
DATE: April 3, 2012

REPORT TITLE: **PROVINCIAL ACTION PLAN FOR HEALTH CARE**

FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the Regional Chair write to the Minister of Health and Long-Term Care, on behalf of Regional Council, to request that the Ministry of Health and Long-Term Care take steps to recognize the role paramedics currently perform in Ontario's health system, and a vision for paramedic's role in the implementation of the Ontario Action Plan for Health Care;

And further, that a copy of the report of the Commissioner of Health Services dated April 3, 2012, titled "Provincial Action Plan for Health Care" and its corresponding resolution be sent to the designated delivery agents for land ambulance in Ontario, the Association of Municipalities of Ontario, the Board of Directors of the Local Health Integration Networks, Hospitals and Community Care Access Centres serving Peel, for their information and endorsement.

REPORT HIGHLIGHTS

- Health Minister Deb Matthews released a policy document on January 30, 2012 titled "Ontario's Action Plan for Health Care" ("Action Plan") outlining the key priorities for the Ministry of Health and Long-Term Care ("MOHLTC") in the coming years.
- The Action Plan is comprised of several major initiatives under three main objectives: (1) "keeping Ontarians healthy", (2) "faster access to family health care", and (3) "ensuring people receive the right care, at the right time, in the right place."
- Several themes in the Action Plan align with Region of Peel Term of Council Priorities for health, as well as some ongoing policy and advocacy work by the Region.
- A provincial effort to increase access to primary care and to increase the capacity of community-based health services is positive news for Peel.
- The Action Plan does not articulate a vision for the role of paramedic services within the health system.

DISCUSSION

1. Background

Health systems in many jurisdictions, including Ontario's, are facing a number of challenges and pressures. Population growth, chronic diseases, an aging population, growing costs of

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delivering care, and fiscal pressures from a slowing economy are all prompting governments to examine what services are needed and how they can be delivered more effectively and efficiently.

In Ontario, the Ministry of Health and Long-Term Care ("MOHLTC") provides oversight direction to the overall health system. The MOHLTC provides policy direction to the larger health system and fund the Local Health Integration Networks ("LHINs") that are responsible for planning and integrating many local health services. An updated copy of the chart called Ontario's Health System from a Region of Peel Perspective is included in Appendix I of this report.

The recent release of several policy documents provides insight into the Ontario government's health policy. This report summarizes the themes and directions for Ontario's health system as detailed in a recent policy document released by the Minister of Health, as well as the recent provincial budget and the Commission on the Reform of Ontario's Public Services ("Drummond Report").

2. Findings

On January 30, 2012, Health Minister Deb Matthews released a policy document titled "Ontario's Action Plan for Health Care: better patient care through better value for our health care dollars" ("Action Plan"). This Action Plan provides the most comprehensive view of the new government's priorities for Ontario's health system.

The priorities outlined in the Action Plan are not entirely new, largely building on policies established in recent years, such as building LHINs and expanding multi-disciplinary Family Health Teams.

a) Three Priority Areas in Action Plan

The Action Plan is comprised of several major initiatives under three main objectives, (1) "keeping Ontarians healthy," (2) "faster access to family health care," and (3) "ensuring people receive the right care, at the right time, in the right place." The following is a summary of these initiatives.

i) Keeping Ontarians Healthy

The Action Plan committed to several provincial public health priorities under "Keeping Ontarians Healthy" which were also cited in the 2012 Provincial Budget ("2012 budget") and the Drummond Report. This includes Ministry efforts to address obesity, smoking, and cancer prevention.

For example, the Action Plan and the 2012 budget set out a goal to reduce childhood obesity by 20 per cent over five years. Regarding tobacco, the Ministry has committed to support smokers who want to quit smoking, as well as increased fines for those who sell tobacco to children and doubling enforcement efforts. The Action Plan also noted the expansion of cancer screening tools.

Further to this, a recent report from Public Health Ontario and Cancer Care Ontario makes additional recommendations for a provincial strategy to reduce population-level exposure to four key risk factors; build capacity for chronic disease prevention; and work towards health equity. Health Services will be providing a more detailed report to Regional Council on this Report at an upcoming meeting.

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Family health care (also called primary care) is central to the health system. This importance was reflected in the Action Plan, as well as the 2012 budget and the Drummond Report. Under the Action Plan, family health care will be the responsibility of the LHINs. Most family doctors will continue to bill the Ontario Health Insurance Plan (OHIP) on a fee-for-service basis, but the family care teams that many doctors work within, will be subject to planning and funding by the LHINs. This integration under the LHINs will enable further integration and interaction between family health care and other parts of the health system.

Further to this, the Action Plan commits the MOHLTC to expand access to family health care with increased after-hours care, and same day and next day appointments. The MOHLTC will also expand access to house calls by health professionals for the frail elderly living in the community.

iii) The Right Care at the Right Time in the Right Place

The MOHLTC will continue to reform how services are funded, where they are delivered, and who delivers them. Ontario's 'Aging at Home' Strategy (2007-2011) reflects Ontario's shift to provide more seniors care in the community. The Action Plan focuses on several ministry initiatives that are already well underway and aimed at achieving the greatest value for health dollars and that alleviate pressure on institutional care such as hospitals and long term care homes. Some key measures in the Action Plan include:

- Structuring the health system so that it focuses more on the prevention and management of chronic diseases;
- Adopting a more patient-centered funding model where funding is based on the services provided so that funding follows patients through the system;
- Moving routine procedures out of hospitals and into specialized not-for-profit clinics that are more efficient due to high volumes;
- Expanding the scope of practice for health professionals to maximize the skills and potential of the workforce (e.g. nurse practitioners and pharmacists), a theme also mentioned in the Drummond Report;
- Launching a "seniors strategy" to support seniors to stay healthy and remain living in the community (expanding house calls, more personal support worker hours, care coordinators to support seniors discharged from hospital to home);
- Increasing use of evidence to drive decision-making about what health services are publicly funded; and
- Implementing Ontario's Mental Health and Addictions Strategy "Open Minds Healthy Minds" that was released in June 2011.

The 2012 Provincial Budget supports the direction in the Action Plan by shifting investment towards home care and community services. Under the 2012 budget:

- Community-based health funding will increase by an average of 4 per cent annually for the next 3 years, worth \$526 million by 2014-15; and
- Hospital base funding will be frozen at current levels (i.e. 0 per cent increase) for 2012-13. Total operating funding for hospitals will increase by 2 per cent in 2012-13, taking into account separate funding envelopes for key initiatives such as reducing wait times.

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b) Region of Peel Perspective

There are several themes in the Action Plan that align with Regional Term of Council Priorities ("ToCP") related to health, namely:

- Assess the impacts of the aging population on health and human services (ToCP #11);
- Promote a supportive environment for healthy weights (ToCP #18); and
- Support tobacco free living (ToCP #20).

The Action Plan also addresses some of the policy and advocacy issues led by the Region of Peel but is silent on other issues.

i) Paramedics Not Part of the Action Plan

The Plan does not recognize the role of paramedics in providing 'the right care in the right place at the right time.' If paramedics are not recognized and considered as part of the health system, planning decisions could be made that affect Paramedic Services budgets and operations. In addition, by not considering the role of paramedics in planning overall system changes may result in overlooking some potential cost savings and efficiencies for the sustainability of the system overall. Health systems in some other provinces (for example Nova Scotia, Alberta) and internationally have developed health system plans that feature the role of paramedics and the value they bring to supporting the larger health system.

Regional Council has endorsed the plan to complete a feasibility study on community paramedicine in Peel through ToCP #12. Additionally, the Drummond Report made one very short recommendation for community paramedicine in Ontario that was not included in the Action Plan or the 2012 budget.

ii) Seniors Strategy

The aging baby boomer population has increasingly made seniors a focus of health care policy and program reform. Despite the need for cohesive provincial direction and a strong provincial policy framework, the 'seniors strategy' outlined in the province's Action Plan remains a patchwork of new or existing services for seniors, which will not significantly transform services for seniors. Regional Council has identified seniors as an important focus for policy and planning in Peel through ToCP #11.

There is also concern that the Action Plan does not identify or outline potential for improved integration and coordination of services provided by other ministries or levels of government. As reported to Council at the March 29, 2012 Council meeting, the Region of Peel will be developing an advocacy strategy through ToCP #11 to encourage provincial leadership to improve the coordination and integration of senior's services delivered by the government and to work in collaboration with community partners.

iii) Increasing Access to Primary Care and Community-Based Care

A provincial effort to increase access to primary care and to increase the capacity of community-based health services is positive news for Peel. Peel's low per-capita supply of physicians and poorly resourced community care sector has meant an over-reliance on institutional care in Peel that results in long emergency department

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wait times for the public, long waitlists for Long Term Care homes and paramedic offload delays.

Furthermore, giving more power to the LHINs to integrate family health into the health care system and to plan and fund to meet the needs of the community may help improve access to primary care in Peel, and improve patient flow across health services providers. Funding that follows the patient through the system may potentially allow Peel residents to receive care closer to home if Peel service providers receive a greater share of activity-based funding.

Staff are also encouraged to see the Action Plan's commitment to continue implementation of the "Open Minds Healthy Minds", Ontario's Comprehensive Mental Health and Addictions Strategy.

3. Proposed Direction

Staff will continue to track and report to Council as needed on the reforms contained in the Action Plan and implications for Peel. Staff will also continue to participate in local planning and implementation with the two LHINs serving Peel.



Janette Smith
Commissioner of Health Services

Approved for Submission:



D. Szwarc, Chief Administrative Officer

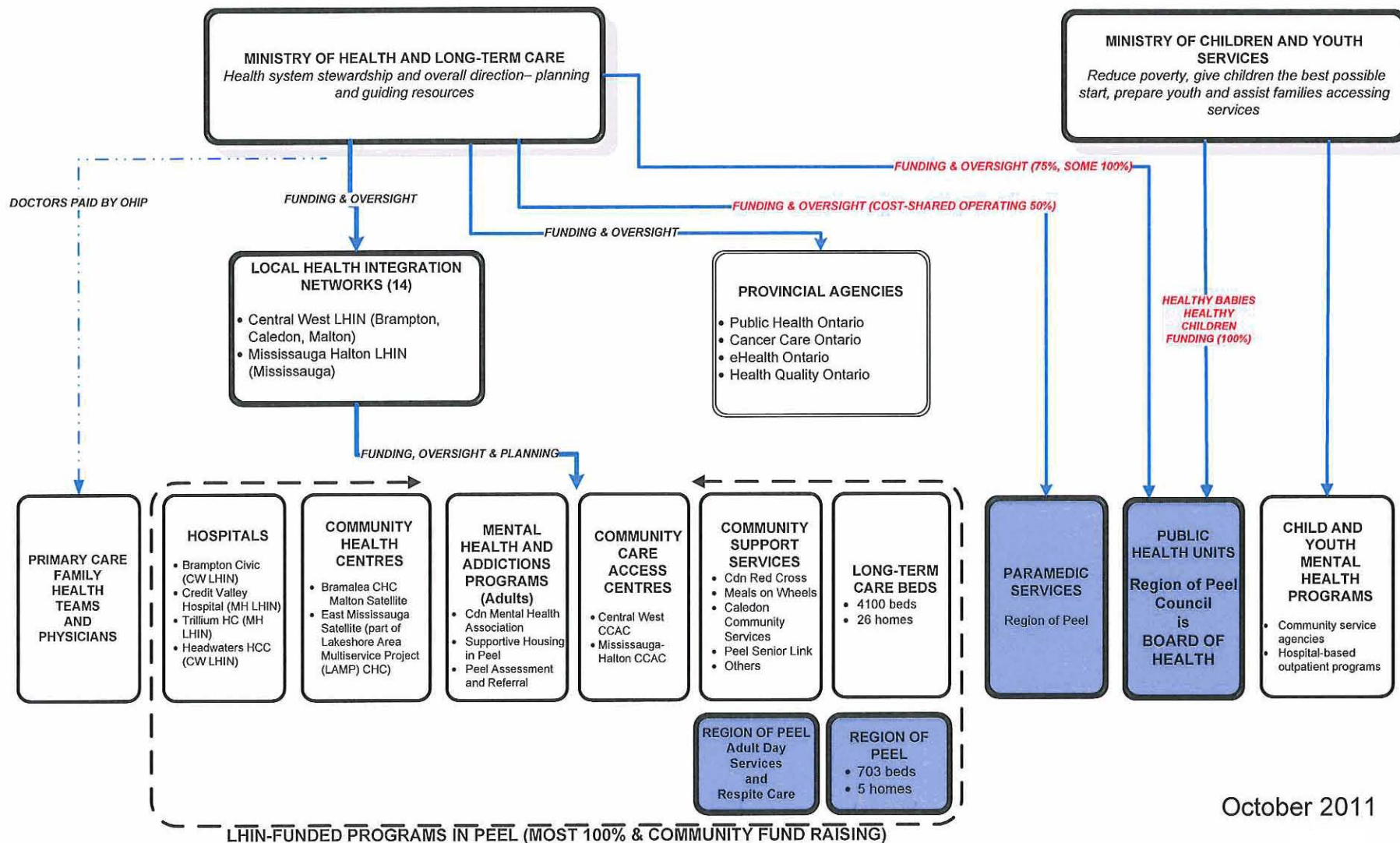
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c. Legislative Services

APPENDIX I

Overview of the Health System
 A Region of Peel Perspective



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