



# Results-based Plan Briefing Book 2007-2008

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**Ministry of Health and Long-Term Care**

**ISSN # 1718-6730**

**Ce document est disponible en français**

**Ministry of Health and Long-Term Care**

# Part I: Published Results-based Plan 2007/08

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**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 publicly funded health system. It is doing this through better planning, management and co-ordination as well as by building and modernizing the health care system.

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 - reducing wait times, improving access to physicians, nurses and other health professionals and keeping Ontarians healthy.
- Building a system to manage local health system delivery with the establishment of Local Health Integration Networks (LHINs).
- Reporting on results to demonstrate accountability.

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.
- Keeping Ontarians healthy.

### **1) Reducing Wait Times:**

The government's Wait Time 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.
- Cataract surgery.

The government is adding pediatric surgeries to the Wait Time Strategy to provide for more than 10,000 surgeries over four years.

Through the Wait Time Strategy, Ontarians are receiving more of these critical procedures faster. Ontario has developed a comprehensive system to monitor wait times and help ensure that Ontarians receive timely and appropriate access to five select services. The Wait Time Information System will be expanded to capture all surgeries in hospitals currently receiving wait times funding.

### **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. This is happening through such initiatives as creating and implementing a comprehensive nursing strategy and increasing medical school enrolment.

### **3) Keeping Ontarians Healthy:**

An important part of the ministry's plan for health care is about preventing people from getting sick in the first place.

This means giving some of Ontario's most vulnerable citizens a healthy start in life by:

- Screening newborns for 28 rare disorders.
- Providing free vaccinations against chicken pox, meningococcal disease and pneumococcal disease to children and youth in Ontario.

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The ministry is working to rebuild Ontario's public health system through Operation Health Protection. The government's share of public health unit funding increased to 75 per cent on January 1, 2007 from 55 per cent in 2005.

Operation Health Protection also focuses on:

- Creating a new public health agency for Ontario.
- Increasing the independence of the Chief Medical Officer of Health.
- Establishing a Provincial Infectious Diseases Advisory Committee.
- Developing infrastructure for Health System preparedness, including outbreak management and alerting.

The **second** strategic direction is to manage the delivery of local health services. In addition to the planning and integrating authority that LHINs assumed in 2006, they also assumed funding authority on April 1, 2007. Together these will provide both the vision and the enabling structure to achieve this goal. LHINs will ensure greater community involvement in local health care decisions.

LHINs will be essential to the management and co-ordination of health care services at the local level. They will help provide an integrated and patient-centred health care system – one that is responsive to local health care needs. In February 2007, the ministry announced the specific programs and services that will be assigned to LHINs: public and private hospitals, divested psychiatric hospitals, long-term care homes, Community Health Centres (CHCs), community mental health and addictions agencies, Community Care Access Centres (CCACs) and community support and service agencies.

The government is assigning to LHINs existing service agreements between the ministry and health service providers, relating to LHIN-managed programs. However, some provincially oriented or claims-based programs will remain with the ministry.

The LHINs and provider organizations will continue to operate under the assigned agreements until the LHINs negotiate new service accountability agreements with health service providers. The ministry has developed a draft regulation that will phase in the requirement for LHINs to negotiate new service accountability agreements with health service providers in various sectors over a three year period.

The ministry is also continuing to build 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.

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

One example of how the ministry is continuing to build accountability into the system is through the Wait Time Information System. In 2005, the ministry launched a comprehensive website that allows Ontarians to track and compare wait times for five key services. This site has received over three million hits to date.

The Ontario Health Quality Council was established in September 2005 and is an independent body formed to monitor the health care system and report to the public on the performance of the health care system in Ontario.

### **MINISTRY OF HEALTH AND LONG-TERM CARE COMMITMENTS FOR 2007-08**

The ministry will work on the following top commitments in 2007-08 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 physicians, nurses and other health professionals.
- Keeping Ontarians healthy.
- Supporting LHINs as they become fully operational.

#### **Reducing Wait Times**

The ministry's Wait Time Strategy will further improve access to health care by providing approximately:

- 11,900 hip and knee replacements.
- 31,900 cataract surgeries.
- 6,300 cancer surgeries.
- 151,000 MRI exams.
- 71,800 CT scans per year.

#### **Improving Access to Physicians, Nurses and Other Health Professionals:**

The ministry will improve access to health care professionals by:

- Achieving the goal of 150 Family Health Teams (FHTs) becoming fully operational, providing comprehensive primary care to approximately 2.5 million patients.
- Increasing access for internationally trained health professionals, including International Medical Graduates (IMGs) (During the last fiscal year, 218 IMG candidates qualified and were accepted and the system is on track to

#### **Ministry of Health and Long-Term Care**

qualify another 200 in 2007-08).

- Providing every new Ontario nursing graduate with an opportunity for full-time employment.

### **Keeping Ontarians Healthy**

A strong public and community health system is important in preventing illness and promoting wellness. This year the ministry will:

- Further implement colorectal cancer screening for those aged 50 and older in the first program of its kind in Canada.
- Provide funding for the Ontario Agency for Health Protection and Promotion, an arm's length centre of excellence that would provide support during any future public health emergency.
- Continue to work on the Ontario Health Plan for an Influenza Pandemic.
- Improve access to home care, community support services and supportive housing for seniors, frail elderly people and people with physical disabilities.
- Expand the capacity of the mental health and addictions system to provide counseling, crisis response and early intervention.

### **Building a System to Manage the Delivery of Services**

Implementation of Local Health Integration Networks (LHINs):

The ministry will continue to support LHINs, which assumed funding authority on April 1, 2007. There are remaining portions of the *Local Health System Integration Act, 2006*, which are to be proclaimed.

Ministry Restructuring:

The ministry will continue to implement its transition to a new organizational structure, consolidating functions and increasing system and financial accountability.

Health System Strategic Plan:

The government will continue the commitment it made under the *Local Health System Integration Act, 2006*, to develop and publish a strategic plan for health care. The plan will set out a vision, priorities and strategic direction for Ontario's health care system over the next decade.

### E-Health Strategy:

The ministry will continue its work on a comprehensive e-Health strategy, including:

- Continued progress towards a secure electronic health record for all Ontarians, which will ensure providers have the information they need to care for patients safely, and for patients to better self-manage their health.
- Expanding systems that provide drug and lab information as well as diagnostic images, while protecting the security and privacy of patient information.

### **Reporting on Results to Demonstrate Accountability:**

The Ontario Health Quality Council published its second annual report in March, 2007. The council was set up in September 2005 to track performance of the health system, help Ontarians to better understand and benefit from their health system and to support continuous quality improvement.



**FINANCIAL INFORMATION****Table 1: Ministry Planned Expenditures 2007- 08**

|                       | <b>Ministry Planned Expenditures<br/>(\$M)</b> |
|-----------------------|--|
| <b>Operating</b>      | 36,658.4                                       |
| <b>Capital</b>        | 893.6  |
| <b>Total Ministry</b> | <b>37,552.0</b>                                |

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

| Votes/Programs  | Estimates<br>2007-08<br>\$ | Change from<br>Estimates<br>2006-07<br>\$ | Change<br>% | Estimates<br>2006-07<br>\$ | Interim Actuals<br>2006-07<br>\$ | Actuals<br>2005-06<br>\$ |
|---|----------------------------|---|-------------|----------------------------|----------------------------------|--------------------------|
| <b>OPERATING AND CAPITAL</b>  |                            |   |             |                            |                                  |                          |
| Ministry Administration   | 164,324,200                | (7,506,000)                               | (4.4)       | 171,830,200                | 180,498,900                      | 169,983,883              |
| Health Policy and Research  | 667,233,800                | 106,354,200                               | 19.0        | 560,879,600                | 592,888,700                      | 447,983,342              |
| Smart Systems and Knowledge Management                                    | 172,179,200                | 29,292,800                                | 20.5        | 142,886,400                | 131,173,600                      | 110,220,899              |
| Ontario Health Insurance  | 13,173,409,400             | 1,040,820,400                             | 8.6         | 12,132,589,000             | 12,484,248,800                   | 11,567,602,298           |
| Public Health   | 582,534,800                | 18,379,000                                | 3.3         | 564,155,800                | 506,944,600                      | 418,688,632              |
| Local Health Integration Networks and<br>Related Health Service Providers | 18,901,239,200             | 596,464,400                               | 3.3         | 18,304,774,800             | 18,389,272,519                   | 17,322,105,768           |
| Provincial Programs and Stewardship                                       | 3,278,962,700              | 313,049,500                               | 10.6        | 2,965,913,200              | 2,910,471,981                    | 2,628,090,941            |
| Health Capital  | 658,515,300                | 269,732,000                               | 69.4        | 388,783,300                | 388,783,300                      | 336,237,191              |
| <b>TOTAL OPERATING AND CAPITAL TO BE VOTED</b>                            | <b>37,598,398,600</b>      | <b>2,366,586,300</b>                      | <b>6.7</b>  | <b>35,231,812,300</b>      | <b>35,584,282,400</b>            | <b>33,000,912,954</b>    |
| Statutory Appropriations  | 834,381                    | (671,151)                                 | (44.6)      | 1,505,532                  | 1,301,632                        | 4,088,293                |
| <b>Ministry Total Operating and Capital</b>                               | <b>37,599,232,981</b>      | <b>2,365,915,149</b>                      | <b>6.7</b>  | <b>35,233,317,832</b>      | <b>35,585,584,032</b>            | <b>33,005,001,247</b>    |
| Net Consolidation Adjustment - Cancer Care Ontario                        | (25,936,000)               | (55,529,000)                              | (187.6)     | 29,593,000                 | 19,467,000                       | 15,008,500               |
| Net Consolidation Adjustment - Smart Systems for Health                   | (5,499,000)                | (14,588,600)                              | (160.5)     | 9,089,600                  | (4,114,800)                      | 3,340,976                |
| Net Consolidation and Other Adjustments - Hospitals                       | (15,792,900)               | (133,427,300)                             | (113.4)     | 117,634,400                | 106,407,600                      | (321,295,355)            |
| Hep C Assistance Provision  | -                          | -   | -           | -                          | -                                | (45,000,000)             |
| <b>Total Including Consolidation and Other Adjustments</b>                | <b>37,552,005,081</b>      | <b>2,162,370,249</b>                      | <b>6.1</b>  | <b>35,389,634,832</b>      | <b>35,707,343,832</b>            | <b>32,657,055,368</b>    |
| <b>ASSETS</b>   |                            |   |             |                            |                                  |                          |
| Health Policy and Research  | 5,030,000                  | 2,800,000                                 | 125.6       | 2,230,000                  | 2,230,000                        | 2,216,000                |
| Ontario Health Insurance  | 25,895,500                 | 25,128,000                                | 3,274.0     | 767,500                    | 767,500                          | 1,780,336                |
| Public Health   | 1,000,000                  | -   | -           | 1,000,000                  | 1,000,000                        | 1,000,000                |
| Local Health Integration Networks and<br>Related Health Service Providers | 59,501,000                 | (5,000,000)                               | (7.8)       | 64,501,000                 | 64,501,000                       | 61,123,300               |
| Provincial Programs and Stewardship                                       | 2,467,000                  | 2,500                                     | 0.1         | 2,464,500                  | 2,464,500                        | 2,559,300                |
| <b>TOTAL ASSETS TO BE VOTED</b>   | <b>93,893,500</b>          | <b>22,930,500</b>                         | <b>32.3</b> | <b>70,963,000</b>          | <b>70,963,000</b>                | <b>68,678,936</b>        |
| <b>Ministry Total Assets</b>  | <b>93,893,500</b>          | <b>22,930,500</b>                         | <b>32.3</b> | <b>70,963,000</b>          | <b>70,963,000</b>                | <b>68,678,936</b>        |

\*\* Estimates for the previous fiscal year are restated to reflect any changes in Ministry organization and/or program structure. Interim actuals reflect the numbers presented in the Ontario Budget.

**APPENDIX I:**  
**Annual Report 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 the 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 (LHINs).
- Providing results information to demonstrate accountability.

## 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.
- 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 improving access and 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.
- Cataract surgery.

### 2) Improving Access to Physicians, Nurses and Other Health Professionals:

Better access to doctors, nurses and other health care professionals at the local level, is pivotal to improved health care for Ontarians. From increasing the number of doctors in the province, to improving the delivery of health care across Ontario, including under-served and disadvantaged regions, the government launched initiatives to ensure Ontarians are receiving the health care they need, when they need it.

Family Health Teams (FHTs), introduced in 2004-05, are key to achieving better access. The FHTs include family physicians, nurses, nurse practitioners and many other health professionals such as pharmacists and nutritionists. The health care professionals on FHTs work in partnership to provide seamless, 24-hours-a-day, seven-days-a-week primary care to their patient population. The focus is on preventative health care, managing chronic diseases and promoting healthy behaviour. The goal is to establish 150 FHTs in the province by 2007-08.

### 3) Keeping Ontarians Healthy:

The *second* strategic direction was to build a system to manage the delivery of services. LHINs will provide both the vision and the enabling structure for a locally integrated and delivered health system. LHINs will provide an integrated and patient-centred health care system—one that is responsive to local health care needs. They will plan, co-ordinate and fund health care services, including 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 (CHCs) and long-term care homes. LHINs will allow for greater community involvement in local health care decisions. They will be essential to the management and co-ordination of health care services across the province. Such a system will integrate care, eliminate barriers to access and ensure appropriate care is delivered.

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

A key example of how the ministry is building accountability into the health system is its wait times website initiated during this fiscal year.

The government also established the Ontario Health Quality Council, an independent body, to report to the public on the performance of the health care system in Ontario.

## **MINISTRY OF HEALTH AND LONG-TERM CARE ACHIEVEMENTS FOR 2005-06**

The Ministry's performance priorities for 2005-06 focused 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.

### **Specific performance achievements for 2005-06 included:**

#### **Improving the delivery of health care in Ontario**

##### **1) Reducing wait times:**

- Increased MRI exams by 58,500.
- 7,547 hip and knee joint replacements; surpassed targets for the fiscal year.
- An additional 4,817 more cancer surgeries completed.
- 16,000 additional cataract procedures.
- Increased cardiac surgeries by 6,998 in 2005-06.

In 2005-06, the ministry developed a website that allows Ontarians to track and compare wait times in hospitals across the province.

##### **2) Improving Access to Physicians, Nurses and Other Health Professionals:**

The goal was to improve access and delivery of health care across the province. The target was to have 150 interdisciplinary Family Health Teams (FHTs) fully

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operational by 2007-08. These teams include family doctors, nurses, nurse practitioners and other health professionals such as pharmacists and nutritionists, working in partnership. During 2005-06, approximately 45 FHTs were partially or fully operational, serving about 401,800 patients. The ministry was on track to announce 150 FHTs by March 2006. The teams provide around-the-clock care, with a focus on promoting healthy behaviour, preventing illness and injury, and managing chronic illnesses.

The government made a commitment to reduce the number of Ontarians unable to access primary care services when needed by expanding services in CHCs. In 2005-06, 60,000 more clients were able to access necessary primary care services.

### **3) Keeping Ontarians Healthy:**

In keeping with the government's commitment to protect children and youth in Ontario, three new vaccines were added to the province's childhood immunization program. During the 2005-06 fiscal year, 521,721 doses of vaccine were administered to protect children and youth against invasive pneumococcal disease. Some 179,745 doses of vaccines were administered to immunize children and youth against chicken pox and 432,809 doses of vaccine were administered to help prevent invasive meningococcal disease. In total, 1,134,275 doses of the three vaccines were administered in the province.

The ministry's Newborn Screening Team developed a new program to screen for 28 rare disorders that can cause health problems in babies and children. The previous program only screened for two disorders in newborns.

The ministry further developed the Ontario Health Plan for an Influenza Pandemic. The plan is a collaborative effort involving experts from across the health care sector, labour and government. The comprehensive plan will be continually updated and improved to strength pandemic preparedness across the province.

#### Public Health Renewal/Population Health

The province's share of public health unit costs continued to increase from 50 to 55 per cent from 2004 to 2005. The goal is for the province to assume 75 per cent of public health unit costs by January 1, 2007.

#### Home Care

The ministry achieved its goal of providing home care services to an additional 13,800 clients or a total of 773,965. Home care community support services are primarily provided to seniors, who are frail elderly and physically disabled individuals. Client targets were established on a regional basis in June 2005, through accountability agreements. Community support service agencies submit client achievement data at year-end.

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## Long-Term Care

The ministry achieved improved system performance by placing applicants to long-term care (LTC) Homes within less than a month from the time of the CCACs assessment in the five lowest occupancy areas. While in the five highest occupancy areas of the province, applicants were placed in LTC within 4.6 months of their CCAC assessment.

## End of Life Care

The government announced its plan to invest \$115.5 million in its End-of-Life Strategy, which will improve end-of-life services for an additional 6,000 Ontarians a year by 2007-08. During 2005-06, the ministry provided funding for nine hospices. Residential hospices offer care, compassion and dignity to those who are in the last stages of their life, as well as providing needed support to their families.

## Community Mental Health

The 2004 provincial budget, allocated funds to expand community mental health services to serve an additional 78,600 patients by 2007-08, giving them increased access to case management, crisis response and early intervention. During the 2005-06 fiscal year, 32,877 additional clients were served.

## **Building a System to Manage the Delivery of Care**

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

## **Evolution of LHINs**

Fourteen Local Health Integration Networks (LHINs) were created to facilitate the delivery of health care services that is locally based and patient centred. LHINs will be responsible for formulating an integrated health service plan for their communities and working with a range of health care providers at the local level, including public and private hospitals, divested psychiatric hospitals, long-term care homes, Community Health Centres, community mental health and addiction agencies, Community Care Access Centres and community support and service agencies.

Legislation establishing LHINs was introduced during the 2005-06 fiscal year. Board members and CEOs were appointed for each LHIN in 2005.

A restructuring of the ministry was announced in January 2006, to align with the creation of LHINs. With LHINs mandated to assume responsibilities for the local planning and delivery of health care, the ministry embarked on a course to reorganize its divisions into functions to assume a stewardship role, aimed at guiding and setting policy at a systems level.

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The ministry has been developing an electronic system to more readily give emergency room health professionals access to patients prescription drug history. In 2005-06, pilots had been set up in 30 hospitals giving emergency department electronic access to the drug history of patients covered by the Ontario Drug Benefits Plan. Seniors and individuals receiving provincial disability benefits and social assistance are covered under the plan.

### **Reporting on Results to Demonstrate Accountability**

The Ontario Health Quality Council was established and became fully operational during the 2005-06 fiscal year. The council is charged with independent verification of the performance and progress of the government's health care initiatives. The ministry worked with the council on developing short, intermediate and long-term outcome oriented measures of effectiveness, efficiency and customer satisfaction, with targets and timelines. The council's first annual report to Ontarians was expected to be released in 2006.

The government launched Ontario's first wait times website ([ontariowaittimes.com](http://ontariowaittimes.com)) and began presenting standardized wait times data by procedure, hospital and LHINs.

**Table 1: Ministry Expenditures**

|  | <b>Ministry Actual Expenditures (\$M)</b> |
|--|---|
|  | <b>2005-06</b>                            |
| <b>Operating</b>                                 | 32,148.9                                  |
| <b>Capital</b>                                   | 508.2                                     |
| <b>Total Ministry</b>                            | <b>32,657.1</b>                           |
| <b>Staff Strength<br/>(as of March 31, 2006)</b> | <b>5,974.6</b>                            |

**APPENDIX II:**  
**Annual Report 2006-07**

## **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 the 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 (LHINs).
- Providing results information to demonstrate accountability.

## RESULTS-BASED PLAN 2006-07

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.
- 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 continued to make progress in this area and is on track to deliver on the government's Wait Time Strategy. Announced in November 2004, the strategy is focused on reducing wait times in five key areas. These include:

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

The government invested more money in hospitals to ensure that more procedures were performed in the five key areas.

To further reduce wait times and improve the quality of health services, the ministry continued 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 took steps to ensure Ontarians received the very best in comprehensive health care when and where it was needed.

Key to achieving better access is the creation of 150 new interdisciplinary Family Health Teams (FHTs). These teams include family doctors, nurses, nurse practitioners and other health professionals such as pharmacists and nutritionists, working in partnership. The teams provide around-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 per cent in 2004 to 75 per cent by 2007-08. The province assumed 75 per cent of the funding of public health units on January 1, 2007.

Operation Health Protection also focuses on:

- Creating a new public health agency for Ontario.
- Increasing the independence of the Chief Medical Officer of Health.
- Establishing a Local Public Health Capacity Review Committee.
- Establishing a Provincial Infectious Diseases Advisory Committee.
- Developing infrastructure for Health System preparedness, including outbreak management and alerting.
- Increasing Infection Control and Communicable Disease Capacity by providing 100 % funding for 180 full-time infection control positions in public health units.

The ministry also introduced strategies to prevent illness and reduce key health risks and continued to expand access to ensure immunizations for children and youth, 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. LHINs will provide both the vision and the enabling structure for a locally integrated and delivered health system. LHINs will provide an integrated and patient-centred health care system — one that is responsive to local health care needs. They will plan, co-ordinate and fund health care services, including public and private hospitals, divested psychiatric hospitals, long-term care homes, Community Health Centres (CHCs), community mental health and addictions agencies, Community Care Access Centres (CCACs) and community support and service agencies. The main functions of LHINs are to plan, fund and integrate their local health systems. LHINs will allow for greater community involvement in local health care decisions. They will be essential to the management and co-ordination of health care services across the province.

The ministry continued 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 was reporting on results to demonstrate accountability. One example of how the ministry is building accountability into the system was its Wait Time Information System.

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

## **MINISTRY OF HEALTH AND LONG-TERM CARE ACHIEVEMENTS FOR 2006-07**

The Ministry's performance priorities for 2006-07 focused 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.

Specific performance achievements for 2006-07 included:

### **Improving the delivery of health care in Ontario**

#### **1) Reducing Wait Times:**

In 2006-07, the ministry invested a total of \$278.2 million through the Wait Time Strategy for 211,471 procedures, including:

- 5,116 additional cancer surgeries.
- 33,600 additional cataract surgeries.
- 9,388 additional cardiac surgeries.
- 11,872 additional hip and knee replacements.
- 151,495 additional MRI exams.

The ministry ensured that hospitals continued to play a key role in the health care system by increasing hospital funding to \$13.5 billion in 2006-07.

The government also moved forward with more than 100 health care projects across the province to modernize, expand and upgrade health care facilities under the government's five-year infrastructure plan, part of ReNew Ontario. Many projects are aimed at reducing wait times and providing better services in high-growth areas.

The ministry also implemented a new local share policy that provides communities with 90 per cent of the eligible construction costs for hospital projects.

#### **2) Improving Access to Physicians, Nurses and Other Health Professionals:**

During 2006-07, the ministry surpassed its target for bringing Family Health

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Teams (FHTs) on stream. Some 125 FHTs were providing some level of care to more than 1.5 million patients. The goal is to have 150 health teams fully operational by 2007-08, serving 2.5 million Ontarians.

The FHTs combined with other models of primary care, such as Community Health Centres, facilitated 6.6 million people – more than half the province – being enrolled in some form of group practice model.

The government also made other great strides in improving access to doctors and nurses, including:

- The creation of 5,453 new nursing positions since taking office.
- Improving the retention of nurses through the creation of 1,674 New Graduate Initiative internships and 2,745 Late Career Nurse roles in 2006-07.
- Continuing to increase medical school enrolment by 23 per cent.
- 280 new foreign-trained doctors are practicing in Ontario as a result of Ministry-funded programs and approximately another 500 are currently enrolled in ministry-funded training and assessment programs.
- 218 international medical graduate candidates qualified and were accepted to practice medicine in Ontario.
- 70% increase in Family Medicine training positions.

In May 2006, the government announced the creation of HealthForceOntario, an innovative initiative to retain and increase the number of health care professionals working in Ontario. This initiative includes the development of new health care roles to better meet the requirements of high demand clinical areas, such as emergency care, surgical services and cancer care. Five new medical provider roles have been introduced to help meet the needs in critical areas, including physician assistant, nurse endoscopist, surgical first assistant, clinical specialist radiation therapist and anesthesia assistants. These new roles are at different stages of development.

HealthForceOntario includes a new website ([www.hfojobs.ca](http://www.hfojobs.ca)), which connects nursing and physician job seekers to communities and health care employers in the province. Internationally trained professionals, those eligible to practice in Ontario as well as those seeking provincial credentials, can also access this web-based service.

### **3) Keeping Ontarians Healthy:**

On January 1, 2007 the province's share of funding for public health units increased to 75 per cent, from 55 per cent in 2005.

The ministry has updated the Ontario Health Plan for an Influenza Pandemic (OHPIP). The plan is a collaborative effort that involved over 400 individuals and experts from across the health care sector, labour and government. The

2006 version of the plan focuses on community response and provides the important tools and guidelines to support health workers and the health care sector. The plan is reviewed yearly and enhanced as needed to strengthen pandemic preparedness across the province.

In the spring of 2006, the ministry unveiled a comprehensive and centralized influenza pandemic website ([www.health.gov.on.ca/pandemic](http://www.health.gov.on.ca/pandemic)), providing key information to a broad range of stakeholders in Ontario, including health care providers, first responders, employers, faith groups as well as the general public.

The Ministry has also made progress on a number of procurements that support and operationalize the OHPIP. This includes:

- Over 350,000 cases (or over 7,400 skids) of personal protective equipment products, working towards the goal of a 4-week stockpile for the health care sector.
- A stockpile of antiviral drugs to treat approximately 25% of Ontarians consistent with World Health Organization recommendations.
- The distribution of Emergency Infection Control Kits to approximately 15,000 front-line community healthcare offices.

In keeping with its commitment to help protect children and youth in Ontario, the ministry made three new free vaccines available as part of the province's childhood immunization program. During the fiscal year 2006-07, 304,427 doses of vaccine to protect children and youth against meningitis, 535,842 doses of vaccine to protect against invasive pneumococcal disease and 199,613 doses aimed at preventing chicken pox, were administered. In total, 1,039,882 doses of vaccines were administered during the period, to immunize and protect children and youth in the province.

The government continued its commitment to enhance end-of-life care both at home and through funding nursing and personal support services in residential hospices, so that people can live out their lives with as much dignity and comfort as possible. The \$115.5 million investment in the End-of-Life Care Strategy, provided funding for an additional six hospices in 2006-07.

The government introduced legislation in December 2006 to set up the Ontario Agency for Health Protection and Promotion, which will support the chief medical officer of health and provide expert scientific leadership and technical advice within the health sector.

To further protect Ontarians, Regional Infection Control Networks were funded in the 14 LHINs. The networks address the need for co-ordination and integration of infection control activities throughout the province related to prevention, surveillance and control of infectious diseases across the health care spectrum on a regional basis. The networks will enhance the work of local public health units and other health care providers. Regional infection control

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programs were operational in 10 LHINs and the remainder, were to be implemented by the end of 2007.

The ministry also completed diabetes guideline protocols and tools for use in primary care and Family Health Teams, to enhance the care of patients coping with this chronic illness.

### **Building a System to Manage the Delivery of Services**

The government passed the legislative framework for the operation of 14 LHINs and the *Local Health System Integration Act, 2006* received royal assent in March 2006. LHINs became fully operational on April 1, 2007. LHIN funding authority and assignment of service agreements were finalized and LHINs submitted their Integrated Health Service Plans to the ministry covering a three-year period.

The geographic boundaries of the province's Community Care Access Centres were realigned to conform to the 14 LHINs' boundaries.

During this fiscal year, the ministry also implemented the first phase of the new ministry stewardship structure that includes five divisions organized based on functions, including information management, strategy, investment and funding and accountability and performance and corporate and direct services.

Other achievements:

- The *Long-Term Care Homes Act, 2006* was introduced in the Legislature on October 3, 2006 to strength enforcement and improve care and accountability to better protect residents.
- The *Transparent Drug System for Patients Act* passed in June 2006 as part of the government's plan to reform the drug system to deliver better value for money to taxpayers and improve patient access to drugs.
- Transition high priority projects put in place to anticipate and bridge the gap of the regional offices winding down and to support LHINs becoming fully operational.

Development of the ministry's 10-year strategic plan was launched. Consultations on the strategic plan were held with the public, frontline health care providers and stakeholder groups across the province. A dedicated website ([www.ourplanforhealth.ca](http://www.ourplanforhealth.ca)) was also developed to provide background about the health care system, its challenges and to allow for input.

## Reporting on Results to Demonstrate Accountability

The ministry regularly updates wait time information for five key results areas on the ministry's wait times website.

The Ontario Health Quality Council was launched by the government in September 2005, became operational in December 2005 and has issued a report to the public in each of 2006 and 2007.

**Table 2: Ministry Expenditures**

|  | <b>Ministry Interim Actual Expenditures (\$M)<br/>2006-07</b> |
|--|---|
| <b>Operating</b>                                 | 34,854.4  |
| <b>Capital</b>                                   | 852.9   |
| <b>Total Ministry</b>                            | <b>35,707.3</b>   |
| <b>Staff Strength<br/>(as of March 31, 2007)</b> | <b>5,815.8</b>  |

# **APPENDIX III:**

## **Ministry Legislation**

## **Acts Administered by the Ministry of Health and Long-Term Care**

Alcoholism and Drug Addiction Research Foundation Act

Ambulance Act

Brain Tumour Awareness Month Act, 2001

Cancer Act

Charitable Institutions Act (Long-Term Care Programs and Services only)

Chronic Care Patients' Television Act, 1994

Commitment to the Future of Medicare Act, 2004

Community Care Access Corporations Act, 2001

Community Psychiatric Hospitals Act

Developmental Services Act (Long-Term Care Programs and Services only)

Drug and Pharmacies Regulation Act

Drug Interchangeability and Dispensing Fee Act

Drugless Practitioners Act

Elderly Persons' Centres Act

Fluoridation Act

Healing Arts Radiation Protection Act

Health Care Consent Act, 1996

Health Facilities Special Orders Act

Health Insurance Act

Health Protection and Promotion Act

Homemakers and Nurses Services Act

Homes for Special Care Act

Homes for the Aged and Rest Homes Act

Immunization of School Pupils Act

Independent Health Facilities Act

Laboratory and Specimen Collection Centre Licensing Act

Local Health System Integration Act, 2006

Long Term Care Act, 1994

Mental Health Act

Mental Hospitals Act

Ministry of Community and Social Services Act (Sections 11.1 and 12 re: Long Term Care Programs and Services only)

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Ministry of Health and Long-Term Care Act  
Ministry of Health Appeal & Review Boards Act, 1998  
Municipal Health Services Act  
Nursing Homes Act  
Ontario Drug Benefit Act  
Ontario Medical Association Dues Act, 1991  
Ontario Mental Health Foundation Act  
Patient Restraints Minimization Act, 2001  
Personal Health Information Protection Act, 2004 (Schedule A to the Health Information Protection Act, 2004)  
Physician Services Delivery Management Act, 1996  
Private Hospitals Act  
Public Hospitals Act  
Quality of Care Information Protection Act, 2004 (Schedule B to the Health Information Protection Act, 2004)  
Regulated Health Professions Act, 1991

- Audiology and Speech Language Pathology Act, 1991
- Chiropody Act, 1991
- Chiropractic Act, 1991
- Dental Hygiene Act, 1991
- Dental Technology Act, 1991
- Dentistry Act, 1991
- Denturism Act, 1991
- Dietetics Act, 1991
- Massage Therapy Act, 1991
- Medical Laboratory Technology Act, 1991
- Medical Radiation Technology Act, 1991
- Medicine Act, 1991
- Midwifery Act, 1991
- Nursing Act, 1991
- Occupational Therapy Act, 1991
- Opticianry Act, 1991
- Optometry Act, 1991
- Pharmacy Act, 1991

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Physiotherapy Act, 1991  
Psychology Act, 1991  
Respiratory Therapy Act, 1991  
Traditional Chinese Medicine Act, 2006  
Sunnybrook and Women's College Health Sciences Centre Act, 1998  
Trillium Gift of Life Network Act  
University Health Network Act, 1997  
University of Ottawa Heart Institute Act, 1999

**APPENDIX IV:**  
**Ministry Agencies, Boards and Commissions**  
**(ABCs)**

| Agencies Boards and Commissions  | Expense & Revenue           |                                  |
|--|-----------------------------|----------------------------------|
|  | Estimates<br>2007-08<br>\$  | Interim Actuals<br>2006-07<br>\$ |
| Cancer Care Ontario<br>Operating<br>Research   | 565,330,500<br>4,694,025    | 499,940,000<br>4,694,025         |
| Committee to Evaluate Drugs  | 890,119                     | 632,356                          |
| Consent and Capacity Board   | 4,800,700                   | 5,439,419                        |
| Echo: Improving Women's Health in Ontario  | 5,003,300                   | 3,846,400                        |
| Healing Arts Radiation Protection Commission   | 59,400                      | 41,700                           |
| Health Boards Secretariat  | 3,383,400                   | 3,972,906                        |
| Health Professions Appeal and Review Board   | 1,177,000                   | 1,176,630                        |
| Health Professions Regulatory Advisory Council   | 836,100                     | 1,565,376                        |
| Health Services Appeal and Review Board  | 780,000                     | 773,000                          |
| Central Local Health Integration Network   | 1,417,156,400               | 1,364,600,844                    |
| Central East Local Health Integration Network  | 1,665,979,000               | 1,594,773,296                    |
| Central West Local Health Integration Network  | 531,533,600                 | 548,509,212                      |
| Champlain Local Health Integration Network   | 1,945,980,600               | 1,860,309,221                    |
| Erie St. Clair Local Health Integration Network  | 853,699,200                 | 822,327,963                      |
| Hamilton Niagara Haldimand Brant Local Health Integration  | 2,214,490,500               | 2,142,841,030                    |
| Mississauga Halton Local Health Integration Network  | 997,387,700                 | 930,740,853                      |
| North Simcoe Muskoka Local Health Integration Network  | 520,520,000                 | 481,781,870                      |
| North East Local Health Integration Network  | 1,085,773,900               | 1,063,407,705                    |
| North West Local Health Integration Network  | 504,658,400                 | 489,871,856                      |
| South East Local Health Integration Network  | 853,584,600                 | 830,439,010                      |
| South West Local Health Integration Network  | 1,762,173,900               | 1,768,218,309                    |
| Toronto Central Local Health Integration Network   | 3,773,405,100               | 3,739,765,665                    |
| Waterloo Wellington Local Health Integration Network   | 774,896,300                 | 751,685,685                      |
| Medical Eligibility Committee  | 5,000                       | 2,668                            |
| Ontario Health Quality Council   | 2,000,000                   | 4,025,635                        |
| Ontario Mental Health Foundation<br>Operating<br>Research  | 423,700<br>2,979,075        | 425,300<br>2,979,075             |
| Ontario Review Board   | 3,879,300                   | 5,207,400                        |
| Practitioner Review Committees<br>Chiropractic Review Committee<br>Chiropractic Review Committee<br>Optometry Review Committee | 40,000<br>236,000<br>17,000 | 39,710<br>235,998<br>16,588      |
| Smart Systems for Health Agency  | 172,179,200                 | 131,173,600                      |
| Trillium Gift of Life Network  | 12,093,800                  | 12,143,391                       |