

# Results-based Plan Briefing Book 2014-15

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

ISSN # 1718-6730

Ce document est disponible en français



Ministry of Health and Long-Term Care  
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# Results-based Plan Briefing Book 2014-15

Ministry of Health and Long-Term Care

# Ministry of Health and Long-Term Care Overview

## Mandate

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

- Establish the strategic direction and provincial priorities for the health care system;
- Develop legislation, regulations, standards, policies and directives to support strategic directions;
- Monitor and report on the performance of the health care system and the health of Ontarians;
- Plan for and establish funding models and funding levels for the health care system;
- Manage key provincial programs, including OHIP, primary care, drug programs, independent health facilities and laboratory services;
- Oversee public health, including providing funding to public health units for local programs, for example, family health, infectious diseases, and other programs; and
- Work with public health units and the Ontario Health Protection and Promotion Agency (also known as Public Health Ontario) on emergency management such as influenza pandemic planning, among other activities.

## Ministry Contribution to Priorities and Results

The budget of the Ministry of Health and Long-Term Care has historically grown at an average rate of 6.0 per cent per year. However, if it continued at this pace, health care would account for 80 per cent of Ontario's total program spending by 2030.

In recent years the ministry placed an emphasis on fiscal restraint and finding efficiencies, and was able to reduce its growth from almost 6 per cent in 2009-10 to 4.7 per cent in 2011-12 and further to 2.7 per cent in 2013-14.

Ontario's financial pressures have not abated. We are delivering on the government's Action Plan while managing within our envelope, and moving toward our target of an average of 2 per cent growth expenditure per year.

Ontario's Action Plan for Health Care is in its second year and has shown significant results.

## Health and Wellness

There has been a continued focus on keeping people healthy through the introduction of policy and legislation to support healthy behaviours such as enhancements to the Smoke Free Ontario Act, and restricting youth from using tanning beds. Preventing illness is much more efficient than treating people when they get sick, resulting in the greatest savings to the system.

## Better Integration of Patient Care

The ministry is moving forward with initiatives to engage patients in order to promote fully integrated, coordinated, patient-centred care; to improve the patient experience; and to improve efficiency, quality and accountability through initiatives such as community Health Links.

## Increasing Local Capacity

The ministry is shifting capacity from the acute to the community sector, providing a broader range of services in the community where patients need them most – at home or close to home. The ministry's plan for infrastructure includes investments for community infrastructure renewal and supports the proposed Infrastructure for Jobs and Prosperity Act.

# Fairer funding to incent high-quality care for better patient outcomes

We are changing the way health service providers are compensated based on evidence, service volumes, and price. This will result in providers being more accountable for the funding they receive and the services they deliver.

## Benefits

If we stay the course we will transform:

- How we pay for care (fairer for taxpayers, higher quality for patients)
- Where patients receive care (improving access to services in the community at home or closer to home)
- How care is delivered (better coordinated care that puts the patients at the centre, higher quality care at scale)

Early success shows that staying the course is critical to the future success of Ontario's health care system.

## Ministry Programs and Activities

Ontario's Action Plan for Health Care, now entering its third year is already making a difference to people and to the province's health care system.

Thanks to the extraordinary efforts of the ministry's committed health system partners, our transformation work is:

- Improving patient outcomes and delivering better value for investments;
- Enhancing the experience of Ontarians when they use the health care system; and
- Creating value and capacity in the health system to make it more efficient in the long term.

Over the past year, Ontario's financial pressures have not abated. The ministry is delivering on the Action Plan at the same time as moving from average 6 per cent annual funding increases toward a target of a 2 per cent annual increase. The plan is to

maintain health spending per person and only increase spending in line with population growth.

Moving ahead, the province is continuing its work on changing how it pays for care to deliver higher quality of care for patients and a more efficient health care system. It will transform where patients receive care by improving access to services in the community, at home or closer to home. And finally, it will transform how care is delivered by encouraging better coordinated care among health care providers to put patients at the centre.

## Transformation: The Next Phase

The next phase of transformation will build on and deepen the progress already made in the implementation of the Action Plan.

The plan's three pillars start with:

### Healthier Ontarians

Ontario's smoking rates are down to 19% from 25% a decade ago but the government wants to reduce those rates even further to the lowest in Canada through a number of initiatives under the umbrella of the Smoke Free Ontario Strategy. Proposed amendments introduced in November 2013 would have taken strong action to protect Ontarians from the harmful effects of exposure to tobacco smoke, help to prevent youth from starting to use tobacco and move the province further along the path toward having the lowest smoking rate in Canada.

We are also working on implementing the Healthy Kids Strategy including breastfeeding supports; limiting the use of tanning beds; implementing better access to dental services for those in need; and improving the health literacy of Ontarians, for example, through information on the correct use of medication and on managing chronic conditions.

Over the coming year, there will be a greater focus on encouraging healthy behaviours and supporting people to make healthier choices like eating healthier, being active and limiting tobacco use to reduce the incidence and the suffering associated with chronic disease. With healthy eating, regular exercise, and not smoking, up to 90 per cent of type 2 diabetes, 80 per cent of coronary heart disease, and one-third of cancers can be avoided.

Individuals and communities will get ministry support to help them change behaviours, through initiatives like the Healthy Kids Community Challenge, which aims to help more children across Ontario get a healthier start in life. In the spring of 2014 the ministry will select 30 communities and give them funding, training and other resources to help them promote healthy habits – like healthy eating, physical activity and adequate sleep.

The ministry will make clinical investments that help embed health promotion in the health care system. By investing in health, we can reduce incidence and the suffering associated with chronic disease.

## Better Access to Family Health Care

Currently, Canada trails other developed jurisdictions in patient access to same-day or next day appointments with their family doctor. As long as people cannot get timely access to their family doctor or nurse practitioner, they will turn to a much more costly alternative: the hospital ER.

A key part of transformation is getting Ontarians engaged in integrated, coordinated and patient-centred care which improves efficiency, quality, accountability and the overall patient experience. This is being done through initiatives like community Health Links.

Health Links is a new model of care where health care providers in a given area work together to provide better coordinated care to the highest need patients. With this new initiative we're bringing together existing resources to break down silos and work together better on a patient-by-patient basis.

We already have 54 Health Links with at least one in every Local Health Integration Network (LHIN). They provide care to about 650,000 patients, many of them seniors, with multiple and complex needs. Through Health Links, care plans are developed in collaboration with these complex patients, their families and a team of care providers.

Over the longer term, we expect to have more than 90 Health Links across the province better integrating patient care.

Early results show that Health Links patients are using fewer medications, and are turning less often to the emergency room or being admitted for acute care. Providers are also working differently to coordinate care especially for their complex patients.

We will see better patient transitions amongst health care settings and providers and improved clinical integration for all patients.

The full implementation of Health Links will help us to achieve real value within the health care system through reduced waste and easier patient movement among health care settings and providers. This could mean a significant reduction in care costs for complex patients - creating value that might allow funds to be reinvested into other parts of the system to benefit patients.

## Right Care, Right Time, Right Place

The enhancement of local capacity is resulting in a broader range of services being provided in the community. The ministry is shifting capacity from the acute to the community sector, providing a broader range of services in the community where patients need them the most – at home or close to home.

In 2013-14, the government provided an additional investment in the home and community sector of \$260 million.

A new emphasis on home and community care will culminate in better quality care and better value for the health care dollar.

Dr. Samir Sinha's 2012 report – Living Longer, Living Well – recommended investments in home and community care to maximize the efficiency of the health care system and provide access to care where seniors want it most – at home.

So far, we have implemented 87 of 134 health-related recommendations of the Sinha report. As a result of this and earlier initiatives, more seniors are able to live with dignity, in their own homes, instead of being placed in institutional care.

The ministry will continue to strengthen local capacity by:

- Moving more low-risk procedures to non-profit community based clinics through the specialty clinics strategy;
- Improving care transitions and transitioning acute-based procedures into the community where appropriate and supported by evidence;

- Investing in up to 75 full-time Nurse Practitioners for Ontario's Long-Term Care Homes over the next three years (2014-15 to 2016-17) to help enhance access to primary healthcare, minor and/or chronic illness care, and end of life care;
- Providing \$75 million for homecare to support a 5 day wait time for nursing and a 5 day target for personal support services for clients with complex needs;
- Increasing community sector investments to strengthen workforce – through a wage increase for personal support workers; and
- Leveraging sector expertise and tools to reflect evidenced-based best practices in the provision of care in the community.

## Enablers of Transformation

### Fairer Funding for Better Patient Outcomes

Another important aspect of transformation is the move towards fairer funding for better patient outcomes.

We are changing the way health service providers are compensated based on evidence, service volumes and price. This will result in providers being more accountable for the funding they receive and the services they deliver.

Health System Funding Reform for hospitals and Community Care Access Centres (CCACs) is transitioning away from global funding towards evidence-based funding. We are now using evidence-based funding for 51 per cent of a hospital's budget, and 31 per cent of a CCACs budget. The balance of funding is based on a global budget.

At the end of the process, Health System Funding Reform for health service providers will account for the majority of funding (approximately 70 per cent) – compared with 30 per cent being global funding.

Other steps that we will be taking include:

- Service consolidation to higher quality/volume providers;
- Exploring more innovative payment approaches that increase accountability for population health; and
- Removing financial support to manage budget changes for hospitals.

By focusing on the patient, their specific needs and the best way to treat their conditions, we will provide the care people need and ensure the most efficient use of our resources.

## Patient Engagement

The next phase of transformation is dependent on better engagement of patients in their own care. It means building a system that responds directly to the expressed needs of patients and their goals to improve their quality of life rather than simply anticipating or dictating those needs through consultation with sector leaders and providers only.

Patients and their families often have different perspectives on health care than those who work in the system, and those perspectives are invaluable.

Evidence shows that when patients are engaged in their care, hospital stays are shorter and patient outcomes are better. At a patient level, we are learning valuable lessons from Health Links. At a provider level, many health care institutions now see patient engagement as a key component of their quality agenda.

Health Links are leading the way in better patient engagement. They involve the patient in planning their own care through case conferences where they have an equal voice. Providing patients with a voice in their own care will give patients greater confidence in the health system, regardless of where they receive care.

Enhanced engagement of patients will help them better understand how to manage and prevent chronic health conditions.

The future state will see patient care designed differently. Patients will be involved in providing training for better coordinated care and help to build partnerships with community services. Better coordinated care is patient centred care, where treatment goals are aligned with what is important to each patient in terms of health and quality of life.

# Community Sector Capital

If the community sector is to deliver the transformation agenda and serve patients closer to home, we recognize that we must also expand its physical capacity to do so.

Whether Community Health Centres, Community Mental Health and Addiction Agencies, or Primary Care, they have a demonstrated need for new or renewed infrastructure.

Community capital offers some of the greatest value among infrastructure investments.

We can build greater momentum in the community health sector, complementing our multi-year operating fund increase.

## Conclusion

The ministry is committed to sustaining our progress and staying on a path of significant transformation in the health system. Remaining on that path has not been easy, and will not become easier in the months and years to come. But we are determined to see transformation through to benefit the patients of today and tomorrow.

Our overarching objective is to improve quality in patient care and shift services closer to home, while bending the cost curve. It means holding the line on hospital spending and drug spending, constraining spending on physicians, maintaining only a small increase to long-term care, all to allow for a 5 per cent annual increase to spending on community care and home care.

We will continue to strengthen local capacity because that's where we see better results for patients and better value for our investments. We know this is better for patients and we are seeing the results, both in outcomes and in the bottom line.

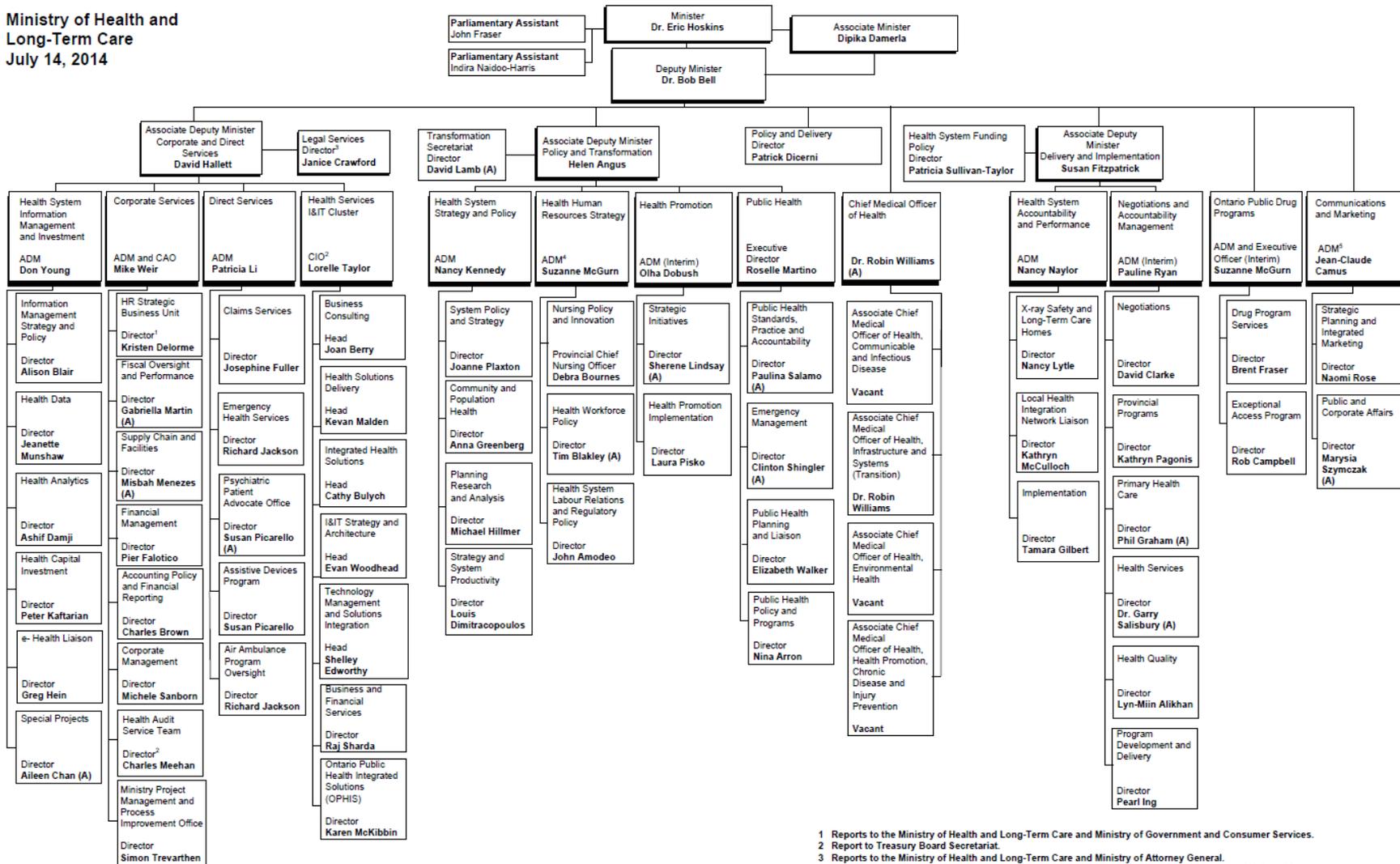
# Ministry Financial Information

**Table 1: Ministry Planned Expenditures 2014-15**

Expenditure	Amount (\$)
<b>Operating</b>	48,653,989,660
<b>Capital</b>	1,400,799,300
<b>Total Ministry</b>	<b>50,054,788,960</b>

# Organizational Chart

Ministry of Health and Long-Term Care  
July 14, 2014



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

# Agencies, Boards and Commissions

Agencies, Boards and Commissions	Estimates 2014-15	Interim Actuals 2013-14	Expenditure Actuals 2012-13
<b>Cancer Care Ontario <sup>(1)</sup></b>			
Operating	1,127,926,500	1,108,383,600	1,058,453,270
Research	6,463,336	7,168,900	5,439,712
<b>Committee to Evaluate Drugs</b>	886,000	522,110	589,358
<b>Consent and Capacity Board</b>	4,800,700	6,373,000	5,791,302
<b>eHealth Ontario</b>			
eHealth Ontario	368,664,000	300,786,400	363,582,100
eHealth Ontario Capital	43,349,100	53,113,600	61,417,900
Information Technology Programs	52,857,000	57,825,100	56,557,018
<b>French Language Health Services Advisory</b>	15,000	9,832	1,892
<b>Health Boards Secretariat</b>			
Health Boards Secretariat	3,563,291	5,220,628	4,067,608
Regulatory Boards:			
- Colleges (26)	765,954	1,113,760	1,613,056
- Board of Director - Drugless Therapy (non-College)	11,018	16,022	23,204
Physician Payment Review Board	26,187	38,078	55,148
Health Professions Appeal and Review Board	988,110	1,436,794	2,080,904
Health Services Appeal and Review Board	373,921	543,712	787,456
Ontario Hepatitis C Assistance Plan	7,019	10,206	14,781
<b>Health Professions Regulatory Advisory Council</b>	363,042	337,800	379,010
<b>HealthForceOntario Marketing and Recruitment</b>	20,290,300	17,735,448	14,998,626
<b>Health Quality Ontario</b>	35,493,100	28,993,500	32,884,168
<b>Joint Committee on the Schedule of Benefits</b>	3,000	-	1,270
<b>Local Health Integration Networks (LHINs)</b>			
Central LHIN	1,830,601,000	1,895,045,400	1,810,929,652
Central East LHIN	2,104,007,800	2,189,700,100	2,130,040,682
Central West LHIN	824,723,300	852,674,100	822,728,995
Champlain LHIN	2,429,671,400	2,558,441,700	2,477,968,246
Erie St. Clair LHIN	1,073,921,100	1,129,265,850	1,100,708,463
Hamilton Niagara Haldimand Brant LHIN	2,703,747,800	2,834,265,650	2,695,694,029
Mississauga Halton LHIN	1,338,387,200	1,366,000,900	1,326,346,477
North Simcoe Muskoka LHIN	790,792,800	842,736,700	812,633,560
North East LHIN	1,372,863,200	1,471,429,650	1,413,714,456
North West LHIN	612,323,400	638,781,550	625,514,460
South East LHIN	1,074,643,800	1,121,225,800	1,090,395,911
South West LHIN	2,131,200,000	2,227,882,450	2,171,642,773
Toronto Central LHIN	4,527,665,300	4,757,134,000	4,587,234,693
Waterloo Wellington LHIN	987,853,500	1,027,725,050	987,462,709
<b>Medical Eligibility Committee</b>	5,000	2,810	2,192
<b>Ontario Agency for Health Protection and</b>	148,017,900	143,365,100	143,465,400
<b>Ontario Mental Health Foundation</b>	3,104,768	3,104,768	3,104,768
<b>Ontario Review Board</b>	7,375,400	6,949,700	6,727,569
<b>Practitioner Review Committees</b>			
Chiropractic Review Committee	5,000	4,401	15
Optometry Review Committee	10,000	8,640	6,480
Dentistry Review Committee	5,000	-	-
<b>Trillium Gift of Life Network</b>	31,046,600	30,105,700	25,715,800
Note 1: Cancer Care Ontario receives funds from various programs within the ministry.			

# Table A1: Total Operating and Capital Summary by Vote

Votes/Programs	Estimates 2014-15 \$	Change from Estimates 2013-14 \$	%	Estimates 2013-14 * \$	Interim Actuals 2013-14 * \$	Actuals 2012-13 * \$
<b>OPERATING EXPENSE</b>						
Ministry Administration Program	107,963,500	4,200	0.0	107,959,300	119,251,600	115,348,211
Health Policy and Research Program	936,581,200	14,279,300	1.5	922,301,900	799,365,090	790,812,584
eHealth and Information Management Program	489,749,100	(9,754,500)	(2.0)	499,503,600	422,516,700	503,410,265
Ontario Health Insurance Program	17,904,655,400	458,540,700	2.6	17,446,114,700	17,496,243,430	17,139,545,333
Public Health Program	772,777,000	7,032,600	0.9	765,744,400	669,761,900	704,246,270
Local Health Integration Networks and Related Health Service Providers	23,802,401,600	5,070,700	0.0	23,797,330,900	24,912,308,900	24,053,015,106
Provincial Programs and Stewardship	4,874,045,700	487,271,700	11.1	4,386,774,000	3,220,997,080	3,291,814,961
Information Systems	134,114,600	20,651,700	18.2	113,462,900	118,036,600	117,397,954
Health Promotion	397,941,000	35,841,100	9.9	362,099,900	355,822,200	337,527,794
<b>Total Operating Expense to be Voted</b>	<b>49,420,229,100</b>	<b>1,018,937,500</b>	<b>2.1</b>	<b>48,401,291,600</b>	<b>48,114,303,500</b>	<b>47,053,118,478</b>
Statutory Appropriations	1,108,360	(69,000)	(5.9)	1,177,360	1,176,360	10,713,665
<b>Ministry Total Operating Expense</b>	<b>49,421,337,460</b>	<b>1,018,868,500</b>	<b>2.1</b>	<b>48,402,468,960</b>	<b>48,115,479,860</b>	<b>47,063,832,143</b>
Consolidation Adjustment - Cancer Care Ontario	160,647,500	157,068,100	4,388.1	3,579,400	4,434,400	(9,171,807)
Consolidation Adjustment - eHealth Ontario	-	-	0.0	-	237,500	6,937,967
Consolidation Adjustment - Hospitals	(812,596,700)	(84,242,700)	11.6	(728,354,000)	(391,423,000)	(578,447,018)
Consolidation Adjustment - Local Health Integration Networks	-	-	0.0	-	-	2,490,761
Consolidation Adjustment - ORNGE	(26,721,400)	(13,173,400)	97.2	(13,548,000)	(19,452,600)	7,296,215
Consolidation Adjustment - Funding to Colleges	(1,237,500)	(1,237,500)	100.0	-	(1,234,700)	-
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(2,867,000)	(377,200)	15.1	(2,489,800)	(2,437,300)	4,336,900
Consolidation Adjustment - Other	(84,572,700)	39,629,000	(31.9)	(124,201,700)	(172,143,200)	(83,055,764)
<b>Consolidation Adjustments</b>	<b>(767,347,800)</b>	<b>97,666,300</b>	<b>(11.3)</b>	<b>(865,014,100)</b>	<b>(582,018,900)</b>	<b>(649,612,746)</b>
<b>Total Including Consolidation &amp; Other Adjustments</b>	<b>48,653,989,660</b>	<b>1,116,534,800</b>	<b>2.3</b>	<b>47,537,454,860</b>	<b>47,533,460,960</b>	<b>46,414,219,397</b>

<b>OPERATING ASSETS</b>						
Health Policy and Research Program	4,900,000	-	0.0	4,900,000	4,900,000	3,900,000
Ontario Health Insurance Program	8,450,000	(19,500,000)	(69.8)	27,950,000	27,950,000	1,800,000
Public Health Program	500,000	(500,000)	(50.0)	1,000,000	-	1,000,000
Local Health Integration Networks and Related Health Service Providers	58,537,600	-	0.0	58,537,600	58,537,600	58,537,560
Provincial Programs and Stewardship	11,229,400	(478,000)	(4.1)	11,707,400	10,707,400	6,202,400
Health Promotion	250,000	(250,000)	(50.0)	500,000	-	500,000
<b>Total Operating Assets to be Voted</b>	<b>83,867,000</b>	<b>(20,728,000)</b>	<b>(19.8)</b>	<b>104,595,000</b>	<b>102,095,000</b>	<b>71,939,960</b>
<b>Ministry Total Operating Assets</b>	<b>83,867,000</b>	<b>(20,728,000)</b>	<b>(19.8)</b>	<b>104,595,000</b>	<b>102,095,000</b>	<b>71,939,960</b>
<b>CAPITAL EXPENSE</b>						
eHealth and Information Management Program	43,350,100	(25,647,800)	(37.2)	68,997,900	53,114,600	61,417,900
Information Systems	1,000	-	0.0	1,000	1,000	-
Health Capital Program	1,816,520,600	679,658,500	59.8	1,136,862,100	912,079,700	1,463,773,044
<b>Total Capital Expense to be Voted</b>	<b>1,859,871,700</b>	<b>654,010,700</b>	<b>54.2</b>	<b>1,205,861,000</b>	<b>965,195,300</b>	<b>1,525,190,944</b>
Statutory Appropriations	9,038,300	7,324,300	427.3	1,714,000	1,659,400	1,410,768
<b>Ministry Total Capital Expense</b>	<b>1,868,910,000</b>	<b>661,335,000</b>	<b>54.8</b>	<b>1,207,575,000</b>	<b>966,854,700</b>	<b>1,526,601,712</b>
Consolidation Adjustment - Cancer Care Ontario	(9,653,800)	5,201,700	(35.0)	(14,855,500)	163,400	(33,684,000)
Consolidation Adjustment - eHealth Ontario	17,359,300)	11,531,400	(39.9)	(28,890,700)	(5,778,900)	(25,930,900)
Consolidation Adjustment - Hospitals	(391,176,500)	(524,963,700)	(392.4)	133,787,200	270,728,700	(317,444,120)
Consolidation Adjustment - Local Health Integration Networks	1,492,800	1,120,800	301.3	372,000	1,148,600	(496,400)
Consolidation Adjustment - ORNGE	13,012,300	(3,017,700)	(18.8)	16,030,000	12,182,900	13,765,700
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(64,426,200)	(53,323,300)	480.3	(11,102,900)	(12,038,300)	(6,328,000)
<b>Consolidation Adjustments</b>	<b>(468,110,700)</b>	<b>(563,450,800)</b>	<b>(591.0)</b>	<b>95,340,100</b>	<b>266,406,400</b>	<b>(370,117,720)</b>
<b>Total Including Consolidation &amp; Other Adjustments</b>	<b>1,400,799,300</b>	<b>97,884,200</b>	<b>7.5</b>	<b>1,302,915,100</b>	<b>1,233,261,100</b>	<b>1,156,483,992</b>
<b>CAPITAL ASSETS</b>						
Provincial Programs and Stewardship	-	-	0.0	-	-	206,979
Information Systems	32,831,600	3,891,400	13.4	28,940,200	43,834,600	26,692,918
<b>Total Capital Assets to be Voted</b>	<b>32,831,600</b>	<b>3,891,400</b>	<b>13.4</b>	<b>28,940,200</b>	<b>43,834,600</b>	<b>26,899,897</b>
<b>Ministry Total Capital Assets</b>	<b>32,831,600</b>	<b>3,891,400</b>	<b>13.4</b>	<b>28,940,200</b>	<b>43,834,600</b>	<b>26,899,897</b>
<b>Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)</b>	<b>50,054,788,960</b>	<b>1,214,419,000</b>	<b>2.5</b>	<b>48,840,369,960</b>	<b>48,766,722,060</b>	<b>47,570,703,389</b>

\* Prior years' data have been re-stated to reflect any changes in ministry organization and/or program structure.

Interim actuals reflect the numbers presented in the Ontario Budget.

# Appendix 1: Annual Report 2013-14

## Ministry of Health and Long-Term Care

# Ministry of Health and Long-Term Care Overview

The ministry continues to make progress on the government's plan to transform the province's health care system so that it revolves around the needs and expectations of patients and provides better value for health dollars invested.

Through the ongoing implementation of Ontario's Action Plan for Health Care, the ministry has made gains in building a system where a broad cross-section of health care providers and stakeholders are committed to working together to deliver evidenced-based, high-quality care that is more responsive to patients and results in better outcomes.

The transformation is also tied to creating a more sustainable health care system that meets the needs of the people of Ontario today and in the future. The ministry is moving away from global funding models towards tying investments directly to the quality of care that is needed and provided.

The government's goal is to ensure that patients receive the right care at the right time in the right place to make Ontario the healthiest place in North America to grow up and grow old. Transformation is delivering better value for taxpayers and responding to the twin challenges of ongoing global fiscal pressures and an aging population in order to help preserve the province's health care system for generations to come.

In 2013-2014, the government announced many initiatives to provide better access and improve the quality of care so that the people of Ontario can count on having the right care at the right time in the right place.

## Ministry Activities

### Health Links

Community Health Links have been created to integrate and coordinate care for seniors and patients with multiple, complex health issues in order to support the goals of health

system transformation and deliver the most effective, high quality care to achieve improved outcomes.

As of March 2014, 54 Health Links have been created in the province in just over one year, with at least one in each Local Health Integration Network (LHIN).

Health Links encourage greater collaboration among local health care providers, including family care providers, specialists, hospitals, long-term care, home care and other community supports. Improved coordination and information sharing allows patients to receive faster care, spend less time waiting for services and be supported by a team of health care providers at all levels of the health care system. This is especially important for the 5 per cent of the most patients with multiple complex health issues, many of them seniors, who currently account for two-thirds of health care costs – a significantly disproportionate amount.

The team of providers involved in Health Links will work together to:

- Develop individualized care plans for patients with complex health conditions;
- Share information and communicate more effectively about patient care to improve care transitions for patients;
- Involve patients and families in the planning and co-ordination of care; and
- Enhance the patient experience and satisfaction with the health system.

The plan is to establish Health Links throughout the province so that patients across Ontario can access better coordinated care. Providing more responsive and effective health care services to the most complex patients will improve their outcomes and quality of life, as well as lessen the impact on health care resources. Health Links will result in better patient outcomes and an enhanced patient experience through their interactions with the health system.

## Non-Profit Community-Based Specialty Clinics

The province is improving access to routine health procedures by establishing non-profit Community-Based Specialty Clinics.

The new model, which will provide patients with high quality services in the community, was announced as part of Ontario's Action Plan for Health Care, and a Policy Guide was released in late 2013. The Specialty Clinics will provide OHIP-insured services,

starting with cataract and colonoscopy procedures. Over time, other procedures will be considered for this new model of care, including dialysis, out-patient orthopaedic and other specialized services that do not require an overnight stay in hospital.

The clinics will focus on better patient outcomes, including a better patient experience. They will provide high quality standards of care to ensure patient safety. Specialty Clinics will work closely with LHINs and hospitals to ensure continuity of care and stability of services for patients in the community.

Specialty Clinics support the goals of the Action Plan to provide patients with the most appropriate care in the right place and at the right time and deliver greater value to Ontario taxpayers on their health care investment.

## Healthy Kids Strategy

In 2013, the government launched its Healthy Kids Strategy in response to the Healthy Kids Panel's recommendations on how the government could meet its target to reduce childhood obesity by 20 per cent over 5 years.

The strategy has three pillars:

### 1. Healthy Start:

- Give babies the healthiest start in life. The province is investing more than \$2.5M on the following new initiatives beginning in 2013-14 to enhance provincial breastfeeding supports: Expansion of Telehealth Ontario's telephone advisory service to provide 24/7 access to lactation expertise and breastfeeding support to mothers beginning April 2014.
- Toronto East General Hospital (TEGH) is leading the delivery of provincially coordinated supports, resources and training to hospital and community-based healthcare organizations seeking Baby Friendly Initiative (BFI) designation – the globally recognized standard for infant feeding and breastfeeding promotion.
- The ministry is funding grants to community healthcare organizations to develop and implement new initiatives targeted for mothers in population groups that have lower rates of breastfeeding, and/or who experience challenges accessing existing breastfeeding supports.

## 2. Healthy Food:

- Promote healthy eating, achieving healthy weights and healthy childhood development by introducing legislation to make it easier for families to make healthier food choices. The Making Healthier Choices Act, if passed, would make Ontario the first province to require food service premises to post calories on menus.
- Consulting with parents, restaurant industry and health sector leaders before taking steps to restrict the marketing of unhealthy food and beverages aimed at kids.
- Providing an additional \$3 million through Ontario's Student Nutrition Program to over 200 new breakfast and snack programs for more than 33,000 kids in higher-needs communities, including First Nations communities.
- Expanding the province's investment by \$2.2 million to support the expansion of Ontario's Northern Fruit and Vegetable Program, bringing the benefits of access to fresh fruits and vegetables to an additional 18,000 new school-aged children in primarily Aboriginal communities. Investing an additional \$4.3 million over the next three years to expand healthy eating and active living programs implemented by Aboriginal Health Access Centres and the Ontario Federation of Indian Friendship Centres to support Aboriginal children, families and communities.

## 3. Healthy Active Communities:

- Provide healthier environments for children and youth to grow up in by: Introducing new measures to protect kids from the harmful effects of smoking, making it tougher for youth to buy cigarettes and other tobacco products and making them less tempting as well as instituting new limits on smoking in public places.
- Launching the Healthy Kids Community Challenge, a program that will provide up to 30 communities with funding, training, advice, social marketing tools and other resources over four years to develop and implement community-based programs and activities that promote healthy habits.

Supporting Ontario's children to have the best start in life will help them to thrive and grow and experience better health as they reach adulthood and contribute to a more

resilient population – which will have a positive impact on people’s quality of life and the overall all health system.

## Midwife-Led Birth Centres

Two new Midwife-Led Birth Centres opened in the province, one in Toronto in January 2014 and one in Ottawa in February 2014, to give pregnant women more choice in where to give birth.

The Birth Centres offer women a safe, home-like setting where they are attended by midwives and surrounded by their family. Both the Ottawa Birth and Wellness Centre and the Toronto Birth Centre will provide services for up to 450 births a year. This will free up hospital beds so acute care facilities can focus on supporting more high-risk births. The centres will also provide complementary services such as prenatal classes, birth and early postpartum care, breastfeeding support and nutritional counselling. The government is investing about \$2.6 million a year to operate both birth centres.

Midwife-led birth centres have been proven to be a safe and cost-effective alternative to hospital deliveries. They support the goals of the government’s Action Plan to provide more health care services in the community and closer to home.

## Home Care for Seniors

The government is ensuring seniors have better access to home care and community supports to help them to live independently in their own homes for as long as possible. In 2013-14 fiscal year, the government provided a \$260 million increase to the home and community sectors in part to support seniors and their families to get the care they need, when and where they need it.

The 2013-14 funding included:

- \$110 million to support care in the home provided by community health service providers such as Community Care Access Centres (CCACs) and community support service agencies;
- \$75 million was allocated to work towards meeting a 5-day wait time target for nursing and personal support services for complex clients;

- \$60 million will help the CCACs to reduce wait times for Personal Support Services for complex clients;
- \$15 million will support the CCACs in achieving or maintaining a 5-day wait time for nursing services;
- An additional \$75 million was allocated to the community at LHINs discretion. This funding will support LHIN programs that improve access to homecare services and help reduce unnecessary emergency room and hospital readmission, and support the implementation of Health Links.

It is essential that seniors' increasing need for support services is adequately addressed because over the next two decades the province's population of people aged 65 and older will more than double from 1.9 million today to 4.2 million in 2036.

Health care transformation is continuing on a path to shift care away from hospitals and long-term care homes to home and community settings. This model of care supports seniors living independently with dignity for as long as possible.

The province also made progress towards ensuring that every senior who wants one has a family doctor. Ninety-one per cent of high-needs seniors who registered with Health Care Connect – the province's doctor referral service – were referred to a family health care provider.

## Expanding Access to Physiotherapy and Exercise Support

The government implemented changes to provide more than 200,000 additional seniors and patients with greater access to high-quality physiotherapy, exercise and falls prevention classes. Ontario will invest \$156 million a year to support these expanded services. These changes mean that more than 400,000 people across the province, mostly seniors, will have access to physiotherapy and exercise classes. The move will boost in-home care and expand physiotherapy services to a number of communities in Ontario which are currently underserved.

As of fall 2013, more one-on-one physiotherapy, group exercise classes and falls prevention services were made available in long-term care homes and communities across the province. Following on Ontario's Action Plan for Health Care and Dr. Samir Sinha's recommendations in his report – Living Longer, Living Well – the province is

making improvements to physiotherapy and exercise and falls prevention services by:

- Providing access to community-based exercise and falls prevention classes for 68,000 additional seniors in community settings.
- Funding one-on-one physiotherapy for all long-term care residents with assessed need, in addition to group exercise classes.
- Providing in-home physiotherapy for 60,000 more seniors and people with mobility issues to clear current waitlists.
- Expanding clinic-based physiotherapy services across Ontario for 90,000 more seniors and eligible patients.

In addition, the province has taken steps to integrate physiotherapy into family health care settings, including Family Health Teams, Nurse Practitioner-Led Clinics and Community Health Centres.

Expanding physiotherapy is part of the government's Action Plan to ensure seniors and other eligible patients have access to quality services and supports to lead the healthiest and most independent lives possible.

## Protecting Youth From Skin Cancer

On October 9, 2013, the government passed the Skin Cancer Prevention Act (Tanning Beds), 2013 to help protect young people against the harmful effects of ultraviolet radiation. The legislation restricts youth under 18 from using tanning beds. Youth are especially vulnerable to the harmful effects of ultraviolet radiation, which can cause malignant melanoma, a deadly form of skin cancer, later in life. The risk of skin cancer increases by 75 per cent when people use tanning beds before age 35, according to the World Health Organization.

The new Act also prohibits the advertising and marketing of tanning services aimed at youth. Tanning bed operators are required to ask anyone who looks to be under 25 for identification. Operators who do not comply face fines. The new legislation supports the Action Plan's goal of keeping Ontarians healthy.

# Expanding Dental Care to Low-Income Children

In December 2013, the government announced it was expanding the eligibility for free dental care to 70,000 more children and youth from low-income families. The move will help remove barriers to future success. Low-income youth can be hindered in social and employment success due to the appearance of poorly maintained teeth. The province has increased access to oral health services such as cleanings, diagnostic services and basic treatment by expanding eligibility for the Healthy Smiles Ontario program.

The province is also streamlining six existing dental programs into Healthy Smiles starting in August 2015 to allow the families of eligible children and youth to access timely dental care.

Good oral health is a critical aspect of good overall health. These important steps will increase access to oral health services to those who need it most.

# Helping Ontarians Living with Mental and Physical Illnesses

The Ontario government has joined forces with mental health leaders and various other community partners to create the Medical Psychiatry Alliance. The province, the Alliance (the Centre for Addiction and Mental Health, the Hospital for Sick Children, Trillium Health Partners, and the University of Toronto) and a private donor will each contribute \$20 million for a combined total investment of \$60 million over six years. This new initiative will help people who are at risk of, or currently living with both physical and mental illnesses, to get the care and treatment they need.

The initiative will support people across Ontario for the next six years by:

- Developing new screening and diagnostic tools to ensure patients are properly diagnosed.
- Ensuring physical and mental illnesses are treated simultaneously, so patients and their families receive the best care available.

- Developing specialized clinical training for medical students focused on the management of co-occurring physical and mental illness.
- Creating a simulation centre for students and professionals to learn and test new approaches to treating physical and mental illness using actor patients in realistic scenarios.
- Researching and testing new ways to deliver psychiatric care at home.

The initiative supports Ontario's Action Plan for Health Care to help ensure people with physical and mental illnesses can readily access the right care at the right time in the right place.

## Expanding Life-Saving Care for Stroke Victims

The province has improved access to life-saving emergency care to stroke patients through Ontario's Emergency Neuro Image Transfer System.

We will continue to strengthen local capacity because that's where we see better results for patients and better value for our investments. We know this is better for patients and we are seeing the results, both in outcomes and in the bottom line.

The Emergency Neuro Image Transfer System – currently used for head trauma victims – was expanded to provide 24-hour access to expert care for stroke patients. Doctors in acute care hospitals across the province, regardless of size or location, now have the capability to hold virtual consultations and get expert advice from the Ontario Telemedicine Network's neuro-specialists. The system allows them to electronically share brain images, such as MRIs and CT scans, to determine the best course of treatment. This enhancement will help doctors make a faster diagnosis and determine the most appropriate course of treatment. It will also help determine when it is necessary to transfer patients to specialized urban hospitals.

About 16,000 people will experience a stroke in Ontario each year, at a cost of nearly \$1 billion to the economy in medical and indirect costs. Getting stroke patients faster access to neurologists through this system is crucial for improving the outcome of patients. It will also mean more effective use of health care dollars.

# Expanding Community Role for Paramedics

The province announced in January 2014 that it was investing \$6 million to support communities across Ontario to develop and expand Community Paramedicine initiatives.

Community Paramedicine initiatives help patients get the care they need in their communities while reducing the need for emergency room visits and hospital admissions. These programs also help seniors and other patients in need to better manage their chronic conditions and stay healthier.

Community paramedicine initiatives allow paramedics to apply their training and skills beyond their traditional emergency response role as follows:

- Provide home visits to seniors known to call emergency services frequently, to offer a range of services, such as support with taking medications as prescribed.
- Educate seniors in their homes about chronic disease management and help connect them to local supports.
- Refer patients to their local Community Care Access Centre so that they can be connected with appropriate home care services.

There are currently 14 Community Paramedicine programs in Ontario. In 2014, 10 or more additional municipalities and Emergency Medical Services providers are planning to implement similar initiatives. This could increase the level of access to 80 per cent of the population once these new programs are fully operational.

Community Paramedicine programs help patients get the care they need in their communities, while reducing the need for emergency room visits and hospital admissions. These programs will also help seniors and other patients in need to better manage their chronic conditions and stay healthier.

# Helping Ontarians With Disabilities Live Independently

The government is supporting people with disabilities to live more independently in their homes by expanding the Direct Funding Program. The program helps people with disabilities manage their care based on their individual needs.

The expanded program will provide direct funding to approximately 1,000 additional people with disabilities by 2016. Previously about 750 individuals received monthly funding that allowed them to hire their own attendant and decide how and when their services are provided. Attendants assist clients with routine activities, including dressing, grooming and bathing.

The program also allows caregivers respite, reducing the personal and financial burden on families. In addition, it eases the pressure on Community Care Access Centres and other community support providers to focus on more medically complex cases. This program supports the goals of the Action Plan by giving people with disabilities more say and options on how their care is delivered, while at the same time making the best use of health care resources.

## Ontario Temporary Health Program

The Ontario Temporary Health Program was launched by the provincial government effective January 1, 2014. It provides access to essential and urgent health care, as well as offering medication coverage to refugee claimants living in Ontario, regardless of the status of their claim or their country of origin. The program was introduced to address changes to the Interim Federal Health Program (IFHP) that resulted in different refugee claimant groups receiving varied health care coverage and leaving many with only very limited public health and public safety coverage (e.g. tuberculosis treatment). Ontario will continue to call on the federal government to live up to its responsibilities to provide health coverage for all refugee claimants.

The OTHP is independent of the Ontario Health Insurance Plan (OHIP) and administered through a third party administrator to reimburse eligible health providers for health services rendered to be eligible refugee claimants. Health and medication coverage are consistent with OHIP, Ontario Drug Benefit formulary rates, and IFHP established rates.

# Progress Towards a Smoke-Free Ontario

In November 2013, the Ontario government introduced new legislation and proposed new regulations to strengthen the Smoke-Free Ontario Act. The proposed amendments focused on making it harder for youth to obtain tobacco products, making tobacco products less tempting, and further protecting people from exposure to second-hand smoke in outdoor public areas.

The Youth Smoking Prevention Act would have amended both the Smoke-Free Ontario Act and Ontario Regulation 48/06 to:

- Prohibit smoking on playgrounds, sport fields, and restaurant and bar patios.
- Increase fines for those who sell tobacco to youth – making Ontario's penalties the highest in Canada.
- Ban the sale of flavoured tobacco products to make smoking less appealing to young people.
- Strengthen enforcement to allow for testing of tobacco in water-pipes in indoor public places.
- Prohibit tobacco sales on post-secondary education campuses and specified provincial government properties.
- Prohibit smoking on hospital grounds except in designated smoking areas and on specified government properties.
- Clarify that it is prohibited to offer promotional items for sale with the purchase of tobacco.

The government has proposed strong action to prevent young people from starting to smoke in the first place and to help protect people from the harmful effects of second hand smoke. The proposed amendments would have been another step aimed at the government's Action Plan goal for Ontario to have the lowest smoking rate in the country.

# Newborn Screening

In May 2013, the province added Severe Combined Immune Deficiency (SCID) to Ontario's newborn screening program. SCID screening is expected to save the lives of up to 10 babies each year in Ontario.

Newborn Screening Ontario (NSO) screens all newborns in Ontario for 29 inherited, treatable diseases, amounting to over 145,000 screens annually. Newborn screening is important because when a disease is detected, treatment can begin immediately. Early treatment may prevent growth problems, health problems, developmental disabilities and sudden infant death. Newborn screening is fully funded by the Government of Ontario and there is no out of pocket cost to parents.

NSO is hosted by the Children's Hospital of Eastern Ontario (CHEO) located in the Champlain LHIN. The annual operating budget for NSO is \$11.6 million.

# Dental Care

In 2013, the province implemented the Oral and Maxillofacial Rehabilitation Program. This program provides funding for patients who require dental implants to retain a removable, highly specialized prosthetic device to restore the ability to chew, swallow and speak, when no other treatment alternative exists.

Typically, patients for this program have experienced a major jaw reconstruction following a major health crisis, such as a head and neck cancer or a traumatic facial injury. The program provides funding for the surgical placement of dental implants and the modifications required to attach the specialized prosthesis to the implants. The province will invest up to \$5 million annually in this program.

# Children, Youth and Adult Immunizations

The Ontario government currently publicly funds 21 different – routine and non-routine – vaccines through its provincial immunization program that protect against 16 diseases. The total cost savings for an individual in Ontario, who starts their immunization in infancy and receives all eligible routine vaccines, is about \$2,545 per person if paid out of pocket.

# Healthy Communities

The Healthy Communities Fund (HCF) supports the building of healthier and stronger communities in Ontario. The province's investments focus on three streams.

- Since 2009/10, the Program Stream has provided \$13.8 million to more than 80 organizations to deliver integrated health promotion projects, aimed at benefiting Ontario's most marginalized and underserved populations. The majority of these projects are geared to creating opportunities for physical activity and healthy eating.
- The Partnership Stream has provided \$9.5 million in funding since 2010/11 for the development of over 100 local physical activity and healthy eating policies to create environments that support healthy living. Examples of local policy development include: policies to improve healthy food choices in recreation centres and increased access to local healthy food through changes to procurement policies in the health care and municipal sectors.
- The Resource Stream has provided \$6.5 million in funding since 2010/11 for training and support to enhance capacity for intermediaries working to build healthier communities.

# EatRight Ontario

EatRight Ontario (ERO) gives people in the province ready access to expert advice on healthy eating. ERO offers individuals e-mail and toll-free telephone access to registered dietitians, who provide advice on all aspects of nutrition and healthy eating. The free service is available in 110 languages. The ERO website offers tools such as meal planners and resources to support healthy eating. ERO services can be accessed at [www.eatrightontario.ca](http://www.eatrightontario.ca) or through the toll-free phone number: 1-877-510-5102.

The government is committed to providing information and putting tools in the hands of the people of Ontario to help them make the best choices to stay healthy.

# Northern Fruit and Vegetable Program

The Northern Fruit and Vegetable Program increases awareness and consumption of fruit and vegetables for elementary school-aged children in two northern communities (Porcupine and Algoma) by providing no cost fruit and vegetable snacks in combination

with healthy eating and physical activity education. The program reached 106 schools and approximately 18,000 students in 2012-13.

## Aboriginal Health Access Centres

Ten Aboriginal Health Access Centres deliver culturally-appropriate health promotion and chronic disease prevention programming in schools and community organizations in the areas of tobacco cessation and prevention, physical activity, nutrition, and diabetes screening, prevention and referral.

## Ontario Federation of Indian Friendship Centres

The Ontario Federation of Indian Friendship Centres coordinates the delivery of the Urban Aboriginal Healthy Living Program (UAHLP) through 29 Friendship Centres across Ontario. UAHLP provides support to the urban Aboriginal community with a focus on children, youth, women and seniors in the areas of nutrition, physical activity, smoking cessation and youth leadership.

## Cancer Screening and Prevention

Cancer screening saves lives. Ontario continues to have one of the most comprehensive cancer screening programs in the country. The Cancer Screening Program (CSP) includes breast, cervical and colorectal cancer screening programs and services under one co-ordinated provincial program. It supports patients, providers and health system planners in improving the quality and uptake of screening. The overall program is delivered through a partnership between the Ministry of Health and Long-Term Care and Cancer Care Ontario (CCO), including the Ontario Breast Screening Program, Ontario Cervical Cancer Screening Program and ColonCancerCheck. Operating Funding for the CSP was \$71.9million in 2013-14 fiscal year.

As of the end of the fiscal year:

# Provincial Cancer Screening Program

- There were a total of 167 screening sites under the umbrella of the Ontario Breast Screening Program (OBSP).
- The province continued to roll out its three-year \$15-million investment to expand the OBSP to women aged 30 to 69, who are at high risk for breast cancer and providing additional exams for high-risk women aged 50 to 69, who are currently covered under the program.
- On a one-time basis, the ministry invested \$25.4 million in capital funding for CCO to administer a Computed Radiography (CR) replacement program to replace CR units with new Digital Radiography (DR) units at OBSP and non-OBSP screening sites.
- According to the 2013 Cancer System Quality Index Report (CSQI), 30% of Ontarians aged 50-74 were screened for colorectal cancer with fecal occult blood test (FOBT) in 2013-14.

## Prevention and Screening

- Each year, about 77,000 girls in Grade 8 are offered free vaccine to protect against the human papillomavirus (HPV), which can cause cervical cancer. The vaccine saves families up to \$450 per child.
- The government continued to fund Prostrate-Specific Antigen (PSA) testing for men meeting the OHIP eligibility criteria in hospitals and the community laboratory sector.

## The Ontario Diabetes Strategy

The prevalence of diabetes is approaching epidemic proportions in Ontario and globally. The government continues its efforts to expand diabetes programs and services to prevent people – particularly those at high risk – from developing this disease and to improve the quality of life and outcomes for those living with the chronic illness.

Key accomplishments of the Ontario Diabetes Strategy (ODS) include:

- Implementation of Centres for Complex Diabetes Care (CCDCs) in six LHIN regions on the basis of the prevalence of diabetes, complexity and availability of services in these communities. The centres provide a co-ordinated, single point of access to specialized multidisciplinary care for people with complex diabetes and associated health needs.
- Implementation of self-management education and training programs for individuals and health care providers in all 14 LHINs. Self-management training empowers and prepares people with diabetes to play a greater role in their diabetes management and health care. The result is a reduction in diabetes-related complications and slowing of disease progression.
- Delivery of a provincial Hypertension Management Program through the Ontario Stroke Network to support improvement in the detection and management of high blood pressure among people with diabetes and related chronic conditions.
- Consolidation of oversight of provincially-funded Diabetes Education Programs (DEPs) which aim to improve coordination and streamlined access to diabetes services and care for Ontarians impacted by diabetes.
- Transfer of the management and accountability for the Ontario Aboriginal Diabetes Strategy (OADS) to ODS. The OADS supports innovative, culturally appropriate approaches to addressing the growing impact of diabetes in Aboriginal/First Nations communities.
- Investment of up to \$1.2 million in additional targeted spending to improve access to high quality, culturally appropriate diabetes services and care for Aboriginal and First Nations communities. This was in addition to \$2.3 million already being directed to support diabetes care in Aboriginal communities.
- Diabetes prevention initiatives tailored to populations at higher risk for developing type 2 diabetes. Programs are delivered by Public Health Units, Aboriginal Health Access Centres, Community Health Centres and other community-based organizations to raise awareness of type 2 diabetes and to address modifiable risk factors associated with type 2 diabetes including physical inactivity and unhealthy eating. Diabetes prevention activities have reached about 62,000 people at risk over the past five years.

## Fighting Type 2 Diabetes

The government announced in January 2014 that it was investing nearly \$10 million in funding to support local programs aimed at preventing type 2 diabetes.

The program supports local community-based prevention initiatives delivered by Public Health Units and Community Health Centres to raise awareness and prevent or delay type 2 diabetes among at-risk populations. The program will support local community projects such as:

- Behaviour modification programs targeting modifiable risk factors (such as obesity and hypertension) for type 2 diabetes, including physical inactivity and unhealthy eating. These risk factors may be modified through increased physical activity, consumption of healthy food and improved food skills, such as learning about healthy meal preparation.
- Training programs for health professionals and educators to implement culturally specific behavior modification programs for at-risk communities.
- Programs which screen for type 2 diabetes risk factors. Individuals identified as high-risk are referred to primary care providers for further diagnosis and treatment.
- Local awareness campaigns to raise awareness of type 2 diabetes and associated risk factors and to direct people to local services and programs.

The ministry is also supporting the Diabetes Early Detection Program in the Toronto Central and Champlain Local Health Integration Networks. These programs provide culturally relevant and linguistically appropriate screening services, education and early detection of type 2 diabetes for individuals who are at higher risk of developing diabetes. The targeted populations include South American, East African, Caribbean, South Asian and Aboriginal communities.

In addition, six Family Health Teams (FHTs) across Ontario have received funding to deliver the Primary Care Diabetes Prevention Program (PCDPP). The PCDPP is designed for adults with pre-diabetes to help prevent or delay the onset of type 2 diabetes through lifestyle changes including healthy eating and regular physical activity.

Supporting diabetes prevention and management is an important part of Ontario's Action Plan for Health Care as estimates indicate that more than 1 million people in Ontario have been diagnosed with diabetes. Prevention initiatives are an important part of concerted ministry action to reduce the direct and indirect cost impact of diabetes. By helping to prevent diabetes, diabetes prevention programs support the sustainability of the health care system.

# Chronic Kidney Disease Management

The ministry continued to support a range of clinical services aimed at slowing the progression of Chronic Kidney Disease (CKD) and a patient's need for dialysis treatment. Through early identification and intervention the province decreased on average the annual growth in the number of dialysis patients from 5.5 per cent in 2003-04 to 2.9 per cent in 2013-14.

Ontario has set up sites where CKD services are provided, including: Regional Centres; Independent Health Facilities; residential settings; Satellites (Hospital and Community Based), including in rural and northern Ontario. Ontario has also provided CKD services in innovative satellite locations including co-locations in a long term care home, Community Health Centre, Wellness Centre, and a Health Centre located in a First Nations Community.

In the 2013-14 fiscal year, there were a total of 1,678 dialysis stations at these sites in Ontario serving about 10,000 patients. In addition, the province continues to support the delivery of dialysis treatment in patients' homes.

## Public Health

In 2013-14, the Ontario government invested \$679 million of provincial funding for public health units to deliver mandatory and related public health programs and services. Public health involves a broad spectrum of initiatives that support healthy eating and an active lifestyle, managing chronic disease and injury prevention, enhancing healthy child development, family and community health and environmental health, as well as protection against the spread of infectious diseases. Public Health helps to keep everyone living in Ontario healthy every day.

## Family Health Teams

Family Health Teams (FHTs) are currently providing care to over three million people in Ontario, including more than 800,000 who previously did not have a family doctor. Working within interdisciplinary teams of health professionals, including doctors, nurses, dieticians, pharmacists and other health professionals, Ontario's FHTs are providing improved access to primary care services to patients across Ontario.

In 2013-14, FHTs played a key role in quality improvement initiatives within the health system. All FHTs developed and submitted their first Quality Improvement Plans to Health Quality Ontario. (QIPs were also introduced at Aboriginal Health Access Centres, Nurse Practitioner-Led Clinics and Community Health Centres last year.)

FHTs also served as co-ordinating partners for many of the early adopter Health Links which began rolling out in 2013-14. FHTs are playing a leadership role as the province, in conjunction with its health system partners, focuses on transforming the health system to deliver better quality and value with patients at the centre of care.

## Community Health Centres/ Aboriginal Health Access Centres

There are currently 76 Community Health Centres (CHCs) and 10 Aboriginal Health Access Centres (AHACs) open across the province. Once they are all operating at full capacity, they will provide health services to approximately 500,000 patients in the province. In 2013-14 fiscal year, the government funding was \$369.9 million for CHCs and \$23.7 million for AHACs. The centres improve access for people who face social and economic barriers to accessing health care programs and services. They reach underserved populations and groups with unique needs, like new immigrants and homeless persons.

## Nurse Practitioner-Led Clinics

As of the spring of 2014, there were 25 operational Nurse Practitioner-Led Clinics (NPLCs) in 27 communities across the province. The NPLCs are providing care to more than 37,000 patients, many of whom previously did not have access to primary care provider. Ontario was the first Canadian province to introduce this innovative model.

## Physicians

Ontario has stabilized the province's physician supply through its expansion of postgraduate training positions. Moving forward, Ontario is continuing to expand

evidence informed planning and focus on optimizing the mix and distribution of physicians across the province.

Between 2004-05 and 2013-14, 321 additional family medicine first-year post-graduate positions were made available in the province stabilizing access to primary care. The province also continues to offer some 200 training positions and assessments for international medical graduates (IMGs) annually. In 2014-15, the government offered 227 IMG training positions and assessments.

As of 2013-14, there were:

- 3,593 undergraduates in all levels of medical school training in Ontario. This includes 256 students at the Northern Ontario School of Medicine.
- 4,637 postgraduate residents in all levels of training at Ontario medical schools.

## Nurses

The government is committed to supporting the recruitment and retention of Ontario's nurses. There were over 131,700 nurses employed in nursing in Ontario, including more than 4,000 new nurses in 2013.

Other 2013-14 achievements include:

- More than 2,000 new graduate nurses benefited from a full-time job opportunity through the Nursing Graduate Guarantee Initiative;
- The Late Career Nurse Initiative supported more than 1,400 experienced nurses in less physically demanding, alternate roles;
- The Summer Externship Program enabled up to 328 nursing students in eight Ontario universities to graduate early and enter the workforce sooner;
- The Internationally Educated Nurse Competency Assessment Program assessed the entry-to-practice competency of approximately 1,000 Internationally Educated Nurses; and

- The government expanded the scope of practice of nurses to allow Registered Nurses (RNs) or Registered Practical Nurses (RPNs) to dispense drugs in some circumstances to improve the care of their patients.

## Midwives

As of March 31, 2014, Ontario expects to have 700 registered midwives in the province, making it the leading province for midwifery with more than 50 per cent of Canada's midwives. The province invested \$1.32 million in 2013-14 fiscal year to provide clinical education for midwifery students in Ontario.

## Physician Assistants

As of February 2014, more than 140 physician assistants (PAs) were working in over 100 sites in the province. Permanent funding for PAs was recently made available in several areas, including Neurosurgical Hospitals and FHTs.

Working as part of health care teams, PAs are helping reduce wait times and improve access to patient care in a variety of settings, including hospital emergency departments, CHCs and long-term care homes.

## Expanded Role of Pharmacists

The province has leveraged the expertise of pharmacists by enabling them to provide more health services to the people of Ontario, resulting in improved access to services. Pharmacists can now administer flu vaccines, renew and adapt existing prescriptions, prescribe smoking cessation drugs and perform a number of other services that support patient education and chronic disease monitoring. As of mid-March, 2014, pharmacists had delivered more than 765,000 flu shots in Ontario. This provides greater convenience for people to get immunized, which protects the overall health of the population, at the same time it frees up the time of other frontline health care providers to take care of patients and deliver other needed services.

# Health Care Connect and Your Health Care Options Website

Two innovative resources continue to help link people in Ontario to the health care services they need.

- Health Care Connect helps people who do not have a family doctor or Nurse Practitioner to find one. People can call 1-800-445-1822 to register with the program. Registration is also available via website ([ontario.ca/healthcareconnect](http://ontario.ca/healthcareconnect)). Over 260,930 people in Ontario have been referred using this service. Those who are most in need of care will be referred first.
- Your Health Care Options website ([hco-on.ca](http://hco-on.ca)) provides up-to-date information and tools to support and engage people to readily access information to help them make better informed choices to get the health care services they need. The HCO website allows individuals to search for health care services in their community by postal code to find options close to home. HCO provides patients with information that assists them in making the most appropriate choice regarding their health care needs. It also serves to ease the pressure on acute care services, like hospitals, which helps the whole system work more effectively.

## eHealth

The government will invest about \$1.4 billion from 2014-15 to 2016-17 to advance eHealth initiatives to further modernize Ontario's health care infrastructure.

As of January 2014, the Ontario Laboratories Information System (OLIS) has been collecting about 74 per cent of all hospital, community and public health lab data in the province, creating a centralized record of a patient's lab test results that are available to nearly 70,000 users.

## eHealth Achievements

eHealth Achievements

- More than 11,500 community-based clinicians have implemented or are in the process of implementing electronic health records in their practices - serving more than 9.5 million Ontarians.
- Physicians are currently accessing electronically more than four million reports, such as patient discharge summaries from regional health institutions. This provides ready access to critical information to help avoid expensive hospital re-admissions and allow patients to get better and timelier care from their primary care provider.
- Approximately 77 per cent of Ontario's primary care physicians are using, or are in the process of installing electronic health records in their practice.
- The latest electronic health records collect over 30 diabetes-related data elements, 25 for chronic heart failure, and more than 45 for asthma, hypertension and chronic obstructive pulmonary disease.
- Digital Diagnostic images (CT scans, MRIs, mammograms, X-rays) can now be sent electronically within regions across the province.
- Ninety member organizations of the Association of Ontario Health Centres (AOHC) - which provide community-based primary care to many of the province's most vulnerable groups - are installing electronic records so that over 800 nurses and doctors can provide better care to their patients, including those who may not have a family physician.
- Brain CT scans of patients suffering from head trauma are now transmitted and viewed within minutes by a 24/7 on-call neurosurgeon who consults with medical staff at any of Ontario's 97 acute care centres. The result is better, faster diagnoses for head trauma patients and far fewer out-of-country emergency transfers.
- In each of the province's emergency rooms, the individual drug profiles of Ontario's seniors are now available onscreen to ER staff.

## Home Care

More than 650,000 clients currently receive home care and personal support services through fourteen Community Care Access Centres (CCACs) in Ontario.

CCACs make arrangements for the provision of services in clients' homes and the community. Overall funding for CCACs was \$2.3 billion in 2013-14 fiscal year.

In the 2013-14 Budget, the government committed an additional \$260 million investment in the home and community sectors including \$60 million to help the CCACs reduce wait times for Personal Support Services for complex clients and \$15 million to support the CCACs in achieving or maintaining a 5-day wait time for nursing services.

CCACs:

- Provide case management, assessment and eligibility determination
- Arrange home care services to people in homes, schools and communities
- Provide information and referrals for community-based services
- Authorize admissions to LTCHs, supportive housing programs, adult day programs, and chronic care and rehabilitation beds in public hospitals.

CCACs support the vision of the Action Plan, by shifting the focus of care delivery from acute and long-term care to home and community care. This will help ensure that people in Ontario receive the right care at the right time and in the right place. Home and community care also play a critical role in Ontario's Seniors Strategy, which is focused on supporting seniors to stay healthy and remain at home longer.

## CSS and Other Community Services

Community support services are critical for supporting approximately 775,000 people in Ontario, who need a range of services – including seniors and people with disabilities – to live independently in their communities. Services include meals on wheels, transportation services, caregiver respite adult day programs, palliative care education and consultation, social and recreational services and home maintenance and repair. Community services complement CCAC home care services. Community services include programs and services that can be accessed directly by clients. Funding for all community services, including community support services, assisted living services in supportive housing, and acquired brain injury services was \$861.9 million in 2013-14 fiscal year.

## Community Mental Health and Addictions

More than 500,000 people in Ontario were served by community mental health and addictions programs in 2013-14. Programs included a range of services aimed at people with serious mental illness who come into conflict with the province's criminal justice system, as well as supportive housing, crisis response/intervention,

consumer/survivor initiatives, assertive community treatment teams (ACTTs), dual diagnosis / concurrent disorders programs, and geriatric mental health outreach teams.

Funding for Community Mental Health was \$810.8 million in 2013-14 fiscal year – a 5.3 per cent increase over the previous year. Meanwhile, funding for addiction programs and services increased to \$192.6 million in 2013-14 – a rise of 4.4 per cent over 2012-13.

Investments included funding for five new Aboriginal Community Wellness Development Teams and expanding access to Telemedicine to help people living with mental illness and addictions issues in First Nations communities.

The province also funded the At Home/Chez Soi project to help homeless people with serious mental illness find appropriate and affordable housing services and supports.

In addition, each year the province also allocates about \$9 million in problem gambling prevention programs to:

- Increase people's ability to identify risks associated with gambling.
- Promote knowledge and awareness of where to find help for gambling related problems.
- Reduce the prevalence of problem gambling.

## Ontario Drug Strategy

Ontario continues to leverage its \$4.3 billion drug program to get better value for its investment and provide patients greater access to the essential medications they require. The Ontario Drug Benefit (ODB) program covers the cost of over 3,800 prescription drugs and drug products to more than 3.5 million eligible recipients (for example, people over 65 years of age, social assistance recipients, people receiving professional home care services, residents of long-term care homes and Homes for Special Care, and those who are enrolled in the Trillium Drug Program).

Reforms to the public drug programs have resulted in over \$1.8 billion in savings since implementation which have been reinvested back into the health care system. These reforms have provided better access to new drug treatments for patients and lowered the cost of generic drugs in the entire Ontario market.

Key elements of the Ontario Drug Strategy include:

- Faster approval and funding process for new and more effective drugs.
- Lowering the prices of most generic drugs to 25 per cent of the cost of the comparable brand-name product.
- Eliminating the system of 'professional allowances' payments to pharmacies to make Ontario's drug system more accountable.
- Ensuring pharmacists are fairly compensated for helping patients by increasing dispensing fees and paying for additional pharmacy professional services provided to patients.
- Supporting access to pharmacy services in rural communities and under-serviced areas with new dedicated funding.

In January 2013, Ontario and the other provinces and territories (P/T) (except Quebec) announced a joint effort to set the price of 6 generic drugs at 18% of the brand name price reimbursed through P/T drug plans. This change became effective April 1, 2013. In addition, as of April 1, 2014, added an additional 12 generic drugs to be reduced to 18% over the next three years (i.e., 4 per year). The annual savings on the 10 generic drugs currently priced at 18% is estimated to be \$150 million per year across all participating public drug plans.

## Reducing ER Wait Times

The government continued to invest resources to improve performance at hospital emergency rooms to support timely discharge to appropriate care in the community. For the future sustainability of the overall health system, it is essential that the province's health care resources are consistently used appropriately. The government is building on the success of its ER Pay for Results program to support hospitals that face the biggest challenges regarding ER wait times. In 2013-14, the province invested \$93 million across 74 of Ontario's busiest and most challenged ERs.

The Pay for Results Program has demonstrated continued improvement and reduction in ER Length of Stay. As an example, data for December 2013 shows that the provincial target of four hours for treating ER patients was met for minor/uncomplicated patients 90 per cent of the time.

# Long-Term Care

Long-Term Care (LTC) is essential for the most complex and fragile elderly individuals, who can no longer cope at home or in a community-based setting. There are about 78,000 LTC beds in operation in Ontario, including convalescent care and respite stay beds. The province invested \$3.83 billion in long-term care in 2013-14 fiscal year – a 4.3 per cent increase over 2012-13.

In January 2013, the government announced a series of initiatives to support improvements across the LTC sector to address key recommendations of the Task Force for Resident Care and Safety, and to support the Seniors Strategy and recommendations from Dr. Sinha's report: *Living Longer, Living Well*.

The steps included a package of proposed regulatory changes to the Long-Term Care Homes Act, 2007 and the Home Care and Community Services Act. It also involved investments including \$20 million for older LTC homes not equipped with sprinklers to support implementation of fire and electrical safety measures (over two years).

Other key investments to support the implementation of the Seniors Strategy in 2013 included:

- an additional \$10.0 million in new one-time funding in December 2013 for direct care LTC staff training and development intended to support capacity building for the management of responsive behaviours in residents, prevention of abuse and neglect, and to support residents with specialized needs (e.g., training in wound care management).
- \$12 million over three years (2012-2015) to create up to 250 additional convalescent care program (CCP) beds in long-term care. All 250 CCP beds are now operational.

# End of Life/ Palliative Care

Ontario is a leader in palliative care. The province is enhancing end-of-life care by investing \$8.1 million so LHINs can allocate 70 new community-based Nurse Practitioner Palliative Care positions to help support connections across sectors and promote continuity of care, particularly for complex individuals.

The province provides about \$27 million in funding annually to the sector – including supporting 25 operational residential hospices (22 adult and 3 paediatric and 9 unopened, totalling 34) – so people with life-threatening illnesses can receive care in their own homes or in the home-like environment of a hospice.

## ENABLERS

The province has put in place key structures and changes implemented to support transformation of the health system to achieve the goals of Ontario’s Action Plan for Health Care.

## Health System Funding Reform

Changing how the government funds the health system is an essential component of achieving the province’s transformation goals. It was necessary to shift health system funding away from one that was primarily provider-focused to one that is centred upon the patient. Health resources are being spent in a way that best serves the needs of patients across the continuum of care.

The Action Plan for Health Care calls for increased investments in the community and home care sectors, which means that resources, where appropriate, must be shifted from other sectors in order to fund the right health care services in the right place at the right time.

Through Health System Funding Reform (HSFR) Ontario’s hospitals and Community Care Access Centres (CCACs) continue to be transitioned away from global funding.

We are now using evidence based funding for 51% of hospitals’ base funding and 31% of CCACs. When fully implemented, HSFR will account for 70% of hospitals and CCACs base funding. HSFR has two components:

## Health Based Allocation Model (HBAM)

- The Health Based Allocation Model (HBAM) is used to allocate a portion of funding in the hospital and Community Care Access Centers sectors. This model uses an allocation methodology based on a wide range of demographic, clinical and financial data to estimate expected health care expenses at the health service provider level. Funding is allocated to health service providers as determined by characteristics of the populations being served.
  - In the current state HBAM distributes 40 per cent of base funding for the hospital sector and 30% of base funding for the home care sector.

## Quality Based Procedures (QBPs)

- QBPs target specific clinical procedures and activities and fund them based on evidence (e.g., utilization patterns, efficient costs) to encourage improvement in quality and value for money, improved outcomes, reduced variation across providers and greater efficiency. In 2013-14, the province rolled out the following QBPs:
  - Gastrointestinal (GI) Endoscopy /Colonoscopy
  - Stroke
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Chemotherapy
  - Non Cardiac Vascular

The implementation for these six new Year 2 QBPs is in addition to the Year 1 QBPs, which included cataract surgery, chronic kidney disease and hip and knee replacements. In 2014-15, four additional QBPs are being introduced: pneumonia, tonsillectomy, neonatal jaundice and hip fracture.

When fully implemented the QBPs funding approach will provide a best practice pricing model, grounded on the best available evidence and resulting in the delivery of clinically high quality and consistent care for patients.

## Long-Term Care Sector

The long-term care sector currently has approximately 67 per cent of the funding provided by the ministry acuity-adjusted, which means that a home's share of the funding is determined by the relative acuity of the residents served in that home compared with others. In effect, long-term care already has a redistribution mechanism that is driven by resident characteristics.

## Community Sector

In Year 1 of HSFR, approximately 10 per cent of CCAC funding was allocated based on HBAM. In Year 2, this amount was increased to approximately 30 per cent of total funding. A small portion of CCAC funding was also allocated in Year 1 and Year 2 for community based hip and knee replacement QBPs.

Enhancements in 2013-14 included policy direction on protection of strategic investments made by LHINs and Ministry as well as additional reporting tools to support operational management within CCACs.

## Sector Engagement

HSFR implementation has been supported by an active stakeholder Engagement Strategy, including a strong governance structure, ongoing communications, education, a robust data quality culture, and annual data blitzes.

## Enhancing the Excellent Care for All Act

The government is taking steps to embed meaningful patient engagement in the health care system through enhancements to the Excellent Care for All Act (ECFAA). The province will provide standards to health care institutions when it comes to patient relations. The goal is to ensure that health care institutions are listening to and responding to patient complaints in a clear, structured and consistent way across the health care system.

ECFAA has provided a foundation for Ontario's hospitals to make meaningful quality improvements, and create a positive patient experience and ensure the hospital is responsive to the public. Its executive team is accountable for the organization's achievements. It is important to continue to build on and enhance these goals.

## Partnership with Health Quality Ontario

The government continues to work closely with Health Quality Ontario (HQO), which supports and focuses quality improvement across the health system.

HQO continues to advise the province on the best available evidence to support clinical funding decisions of publicly insured health care services and monitors and reports to the people of Ontario on various aspects of the health care system. HQO supports both the implementation of ECFAA and the priorities set out in the Action Plan for Healthcare in Ontario. In 2013, HQO supported the primary care sector in developing and implementing Quality Improvement Plans (QIPs).

Some key achievements for 2013 include:

- HQO was involved with the development of clinical handbooks on best practices for several 2013/14 fiscal year Quality Based Procedures (QBPs) (congestive heart failure, stroke, chronic obstructive pulmonary disease and hip fractures), and will continue to support the advancement of the HSMR/QBP work, including supporting the development of community QBPs.
- HQO's evidence-based care recommendations have resulted in positive changes to both the Schedule of Benefits (SOB) and the Schedule of Benefits Laboratory.
- HQO's Appropriateness work, completed in conjunction with the Ontario Medical Association, yielded recommendations that were implemented as part of the Physician Services Agreement, and have yielded significant health system savings.
- As part of its mandate to monitor and report on the health care system, HQO established and posted benchmark values for quality and safety indicators in Long Term Care, making Ontario the first province to post benchmark values alongside Long Term Care home-level and provincial results.
- In 2013, HQO rolled out the bestPATH initiative, which is designed as a support to the Health Link communities, and supports the achievement of more coordinated, person-centred care for seniors and others with complex chronic illness.
- HQO continued to provide support, strategic direction and expertise in the development of Quality Improvement Plans (QIPs) in all hospitals, and most recently supported the introduction of QIPs to the primary care sector (specifically to all Aboriginal Health Access Centres, Community Health Centres, Family Health Teams and Nurse Practitioner Led Clinics). HQO will continue to support QIP implementation in the eventual roll out to all sectors (including Long Term Care and Home Care).

# Health System Research Fund

The Health System Research Fund (HSRF) aims to ensure an innovative research environment where evidence informs policy development and decision making by supporting and sustaining local capacity. The HSRF was created to promote research and/or knowledge translation and exchange initiatives that address important and complex health issues in Ontario. The HSRF is structured to offer a range of funding opportunities to researchers and teams across the province. This is a discretionary, non-entitlement program and funding is awarded on a competitive basis.

The cornerstones of the HSRF are strategic value/ policy relevance and scientific excellence. Funded research supports strategic priority research areas, identified based on the Excellent Care for All strategy, Ontario's Action Plan for Health Care and the 2012 Ontario Budget.

# Table 3: Ministry Interim Actual Expenditures 2013-14

**Table 3: Ministry Interim Actual Expenditures 2013-14**

Expenditure	Amount
Operating	\$47,533,460,960
Capital	\$1,233,261,100
<b>Total Ministry</b>	<b>\$48,766,722,060</b>
<b>Staff Strength (as of March 31, 2014)</b>	<b>3,434.0</b>

