



Results-based Plan Briefing Book 2008-2009

Ministry of Health and Long-Term Care

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PART I: RESULTS-BASED PLAN 2008-09

Ministry of Health and Long-Term Care

MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

THE FOUNDATION OF HEALTH CARE

When the government of Ontario first took office in the fall of 2003, it initiated the transformation of the province's health system to establish a foundation of patient-focused, results-driven, integrated and sustainable health care services. With these goals now in place, the transformation will continue over the next four years with improved planning, management and co-ordination in building a modern health system.

This transformation will continue to be anchored in a clear vision for health care: a vision that's intended to help people stay healthy, deliver good care when they need it, and ensure the sustainability of the health system for future generations.

Over the past four years, new building blocks for change have been established and fundamental change elements have been entrenched in law. Not only does this signify the level of commitment made by the government to transform and renew health care in Ontario, it also reflects the government's determination to build a higher level of local and provider leadership in health care planning and delivery. The ultimate goal is better care for patients closer to home.

Some of these building blocks for change include the establishment of 14 Local Health Integration Networks (LHINs), with legislative accountability to ensure Ontario moves to integrated health system delivery at the local level.

At the same time, the government has implemented hospital accountability agreements. Community Care Access Centres have had their geographic boundaries realigned to fit those of the LHINs to enable better system connectivity for patients. The Ministry of Health and Long-Term Care is undertaking an unprecedented, multi-year restructuring to solidify its new health-system stewardship role.

These changes reflect the government's commitment to respond to the concerns of Ontarians about health care in this province. Now the system is focusing on the single most important aspect of health care – the patient.

Primary amongst these concerns is access to health services. As a result, Ontario's Wait Time Strategy, Family Health Teams, HealthForceOntario and other innovative human-resources initiatives are addressing patient priorities.

THE NEXT FOUR YEARS

Now it's time to assess the government's various health care investments and zero in on patient-centered care.

Patients and professionals alike are calling for improved quality, better service and accountable spending. That means we need to:

- Make decisions based on evidence;
- Show value for money in our investments;
- Deliver health care that respects Ontario's diversity; and
- Have more patient participation in decision-making.

Patients – our health care consumers – are demanding more. So are our 18 expert panels, which have a combined total of some 450 front-line doctors and clinical leaders. They too are telling us to do more to improve access to health care. And they're telling us to think at a system level to address access issues.

We need to focus on:

- Patients;
- Innovation;
- Performance;
- Quality;
- Transparency;
- Return on investment; and
- Accountability to the taxpayer.

That means thinking about what patients need – including both the quality and satisfaction of their health care experience – rather than thinking about what the system can supply. That takes us back to focusing on results.

A solid investment strategy is completely dependent on clear returns on investment. Ontarians are entitled to know what they are getting for their money. That's why we have results-based planning. The government will not spend where measurable results are not evident.

TWO PRIORITIES

Public confidence in our health care system is at the heart of our work. It has greatly improved over the past few years.

We will do 1,000 things over the next four years, but for matters of public confidence we must continue to make key improvements in two major priority areas identified by

Ontarians: reducing wait times with a special focus on emergency departments and delivering quality family health care for all.

The government chose these themes as critical to the continued success of Ontario's health system transformation as well as for the well-being of the people of Ontario. The themes reflect a focus on people using the health system at home...in a hospital...or in any number of family health care settings, such as Family Health Teams, Community Health Centres or nurse-led clinics. Addressing these issues will improve patient satisfaction and enhance Ontarians confidence in the province's health care system.

Emergency Room Wait Times

The first priority is to expand Ontario's Wait Time strategy. In particular, the government's goal is to reduce wait times in Emergency Departments.

That's because the Emergency Department has all too often become the default portal through which many Ontarians gain access to health care, with over 5 million visits a year. The resulting Emergency Department congestion is a symptom of how the entire health system is doing. Congestion reflects an imbalance, telling us how well our family health care, community care, mental health, and hospital programs are working to serve patients.

How? By going beyond the emergency rooms.

Ontario's Emergency Department strategy will be a system-based strategy, and improvements will be achieved by focusing on such considerations as:

- Improving health promotion to keep people healthy;
- Improving the prevention and management of diabetes and other chronic diseases;
- Improving and expanding mental health and addictions services;
- Providing more funding for hospitals in high-growth areas; and
- Providing more funding to community-based services to enable seniors to stay in their own homes.

Essentially we need to set up, or further promote, other accessible portals to health care so that Ontario's hospital Emergency Departments don't become the catch-all of our health system.

The resulting success will be measured by the reduction in ER wait times and increased public satisfaction. Furthermore, reductions in the rate of Emergency Department visits will also be achieved. For example, it's anticipated that visits by seniors to Emergency Departments will drop significantly thanks to such programs as Aging at Home, which is

being established to ensure the availability of appropriate community-based health services to enable elderly Ontarians to stay in their own homes.

Services such as meals, transportation to appointments, shopping, snow shoveling, home care, health and wellness programs to meet the needs of isolated seniors and caregiver supports, will also lead to a reduction in the overall need for long-term-care home admissions, and an increase in seniors' satisfaction with the health services available to them.

Family Health Care for All

The second priority area is to provide family health care for all Ontarians. This is an important priority in helping to ensure that people have access to health care in their community virtually around the clock, as opposed to having to rely on hospital Emergency Departments for non-emergency health care.

Over the past four years, the government has made significant strides in increasing Ontario's health human resources, particularly in family care and nursing. There are more Family Health Teams, more Community Health Centres and thousands and thousands of more nurses working on the frontlines. However, there's still a significant number of Ontarians seeking a family doctor – particularly Ontarians in disadvantaged populations and those with special needs.

That's why family health care is of paramount importance. The government will:

- Establish an Unattached Patient Registry;
- Add 50 new Family Health Teams;
- Establish 25 Nurse Practitioner-led clinics;
- Increase Physician Supply, including 100 New Medical Training Positions; and
- Hire 9,000 new nurses and working to a goal of having 70 per cent of nurses working full time.

The government will create a provincial unattached patient registry to identify Ontarians seeking a family health care provider. Our government will work closely with our health care partners and use all the tools at our disposal to help ensure those patients are provided with family health care.

Family Health Teams are a particularly successful model of improving access to family health care. They stress health promotion and disease prevention, as well as treating ailments and managing serious chronic diseases. And this is health care that's reducing wait times. By providing comprehensive care close to home, and thereby reducing the need for Emergency Department visits, Family Health Teams will increasingly ease the

strain on our hospitals. That means our hospitals can deliver the acute care they were designed to deliver. And they can deliver it faster.

Above all, Family Health Teams are improving access to doctors and nurses. Now, thousands of Ontarians previously without access to a family doctor will not only have access to health care professionals including a doctor, a nurse, or a nurse practitioner, but also a whole complement of other health care professionals such as dietitians, mental health and social workers.

The government has also committed to establishing 25 nurse practitioner-led clinics over the next several years. Nurse practitioners will be working in collaboration with family doctors to provide health care to many Ontarians who previously have not had access to family health care. These clinics will not only focus on providing better care to patients but also they will work with patients to educate them on disease prevention and health promotion. The clinics will also be linked to specialists, interdisciplinary health care providers, hospitals and laboratories, as well as other health care organizations, offering patients a comprehensive approach to health care.

The government has also committed \$154 million over three years to build on Ontario's cancer-screening program to increase early detection and treatment of breast, cervical and colorectal cancers. That funding covers the costs of Prostate-Specific Antigen testing to diagnose and monitor treatment of prostate cancer, and extending the Human Papillomavirus vaccination against cervical cancer.

ENABLERS

Both the wait times and the family health care priorities will be supported by:

- e-Health;
- Information Management; and
- An Equity Policy.

Local Health Integration Networks, as managers of local health systems, will ensure delivery of services toward implementation of these priorities.

With the establishment of Ontario's 14 Local Health Integration Networks, the government has enhanced the capacity for more dialogue at the local level. This dialogue is helping to zero in on what's needed to ensure a patient-centered health system, one that's responsive to local health care needs.

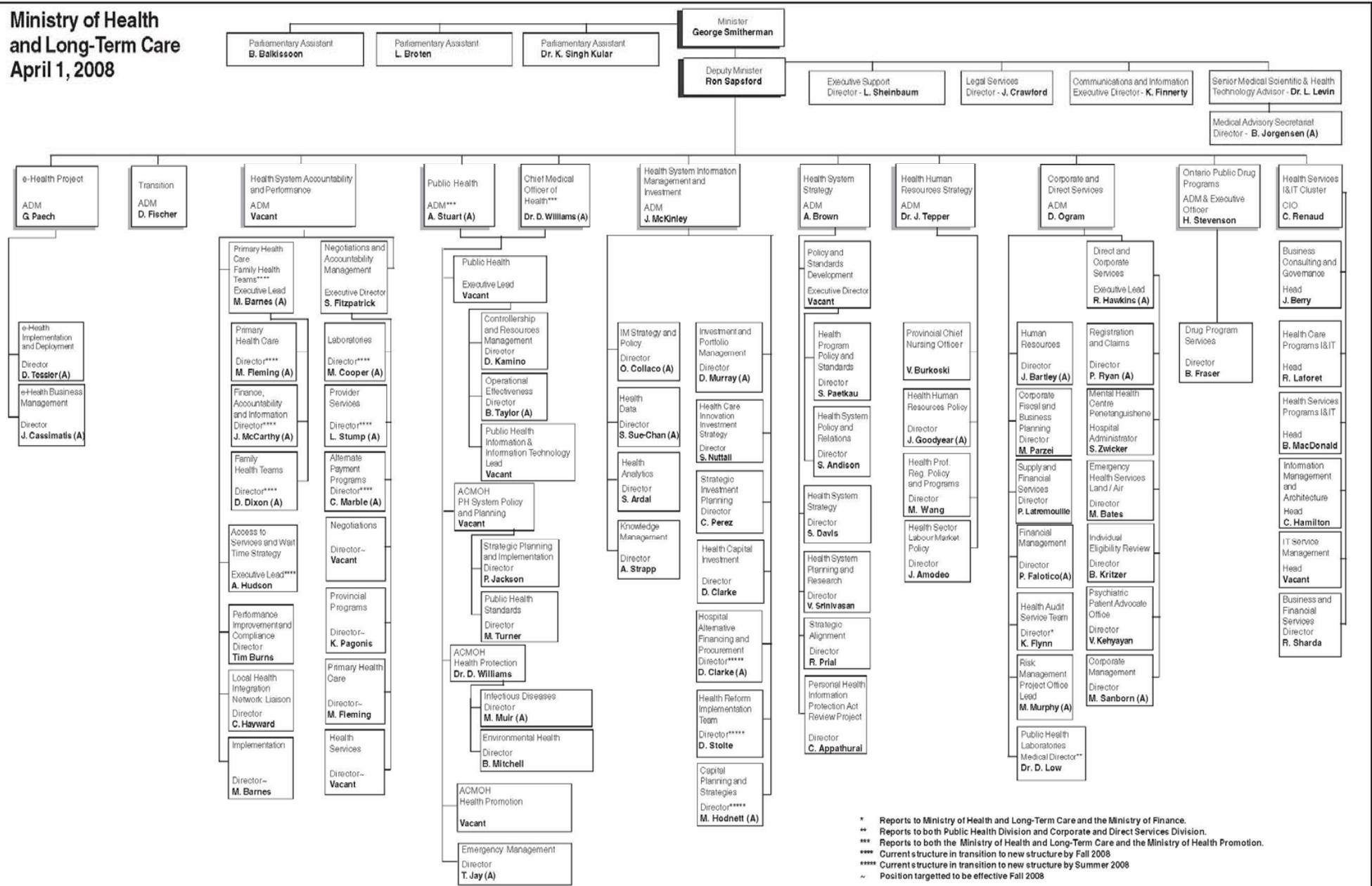
Meanwhile, Ontario will begin to implement the electronic health record for its residents, which will help transform Ontario's health care system, reduce wait times for services, and improve access to family health care.

Ontario continues to build an information-management system, enabling health care providers to produce better data. This will make it more likely to align performance measurement across the health system and help track how the system is performing. This is the people's health care system and to ensure the delivery of health services reflects the reality of today's diverse population, the government is seeking input through various bodies such as the Citizens' Council on Drug Policy and the French Language Health Services Advisory Council.

As always, the Ministry will continue to support the enhancement of the health of Ontarians in all of life's stages.

This role reflects public expectations while delivering on the government's commitments to advance patient-centered health care across the province.

Ministry of Health and Long-Term Care
April 1, 2008



* Reports to Ministry of Health and Long-Term Care and the Ministry of Finance.
 ** Reports to both Public Health Division and Corporate and Direct Services Division.
 *** Reports to both the Ministry of Health and Long-Term Care and the Ministry of Health Promotion.
 **** Current structure in transition to new structure by Fall 2008
 ***** Current structure in transition to new structure by Summer 2008
 ~ Position targeted to be effective Fall 2008

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)
 Chase McEachern Act (Heart Defibrillator Civil Liability), 2007
 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
 Long-Term Care Homes Act, 2007
 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)
 Ministry of Health and Long-Term Care Act
 Ministry of Health Appeal & Review Boards Act, 1998
 Municipal Health Services Act
 Nursing Homes Act
 Ontario Agency for Health Protection and Promotion Act, 2007
 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
 Homeopathy Act, 2007
 Kinesiology Act, 2007
 Massage Therapy Act, 1991
 Medical Laboratory Technology Act, 1991
 Medical Radiation Technology Act, 1991
 Medicine Act, 1991
 Midwifery Act, 1991
 Naturopathy Act, 2007
 Nursing Act, 1991
 Occupational Therapy Act, 1991
 Opticianry Act, 1991
 Optometry Act, 1991
 Pharmacy Act, 1991
 Physiotherapy Act, 1991
 Psychology Act, 1991
 Psychotherapy Act, 2007
 Respiratory Therapy Act, 1991
 Traditional Chinese Medicine Act, 2006
Trillium Gift of Life Network Act
University Health Network Act, 1997
University of Ottawa Heart Institute Act, 1999

All laws can be accessed by browsing <http://www.e-laws.gov.on.ca>

Agencies Boards and Commissions	Expense & Revenue	
	Estimates 2008-09 \$	Interim Actuals 2007-08 \$
Cancer Care Ontario Operating Research	406,203,800 4,694,025	421,875,900 4,694,025
Committee to Evaluate Drugs	1,050,000	825,276
Consent and Capacity Board	4,800,700	6,543,900
Echo: Improving Women's Health in Ontario	6,000,000	2,969,700
Healing Arts Radiation Protection Commission	60,000	47,000
Health Boards Secretariat	3,383,400	4,871,900
Health Professions Appeal and Review Board	1,177,000	1,322,300
Health Professions Regulatory Advisory Council	4,494,300	1,607,200
Health Services Appeal and Review Board	780,000	776,800
Central Local Health Integration Network	1,537,033,000	1,482,431,200
Central East Local Health Integration Network	1,763,599,900	1,715,978,400
Central West Local Health Integration Network	588,998,100	588,241,400
Champlain Local Health Integration Network	2,041,802,100	1,991,793,700
Erie St. Clair Local Health Integration Network	896,602,300	875,194,200
Hamilton Niagara Haldimand Brant Local Health Integration	2,333,039,900	2,279,735,900
Mississauga Halton Local Health Integration Network	1,057,003,300	1,022,853,600
North Simcoe Muskoka Local Health Integration Network	562,114,100	534,929,100
North East Local Health Integration Network	1,147,896,300	1,118,095,400
North West Local Health Integration Network	531,358,100	520,889,100
South East Local Health Integration Network	883,511,100	868,336,200
South West Local Health Integration Network	1,889,183,900	1,842,709,300
Toronto Central Local Health Integration Network	3,971,594,600	3,912,910,400
Waterloo Wellington Local Health Integration Network	817,617,300	792,364,100
Medical Eligibility Committee	10,000	9,192
Ontario Health Quality Council	2,000,000	2,508,875
Ontario Mental Health Foundation Operating Research	423,700 2,979,075	423,700 3,499,075
Ontario Review Board	3,975,400	5,805,800
Practitioner Review Committees Chiropractic Review Committee Chiropractic Review Committee Optometry Review Committee	40,000 40,000 17,000	8,519 382,493 10,140
Smart Systems for Health Agency	205,988,700	175,282,500
Trillium Gift of Life Network	13,231,200	14,514,300

MINISTRY FINANCIAL INFORMATION

Table 1: Ministry Planned Expenditures (\$M)	
Operating	39,246.8
Capital	811.4
TOTAL	40,058.2

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

Votes/Programs	Estimates 2008-09	Change from Estimates 2007-08	Change	Estimates 2007-08	Interim Actuals* 2007-08	Actuals 2006-07
	\$	\$	%	\$	\$	\$
OPERATING AND CAPITAL						
Ministry Administration	157,595,800	6,456,600	4.3	151,139,200	179,002,900	138,599,516
Health Policy and Research	753,469,200	136,472,800	22.1	616,996,400	602,449,600	550,678,530
eHealth and Information Management	522,847,000	224,341,000	75.2	298,506,000	278,172,300	156,930,074
Ontario Health Insurance	14,066,075,600	537,113,900	4.0	13,528,961,700	13,487,104,200	12,654,976,217
Public Health	679,749,000	98,196,800	16.9	581,552,200	554,530,500	505,186,447
Local Health Integration Networks and Related Health Service Providers	20,021,354,000	565,186,500	2.9	19,456,167,500	19,546,462,000	18,735,655,257
Provincial Programs and Stewardship	3,405,990,900	770,145,000	29.2	2,635,845,900	2,667,469,900	2,294,739,747
Health Capital	936,413,400	254,818,100	37.4	681,595,300	680,567,100	388,501,920
Total Including Special Warrants	40,543,494,900	2,592,730,700	6.8	37,950,764,200	37,995,758,500	35,425,267,708
Less: Special Warrants	-	(10,657,207,900)	(100.0)	10,657,207,900	-	-
TOTAL OPERATING AND CAPITAL TO BE VOTED	40,543,494,900	13,249,938,600	48.5	27,293,556,300	37,995,758,500	35,425,267,708
Special Warrants	-	(10,657,207,900)	(100.0)	10,657,207,900	-	-
Statutory Appropriations	837,360	2,979	0.4	834,381	834,381	12,260,378
Ministry Total Operating and Capital	40,544,332,260	2,592,733,679	6.8	37,951,598,581	37,996,592,881	35,437,528,086
Net Consolidation Adjustment - Cancer Care Ontario	(7,085,500)	15,687,500	(68.9)	(22,773,000)	(28,804,000)	(10,831,406)
Net Consolidation Adjustment - Smart Systems for Health	(9,551,000)	(889,000)	10.3	(8,662,000)	(1,509,600)	1,234,572
Net Consolidation and Other Adjustments - Hospitals	(471,538,900)	(455,746,000)	2,885.8	(15,792,900)	(224,100,100)	(152,679,048)
Net Consolidation Adjustments - Local Health Integration Networks	2,060,000	2,060,000	-	-	(6,460,200)	-
Total Including Consolidation and Other Adjustments	40,058,216,860	2,153,846,179	5.7	37,904,370,681	37,735,718,981	35,275,252,204
ASSETS						
Health Policy and Research	8,330,000	3,300,000	65.6	5,030,000	3,030,000	2,200,000
Ontario Health Insurance	1,550,000	(25,345,500)	(94.2)	26,895,500	1,946,000	425,860
Public Health	1,000,000	-	-	1,000,000	1,000,000	1,000,000
Local Health Integration Networks and Related Health Service Providers	56,523,400	(2,977,600)	(5.0)	59,501,000	59,501,000	64,501,000
Provincial Programs and Stewardship	4,399,700	2,932,700	199.9	1,467,000	1,467,000	914,500
Total Including Special Warrants	71,803,100	(22,090,400)	(23.5)	93,893,500	66,944,000	69,041,360
Less: Special Warrants	-	(46,946,800)	(100.0)	46,946,800	-	-
TOTAL ASSETS TO BE VOTED	71,803,100	24,856,400	52.9	46,946,700	66,944,000	69,041,360
Special Warrants	-	(46,946,800)	(100.0)	46,946,800	-	-
Ministry Total Assets	71,803,100	(22,090,400)	(23.5)	93,893,500	66,944,000	69,041,360

* Estimates for the previous fiscal year are re-stated 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 2007-08

Ministry of Health and Long-Term Care Four-Year Achievements

In 2007-08, the Ministry of Health and Long-Term Care continued its work to establish a patient-focused, results-driven, integrated and sustainable publicly funded health system.

This work was anchored with a clear vision for health care in Ontario. This broad vision was intended to help people stay healthy, deliver good care when they need it and ensure that the health system is there for their children and grandchildren.

To make that broad vision of Ontario's health care future a reality, the Ministry focused on three strategic areas. These included:

- 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;
- Creating a system to manage local health system delivery with the establishment of Local Health Integration Networks (LHINs); and
- Reporting on results to demonstrate accountability.

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

- Reduce wait times and improving access to five major health services;
- Improve access to physicians, nurses and other health professionals; and
- Keep Ontarians healthy.

1) Reducing Wait Times

The government's Wait Time Strategy is 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.

During 2007-08, the government added pediatric surgeries to the Wait Time Strategy, providing for more than 10,000 surgeries over four years. To do so, \$5.5 million was committed in 2007-08 to provide over 2,000 additional surgeries.

Through the Wait Time Strategy, Ontarians received more of these critical procedures faster. Ontario 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 continues to be expanded in order to capture all surgeries in hospitals currently receiving wait times funding.

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

This entailed increased access to doctors, nurses, and other health care professionals at the local level. This occurred through such initiatives as Healthforce Ontario, implementing a comprehensive nursing strategy and increasing medical school enrolment as well as through a variety of integrated recruitment and access support initiatives offered through the Underserviced Area Program (UAP) and the Northern Health Travel Grant (NHTG) Program.

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

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

The Ministry continued to rebuild Ontario's public health system through Operation Health Protection. As of January 1, 2007, the government's share of public health unit funding increased to 75 per cent, compared to 50 per cent in 2004. The cost share shift is an important component in the government's action plan to revitalize Ontario's public health system.

In 2007, the government also committed \$459.9 million to Ontario's public health units to support the provision of 17 mandatory health programs and services. In addition, the government provided funding for related programs, such as West Nile virus and infectious diseases control.

Operation Health Protection also focused on:

- The Health System Improvements Act, 2007 received royal assent on June 4, 2007, establishing the Ontario Agency for Health Protection and Promotion. The mandate

of the agency is to provide scientific and technical advice to those working across sectors to protect and improve the health of Ontarians and to carry out activities such as population health assessment, public health research, epidemiology, planning and evaluation. Dr. David Walker chairs the agency's founding board. The board took critical steps in creating the agency, including initiating an international search for a CEO. On March 4, 2008, Dr. Vivek Goel was appointed to this position. The MaRS Centre in Toronto was chosen as the location for the agency.

- The independence of the Chief Medical Officer of Health was increased as a result of amendments to the Health Protection and Promotion Act.
- Making improvements in public health emergency response by giving local medical officers of health more power to respond to outbreaks.
- The Provincial Infection Diseases Advisory Committee set up a number of working groups to develop best practices for the management of Hepatitis C, sexually transmitted infections and a surveillance tool for *C. difficile*.
- The Emergency Management Unit was created in 2003 to lead health emergency preparedness activities for the Ministry and health care sector.
- Communications protocols and resources are in place to disseminate Important Health Notices broadly to health care providers to alert them to a developing emergency. A 24-hour Emergency Information Cycle has also been established to streamline communications and updates with the health sector and the public at regular intervals. A dedicated health emergency management section of the Ministry's website is visited an average of 50,000 times per month and is one of the Ministry's most frequently viewed sites. <http://www.health.gov.on.ca/emergency> and <http://www.health.gov.on.ca/pandemic>.
- The Ministry has released four iterations of the Ontario Health Plan for an Influenza Pandemic (OHP-IP), consulting with over 400 experts and emergency response professionals from all three levels of government and a broad range of health care stakeholders. The 2007 iteration of the plan was released in July. Approximately 3.5 million copies of the public brochure "What You Should Know about a Flu Pandemic" were distributed to physician offices, hospitals, public health units, drugstores, and other stakeholders. Brochures and fact sheets for the public are posted on the Ministry website and are available in 23 languages.
- An Emergency Medical Assistance Team (EMAT) was created to support health care facilities that are incapacitated or overwhelmed by an emergency. The team has been deployed on two occasions to respond to incidents: the evacuation of the Kashechewan First Nation in October 2005 and in response to a fire at the Hôpital Régional de Sudbury Regional Hospital in June 2007.

- Through the Hospital Chemical, Biological, Radiological/Nuclear (CBRN) Emergency Preparedness Program, every emergency department or urgent care centre in the province was provided with an onsite stockpile of supplies and equipment and associated training to protect health workers and patients from contamination or infection in the event of a CBRN incident.
- Approximately 15,000 Emergency Infection Control Kits were distributed to front-line community health practitioners' offices, each containing a 10-day supply of personal protective equipment that includes surgical masks, gloves, gowns, eye protection and alcohol-based hand rinse.
- Significant quantities of emergency supplies and equipment have been purchased and stockpiled to support the health sector during an influenza pandemic. These include enough antivirals to treat 25% of the population, enough personal protective equipment to support all health care providers for one month and enough mass vaccination supplies to immunize every Ontarian once a pandemic vaccine is ready.
- The Ministry is continuing to develop and maintain these stockpiles as outlined in the Ontario Health Plan for an Influenza Pandemic.

The **second** strategic direction was to manage the delivery of local health services. On April 1, 2007, the province's 14 LHINs assumed their full responsibilities of funding, planning and integrating health care services at the local level. LHINs are ensuring greater community involvement in local health care decisions.

LHINs are essential to the management and co-ordination of health care services at the local level. They are helping provide an integrated and patient-centred health care system -- one that is responsive to local health care needs.

On April 1, 2007, the LHINs assumed responsibility for the following programs and services: 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.

Some provincially oriented or claims-based programs remained with the Ministry.

Part of the LHINs' mandate is to negotiate service accountability agreements with health care providers. The government assigned to LHINs the existing service agreements between the Ministry and health service providers within LHIN-managed sectors, including hospitals. As of April 1, 2007, LHINs took on the responsibility of undertaking all future negotiations with hospitals.

The Ministry developed a regulation that will phase in the requirement for LHINs to negotiate new service accountability agreements with health service providers in various sectors over a number of years.

The schedule for LHINs negotiating these agreements is as follows:

- Public and Private Hospitals – 2007-08;
- Community Health Centres – 2008-09;
- Mental Health and Addiction Agencies – 2008-09;
- Community Support Service Agencies – 2008-09;
- Community Care Access Centres – 2008-09; and
- Long-Term Care Homes - 2009-10.

These agreements will clearly establish service standards and targets that providers are expected to meet, and will also include protocols for monitoring and reporting as well as possible strategic interventions by LHINs if and when improvements are deemed necessary.

In June 2007, the first Ministry-LHIN Accountability Agreement was approved. It sets out the Ministry and LHIN funding, planning targets and performance obligations for the 2007-08, 2008-09 and 2009-10 fiscal years. LHINs also submitted their initial Annual Service Plans to the Ministry in August 2007, laying out how the LHINs will spend their allocations in order to implement their Integrated Health Service Plans. Finally, the LHINs prepared and submitted their second annual report to the Legislature in summer 2007.

The Ministry continued 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.

The *third* strategic direction was 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 for the first time allowed Ontarians to track and compare wait times for five key services. Wait times are categorized on the website by procedure, hospital and LHIN.

The publication of wait time information became more timely. As of November 2007, the Ministry began updating wait time data on a monthly basis. The public and health care providers now have access to more current information that's so vital in making important health care decisions.

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 Achievements for 2007-08

The Ministry worked on the following top commitments in 2007-08 to achieve the government's key results and priorities for the health care agenda:

- Reducing wait times;
- Increasing access to physicians, nurses and other health professionals;
- Keeping Ontarians healthy; and
- Supporting LHINs as they become fully operational.

Reducing Wait Times

The Ministry's Wait Time Strategy further improved access to health care. On April 27, 2007 the government announced an investment of \$281.8 million for 465,000 additional procedures.

In 2007-08, the investment resulted in:

- 33,225 more cataract surgeries;
- 6,199 more cancer surgeries;
- 223,773 more MRI exams;
- 71,858 more CT;
- 117,664 cardiac procedures; and
- 12,429 more hip and knee replacements.

Then on May 10, 2007, \$5.5 million was announced for over 2,000 additional pediatric surgeries in fiscal 2007-08.

The pediatric procedures in 2007-08 included:

- 130 more general surgeries;
- 520 more eye-related surgeries;

- 706 more dental/oral surgeries;
- 100 more bone and joint surgeries;
- 753 additional ear, nose and throat surgeries;
- 72 more plastic surgeries; and
- 88 more urology surgeries.

Since the launch of the Wait Time Strategy, the government has invested over \$895 million for about 1.27 million procedures, including:

- 17,800 more cancer surgeries—leading to a reduction in wait times by 14.8 per cent;
- 654,500 more MRI exams—leading to a reduction in wait times by 5.8 per cent;
- 387,600 more CT scans—leading to a reduction in wait times by 39.5 per cent;
- 33,700 hip and knee replacements—leading to a reduction in wait times by 36.8 per cent for hip replacements and 44.5 per cent for knee replacements;
- 100,400 more cataract surgeries—leading to a reduction in wait times by 61.4 per cent; and
- 76,500 more select cardiac procedures—leading to a reduction in wait times by 47.1 per cent for angiography and 32.1 per cent for angioplasty.

Emergency Department Action Plan

In partnership with the Ontario Medical Association, the Ministry developed a package of new incentives and programs designed to enhance emergency department (ED) coverage across Ontario. The Emergency Department Coverage Incentive represents a positive first step toward developing longer-term solutions to ensure emergency rooms stay open and increase capacity in the health care system to meet the needs of Ontario patients.

An ED leader was also appointed in each of the LHINs to assist with local implementation initiatives.

In October 2007, the government announced that ED wait times would be part of Ontario's Wait Time Strategy. As a first phase of the work, the strategy will implement an Emergency Department Reporting System (EDRS) for Ontario.

These initiatives build on the October, 2006 announcement of a three-point ED Action Plan, investing more than \$142 million in three critical areas – health human resources, hospital ED services and efficiency improvements and community-based services. All EDs in the province have remained opened since October, 2006.

Improving Access to Physicians, Nurses and Other Health Professionals

The Ministry improved access to health care professionals:

- Reaching its goal of creating 150 Family Health Teams (FHTs) to improve and expand access to comprehensive primary care for all Ontarians. The province's FHTs were expected to be fully operational by the end of 2008. As of January 23, 2008, 133 FHTs had begun operations and hired about 870 allied health professionals. These numbers will continue to grow during 2008 as more teams become fully operational. Ultimately, FHTs will improve access to primary care for more than 2.5 million Ontarians in 112 communities.
- In 2007-08, funding to Community Health Centres (CHCs) was increased to \$188.5 million from \$167.6 million during the previous fiscal year. There are currently 54 CHCs and 10 satellite CHCs in Ontario. There is a plan to grow the number of centres to 76 CHCs and 27 satellite CHCs providing services in more than 120 communities across Ontario. Once this has been achieved the centres will be serving an additional 200,000 people.
- With funding of approximately \$36.4M, the UAP: (1) assists underserved communities recruit health care professionals; (2) funds temporary physician coverage to northern, rural communities through outreach services; & (3) enables primary care services by nurses & nurse practitioners in UAP-funded nursing stations and nurse practitioner agencies.
- With funding of \$32.7M during 2007/08, NHTG helps defray medical related travel costs for Northern Ontario residents who must travel long distances to access medical specialist and designated health facility services unavailable in their local communities.
- In September 2005, the government began a 23 per cent increase in first-year medical school enrolment. In 2007-08 there were 829 government funded first-year undergraduate medical positions across the province's six medical schools.
- For the 2007-08 academic year, Ontario offered 760 residency positions, an increase of 58 new specialty training positions over those offered in 2006.
- Increasing access for internationally trained health professionals, including International Medical Graduates (IMGs). In 2007-2008 the Ministry invested \$64 million to support over 500 IMGs in various levels of training and assessment of positions and the establishment of the Centre for the Evaluation of Health

Professionals Educated Abroad, as well as funding for the Registration through Practice Assessment Program administered by the College of Physicians and Surgeons of Ontario.

- The Ministry also continues to provide at least 200 new training and assessment positions for international medical graduates each year. For 2007-08 academic year, 219 IMGs were offered positions. This is the second year in a row the Ministry has surpassed its target of 200 positions.
- For the 2007-08 academic year, for the first time, Ontario offered positions to IMGs through a separate residency match administered by the Canadian Residency Matching Service. IMGs applying for first year residency positions in Ontario were able to access them in the form of dedicated IMG positions through an annual residency matching process, similar but separate to the national residency matching process that occurs for graduates of Canadian medical schools. The same process will be in place for the 2008-2009 academic year. Since 2004-2005, a total of 758 IMGs have been offered training and assessment positions.
- Through its various initiatives, 500,000 more Ontarians now have a family doctor than in 2003. Over the next four years an additional 500,000 residents will have access to quality family health care.
- Providing every new Ontario nursing graduate with an opportunity for full-time employment. The Ministry invested \$88.9 million in 2007-08 to implement the Nursing Graduate Guarantee, which builds on and replaces the former New Graduate Initiative described below. The funding supported 7.5 months of supernumerary positions (6 months supported by the Ministry and 1.5 months by the employer) and projects to build employer full-time capacity.
- Previously (beginning in 2004) the government invested \$57.1 million over three years to support new nursing graduates as they move into the workplace by creating temporary full-time positions in hospitals and long-term care homes, as well as in home care and the public health care sectors. Since 2004, the government has funded the creation of more than 8,000 new nursing positions. It has also allocated \$80 million over three years for a retention program aimed at keeping late career nurses in the profession, to enable the health system to benefit from their skills and experience.
- \$14 million was invested in 2007-2008 to create 1,200 new registered nursing positions in Long-Term Care Homes.
- Provided \$99 million operating funds in 2007-08 to 25 hospitals for service expansion related to the completion of capital projects.

Human Resources Strategy

HealthForceOntario

In May 2006, the government announced the launch of HealthForceOntario, its health human resources strategy designed to make Ontario the employer-of-choice in the health care field and to ensure the right number and mix of health care providers, where available when and where they are needed.

Initiatives implemented in 2007-08 as part of the HealthForceOntario Strategy include:

- Establishment of the HealthForceOntario Marketing and Recruitment Agency (HFO MRA). Since the establishment of the Agency several key initiatives have been launched to support the health human resources strategy in the province including: establishment of the Access Centre for Internationally Educated Health Professionals; Emergency Department Coverage Project to address physician coverage in EDs; creation of HFOJobs, a provincial jobs registry and portal.
- Introduction of the Physician Assistant, Surgical First Assist, Nurse Endoscopist, Clinical Specialist Radiation Therapy (CSRT) roles to relieve shortage of health professionals and help meet service needs identified in areas such as Emergency, Surgery and Cancer Care.
- Introduction of the nurse practitioner Anesthesia Assistant role as part of the anesthesia care team.
- Establishment of a grant program to support professional development and enhance skills and knowledge of Allied Health professionals. The 9 allied health professions accessing this fund include physiotherapists, occupational therapists, medical laboratory technologists, medical radiation technologists, speech-language pathologists, audiologists, dietitians, respiratory therapists, and pharmacists.
- Guarantee of a full-time employment opportunity in Ontario to all nursing graduates beginning in 2007.
- Development of an Allied Health Human Resources Database. The data elements important for health human resources planning have been identified and partial demographic, education and employment data from 12 allied health regulatory colleges is being housed in a pilot database. At full capacity, the database will support health human resource planning by allowing the Ministry to collect standardized and consistent demographic education and employment information on all regulated allied health professionals.

Keeping Ontarians Healthy

A strong public and community health system is important in preventing illness and promoting wellness. Among the projects this year:

- The government announced Canada's first colorectal cancer screening program on January 23, 2007. The government will invest \$193.5 million over five years to implement and expand the program to increase access to colorectal cancer screening for Ontarians 50 years and older. The program will be jointly implemented by the Ministry and Cancer Care Ontario. The Ministry developed a colorectal cancer screening public awareness campaign, which will be formally launched in the spring of 2008 with Fecal Occult Blood Testing (FOBT) being offered to all average-risk individuals 50 years and older. Increased risk individuals with an immediate relative with colorectal cancer or a positive FOBT will be referred to have a colonoscopy.
- Provided 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. Dr. David Walker was appointed the inaugural chair of the agency and six other founding board members were named. The board took critical steps in creating the agency, including initiating an international search for a CEO. On March 4, 2008, Dr. Vivek Goel was appointed to this position. The MaRS Centre in Toronto was chosen as the location for the agency.
- On August 23, 2007, the government announced the purchase of up to 55 million N95 respirators to protect health workers in the event of an influenza pandemic. These respirators are being added to the Ministry's stockpile of personal protective equipment for health workers as outlined in the Ontario Health Plan for an Influenza Pandemic (OHPIP).
- The Ministry released the 2007 version of the OHPIP in July on the Ministry website at www.health.gov.on.ca/pandemic. The 2007 version includes a new chapter for emergency medical services, guidelines for mental health services in institutional settings, guidelines developed by Cancer Care Ontario for the medical management of patients with cancer, a comprehensive pediatrics and obstetrics strategy and a number of other enhancements.
- Improved access to home care, community support services and supportive housing for seniors, frail elderly people and people with physical disabilities. In 2007-08, the Ministry provided Community Care Access Centres (CCACs) with \$100 million in additional funding for home care services, bringing the total funding for home care to \$1.68 billion, which provides services to over 600,000 clients in Ontario. In 2007-08, an additional 95,700 acute patients were able to receive care in their homes.
- In 2007-08, \$16.0 million in new funding was invested in community services.

- The 2005 provincial budget provided that community mental health services would be expanded to serve an additional 79,000 new clients annually by 2007-08 and included increased access to assertive community treatment, case management, crisis response and early intervention services. The province provided \$598.5 million in 2006-07 and the funding grew to \$647.3 million in 2007-08 for these services. By March 2007, the government had created 2,950 units of supportive housing for people with mental illness.
- In 2004-05, the government implemented the immunization expansion program to make three new vaccines available without charge to children in Ontario. In 2007-08, the government invested \$55.5 million in the vaccine program to protect Ontario children from invasive pneumococcal disease, chicken pox and invasive meningococcal disease. As of July 31, 2007, 1.8 million children and youth had been immunized with the three vaccines.
- In September 2007, the government expanded the current immunization program to include a vaccine against the Human Papillomavirus (HPV). The voluntary vaccine protects females from four types of HPV, two of which are responsible for about 70 per cent of cervical cancers.
- Including the HPV, the province invested a total of \$203.6 million on its public vaccine program in 2007-08.
- In March 2007, the test phase of the “just clean your hands” program to improve the hand hygiene of health care workers was launched in 10 hospitals. The evaluation phase ended in August 2007. Final results showed a steady increase in hand hygiene compliance rates. Full evaluation results of the pilot project were released in January 2008. The program was launched province-wide in March 2008.

Hepatitis C Funding

The total Hepatitis C funding for 2007-08 was \$6.4 million, which supported a number of initiatives, including:

- Hepatitis C public Awareness campaign: This campaign was designed to increase public awareness of the risks associated with Hepatitis C virus (HCV), ways to prevent transmission and the importance of testing and accessing treatment;
- Ontario Harm Reduction Distribution Program: This initiative provided needle and syringe exchanges throughout Ontario with single-use sterile water and other harm reduction supplies to distribute to drug users, all of whom are at high risk of acquiring or transmitting HCV, HIV and other blood-borne pathogens; and
- Ontario Hepatitis Nursing Program: This initiative developed the training and recruitment components of a publicly funded hepatitis nursing program, which was rolled out in 2007-08.

Building a System to Manage the Delivery of Services

Implementation of Local Health Integration Networks (LHINs)

As previously identified, the LHINs are now operating within the full scope of their authority under the *Local Health System Integration Act, 2006*. Through their own planning and funding processes, and in conjunction with Ministry funding initiatives such as Aging at Home, they are building local health systems based on priorities identified through engagement with their communities.

Ministry Restructuring

The Ministry continued to implement its transition to a new organizational structure, consolidating functions and increasing system and financial accountability. The organizational design has been completed and nearly implemented for two key divisions based on a stewardship functional model. These divisions are: Health System Strategy and Health System Information Management and Investment. Organizational design work for the Health System Accountability and Performance Division, Public Health, and some parts of the Corporate and Direct Services Division commenced in 2007-08. Other aspects of the transition work continue with the goal of strengthening the Ministry's position as effective and efficient stewards of the health system—now and in the long-term.

Health System Strategic Plan

The government continued to work on developing a 10-year strategic plan—a commitment it made under the *Local Health System Integration Act, 2006*, to develop and publish a strategic plan for health care.

e-Health Strategy

The Ministry continued to provide leadership in the integration and co-ordination of e-Health by putting the building blocks in place for a provincial electronic health system that will be patient-centred and clinically focused. The emphasis over the next four years will be the ability to manage chronic diseases, starting with diabetes.

The key components of the government's approach to e-Health are:

- Building province-wide technology infrastructure so health providers have confidence they can share information in a secure manner;
- Developing health care tools and applications to help providers offer better, more efficient care, with a focus on diabetes management over the next two years; and
- Allowing health information to be shared more easily by creating data standards to ensure information can be accessed and interpreted by different systems.

e-Health achievements in 2007-08 include:

- The Drug Profile Viewer (DPV) provides authorized health care providers with the ability to view and print an individual's Ontario Drug Benefit drug history. As of March 31, 2007, The DPV System was available in 181 hospital emergency departments. During 2007-08, the Ministry expanded access to the DPV system to health care providers in hospital settings beyond emergency departments, who require access for the purpose of providing care.
- The development of the Ontario Laboratory Information System (OLIS) was completed and the on-going systems management and operations transitioned to Smart Systems for Health Agency. Implementation of OLIS is underway with seven Foundation Adopters (four hospitals and three community laboratories) completing their interface development allowing them to load their laboratory results onto OLIS. OLIS will provide for all laboratory information to be electronically exchanged amongst authorized health care practitioners and hospital and commercial laboratories in Ontario.
- The government funded the establishment of the Ontario Telemedicine Network (OTN), an independent, non-profit organization that acts as the provincial delivery agent for telemedicine services. Telemedicine refers to the use of videoconferencing and other advanced information and communications technologies to connect patients, providers and health care professionals in disparate locations. During 2007-08, OTN was operational in over 480 sites, with over 50,000 telemedicine events, including 38,000 patient consultations, projected to take place over the network.

Reporting on Results to Demonstrate Accountability

The Ontario Health Quality Council was expected to publish its third annual report in March, 2008. 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.

Other Achievements

Aging at Home Strategy

On August 28, 2007, the government announced the Aging at Home Strategy. The government will invest more than \$700 million over the next three years to provide seniors and their caregivers with an integrated continuum of community-based services to enable them to stay healthy and live more independently in their homes.

The Aging at Home Strategy will offer new possibilities for Ontario's culturally diverse population that will emphasize community-based partnerships and an integrated continuum of services and supports for seniors and their caregivers.

LHINs are taking a leadership role to plan, integrate and fund services at the local level to create significant change in the range of health and community care services available for seniors in Ontario.

Alternative Levels of Care Strategy (ALC)

The government committed to invest \$45.2 million in its ALC strategy. The strategy includes three complementary programs:

- The Interim Long-Term Care (LTC) Bed Program, which provides \$18 million to create up to 500 interim LTC beds for people who are waiting in hospital for a permanent LTC bed;
- The Convalescent Care Program, which provides \$12.7 million to establish up to 340 convalescent care beds in LTC homes for people who no longer need intensive hospital care, but who are not yet ready to return home; and
- The High Intensity Needs Fund (HINF), provides \$33 million to purchase equipment and supplies needed for the care of residents who require the highest levels of care in a LTC setting.

LHINs developed innovative and collaborative ALC solutions by taking advantage of \$13.7 million announced in 2007 and \$15.3 million announced in October 2006 to provide support for patients that don't need to be in hospital. The funding distributed by the LHINs is being used to:

- Increase home care and community support services;
- Place additional Community Care Access Centre (CCACs) staff in hospitals to allow for faster access to community services;
- Implement geriatric emergency management programs in specific hospitals to increase emergency department nursing services for seniors with complex functional and /or psychological challenges; and
- Fund transitional beds in select communities for patients who are awaiting placement in long-term care homes or other community-based settings.

Long-Term Care

The *Long-Term Care Homes Act 2007* received Royal Assent on June 4, 2007. It is a focal point of the Government's strategy for improving the quality of care for residents in Ontario's LTC homes while strengthening public accountability and enforcement. The Act will provide the legislative framework for improving and strengthening the care provided to residents and for managing approximately \$2.8 billion annually in public funding to over 600 homes.

In September 2007, the Ministry increased the raw food allowance by more than 25 per cent ahead of the rate of inflation to \$7 a day per resident.

In 2007-08, the LTC home program funding was \$2.8 billion.

As of February 14, 2008, the following beds have opened since October 2003 (new, redeveloped, retrofit, upgrade):

- 7,712 – new;
- 8,958 – redeveloped;
- 106 – retrofitted; and
- 1,228 – upgraded.

In the summer 2007, 2,412 new LTC beds were awarded to meet the growing demand in key communities across the province.

The government committed to the hiring of 1,200 registered practical nurses for long-term care homes.

The government will also be redeveloping 35,000 older LTC beds over the next 10-years to support access to quality LTC homes. The renewal strategy will address the differences between older and newer long-term care homes so that more residents can access quality services and home features. This will result in:

- Ensuring not-for-profit homes continue to play an important role now and in the years ahead in delivery of long-term care services;
- Equitable distribution of up-to-date long-term care beds across the province;
- More residents getting access to the services that most meet their needs;
- Making more affordable and higher quality 'basic accommodations' available for seniors who cannot afford private rooms; and
- Attracting new capital investment to Ontario's long-term care homes.

HIV/AIDS Funding Enhancements

The total HIV/AIDS funding for 2007-08 was \$55 million. The investment included funding for community-based AIDS education and support programs, and AIDS education and support programs to enhance HIV prevention initiatives in priority populations – gay and bisexual men, Ontarians from Africa and the Caribbean, people who use injection drugs and Aboriginal peoples in Ontario.

The government launched a groundbreaking HIV testing program – the first of its kind in Canada. The free point of care test screens for antibodies of HIV in the blood and initial results are available within 60 seconds.

The government announced 24 new anonymous testing sites with an emphasis on northern and rural communities, increasing to 50 the number of anonymous HIV testing sites across Ontario.

The point of care HIV testing program will be available in designated anonymous HIV testing sites, sexually transmitted infections clinics and community health centres around the province.

End-of-Life Care Strategy

In October 2005, the government committed \$115.5 million investment over three years to an End-of-Life Care Strategy to improve care services at home as well as in the community. The achievements under the strategy in 2007-08 included:

- Support for nursing and personal support services in residential hospices in over 34 communities; and
- Over 6,000 more Ontarians began receiving compassionate, end-of-life care in their homes.

Drug Programs

In 2007-08, Ontario Public Drug Programs was created under the leadership of an executive officer and assistant deputy minister. Ontario Public Drug Programs assumed responsibilities once covered by two separate functions, formerly within the Drug Programs Branch, Drug Programs Management and Pharmaceutical Services. The former Drug System Secretariat has also been rolled into the Ontario Public Drug Programs. Other functions formerly within the Drug Programs Branch (Drug Payment and Control, Individual Clinical Review Operations and Benefit Systems Operations) were transferred to the newly-created Individual Eligibility Review Branch.

Together, Ontario Public Drug Programs and Individual Eligibility Review Branch are accountable for six public drug programs:

- Ontario Drug Benefit Program;
- Trillium Drug Program;
- Special Drugs Program;
- Cancer Care Ontario's New Drug Funding Program;

- Visudyne Therapy Program; and
- Inherited Metabolic Diseases Program.

Through these drug programs, the Ministry provides coverage to 2.9 million Ontarians, with a budget of about \$3.4 billion in 2007-08.

The changes to the drug system came about due to the Transparent Drug System Patients Act, 2006 becoming law in June 2006. The legislative changes strengthen the governance, accountability and transparency of the public drug system. This means:

- Improved patient access to drugs;
- Ensuring better value for money;
- Promoting the appropriate use of medications;
- Investing in innovative health system research; and
- Strengthening transparency and accountability in the drug system.

MedsCheck

The MedsCheck medication review program was launched on April 1, 2007. Its purpose is to help patients use their prescription drugs more effectively, which results in improved patient safety and treatment. Patients taking a minimum of three chronic prescription medications can get a one-on-one consultation with a pharmacist for about 30 minutes once a year to help them comply with their prescription and better understand the medications they are taking.

On November 30, 2007, "Follow-up" MedsCheck was launched to give patients with additional needs a second MedsCheck review during the annual timeframe.

Over 175,000 Ontarians have used MedsCheck and some 98% of the province's pharmacies have performed medication reviews.

Capital Program – Hospitals and Community

Ontario invested almost \$660 million in 2007-08 to help modernize the province's health infrastructure and to expand capacity to cope with a growing and aging population.

The fiscal year's investment included more than \$630 million to expand, renew and modernize hospitals and nearly \$25 million for long-term care and community programs.

The new initiatives to provide additional hospital service quality and expansion projects included:

- Redevelopment of the Perth and Smiths Falls District Hospital;
- Support for a new facility to replace the current Oak Ridge facility at the Mental and Health Centre, Penetanguishene.

Health System Improvements Act

The *Health System Improvements Act* received royal assent on June 4, 2007. Portions of the Act were proclaimed into force on August 7, 2007.

The Act will serve to improve Ontario's health system in a number of areas including:

- Improving the efficiency and effectiveness of the regulatory framework for health professionals in Ontario;
- Improving the delivery of public health programs and services;
- Expanding the emergency powers of the Minister and the Chief Medical Officer of Health when there is an immediate and/or serious risk to the health of persons anywhere in Ontario;
- Strengthening, streamlining and clarifying the control and management of infectious diseases;
- Permitting optometrists to prescribe certain drugs for eye conditions;
- Improving access to dental hygienists; and
- Regulating the following health professions: Naturopathy, Homeopathy, Kinesiology and Psychotherapy.

The *Health System Improvements Act* also provides for the transfer of responsibility for five categories of non-residential and seasonal residential drinking-water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care.

Table 1: Ministry Interim Actual Expenditures 2007-08 (\$M)	
Operating	36,887.5
Capital	848.2
TOTAL	37,735.7
Staff Strength (as of March 31, 2008)	5,893.8