return used fentanyl patches to their pharmacy before more patches can be dispensed.

### **Minister's Patient and Family Advisory Council**

Ontario is creating a Patient and Family Advisory Council to advise government on health policy priorities that have an impact on patient care and patient experiences in Ontario. This initiative is based on feedback received by the ministry through close collaboration with Health Quality Ontario, and in consultation with many partners in health care, especially patients from across the province.

Involving patients, families, and caregivers in the policy development process will help to ensure that their needs and concerns are fully understood, and will help the health system become more responsive, transparent and accountable. The Patient and Family Advisory Council will ensure that Ontario is doing more to involve and consult with patients and families on the policy decisions that affect them.



Members of the Patient and Family Advisory Council will be chosen through an open, transparent, and public process that will engage individuals from across the province to ensure representation from a broad cross-section of Ontarians. Improved and expanded patient engagement is part of the government's plan to build a better Ontario through its *Patients First: Action Plan for Health Care*.

The Patient and Family Advisory Council will help ensure:

- Patients, caregivers, and families have a stronger voice in health care policy decision-making.
- Program areas across the ministry have more streamlined and coordinated opportunities for patient engagement.
- Ontarians have the opportunity for sustained open dialogue with government on the implementation of high-profile reform initiatives, including LHIN renewal.

The Council will develop an annual report to be submitted to the minister.

### **Health Technologies Fund**

In keeping with the government's commitment to act on the recommendations of the Ontario Health Innovation Council, the ministry is supporting the development of leading, market-ready, made-in-Ontario health technologies by accelerating evaluation, adoption and diffusion in the Ontario health care sector through the \$20 million Health Technologies Fund.

The fund, which is being administered by the Ontario Centres of Excellence on behalf of the Office of the Chief Health Innovation Strategist, is currently funding projects related to home and community care through virtual, digital and mobile health-care technologies that support the government's *Patients First: Action Plan for Health Care*.

### **Innovation Brokers**

In keeping with the government's commitment to act on the recommendations of the Ontario Health Innovation Council, the ministry is hiring innovation brokers to support the work of the Chief Health Innovation Strategist. To date, three innovation brokers have been hired, and the ministry is looking to fill three further positions.

Innovation Brokers will work to remove barriers, so that new made-in-Ontario innovative technologies and processes get into our health care system and to patients faster. They will link growing Ontario-based health technology companies with opportunities, key players and supports, create and enhance connections and collaboration and help ensure success.

Working with health system partners, Innovation Brokers will improve access to sources of funding, test sites for gathering feedback from patients and clinicians, as well as provide guidance and mentorship in moving innovation ideas from development to adoption and diffusion in Ontario's health care system.

### **Regulated Health Professions Act / Minister's Taskforce on the Prevention of Sexual Abuse of Patients Taskforce**

Ontario remains committed to upholding and reinforcing a zero tolerance policy on sexual abuse of patients by any regulated health care professional. Acts of professional misconduct involving the sexual abuse of a patient committed by a regulated health professional are always unacceptable. It is absolutely critical that a relationship between the patient and the regulated health professional be built upon a foundation of trust and confidence.

As a first step in implementing the recommendations of the Minister's Task Force on the Prevention of Sexual Abuse of Patients, the *Protecting Patients Act, 2016* proposes amendments to the *Regulated Health Professions Act, 1991* (RHPA) that would, if passed, strengthen measures to protect patients, support victims of sexual abuse by regulated health professionals and improve the accountability of the health regulatory system.

These measures include:

- Expanding the list of acts that would result in the mandatory revocation of a regulated health professional's certificate of registration.
- Removing the ability of a regulated health professional to continue to practice on patients of a specific gender after an allegation or finding of sexual abuse.
- Increasing fines for health professionals and organizations that fail to report an allegation of patient sexual abuse to a college.
- Ensuring that all relevant information about regulated health professionals' current and past conduct is available to the public in an easy-to-access and transparent way.
- Establishing a minimum time period of one year after the end of a patient-provider relationship during which sexual relations are prohibited.
- Increasing access to patient therapy and counselling as soon as a complaint of patient sexual abuse by a regulated health professional is filed.

## **Community Labs**

As part of Bill 87, *Protecting Patients Act, 2016*, the government is proposing amendments to three statutes that would, if passed, support modernization of the community laboratory sector.

The proposed amendments to the *Laboratory and Specimen Collection Centre Licensing Act* and the *Health Insurance Act*, if passed, would give the ministry more flexibility in regulating the community laboratory sector, modernize inspection and prosecution provisions, and ensure the ministry's collection, use, and disclosure of personal information is addressed in the context of administration and enforcement. The *Health Insurance Act* would allow community laboratories to be paid by agreement instead of a fee-for-service delivery model.

As well, amendments to the *Public Hospitals Act*, if passed, would permit local hospitals to provide additional community laboratory services to patients in the community who are not admitted inpatients or registered out-patients. This would allow for increased access to community laboratory services primarily in under-served areas (e.g., rural and northern Ontario).

## **CONCLUSION**

Launched two years ago, *Patients First: Action Plan for Health Care* is the next phase of Ontario's plan to build a more integrated and sustainable health care system that is truly patient centred.

Our system partners have worked tirelessly with the ministry and have provided tremendous support in helping us to build a more innovative system of health care delivery to benefit the people of Ontario.

As experience has shown over the past few years, making decisions based on quality and value are both possible – but it means implementing transformative changes, breaking down silos and giving more control to local authorities in order to provide the care patients need close to home, in their own communities. 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.

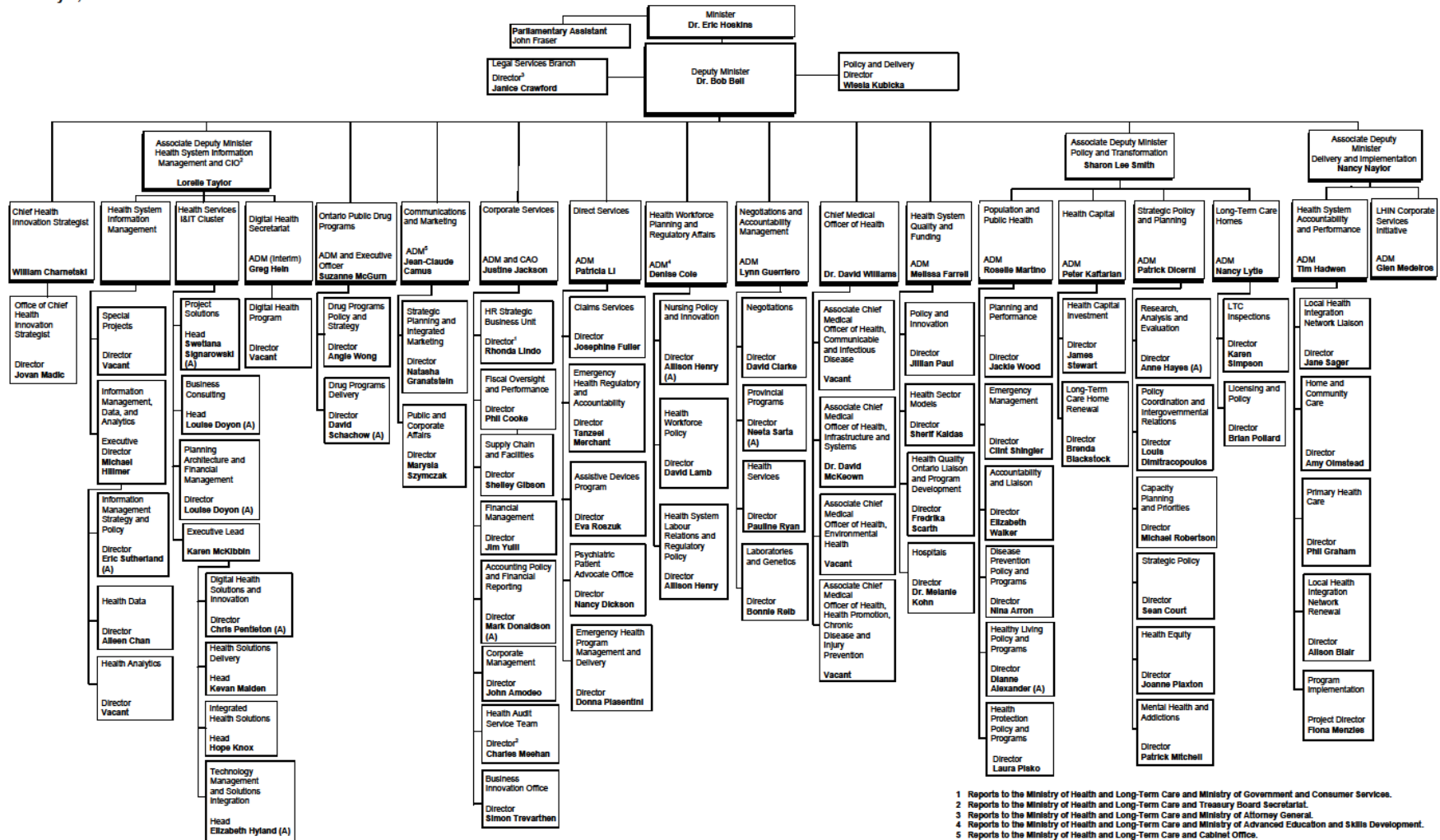
In the third year of the *Patients First: Action Plan for Health Care*, the ministry will continue to focus on the needs of patients and improving their health care experience by working with our health care partners across the system to ensure that patients have access to the services they need, where and when they need them.

## MINISTRY FINANCIAL INFORMATION

**Table 1: Ministry Planned Expenditures 2017-18 (\$)**

<b>Operating</b>	52,155,165,760
<b>Capital</b>	1,607,662,100
<b>Total Ministry</b>	<b>53,762,827,860</b>

**Ministry of Health and Long-Term Care  
Organization Chart  
May 4, 2017**



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 Advanced Education and Skills Development.  
 5 Reports to the Ministry of Health and Long-Term Care and Cabinet Office.

Agencies Boards and Commissions	Expenses & Revenue		
	Estimates 2017-18	Interim Actuals 2016-17	Expenditure Actuals 2015-16
<b>Cancer Care Ontario</b> <sup>(1)</sup>			
Operating and Research	1,596,832,400	1,569,145,800	1,448,269,800
Cancer Screening Programs	101,344,800	94,572,100	89,910,600
<b>Committee to Evaluate Drugs</b>	886,000	886,000	568,556
<b>Consent and Capacity Board</b>	6,710,700	7,865,100	6,531,220
<b>eHealth Ontario</b>			
eHealth Ontario	319,739,300	258,527,300	273,647,500
eHealth Ontario Capital	36,744,100	39,000,000	55,800,000
Information Technology Programs	102,225,400	107,048,200	79,866,163
<b>French Language Health Services Advisory Council</b>	20,000	17,444	7,253
<b>Health Boards Secretariat</b>			
Health Boards Secretariat	4,262,797	4,510,295	4,335,875
Regulatory Boards:			
- Colleges (26)	1,249,150	1,423,334	1,410,864
Physician Payment Review Board	36,125	41,162	40,801
Health Professions Appeal and Review Board	1,903,467	2,168,889	2,149,888
Health Services Appeal and Review Board	523,638	596,655	591,428
Ontario Hepatitis C Assistance Plan	4,127	4,702	4,661
Medical Eligibility Committee	1,197	1,364	1,352
<b>Health Professions Regulatory Advisory Council</b>	249,000	185,278	214,758
<b>HealthForceOntario Marketing and Recruitment Agency</b>	11,124,100	15,244,220	15,048,183
<b>Health Quality Ontario</b>	38,280,200	44,916,400	37,028,100
<b>Joint Committee on the Schedule of Benefits</b>	3,000	-	318
<b>Local Health Integration Networks (LHINs)</b>			
Central LHIN	2,036,034,900	2,103,564,300	2,042,252,642
Central East LHIN	2,248,950,000	2,279,266,500	2,227,136,949
Central West LHIN	897,466,300	931,208,400	887,209,152
Champlain LHIN	2,566,303,300	2,611,488,100	2,557,697,894
Erie St. Clair LHIN	1,131,053,400	1,151,294,800	1,138,601,077
Hamilton Niagara Haldimand Brant LHIN	2,913,293,700	2,995,957,800	2,935,798,702
Mississauga Halton LHIN	1,458,400,600	1,522,872,200	1,459,597,634
North Simcoe Muskoka LHIN	871,217,400	898,136,900	874,564,696
North East LHIN	1,459,225,200	1,487,382,500	1,476,313,289
North West LHIN	645,976,400	673,478,000	669,920,540
South East LHIN	1,118,949,200	1,133,812,000	1,106,187,464
South West LHIN	2,264,936,200	2,299,405,300	2,256,654,987
Toronto Central LHIN	4,804,497,600	5,033,410,300	4,791,691,593
Waterloo Wellington LHIN	1,050,875,900	1,066,052,200	1,055,104,031
Health Shared Services Ontario	48,530,200	48,530,200	47,434,016
<b>Ontario Agency for Health Protection and Promotion</b>	147,717,900	153,617,900	153,617,900
<b>Ontario Mental Health Foundation</b>	1,862,861	1,862,861	3,104,768
<b>Ontario Review Board</b>	7,375,400	6,300,600	6,333,642
<b>Trillium Gift of Life Network</b>	43,521,900	44,751,800	37,151,700

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

**Ministry of Health and Long-Term Care**  
**Table 2: Total Operating and Capital Summary by Vote**

Votes/Programs	Estimates 2017-18 \$	Change from Estimates 2016-17 \$	%	Estimates 2016-17 * \$	Interim Actuals 2016-17 * \$	Actuals 2015-16 * \$
<b>OPERATING EXPENSE</b>						
Ministry Administration Program	121,101,900	-	-	121,101,900	113,869,500	111,420,651
Health Policy and Research Program	820,924,600	14,680,000	1.8	806,244,600	801,978,100	803,506,069
eHealth and Information Management Program	483,459,500	(12,810,000)	(2.6)	496,269,500	436,577,600	421,249,590
Ontario Health Insurance Program	19,437,080,300	949,285,300	5.1	18,487,795,000	18,598,267,500	18,342,675,219
Population and Public Health Program	1,230,440,300	(5,177,300)	(0.4)	1,235,617,600	1,213,214,200	1,136,787,254
Local Health Integration Networks and Related Health Service Providers	27,130,722,000	817,605,800	3.1	26,313,116,200	26,235,859,500	25,526,164,666
Provincial Programs and Stewardship	3,961,286,200	216,068,000	5.8	3,745,218,200	4,002,022,000	3,747,090,490
Information Systems	139,521,200	(4,856,700)	(3.4)	144,377,900	142,873,700	142,349,482
<b>Total Operating Expense to be Voted</b>	<b>53,324,536,000</b>	<b>1,974,795,100</b>	<b>3.8</b>	<b>51,349,740,900</b>	<b>51,544,662,100</b>	<b>50,231,243,421</b>
Statutory Appropriations	509,360	80,000	18.6	429,360	6,763,260	672,635
<b>Ministry Total Operating Expense</b>	<b>53,325,045,360</b>	<b>1,974,875,100</b>	<b>3.8</b>	<b>51,350,170,260</b>	<b>51,551,425,360</b>	<b>50,231,916,056</b>
Consolidation Adjustment - Cancer Care Ontario	7,721,600	5,977,800	342.8	1,743,800	7,721,600	1,076,215
Consolidation Adjustment - eHealth Ontario	-	-	-	-	-	(16,743,500)
Consolidation Adjustment - Hospitals	(1,160,436,800)	(155,314,600)	15.5	(1,005,122,200)	(852,987,800)	(510,266,928)
Consolidation Adjustment - Local Health Integration Networks	-	-	-	-	-	(740,928)
Consolidation Adjustment - ORNGE	(15,018,100)	(2,119,700)	16.4	(12,898,400)	(23,102,000)	(24,007,832)
Consolidation Adjustment - Funding to Colleges	(1,827,000)	(32,000)	1.8	(1,795,000)	(1,827,000)	(2,197,467)
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(319,300)	(57,800)	22.1	(261,500)	303,000	4,862,580
Consolidation Adjustment - Other	-	-	-	-	(74,824,900)	(110,567,242)
<b>Consolidation Adjustments</b>	<b>(1,169,879,600)</b>	<b>(151,546,300)</b>	<b>14.9</b>	<b>(1,018,333,300)</b>	<b>(944,717,100)</b>	<b>(658,585,102)</b>
<b>Total Including Consolidation &amp; Other Adjustments</b>	<b>52,155,165,760</b>	<b>1,823,328,800</b>	<b>3.6</b>	<b>50,331,836,960</b>	<b>50,606,708,260</b>	<b>49,573,330,954</b>
<b>OPERATING ASSETS</b>						
Health Policy and Research Program	4,500,000	-	-	4,500,000	4,500,000	4,500,000
Ontario Health Insurance Program	7,500,000	-	-	7,500,000	7,500,000	8,450,000
Population and Public Health Program	750,000	-	-	750,000	-	-
Local Health Integration Networks and Related Health Service Providers	58,537,600	-	-	58,537,600	56,233,700	58,537,559
Provincial Programs and Stewardship	11,229,400	-	-	11,229,400	6,125,400	11,029,400
<b>Total Operating Assets to be Voted</b>	<b>82,517,000</b>	-	-	<b>82,517,000</b>	<b>74,359,100</b>	<b>82,516,959</b>
<b>Ministry Total Operating Assets</b>	<b>82,517,000</b>	-	-	<b>82,517,000</b>	<b>74,359,100</b>	<b>82,516,959</b>

**Ministry of Health and Long-Term Care**  
**Table 2: Total Operating and Capital Summary by Vote**

Votes/Programs	Estimates 2017-18 \$	Change from Estimates 2016-17 \$	%	Estimates 2016-17 * \$	Interim Actuals 2016-17 * \$	Actuals 2015-16 * \$
<b>CAPITAL EXPENSE</b>						
eHealth and Information Management Program	36,745,100	6,573,000	21.8	30,172,100	39,000,000	55,800,000
Information Systems	1,000	-	-	1,000	1,000	-
Health Capital Program	1,638,630,200	187,782,400	12.9	1,450,847,800	1,284,298,400	1,108,432,136
<b>Total Capital Expense to be Voted</b>	<b>1,675,376,300</b>	<b>194,355,400</b>	<b>13.1</b>	<b>1,481,020,900</b>	<b>1,323,299,400</b>	<b>1,164,232,136</b>
Statutory Appropriations	14,563,800	2,279,100	18.6	12,284,700	12,062,700	16,809,899
<b>Ministry Total Capital Expense</b>	<b>1,689,940,100</b>	<b>196,634,500</b>	<b>13.2</b>	<b>1,493,305,600</b>	<b>1,335,362,100</b>	<b>1,181,042,035</b>
Consolidation Adjustment - Cancer Care Ontario	857,100	260,900	43.8	596,200	1,745,600	1,095,000
Consolidation Adjustment - eHealth Ontario	18,188,000	(7,322,700)	(28.7)	25,510,700	17,749,200	(10,947,000)
Consolidation Adjustment - Hospitals	(96,959,100)	(104,057,300)	(1,466.0)	7,098,200	224,506,900	253,812,098
Consolidation Adjustment - Local Health Integration Networks	722,800	354,100	96.0	368,700	872,200	1,323,510
Consolidation Adjustment - ORNGE	12,210,600	315,100	2.6	11,895,500	11,510,800	10,508,983
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(17,297,400)	(9,947,400)	135.3	(7,350,000)	7,340,900	410,696
<b>Consolidation Adjustments</b>	<b>(82,278,000)</b>	<b>(120,397,300)</b>	<b>(315.8)</b>	<b>38,119,300</b>	<b>263,725,600</b>	<b>256,203,287</b>
<b>Total Including Consolidation &amp; Other Adjustments</b>	<b>1,607,662,100</b>	<b>76,237,200</b>	<b>5.0</b>	<b>1,531,424,900</b>	<b>1,599,087,700</b>	<b>1,437,245,322</b>
<b>CAPITAL ASSETS</b>						
Information Systems	30,583,000	5,280,200	20.9	25,302,800	16,127,900	10,619,598
<b>Total Capital Assets to be Voted</b>	<b>30,583,000</b>	<b>5,280,200</b>	<b>20.9</b>	<b>25,302,800</b>	<b>16,127,900</b>	<b>10,619,598</b>
<b>Ministry Total Capital Assets</b>	<b>30,583,000</b>	<b>5,280,200</b>	<b>20.9</b>	<b>25,302,800</b>	<b>16,127,900</b>	<b>10,619,598</b>
<b>Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)</b>	<b>53,762,827,860</b>	<b>1,899,566,000</b>	<b>3.7</b>	<b>51,863,261,860</b>	<b>52,205,795,960</b>	<b>51,010,576,276</b>

\* 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 2017 Ontario Budget.



# **Appendix: 2016-17 Annual Report**

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Ministry of Health and Long-Term Care

## MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

In 2016-17, the ministry made progress in providing faster access to the right care for all Ontarians. Care is increasingly being delivered in the community, closer to home or in the home where people prefer to receive care, thanks to more funding for home and community care. In the 2015 Budget, the government extended the commitment to increase funding for home and community care by five per cent each year or \$750 million over three years.

Following discussions with people living with dementia, caregivers and stakeholders across the province, the ministry worked to develop a comprehensive dementia strategy to help support affected Ontarians.

In addition, the ministry introduced new programs such as developing the first comprehensive Opioid Strategy to prevent opioid addiction and overdose, and requiring hospitals to cap parking lot daily maximum rates at the amount in effect on January 18, 2016.

To deliver better coordinated and integrated care in long-term care homes and the community, the ministry invested in Behavioural Supports Ontario to enhance health care services for older adults with cognitive impairments; took steps to further strengthen the inspections framework to improve the overall quality of care and safety of long-term care home residents; and made investments to improve community-based hospice and palliative care services.

To help Ontarians to make the right decisions about their health, the ministry started to offer the cancer-fighting HPV vaccine to boys as well as girls; approved a regulation that allows pharmacists to administer certain vaccines outside Ontario's publicly funded immunization program; and launched a shingles immunization program for eligible seniors between the ages of 65 and 70 years.

And finally, to sustain the system for future generations, the ministry created and appointed a Patient Ombudsman for Ontario to help people who have an unresolved complaint about their care at a hospital, long-term care home or Community Care Access Centre; and passed the *Health Information Protection Act, 2016*, to create stronger and more comprehensive health information privacy protection and to reaffirm the right of patients to access information about their healthcare.

## **IMPROVING ACCESS - Providing Faster Access to the Right Care**

### **Healthy Smiles Ontario**

On January 1, 2016 the province integrated six previously separate oral health benefits and/or programs for children and youth from low-income families into a single program under the Healthy Smiles Ontario umbrella. The integrated Healthy Smiles Ontario program provides free preventive, routine, and emergency and essential dental services to children and youth 17 years old and under from low-income households.

The province is responsible for developing eligibility criteria, assessing eligibility and enrolling clients in the program, as well as setting the service/fee schedules that identify service coverage and specific rules and/or limits. Boards of health / public health units as well as private dental providers are key delivery partners of the program. To date, more than 323,000 children and youth from low-income families have been enrolled in the program.

The program's goals are to improve access to oral health services through streamlined eligibility and enrolment; provide responsive, timely and appropriate care; simplify administration for families/clients and providers; and reduce opportunities for misuse.

### **Home Care Investments**

Ontario invested an additional \$100 million in annual funding for home care in 2016-17 to support patients with high needs and caregivers who need it most. It is estimated that this investment supports:

- 350,000 additional hours of nursing care.
- 1.3 million additional hours of personal support.
- 100,000 additional hours of rehabilitation.
- 600,000 additional hours of respite services for caregivers.

This investment supports the government's commitment to provide more care, closer to home. It also supports the ministry's objective of ensuring that home care services are more consistent and that access is more equitable.

### **Hospital Parking**

The ministry announced the Provincial Hospital Parking Directive on January 18, 2016 to meet the government's 2014 commitment to cap or cut parking fees for those who must visit the hospital frequently.

Effective the date of the announcement, hospitals are required to cap parking lot daily

maximum rates at the amount in effect on January 18, 2016.

The government is also directing hospitals not to raise their maximum daily parking rates until March 31, 2019, after which rates may be increased by the annual percentage change in the Consumer Price Index.

As of October 1, 2016, hospitals that charge more than \$10 a day for parking will be required to provide 5-, 10- and 30-day passes that are:

- Discounted by at least 50 per cent off the maximum daily rate.
- Transferable between patients and their visitors and their vehicles.
- Equipped with unlimited in-and-out privileges over a 24-hour period starting from the first time in a calendar day the pass is used.
- Valid for consecutive or non-consecutive days, as the user of the pass chooses.
- Valid for use in any part of the parking facility available to patients and their visitors.
- Valid for one year from the date of purchase.

The ministry consulted with patients, patient advocacy groups, hospitals and the Ontario Hospital Association in developing the hospital parking initiative.

Approximately 900,000 patients and their visitors – including 135,000 seniors – stand to benefit from the parking initiative.

Saving patients and their loved ones money on hospital parking aligns with *Ontario's Patients First: Action Plan for Health Care*, which includes a commitment to improve system integration and accessibility, as well as enhancing accountability and transparency.

### **Opioid Strategy**

Enormous increases in opioid prescribing have given Canada the dubious distinction of being a world leader in per-capita opioid consumption and Ontario a leading province in opioid prescribing. Indeed, prescription narcotic use in Ontario is two to four times higher than other provinces. Opioid prescription rates have escalated to such levels that as of 2016, there were 600 prescriptions per 1,000 Ontarians.

In 2015-16, over 45,000 Ontarians were dispensed methadone maintenance treatment, and nearly 20,000 were dispensed Suboxone (buprenorphine/naloxone) and generics for the treatment of opioid dependence.



Between 2003 and 2015, 6,812 Ontarians died from opioid poisoning. In 2014, 676 people died in Ontario from opioid poisoning, a 194 per cent increase since 2003.

Approximately one of every 170 deaths in Ontario is now related to opioid use. Among young adults aged 25 to 34, one of every eight deaths is related to opioids.

The impact on the health care system has been significant too. Between 2006 and 2015 there were 29,904 emergency visits and 15,560 hospital admissions related to opioid toxicity in Ontario. Hospitalizations due to opioid toxicity increased by 149 per cent across all age groups during the same timeframe.

As a harm reduction measure, the ministry provides naloxone to individuals at risk of opioid overdose, as well as their friends and families. Naloxone is an opiate antagonist that temporarily reverses the effects of opioid overdose, providing precious time to seek emergency medical attention.

Currently the ministry distributes naloxone free of charge to Ontarians through three programs:

1. The Ontario Naloxone Program (ONP)
2. The Ontario Naloxone Program for Pharmacies (ONPP)
3. The Ministry of Community Safety and Correctional Services Take Home Naloxone Program.

As of January 1, 2017, the ONP distributes pre-assembled naloxone nasal spray kits to eligible organizations, primarily harm reduction and needle exchange programs, throughout the province. Prior to this date, the ONP distributed injectable naloxone kit supplies to eligible organizations. The ONP distributed 8,460 injectable naloxone kits to its clients between October 7, 2013 and December 31, 2016.

In June 2016, the ministry announced the Ontario Naloxone Program for Pharmacies (ONPP). Pharmacies participating in the ONPP may distribute pre-assembled injectable naloxone kits to people currently using opioids; a past opioid user who is at risk of returning to opioid use; and a family member, friend or other person in a position to assist a person at risk of overdose from opioids. Naloxone kits are available to eligible Ontarians without cost and without a prescription through the ONPP. As of March 31, 2017, over 17,500 naloxone kits have been distributed by over 1,000 participating pharmacies in over 200 cities.

## **Hospital Infrastructure**

Ontario continued to implement the infrastructure investment plan, *Building Together*, announced on June 24, 2011. *Building Together* ensures a modern and efficient health care system that is sustainable and meets the needs of the aging population by:

- Supporting a gradual shift to community-based care models, which include access to long-term care beds and chronic care settings.
- Responding to the growing demand to expand access in growing communities by continuing to invest in major hospital projects across the province.

The province planned to provide \$12 billion over 10 years in capital grants to hospitals to continue building essential hospital infrastructure. Across Ontario, approximately 35 major hospital projects were currently under construction or in various stages of planning.

In 2016-17, approved capital funding for hospital projects under the ministry's Health Capital Program totalled \$1,301.1 million.

In 2016-17, approved capital funding for other health capital programs under the Ministry's Health Capital Program totalled \$149.7 million.

## **Stem Cells**

On February 7, 2017, the government announced that it is investing in a new Complex Malignant Haematology site at Sunnybrook Health Sciences Centre that will offer specialized treatment for people with blood cancers such as leukemia.

Sunnybrook will become the second hospital in the Greater Toronto Area — along with Princess Margaret Cancer Care — to provide a full range of potentially life-saving Complex Malignant Haematology services, including stem cell transplants.

In 2015-16, 859 adults received stem cell transplants. This was up from 744 patients who received stem cell transplants in 2014–15. Approximately 15 patients received stem cell treatments outside the country in 2015–16.

This investment gives patients better access to timely service and state-of-the-art treatment. As well, more patients will be able to receive stem cell transplants in Ontario.

Stem cell transplants can save the lives of people suffering from various types of blood diseases. Chemotherapy destroys diseased cells, as well as bone marrow. Stem cells can regenerate bone marrow, which then produces new and healthy blood cells.

Ontario is also improving treatment for people with blood diseases by:

- Renovating facilities at Sunnybrook Health Sciences Centre, the University Health Network's Princess Margaret Hospital, Hamilton Health Sciences and The Ottawa Hospital.
- Investing in the recruitment of additional blood diseases specialists for the diagnosis and treatment of these complex conditions. The investment in these specialists will ensure access to these services across the province.
- Expanding CritiCall Ontario, a 24-hour emergency consultation and referral service, to help doctors caring for acute leukemia patients get better access to expert clinicians and services.

### **Behavioural Supports Ontario (BSO)**

As part of a commitment to put patients first, Ontario is helping to ensure our seniors are treated in a manner that respects their dignity. In 2016-17, the government invested an additional \$10 million for a total of \$54 million in BSO to enhance health care services for older adults with cognitive impairments and who exhibit complex and challenging behaviours.

Each Local Health Integration Network (LHIN) has established unique and locally appropriate service models to meet the care needs of those with challenging and complex behaviours and their caregivers. Over the last year, LHINs have used their additional BSO funding to:

- Hire specialized healthcare staff to meet regional service needs for older adults in Ontario with cognitive impairments exhibiting complex and responsive challenging behaviours.
- Promote seamless care and the coordination between service providers across sectors.
- Enhance services for individuals with challenging and complex behaviours.

LHINs are accountable for embedding and sustaining the BSO Framework and the management of the ongoing BSO allocation, as part of their mandate for local system integration and planning. The LHINs can use a portion of their BSO funding to support training of BSO staff.

## **Midwifery Services**

The ministry invested an additional \$27.3 million in 89 midwifery practice groups across the province, helping to provide midwifery services for an additional 4,053 births in Ontario. This represents a nearly 16 per cent increase in midwife-attended deliveries. This investment also allows for 87 more midwives to begin practicing in Ontario this year.

## **CONNECT SERVICES - Delivering Better Coordinated and Integrated Care in the Community, Closer to Home**

### **Centres for Learning, Research and Innovation**

Three Centres for Learning, Research and Innovation (CLRIs) were created in 2011-12 to contribute towards enhancing quality of life and care of residents through research, education, innovation and knowledge transfer. In 2015-16, the CLRIs:

- Provided training and education to over 1,700 long-term care home staff in over 300 LTC homes.
- Created student learning opportunities for over 790 students through dedicated 'teaching home' environments.
- Created internship/student placements for 72 students.
- Provided coaching and consultation to approximately 181 long-term care homes.
- Developed 36 resources for long-term care homes including 11 that are offered in French.

### **Long-Term Care Investments**

Ontario has 628 long-term care (LTC) homes providing specialized and quality care to over 78,000 residents. These homes employ more than 52,000 staff who provide interdisciplinary care.

The ministry continues to enhance the amount and the quality of services provided to residents of LTC homes through the following key investments:

- Since 2003-04, Ontario has almost doubled funding for long-term care, from \$2.10 billion to \$4.05 billion in 2016-17.
- The ministry has provided funding, currently valued at \$60.2 million annually to fund 1,200 Registered Practical Nursing positions in long-term care homes, to support at least one new nurse in every home, starting in 2008.
- The ministry created the Attending Nurse Practitioners (NPs) in LTC Homes Initiative to implement 75 Attending NP Full-Time Equivalents in Ontario's long-term care



homes over three years beginning in the 2015-2016 fiscal year. The ministry began investing \$3.7 million annually for the first 30 positions under the first year of this initiative. The Attending NP helps increase access to, and quality of, primary health care. They do this by providing proactive screening and assessment, timely specialist referrals, follow-up care, ongoing chronic disease management, and end of life care.

### Long-Term Care Homes Quality Inspection Program

The Long-Term Care Homes Quality Inspection Program safeguards residents' rights, safety and quality of care by inspecting complaints, concerns, and critical incidents, as well as with comprehensive Resident Quality Inspections. The ministry is taking steps to further strengthen the inspections framework to improve the overall quality of care and safety of residents.

While the vast majority of long-term care homes are substantially compliant with provincial rules and regulations, the ministry is working to strengthen its quality and safety inspection program with new enforcement tools - including financial penalties - to ensure that all home operators are addressing concerns promptly. Among others, these proposed new tools would include:

- Financial penalties that would be applied to those operators who repeatedly fail to comply with the requirements of the *Long-Term Care Homes Act, 2007*, as recommended by the Auditor General in her 2015 annual report. Any financial penalties would not negatively impact resident care.
- Provisions to enable the minister to provide direction to long-term care homes to support improvements in care, for example directing all long-term care homes to use a particular skin and wound care best practice protocol.
- Minister and Director's authority to suspend an operator's license and order interim management.
- Improved transparency of the inspection process, including publicly posting directives to long-term care homes.

The province intends to introduce these proposed changes, which require legislative and regulatory amendments, early this year.

### Long-Term Care Bed Redevelopment

Under the Enhanced Long-Term Care Home Renewal Strategy, the ministry is supporting the redevelopment of more than 30,000 long-term care beds in over 300 long-term care homes to current design standards by 2025.

Residents will benefit from redeveloped long-term care homes that are comfortable, aesthetically pleasing and as home-like as possible.

All redevelopment projects undergo a concurrent review of capital and licensing components resulting in, subject to ministry approval, a single Minister's approval into the Enhanced Strategy and associated undertakings to issue licences.

The ministry continues to review applications from long-term care home operators seeking approval to enter the Enhanced Strategy as they are submitted. The ministry continues to meet regularly with the Stakeholder Advisory Committee and Working Groups to support the implementation of the enhanced strategy and encourage eligible long-term care home operators to redevelop their long-term care homes to best meet the needs of residents.

### **Palliative Care/Hospice Investments**

Palliative care is delivered in all care settings including individual homes, hospices, long-term care homes and hospitals. Health care expenditures totaling up to \$11 billion are attributable to the final year of patients' lives. More than 70 per cent of end-of-life care costs are attributable to services delivered in hospitals.

Ontario currently provides funding for 34 hospices across the province, and is committed to supporting up to 20 additional hospices.

Beginning in 2016-17, the province is investing a total of \$155 million in hospice and palliative care, including the 2016 Ontario Budget commitment of \$75 million, over three years.

The investment will improve community-based hospice and palliative care services including:

- Supporting up to 20 new hospices across Ontario and increasing the funding for existing facilities.
- Increasing supports for caregivers that will help families and loved ones support palliative patients at home and in the community.
- Promoting advance care planning so that families and health care providers understand patients' wishes for end-of-life care.
- Establishing the Ontario Palliative Care Network (OPCN), a new body to advance patient-centred care and develop provincial standards to strengthen services.

The OPCN is a provincial network that brings together the LHINs, Cancer Care Ontario, Health Quality Ontario and a broad range of community representatives. It will act as the ministry's principal advisor on palliative care; drive consistent, quality palliative care programs across the province through regional coordination and leadership; and monitor system-level performance in strengthening palliative and end-of-life care.

In April 2016, the OPCN submitted a report on hospice capacity planning, which is informing the ministry's Hospice Expansion Plan. In June 2016, the ministry announced an additional \$13.9 million investment over three years to increase funding for existing hospice beds by \$15,000 per adult bed (to a total of \$105,000) and \$22,400 per pediatric bed (to a total of \$156,400). In August 2016, the ministry started moving forward with investing an additional \$9.6 million over three years to support 31 new hospice beds that will open in 2016-17 in communities across the province. This investment is part of the ministry's effort to expand community palliative care capacity with up to 20 new hospices.

The ministry is working with OPCN and the Ontario Medical Association to improve access to palliative care medication.

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

### **Human Papillomavirus (HPV) for Boys**

Ontario expanded its publicly funded immunization program to help protect more youth from Human Papillomavirus (HPV) infection and related cancers. Beginning September 2016, Ontario started to offer the cancer-fighting HPV vaccine to all students in Grade 7. Ontario is joining five other Canadian jurisdictions that have already implemented or plan to implement HPV immunization programs for both boys and girls.

The program was also expanded to include men who have sex with men (MSM) who are 26 years of age or younger and identify as gay, bisexual, as well as other MSM including some trans people.

Historically, the HPV vaccine was offered free of charge in Ontario schools to girls in Grade 8. Under the expanded program, the province has begun offering the vaccine to all students in Grade 7. Female students in Grade 8 in the 2016-17 school year are still able to receive the two-dose HPV vaccine in school-based clinics to ensure they don't miss the opportunity to be immunized.

The decision to expand the school-based HPV immunization program to include boys and offer the vaccine to students in Grade 7 falls in line with current scientific and expert recommendations including Canada's National Advisory Committee on Immunization.

The cost of immunizing Grade 7 boys as part of Ontario's school-based HPV immunization program is approximately \$2.4 million per year. This cost is partially offset by annual savings from the fall 2015 switch from a 3-dose to a 2-dose HPV immunization program to align with scientific evidence.

Approximately 154,000 young people (75,000 females and 79,000 males) are eligible to receive the routine publicly-funded HPV vaccine in schools every year. This initiative will



help Ontarian families save approximately \$288 per child they otherwise would have had to pay out-of-pocket.

### **Improved Access to Vaccines**

Pharmacists across the province play an important role in helping Ontarians stay healthy. Thanks to their success providing people with the flu shot, Ontario pharmacists can now administer additional vaccines to protect against 13 preventable diseases. This includes common travel vaccines for diseases such as hepatitis A and B, typhoid and rabies. In addition, the flu vaccine will continue to be administered by pharmacists, free of charge.

The province has approved a regulation proposed by the Ontario College of Pharmacists that allows pharmacists to administer certain vaccines outside of the province's publicly funded immunization program to anyone five years of age and older. Pharmacies across the province can now choose to administer the additional vaccines to their patients for a fee. Vaccines that are part of Ontario's publicly funded immunization program will continue to be available from primary care providers such as family doctor, pediatrician or nurse practitioner without charge.

For many patients, pharmacies are a convenient alternative to doctors' offices, travel clinics or other clinics. Pharmacies are located throughout the province, offering extended hours of operation at night and on weekends.

### **Shingles Vaccine**

As committed in the 2016 Budget, on September 15, 2016, Ontario launched a shingles immunization program for eligible seniors between the ages of 65 and 70 years.

Ontario is the first jurisdiction in Canada to provide the shingles vaccine free of charge, saving eligible seniors approximately \$170 and helping them stay healthy.

Shingles, also known as herpes zoster, affects more than 42,000 people every year in Ontario and can cause complications such as loss of vision and debilitating nerve pain. Studies show that the vaccine is highly effective when seniors are vaccinated between the ages of 65 and 70. This new program aligns with scientific and expert recommendations from Canada's National Advisory Committee on Immunization and Ontario's Provincial Infectious Diseases Advisory Committee on Immunization.

Those who are eligible for the shingles vaccine can receive it free of charge from their primary care doctor or nurse practitioner.

## **Menu Labelling**

Effective January 1, 2017, food service premises with 20 or more locations in Ontario are required to post calories on their menus and menu boards and post a contextual statement regarding daily calorie requirements. Ontario is the first jurisdiction in Canada to pass legislation requiring menu labelling.

The menu labelling legislation, the *Healthy Menu Choices Act, 2015*, is a key component of Ontario's Healthy Kids Strategy that aims to reduce childhood obesity.

Requiring the posting of calories on menus and menu boards will raise public awareness about the calorie content of foods eaten outside the home; make it easier for people to make healthier choices when dining out; and encourage industry to reformulate high calorie menu items.

The legislation authorizes inspectors to inspect and enforce these requirements. Local Public Health Units are responsible for undertaking inspection and enforcement activities.

To support successful implementation of the *Healthy Menu Choices Act, 2015*, the ministry has released various supports for industry and health stakeholders to ensure consistent information is shared with affected food service premises. In addition, to support implementation and enforcement of the legislation, the ministry is planning to implement a public education campaign and is also carrying out an evaluation of the impact of the Act.

## **Smoke-Free Ontario Strategy**

### ***Smoke-Free Ontario Act***

Effective January 1, 2017, the exemptions under the *Smoke-Free Ontario Act, 2016* (SFOA) for most menthol flavoured tobacco products, menthol flavoured cigarillos and clove cigarettes were revoked which means that, as of that date, they can no longer be legally sold in Ontario.

On June 9, 2016, Bill 178, the *Smoke Free Ontario Amendment Act*, received Royal Assent. The amendments expand the scope of the *Smoke-Free Ontario Act, 2016* (SFOA) to establish "no smoking" rules for other prescribed products or substances other than tobacco. The amendments will come into force upon proclamation.

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

### **Hospital Investments**

In recent years, hospitals have focused on process improvement and efficiencies to sustain patient care. They have done so in the face of increased volumes and increased complexity of patients, all the while demonstrating efficiency and effectiveness across standardized provincial measures. Despite investments as part of the 2016-17 budget, hospitals continued to experience capacity and access challenges.

To address this, in 2016-17 the Ministry of Health and Long-Term Care provided an additional in-year investment of \$140.3 million to all publicly funded hospitals to support hospital capacity issues due to increasing service demands in high growth areas and other operational pressures.

This investment included:

- \$40 million to address hospitals that were experiencing unprecedented volume growth and Alternate Level of Care (ALC) challenges to help sustain and increase service delivery.
- \$13.6 million to support the continued provision of services at medium sized hospitals.
- \$41.6 million for a one percent increase to base funding for remaining HSFR and small hospitals.
- \$45 million to support hospitals requiring investment to preserve core services, address in-year budgetary challenges and relieve operating pressures.

### **Patient Ombudsman**

The ministry has enhanced patient-centred care by creating additional system oversight and improving patient complaint response processes across the health care system.

One key step has been the appointment of a Patient Ombudsman for Ontario, on July 4, 2016, to help patients, former patients and their caregivers resolve complaints about their care or health care experiences in public hospitals, long-term care homes, and

community care access centres (CCACs). The Patient Ombudsman will continue to help resolve complaints about home and community care services as the delivery of these services transitions from the CCACs to the LHINs as part of the ministry's integration initiative.

In addition to working directly with patients and caregivers and health sector organizations to facilitate the resolution of complaints, the Patient Ombudsman is also empowered to:

- Refer patients and caregivers to other oversight bodies, including regulated health professional colleges, as appropriate.
- Investigate health sector organizations in response to patient or caregiver complaints, or on the Patient Ombudsman's own initiative.
- Make recommendations to health sector organizations following the conclusion of investigations.
- Issue a public report to the Minister on the Patient Ombudsman's activities and recommendations at least annually, and otherwise as the Patient Ombudsman considers appropriate.

### **Health Information Protection Act**

*The Health Information Protection Act, 2016*, (HIPA) was proclaimed by the Lieutenant Governor in Council on June 3, 2016.

HIPA contains two components.

#### 1. Strengthening Health Information Privacy Protection:

Legislative amendments to the following Acts aim to create stronger and more comprehensive health information privacy protection, a renewed provincial Electronic Health Record privacy framework, greater accountability and transparency for privacy breaches in the health care system, and improved patient care and safety, which together would maintain Ontario's position as a leader in health information privacy protection:

- *Personal Health Information Protection Act, 2004*
- *Narcotics Safety and Awareness Act, 2010*
- *Regulated Health Professions Act, 1991*
- *Drug Interchangeability and Dispensing Fee Act, 1990*

#### 2. The Quality of Care Information Protection Act, 2016 (QCIPA):

Amendments to the *Quality of Care Information Protection Act, 2004*, by way of a replacement Bill will:

- Clarify the intent of the protection afforded by QCIPA and reaffirm the right of patients to access information about their healthcare.
- Clarify that specified information and facts about a critical incident cannot be shielded by QCIPA. This will help prevent facilities from using QCIPA to avoid disclosing information to patients and their authorized representatives.
- Provide regulation making authority for the Minister to make regulations in the future, if needed, to mandate a uniform approach to when and how QCIPA can be used in the review of critical incidents.
- Specify that an investigation of an incident conducted by a quality of care committee can involve personnel from more than one health facility recognizing that errors can occur when patients transfer between organizations, and that thorough investigations may involve more than one facility.
- Clarify that QCIPA does not interfere with the health care facilities' duty under other laws to disclose specified information or interview the patient involved in the critical incident as part of an investigation.
- Require that the Minister of Health and Long-Term Care review the Act every five years.



**Table 3: Ministry Interim Actual Expenditures 2016-17**

	<b>Ministry Interim Actual Expenditures (\$) 2016-17 *</b>
<b>Operating</b>	50,606,708,260
<b>Capital</b>	1,599,087,700
<b>Total</b>	<b>52,205,795,960</b>
<b>Staff Strength ** (as of March 31, 2017)</b>	<b>3,475.1</b>

\* Interim actuals reflect the numbers presented in the *2017 Ontario Budget* .

\*\* Ontario Public Service Full-Time Equivalent positions.