

Results-based Plan Briefing Book 2006-07

Ministry of Health and Long-Term Care



MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

Ontario's Ministry of Health and Long-Term Care is working to establish a patient-focused, results-driven, integrated and sustainable health system. It is doing this through better planning, management and co-ordination as well as by building and modernizing both hospitals and long-term-care homes.

The plan for health is anchored on a clear vision for health care in Ontario. This broad vision is one that's intended to help people stay healthy, deliver good care when they need it, and ensure that the health system will be there for their children and grandchildren.

To make that broad vision of Ontario's health-care future a reality, the government has pinpointed three strategic areas. These include:

- Improving the delivery of health care in Ontario, including major changes in three key results areas
- Building a system to manage the delivery of care with the establishment of Local Health Integration Networks, and
- Providing results information to demonstrate accountability.

RESULTS-BASED PLAN 2006-07

The *first* strategic direction is to improve the delivery of health care in Ontario, with major changes in three key results areas:

- Reducing wait times and improving access to five major health services
- Improving access to physicians, nurses and other health professionals, and
- Keeping Ontarians healthy.

1) Reducing wait times:

The government's Wait Times Strategy has been designed to improve timely and appropriate access and reduce wait times for five major health services, including:

- MRI/CT scans and procedures
- Hip and knee total joint replacements
- Selected cancer surgery
- Selected cardiac services and procedures, and
- Cataract surgery.

Through the Wait Time Strategy, Ontarians will receive more of these critical procedures, faster. For the first time, Ontario will have a system to measure, report and manage wait times. This will help health-care practitioners ensure people get the care they need, when they need it.

2) Improving access to physicians, nurses and other health professionals:

This entails increased access to doctors, nurses, and other health-care professionals at the local level. And that's happening through such initiatives as creating and implementing a comprehensive nursing strategy and increasing medical school enrolment.

3) Keeping Ontarians healthy:

In June 2005, the government announced a new portfolio, the Ministry of Health Promotion. This is the first time the province has had a ministry devoted entirely to the promotion of both a healthy and an active lifestyle. The new Ministry of Health Promotion is responsible for improving, co-ordinating and delivering programs designed to contribute to the healthy living and wellness of all Ontarians.

As well, the Ministry of Health and Long-Term Care is working hard on Operation Health Protection. This is an action plan to revitalize Ontario's public health system to enable it to better deal with disease outbreaks. The government's share of public health unit funding is rising from 50 to 75 per cent by the beginning of 2007.

Operation Health Protection focuses on:

- Creating a Health Protection and Promotion Agency
- Public Health Renewal
- Health Emergency Management
- Infection Control and Communicable Disease Capacity
- Health Human Resources, and
- Infrastructure for Health System Preparedness.

The **second** strategic direction is to build a system to manage the delivery of services. Local Health Integration Networks (LHINs) will provide both the vision and the enabling structure to achieve that goal. They will be essential to the management and co-ordination of health-care services. They will provide an integrated and patient-centred health-care system – one that's responsive to local health-care needs. They will plan, co-ordinate and fund health care services – public and private hospitals, divested psychiatric hospitals, community care access centres (CCACs), community support and service agencies, community mental health and addiction agencies, community health centres and long-term care homes – ensuring greater community involvement in local health care decisions. Such a system will integrate care, eliminate barriers to access, and ensure appropriate care is delivered.

The Ministry is also building an information management system to enable and manage effective delivery of care. Overall, Ontario's information management strategy will improve the ability of health-care providers to produce better data. The strategy will align performance measurement across the system. With better information and enhanced information management, Ontario can accurately track how the health system is performing, so that people can assess its quality and progress, and see evidence of value for money.

The **third** strategic direction is reporting on results to demonstrate accountability.

One example of how the Ministry is building accountability into the system will be its Wait Times Registry. By December 2006, the Ministry will have developed this comprehensive registry that will allow Ontarians to track and compare wait times at approximately 55 hospitals across the province, as well as allowing hospitals to manage wait times.

The government will provide ongoing and independent information on the implementation of its plan for health care. The Ontario Health Quality Council has been established and charged with independent verification of performance and progress.

MINISTRY OF HEALTH AND LONG-TERM CARE COMMITMENTS FOR 2006-07

The Ministry will work on the following top commitments in 2006-07 to achieve the government's key results and priorities for the health care agenda.

The Ministry's performance priorities for this year include:

- Reducing wait times
- Increasing access to health care professionals
- Continuing to renew Ontario's public health system
- Further implementation of LHINs (funding model and delegations), and
- Developing a long-range Health System Strategic Plan.

These priorities are very important to the government, and the Ministry will ensure results. A good foundation has been put in place in the past two years to move toward achieving the government's health care agenda.

Improving the delivery of health care in Ontario

Reducing wait times:

- Increase the number of MRI exams by 46,695 by the end of 2006-07
- Increase the number of cataract surgeries by 9,000 by the end of 2006-07
- Achieve target of 4,817 cancer surgeries by end of 2006-07
- Increase the number of cardiac procedures by 9,388 by the end of 2006-0, and 11,763 by the end of 2007-08, and
- Achieve the target of 8,500 hip and knee joint replacements in 2006-07.

Improving access to physicians, nurses and other health professionals:

- Establish 150 Family Health teams to serve 2.5 million patients
- Announce all 150 Family Health Teams by April 30, 2006, one year ahead of schedule
- Unveil a Health Human Resources Strategy, and
- Increase access for internationally trained health professionals including international medical graduates.

Keeping Ontarians healthy:

- Increase funding for public health units from 65 per cent to 75 per cent
- Move forward with the creation of Ontario's public health agency, and
- Continue work on Ontario's Health Plan for an Influenza Pandemic.

Building a System to Manage the Delivery of Services

Implementation of LHINs:

- Finalize LHIN funding delegations
- Ensure 14 LHIN Integrated Health Service Plans for 2006-07 are completed, and
- Align Community Care Access Centres with the geographic boundaries of LHINs.

Ministry Restructuring:

- The ministry will begin transition to a new Ministry structure that includes five divisions, consolidating functions and increasing system and financial accountability.

Health System Strategic Plan:

- Prepare a long-range strategic plan for health care.

Reporting on Results to demonstrate accountability

- Ontario Health Quality Council's first report to be published.

MINISTRY PLANNED EXPENDITURES 2006-07

	Ministry Planned Expenditures (\$M)
Operating	34,208.4
Capital	831.9
Total Ministry	35,040.3

**MINISTRY PLANNED EXPENDITURES
BY PROGRAM NAME 2006-07**

Program Name	Ministry Planned Expenditures (\$M)
OPERATING	
Hospitals	12,861.9
Ontario Health Insurance	8,605.2
Ontario Drug Benefit	2,752.3
Long-Term Care Homes	2,837.4
Community Services	2,051.4
Mental Health	1,170.7
Emergency Health Services	550.8
Community Health Services	397.7
Public Health	509.4
Cancer Care Ontario	515.2
Canadian Blood Services	448.2
Other Ministry Programs	1,945.0
Operating Consolidations	(436.8)
Total Operating	34,208.4
CAPITAL	
Capital	378.9
Capital Consolidations	453.0
Total Capital	831.9
TOTAL MINISTRY	35,040.3

APPENDIX I:
Results-based Plan 2005-06

MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

Ontario's Ministry of Health and Long-Term Care is working to establish a patient-focused, results-driven, integrated and sustainable health system. It is doing this through better planning, management and co-ordination as well as by building and modernizing both hospitals and long-term-care homes.

The plan for health is anchored on a clear vision for health care in Ontario. This broad vision is one that's intended to help people stay healthy, deliver good care when they need it, and ensure that the health system will be there for their children and grandchildren.

To make that broad vision of Ontario's health-care future a reality, the government has pinpointed three strategic areas. These include:

- Improving the delivery of health care in Ontario, including major changes in three key results areas
- Building a system to manage the delivery of care with the establishment of Local Health Integration Networks, and
- Providing results information to demonstrate accountability.

RESULTS-BASED PLAN 2005-06

The *first* of those strategic directions is to improve the delivery of health care in Ontario, with major changes in three key results areas:

- Reducing wait times and improving access to five major health services
- Improving access to physicians, nurses and other health professionals, and
- Keeping Ontarians healthy.

1) Reducing wait times:

For many Ontarians, wait times for health care are the barometer by which they measure the quality of our health system. The Ministry will continue to implement the government's wait times strategy, announced in November 2004, which is focused on reducing wait times in five key areas. These include:

- MRI/CT scans and procedures
- Hip and knee total joint replacements
- Selected cancer surgery
- Selected cardiac services and procedures, and
- Cataract surgery.

The government will also invest more money in hospitals to ensure that more procedures are performed in the five key areas.

To further reduce wait times and improve the quality of health services, the Ministry will continue with its plans to expand and modernize such areas of health-care infrastructure as hospitals, long-term-care homes, and community agencies.

2) Improving access to physicians, nurses and other health care professionals:

Improved health care depends on better access to doctors, nurses, and other health care professionals at the local level, particularly for under-served or disadvantaged populations. From increasing the number of doctors in Ontario to improving the delivery of health care across the province, the Ministry is taking steps to ensure Ontarians receive the very best in comprehensive health care when and where it is needed.

Key to achieving better access is the creation of 150 new, interdisciplinary Family Health Teams (FHTs) by 2007-08. These teams include family doctors, nurses, nurse practitioners, and other health professionals such as pharmacists and nutritionists, working in partnership. The teams are being created to provide round-the-clock care, with a focus on promoting healthy behaviour, preventing illness and injury, and managing chronic illnesses.

3) Keeping Ontarians healthy:

In 2004, the government launched Operation Health Protection, a three-year action plan to revitalize the public health system in Ontario. This included a commitment to increase the provincial share of public health funding from 50 to 75 per cent by 2007-08. This increase is under way and the provincial share of health unit funding will reach 65 per cent in 2005-06. Operation Health Protection also focuses on:

- Creating a Health Protection and Promotion Agency
- Public health renewal
- Health emergency management
- Infection control and communicable disease capacity
- Health human resources, and
- Infrastructure for health system preparedness.

The Ministry is introducing strategies to prevent illness and reduce key health risks such as smoking and will continue to expand access to insured immunizations for children by providing free vaccinations against common childhood diseases such as chicken pox.

The **second** strategic direction is to build a system to manage the delivery of services. In 2005-06, the Ministry moved forward with the creation of Local Health Integration Networks (LHINs). LHINs will provide both the vision and the enabling structure to achieve that goal. They will be essential to the management and co-ordination of health-care services. They will provide an integrated and patient-centred health-care system – one that's responsive to local health-care needs. They will plan, co-ordinate and fund health care services – public and private hospitals, divested psychiatric hospitals, community care access centres (CCACs), community support and service agencies, community mental health and addiction agencies, community health centres and long-term care homes – allowing greater community involvement in local health care decisions. Such a system will integrate care, eliminate barriers to access, and ensure appropriate care is delivered.

The Ministry will continue to work on privacy-protected electronic-information systems to improve care by enhancing access to information, reducing adverse drug reactions and duplicate tests, and improving surveillance and identification of infectious diseases.

The **third** strategic direction is reporting on results to demonstrate accountability.

One example of how the Ministry is building accountability into the system will be its Wait Times Registry. By December 2006, the Ministry will have developed a registry that will allow Ontarians to track and compare wait times in hospitals across the province, as well as allowing hospitals to manage wait times. Until the registry is completed, the ministry will launch a web site that allows Ontarians to track wait times for key health services at hospitals across the province.

The Ministry began strengthening accountability in the hospital sector by establishing interim accountability agreements for 2004-05 and will continue working with the hospitals to develop accountability agreements for 2005-06. It is also working with hospitals to establish balanced budget plans by March 31, 2006.

The Ontario Health Quality Council will be established, fully operational and charged with independent verification of the performance and progress of the government's health care initiatives.

MINISTRY OF HEALTH AND LONG-TERM CARE COMMITMENTS FOR 2005-06

The Ministry's performance priorities for 2005-06 will focus on the government's key result areas and ministry strategies, including:

- Reducing wait times
- Improving access to health-care professionals
- Continuing to renew Ontario's public health system
- Introducing legislation for LHINs and long-term care homes, and
- Establishing the Ontario Health Quality Council.

Specific performance priorities for 2005-06 include:

Improving the delivery of health care in Ontario

1) Reducing wait times:

- Invest in five key areas to provide:
 - 58,500 MRI exams
 - 4,817 cancer surgeries
 - 6,998 additional cardiac procedures
 - 16,000 cataract procedures, and
 - approximately 7,600 hip and knee joint replacements
- Focus on key services including making sure hospitals continue to play a key role in the health-care system by increasing hospital funding to \$12 billion in 2005-06, and
- Continue to modernize Ontario's health infrastructure by providing funding for new hospital projects under the government's five-year infrastructure plan, Renew Ontario, to reduce wait times and provide better services in high-growth areas as well as modernize older hospitals.

2) Improving access to physicians, nurses and other health professionals:

- Announce 100 Family Health Teams in 2005-06, serving 1.7 million Ontarians
- Increase medical school enrollment and nurse practitioner student admissions, and
- Increase the number of first-year spaces in Ontario medical schools by 23 per cent.

3) Keeping Ontarians healthy:

- Increase funding for public health units from 55 per cent to 65 per cent by January 2006
- Continue with public education campaigns to discourage youth from taking up smoking and helping motivate smokers to quit
- Continue to develop Ontario's Health Plan for an Influenza Pandemic
- Support the work of the Agency Implementation Task Force to advise on developing a public health agency

- Complete a public health capacity review
- Initiate Regional Infection Control Networks
- Expand and revitalize newborn screening program
- Promote better health and prevent illness by improving access to community-support services for seniors, frail elderly people and people with physical disabilities so that 232,000 Ontarians will receive these services by 2007-08
- Support end-of-life care services, including those in residential hospices, for 4,300 people of all ages in their communities, by investing an additional \$39 million in 2005-06, and
- Expand the capacity of the mental health system to provide counselling, crisis response and early intervention for almost 79,000 more Ontarians in need of mental health services in the community by 2007-08.

Building a System to Manage the Delivery of Services

- Create 14 Local Health Integration Networks (LHINs) to facilitate the delivery of health-care services in Ontario by putting patients' needs at the centre of their plans and aligning the resources of the network to support local health-care priorities
- Appoint Board members and CEOs for each LHIN
- Introduce LHIN legislation
- Announce Ministry restructuring to align with external changes (LHINs), and
- Enable health care providers in hospital emergency departments to electronically access the drug history records of Ontario's drug program recipients by 2007-08.

Reporting on Results to demonstrate accountability

- Complete and regularly update information for five key results areas on its wait times website by the end of 2006
- Increase efficiency and accountability by working with health-care providers and the public to continue to find the best ways to allocate resources and ensure that spending growth in the health-care sector is affordable and delivers the best-possible patient outcomes
- Ensure the Ontario Health Quality Council is fully operational, and
- Complete targets for acceptable wait times.

MINISTRY INTERIM ACTUAL EXPENDITURES 2005-06

	Ministry Interim Actual Expenditures (\$M)
Operating	32,422.4
Capital	795.9
Total Ministry	33,218.3

**MINISTRY INTERIM ACTUAL
EXPENDITURES BY PROGRAM NAME 2005-06**

Program Name	Ministry Interim Actual Expenditures (\$M)
OPERATING	
Hospitals	12,407.2
Ontario Health Insurance	8,074.7
Ontario Drug Benefit	2,765.4
Long-Term Care Homes	2,680.1
Community Services	1,936.4
Mental Health	1,042.1
Emergency Health Services	520.0
Community Health Services	354.5
Public Health	378.6
Cancer Care Ontario	451.8
Canadian Blood Services	434.1
Other Ministry Programs	1,740.1
Operating Consolidations	(362.6)
Total Operating	32,422.4
CAPITAL	
Capital	339.3
Capital Consolidations	456.6
Total Capital	795.9
TOTAL MINISTRY	33,218.3

APPENDIX II:
Annual Report 2004-05

MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

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- Providing results information to demonstrate accountability.

ANNUAL REPORT 2004-05

Improving the delivery of health care in Ontario:

The *first* of those strategic directions is to improve the delivery of health care in Ontario, with major changes in three key results areas:

- Reducing wait times and improving access to five major health services
- Improving access to physicians, nurses and other health professionals, and
- Keeping Ontarians healthy.

1) Reducing wait times:

In November 2004, the Minister of Health and Long-Term Care announced the government's comprehensive Wait Time Strategy. This strategy was designed to improve delivery of health care to Ontarians by reducing wait times in five key areas:

- MRI/CT scans and procedures
- Hip and knee total joint replacements
- Selected cancer surgery
- Selected cardiac services and procedures, and
- Cataract surgery.

To that end, the government provided funding for:

- 40,000 MRI exams (a 14 per cent increase over 2003-04) and 81,300 CT scans
- 1,680 hip and knee joint replacements, (a 7 per cent increase over 2003-04)
- 1,700 more cancer surgeries (a 4 per cent increase over 2003-04), and
- 2,000 cataract surgeries (a 2 per cent increase over 2003-04).

2) Improving access to physicians, nurses and other health professionals:

Family Health Teams

In 2004-05, the Ministry took important steps towards implementing Family Health Teams (FHTs). These included the development of a policy framework, a strategic plan and funding allocations to support 150 teams; facilitating 16 workshops with over 800 participants across Ontario; and establishing an external Action Group and an Advisory Committee. As well, the Ministry solicited FHT applications for FHTs from across Ontario, and received and evaluated 213 proposals from FHT applicants.

To further enhance the ability of FHTs to improve Ontarians' access to health care professionals, the Ministry announced a plan to create 141 new family medicine training seats a year, which will result in 337 new family doctors by 2008, and created 1,202 new full time positions for nurses in hospitals.

As well, the Ministry more than doubled training and assessment positions for international medical graduates to 200 positions annually, and funded the purchase of clinical simulation equipment for 21 nursing programs, the development of 45 nurse mentorship/preceptorship programs, and the creation of alternate roles for late-career nurses in 129 hospitals and LTC homes.

A new agreement with the Ontario Medical Association was ratified and signed on March 30, 2005 facilitating physician movement into new primary care models by introducing and enhancing current physician primary care model payments, and providing incentives for interdisciplinary care.

3) Keeping Ontarians healthy:

Public Health Renewal/Population Health

Following the recommendations of the Walker Report and Campbell Report, the Ministry launched Operation Health Protection a comprehensive plan for public health renewal designed to protect the health of Ontarians. This plan allows for increased independence for Ontario's Chief Medical Officer of Health, the establishment of the Provincial Infectious Disease Advisory Committee (PIDAC), and an overall increase in the provincial share of health unit funding, from 50 per cent to 75 per cent by 2007.

In January 2005, the Ministry established the Agency Implementation Task Force to provide advice on developing a public health agency. This agency would strengthen both public health capacity and public confidence going forward. The province also launched a comprehensive review of the capacity of the province's public health system.

In addition, the province provided permanent funding for 180 new communicable disease positions in Public Health Units, issued the first version of the Ontario Health Pandemic Influenza Plan, and developed a comprehensive outbreak and case-management system. The Ministry also expanded the province's immunization program, administering 838,086 total doses, and adding three vaccines (pneumococcal conjugate, varicella and meningococcal C conjugate) free of charge to the recommended schedule of routine childhood immunizations, saving families up to \$600 per child, while procuring vaccines through multi-year contracts for future years.

And as a further step towards helping Ontarians stay and remain healthy, the province launched a comprehensive smoking cessation campaign, developed an anti-smoking campaign aimed specifically at youth, and introduced provincial smoke-free legislation.

Enhanced Acute Home Care

As part of the government's strategy to provide care to Ontarians where they need it most, the Ministry began delivering services to 21,400 additional acute home care recipients, bringing the total number of home care recipients to 453,801, and created 200 new FTE (full-time equivalent) Home Care Nurse positions.

The Ministry also initiated a review of procurement process in October, 2004, and appointed the Honourable Elinor Caplan to complete the six-month, province-wide consultation and review. The Ministry also invested \$1.3 billion in home care to provide services to almost 452,000 Ontarians.

Long-Term Care

The Ministry opened 4,514 new long-term care beds, and implemented major reforms in long term care, including the introduction of a web site that facilitates public reporting on LTC homes' record of care (the first such site of its kind in Canada), as well as the mandate and funding for Family and Resident Councils. Enhanced enforcement, via increased inspections and a 1-800 phone line, were also implemented to ensure the quality of service delivery in the province's LTC homes. (4,000 inspections were conducted of LTC homes, and 5,000 calls were received on the 1-800 reporting line.)

The Ministry also introduced new regulations for 24/7 registered nurse service, two baths per week, dietician review and approval of dietary plans and spousal reunification for residents, while increasing comfort allowance and freezing co-payments. And to gain further information towards enhancing services to those in LTC homes, the Ministry drafted a discussion paper on LTC legislation, which was released publicly, organized public consultation sessions and had staff analyze over 750 responses.

Mental Health

As part of its goal to reduce hospitalization through new services for almost 79,000 clients by 2007-08, the Ministry developed and implemented a \$117 million initiative that served 12,000 people in 2004-05. In addition, a \$50 million program was successfully developed and implemented to expand mental health services to address the needs of persons with mental health illness who come in contact with the law.

The Ministry also worked with Ministry of Community Safety and Correctional Services, and the Ministry of Public Infrastructure Renewal, to support their needs including the commitment to the government's Affordable Housing Strategy.

Building a system to manage the delivery of care

The **second** strategic direction is to build a system to manage the delivery of services.

Progress toward LHINs

As an important first step in the implementation of the province-wide Local Health Integration Networks (LHINs), the Ministry completed policy framework for the establishment of 14 LHINs, and held 14 workshops across Ontario, attended by over 4,000 registered stakeholders, to start the community planning process for LHINs. Fourteen specific LHIN Integration Reports were submitted to MOHLTC.

In addition, the government proclaimed the *Commitment to the Future of Medicare Act 2004*; as well, the *Personal Health Information Protection Act, 2004* came into effect in November 2004.

To inform Ontarians about the scope and intentions of the Wait Times Strategy, the government launched the Wait Time Strategy website, at: www.ontariowaittimes.com

Electronic Information Systems

The Ministry began to lay the groundwork for privacy-protected electronic-information systems to improve care by enhancing access to information, reducing adverse drug reactions and duplicate tests, and improving surveillance and identification of infectious diseases.

Providing results information to demonstrate accountability

The **third** strategic direction is reporting on results to demonstrate accountability.

Implementation of the Balanced Budget Plan Process

The Ministry met stakeholder expectations – including those of government, MOHLTC and hospitals – to manage within available and allocated funds, as well as planning, organizing, directing and implementing the introduction of the minister's hospital balanced budget initiative.

Furthermore, the Ministry provided hospitals with an instrument to plan and achieve a balanced operation position for the fiscal year ending March 31, 2006, and worked with hospitals and the OHA to lead peer review of hospitals needing significant help to eliminate or reduce deficits.

MINISTRY ACTUAL EXPENDITURES 2004-05

	Ministry Actual Expenditures (\$M)
Operating	30,795.7
Capital	535.6
Total Ministry	31,331.3
Staff Strength (as of March 31, 2005)	6,889 approximately