

# **MINISTRY OF HEALTH AND LONG-TERM CARE**

*2001-2002  
Business Plan*



# ***Message from the Minister***



**Hon. Tony Clement**

Ontario's current health care system was first established in the 1970s. But health care, like everything else, has changed a lot since then. There have been huge advances in technology, medical diagnosis and treatments. The medical needs of people have changed too. People are living longer and there are more seniors than ever before.

In recent years, we've been working hard to modernize Ontario's health system. We want to make sure that it serves you today and serves your children in the decades to come.

The ministry's Business Plan is our annual report to you, the Ontario taxpayer. It reflects our goal of ensuring that everyone in Ontario has access to quality health care at every stage of their lives and as close to home as possible. And it shows you how we're managing to achieve that goal. The Business Plan outlines what we've accomplished so far and our strategies and commitments for creating a better system. Most importantly, it shows you how, and how well, we're spending your tax dollars.

Ontario's spending on health programs and services will increase for the sixth consecutive year to \$23.5 billion in 2001-2002. That's \$1.2 billion more than in 2000-2001. This means the government will meet its 1999 Blueprint commitment to increase health care spending by 20 per cent, two years ahead of schedule.

In spite of spending increases, the Ontario government believes that fundamental reform is necessary to save Canada's health system. Increasing spending at this rate is not sustainable, given that our population is growing, health services are being used more, and more sophisticated technologies and drugs are driving up costs. Responsible choices and tough decisions are needed not only to sustain but also to save our health care system. That is why we agree that a national dialogue on health care is long overdue. However, waiting for the results of the federal Commission on the Future of Health Care in Canada, due in November 2002, is far too long to wait.

We want to deal with saving our health system much sooner. We will be calling on the public in Ontario to take an active role in considering fundamental changes to the health system. We'll be asking patients, doctors, nurses, administrators, and the public, to identify needed reforms and the best way to use the billions of dollars spent annually on health. And, we're continuing to call upon the federal government to provide its fair share – 50 per cent of all health care funding increases.

We know that health care resources are not endless, but we also believe that careful and strategic planning for the future can bring stability to the system.

The Honourable Tony Clement  
Minister of Health and Long-Term Care

# ***Ministry Vision***

*Our vision is clear: a health system that promotes wellness and improves health through accessible, integrated and quality services at every stage of life and as close to home as possible.*

With this vision, Ontario has embarked on an unprecedented modernization of its health system. We are restructuring hospitals, moving on 24-7 access to health care, investing in better, more modern facilities, expanding community services, educating the public about disease prevention and healthy living, addressing human resource needs and ensuring that all parts of the health system are more accountable.

Our goal is a system that ensures everyone in the province has access to quality health services – services to which they are entitled – at every stage of their lives. It's a health system that is integrated, affordable, accountable and sustainable.

This business plan shows our progress on fundamental reforms and new initiatives that are helping to make this vision a reality.

# **Core Businesses**

The Ministry of Health and Long-Term Care has the responsibility of overseeing and funding an enormous and complex system of health services. It does so through five core businesses that work together to ensure that people get the health services they need, when and where they need them. Over the last year, the ministry realigned its core businesses to more closely match its organizational and fiscal structures to improve effectiveness and enhance accountability.

## **Public Health, Health Promotion and Wellness**

This core business aims to preserve people's health and independence by preventing illness, injury and premature death, and by promoting healthy lifestyles. Many health problems can be lessened through community-wide prevention and early intervention programs. For example, immunization and education help to prevent infectious diseases. Programs that encourage healthy nutrition, physical activity and reducing alcohol and tobacco use help reduce the onset and the negative effects of chronic diseases.

Public health programs, community health centres, integrated services for children, substance abuse and problem gambling programs, AIDS, emergency health services, and Canadian blood services are all part of this proactive health area.

## **Ontario Health Insurance**

Ontario Health Insurance provides insured benefits to Ontario residents to facilitate access to a wide range of health care services through physicians, Ontario Family Health Networks, Independent Health Facilities and Out of Province/Out of Country Hospitals. Preventing, detecting, and deterring fraudulent use of the health system by monitoring and assessing both billings and the use of services is an essential part of the Ontario Health Insurance core business. So is verifying the continuing eligibility of people for OHIP coverage and investigating suspected fraud. Programs that fall under this core business include Ontario Health Insurance, Drug Benefits, Laboratory Services and Assistive Devices.

## **Integrated Health Care Programs**

Integrated Health Care Programs offer appropriate services and technology to respond to changing needs of individuals in institutional and community-based settings. These include community hospitals, speciality hospitals, academic health science centres, and long-term care facilities. It also provides for services closer to home, including Community Care Access Centres, community based long-term care and mental health services and cancer care services.

The ministry regulates and funds hospitals and long-term care facilities but does not directly manage them (except for psychiatric hospitals, which are being divested to the public hospital system). These facilities are independent corporations run by independent boards.

Ontario's mental-health system includes services provided by the four provincial psychiatric hospitals, five specialty hospitals and 52 general hospitals, as well as 446 community mental health programs. Mental health reform is integrating out-patient and in-patient care in local communities.

## **Core Businesses** (continued)

Over the past few years, Ontario has embarked on a major expansion of long-term care centres to meet the needs of a growing and ageing population. The government has committed \$1.2 billion towards the addition of 20,000 new long-term care beds and community-based services. Long-term care centres provide health services for people who can no longer live independently in their own homes and who need nursing and personal care 24 hours a day. The government has committed to redeveloping approximately 16,000 older long-term care beds by 2006. The upgrading of older beds is an important part of the government's larger strategy to put in place a new infrastructure for a modernized health system in Ontario, to address the changing health care needs of its population.

Reform of the long-term care system has brought all of the province's 501 facilities under one administrative, funding and accountability system. Community Care Access Centres (CCACs) manage admissions to long-term care facilities. Ontario's 43 CCACs are vital to community health services. They provide one-stop access to a wide range of programs including in-home health, personal support, and homemaking services to about 200,000 people each month. In addition, the ministry funds about 900 agencies that provide community support programs, such as Meals on Wheels and supportive housing.

## **Health Policy and Research**

The Health Policy and Research core business integrates the ministry's policy and planning functions to provide clear, consistent, and timely direction to support and improve the Ontario health care system. System-wide planning allows the ministry to strategically allocate resources and ensure the seamless delivery of health services across the province. The program also funds clinical training primarily in medicine but also in other selected health disciplines and special projects related to recruitment and retention of health care professionals.

Health Policy and Research also measures the performance of Ontario's health system and coordinates policy with the federal government and other provinces and territories. The government funds research to improve the delivery of health services. The ministry, along with 21 professional regulatory bodies, ensures professional standards, patient safety, and supports education and training programs. The goal is to create legislation, standards, policies and programs to meet the needs of a growing, changing, and ageing population, and an evolving health care system.

## **Internal Administration**

This core business provides operational and strategic business support to the ministry. This core business also includes the Nursing Secretariat and Smart Systems and Knowledge Management. The Nursing Secretariat provides strategic policy and planning advice to the ministry from a nursing perspective, and helps implement recommendations from the Nursing Task Force. Smart Systems for Health will provide and manage an integrated health information management infrastructure that will permit the government to meet its commitment to system restructuring and address the information technology needs of ministry projects.

# ***Annual Report on Key Achievements for 2000-2001***

Ontario's spending on health programs and services in 2000-2001 reached a high of \$22.3 billion. With this investment, the government continued to make considerable progress in shaping a modern, integrated, more effective and efficient health system – a system that provides quality, affordable, accessible health services, as close to home as possible, for everyone in Ontario at every stage of their lives.

This investment in health care provided funds for public hospitals and their critical programs such as dialysis and treatments for heart disease and cancer patients; long-term care and community care programs including 43 Community Care Access Centres and the agencies that provide in-home nursing, therapy and homemaking services.

The ministry also supported the Premier in his role to negotiate restoration of the Canada Health and Social Transfer (CHST) from the federal government. While the partial restoration is a good first step, the federal government is still providing less to health care in Ontario than it did in 1995. The federal contribution is less than 14 cents on the dollar for health and social spending.

Our strategies for achieving our goals in 2000-2001 reflected the ministry's commitment to health and to health reform by improving access to medical services; implementing better care practices; preventing illness; and supporting health research.

## **Improving Access**

Ontario is ensuring timely access to a full range of hospital care and treatments by expanding programs, increasing spending on research and teaching, and improving access to rehabilitation and continuing care services.

The government has invested \$186.2 million to build new regional cancer centres in Durham, Peel, Kitchener-Waterloo, St. Catharines and Sault Ste. Marie, and expand existing cancer centres across Ontario. Regional cancer centres received an additional \$27.2 million, to treat more chemotherapy patients with new, "leading-edge" drugs. We also started to examine how to best meet the needs of the growing number of cancer patients needing palliative care.

Three new advanced cardiac centres are being constructed at Trillium Health Centre, St. Mary's Hospital and Southlake Regional Health Centre, to serve the areas of Mississauga, Kitchener and York/Simcoe. The Trillium Health Centre site in Mississauga has been fully operational since fall 2000. Funding of \$22.5 million provides for 12 new and five expanded dialysis units across Ontario. The government also approved \$9.4 million for orthopedic implants.

A key accomplishment last year was the development of a comprehensive organ and tissue donation strategy and the passage of legislation that moved us closer to meeting the Premier's Millennium challenge of doubling Ontario's organ donor rate by 2005.

## **Key Achievements** (continued)

In 2000-2001, Ontario made the largest one-year hospital operating investment in its history – over \$1 billion – with most of the new funding used for more hospital beds and to improve many chronic care and rehabilitation facilities.

Our Emergency Services Strategy, together with free flu shots and alternative funding agreements for doctors, helped ease pressures in hospital emergency departments, especially during flu season. The strategy included more beds for patients, more staff and the establishment of networks and emergency service coordinators across Ontario.

To improve services to patients, we committed \$10 million for a Patients' Charter and hospital report cards that tie hospital funding directly to how well they perform.

## **Health Concerns Detected Early**

Detecting an illness early, whether it's heart disease, cancer or diabetes, means better, more timely treatment.

In 2000-2001, the ministry supported the expansion of the Ontario Breast Screening program so all women aged 50 and over can have better access to breast screening. The program opened 18 new sites for a total of 72 sites across the province, and achieved a 22 per cent increase in the number of women screened. The ministry also launched a new province-wide program to provide eligible people with genetic screening for breast, ovarian and colon cancer.

By the end of January 2001, the ministry approved a total of 42 Magnetic Resonance Imaging machines (MRIs) which could reduce the need for expensive exploratory surgery. These high-tech machines can detect brain and spinal diseases, several forms of cancer, musculoskeletal disorders and many heart conditions.

Ontario's Telehealth toll-free telephone health advisory service was launched early in 2001 in the 416 and 905 area codes. The toll-free number for these areas is: 1-866-797-0000. Callers get timely access to experienced registered nurses for health advice, information and referrals 24 hours a day, seven days a week. Telehealth will be expanded province-wide by the end of 2001.

Our primary care expansion initiative made significant advances, and by the end of March 2001, 172 doctors, seven nurse practitioners, and 222,000 patients were participating in Primary Care Networks in six communities. During 2000, the ministry and the Ontario Medical Association agreed to expand these networks. Primary Care Networks were renamed Ontario Family Health Networks in early 2001 with the announcement of Dr. Ruth Wilson as the Chair of the Ontario Family Health Network Agency. The government's goal is for 80 per cent of eligible family doctors to join a network within four years.

Information technology is key to making the Ontario Family Health Network expansion work. The 2000 Ontario budget provided \$100 million in incentive funding for doctors and \$150 million for information technology to support these networks. This allows information sharing among health care professionals while protecting the privacy of sensitive data.

## **Key Achievements** (continued)

Laboratory reform planning began in three regions of the province and involved physicians, hospitals and community laboratories. Reform of hospital and community laboratories will reduce duplication of services and increase accountability, quality and access to lab services. As part of the reforms, an enhanced quality management program was announced. We continued to develop the Ontario Laboratory Information System. This system will improve patient care by allowing authorized medical personnel access to relevant lab service information as quickly as possible, 24 hours a day, seven days a week.

## **Community Care**

The sustainability of our health system greatly depends on patients being able to receive care in their communities rather than in hospitals.

Early last year, the Long-Term Care Redevelopment Project was established to ensure that Ontario's ageing population will have access to long-term care facilities. We helped cut red tape and reduced delays for operators in assembling land and obtaining zoning approvals. We streamlined processes and facilitated creation of successful partnerships and joint ventures in the development and construction of long-term care beds, in order to ensure that new long-term care beds are built on time and in service areas where they are most needed.

The ministry has invested \$1.6 billion to provide in-home health care and support services to let people recuperate at home, live independently and stay at home longer instead of being admitted to hospitals or long-term care facilities. We also expanded school health supports, personal support services and medical equipment to children outside the provincial public school system.

The government is working aggressively to address the issue of physician supply and distribution, to help meet the needs of patients across the province. We provided \$1 million to increase the future supply of physicians by expanding medical school enrolment by 40 positions in the fall of 2000, in response to the interim report of the Ministry appointed Expert Panel on Health Professional Human Resources. These positions were filled at the start of the 2000 academic year. We recently committed \$4 million to provide free tuition and location incentives to new doctors willing to practice in underserved areas. In support of the short-term recommendations of a ministry-appointed fact-finder on physician supply, we committed \$11 million annually to expand medical training programs targeted to underserved areas and specialties and provided training opportunities to enable more foreign trained doctors to practice medicine in Ontario.

In 2000-01, the ministry spent more than \$2.5 billion on mental health programs and services such as crisis response, survivor initiatives, more hospital beds, community treatment teams, eating disorder treatment, homelessness initiatives, psycho-geriatric outreach, and housing support. We implemented the first phase of the multi-year homelessness initiative, acquiring 962 housing units for people with a serious mental illness. We also developed a new policy framework for employment supports for people with serious mental illness.

## **Key Achievements** (continued)

Proclamation of “Brian’s law” on December 1, 2000 and its implementation was a major step forward for mental health. The legislation amended the Mental Health Act and the Health Care Consent Act so that people with serious mental illness can get the care and treatment they need in their communities. The province struck nine Mental Health Implementation Task Forces to provide regional leadership and advice in restructuring local and regional mental health services in communities across the province as set out in *Making It Happen*.

## **Health Promotion**

One responsibility of a modern health system is to show people how they can lead healthy lives. In 2000-2001, the ministry increased its preventive health programs.

An innovative \$38 million program made free flu shots available to everyone in the province. The first program of its kind in North America, it aimed to keep people healthy and reduce pressures on family doctors and emergency rooms. The number of laboratory confirmed cases of influenza in Ontario dropped to 840 in 2000-2001 from 2,889 in 1999/2000.

A \$17 million, five-year Heart Health program raised public awareness about the benefits of physical activity and healthy eating to reduce heart disease. This funding supported the work of more than 700 community groups and 37 agencies in spreading information about Heart Health throughout the province.

Funding for anti-tobacco initiatives increased from \$9 million to \$19 million last year. This included \$1 million to help the Canadian Cancer Society (Ontario Division) establish the Smokers’ Helpline, a province-wide, toll-free telephone service to help people quit smoking.

We invested an additional \$7 million to expand diabetes education programs across Ontario. Currently, 120 programs are in operation. Ontario’s diabetes strategy focuses on promoting self-care and preventing complications for the more than 600,000 people diagnosed with diabetes in the province.

Implementation is now under way for one of the most comprehensive strategies in North America to prevent stroke and rehabilitate stroke victims. The ministry is providing \$30 million annually to establish regional stroke centres across Ontario. Six Regional Stroke Centres were designated in 2001-2002. In addition, Ontario is investing in improved rehabilitation for stroke survivors and better prevention programming throughout Ontario.

We increased funding for our Healthy Babies Healthy Children program from \$20 million in 1998-99 to \$67 million in 2000-2001. This program is part of our long-term commitment for an integrated system of effective services that improves the well-being of children in Ontario. The program, screens newborns in hospitals and contacts the family by phone 48 hours after hospital discharge. It provides assessments by public health nurses, links families with services, and offers home visits. Last year, all newborns of parents who consented to the screening were screened. We also developed plans for a universal hearing screening program for children.

## **Key Achievements** (continued)

The ministry has invested \$4 million in asthma research, education, prevention and helping patients manage the disease. We also helped implement arthritis management pilot projects at five Community Health Centres last year.

Sixty AIDS service organizations received a total increase of \$1 million, allowing them to strengthen their support to people living with HIV and their families and friends, and to enhance educational programming. As of December 2000, 5,391 people living with HIV and 2,575 family, friends and others were receiving support from ministry-funded AIDS services agencies.

# **Key Commitments and Strategies**

## **2001-2002**

Ontario's spending on health programs and services will increase to a record high of \$23.5 billion in 2001-2002. That's \$1.2 billion more than in 2000-2001. In 1995-1996, 38 cents of every dollar for programs in the province went to health care. This year, 45 cents of every dollar will go to health care.

The government has made considerable progress in modernizing and strengthening Ontario's health care system, but the province cannot continue to increase its spending on health care at this rate. Neither can the other provinces, which are also facing increasing health care costs.

Ontario will continue to call upon the federal government to provide its fair share – 50 per cent of all health care funding increases.

In spite of the need for reform, our strategies for 2001-2002 will continue to support Ontario's health objectives of keeping people healthy, providing early diagnosis and treatment, ensuring timely access to health care and treatment, and providing health services closer to home.

The ministry's Statement of Environmental Values outlines our continuing commitment and support of environmental issues in all our policy decision-making.

### **Public Dialogue**

#### **We will engage in a public dialogue to discuss our health care system.**

The Ontario government believes that fundamental reform is needed to save Canada's health system. We will open up a comprehensive, provincial dialogue with the public, patients, nurses, doctors, hospital administrators, and others with an interest in the future of Ontario's health care system. We want to identify needed reforms and to seek consensus on the best way to allocate health care spending.

#### **We will encourage the federal government to provide adequate, sustainable, long-term health care funding.**

We will take the debate about health care to the people of Ontario so there is an open dialogue about the future of health care. For 2001-2002, even with the additional federal Canada Health & Social Transfer (CHST) funding, the federal government is contributing less than 14 cents on the dollar on health and social spending.

## **Key Commitments and Strategies** (continued)

### **Health Care Provider Accountability**

#### **We will increase accountability of the health care system.**

Hospitals will be required to report annually on their performance, present annual operating plans and balance their budgets every year. We will showcase the achievements of the most efficient hospitals through report cards that tie hospital funding directly to how well they perform, and provide a Patients' Charter that lets people know what they have a right to expect. We will take a look at how health care providers, including community agencies, can improve their efficiency and effectiveness.

#### **We will ensure that there's better co-ordination of programs and services.**

We will develop integrated and coordinated networks that provide access to a range of programs and services which put the patient first while using resources more effectively and efficiently. Our commitments include ensuring that:

- Rural and northern hospitals develop networks to improve patient services, and that
- Regional Emergency Services Networks across the province are comprised of a variety of providers including, hospitals, long-term care facilities, ambulance services and CCACs, and that they meet to address emergency room issues.

We will also implement the Ontario Stroke Strategy to coordinate services in hospital emergency departments, rehabilitation and stroke prevention programs, and in the community.

#### **We will continue our zero tolerance policy for fraud.**

We will continue our association with the OPP to provide investigative services. We will continue to work with our partners in the health care system to help identify ways to prevent and deter fraud. We are committed to implementing legislative reforms necessary to tackle fraud more strongly and to ensure offenders are accountable. We are committed to addressing the issue of "user-fraud" and will focus enforcement efforts on such cases.

### **Providing Early Diagnosis and Treatment**

#### **We will continue to reform Ontario's primary health care system.**

The Ontario Family Health Network's goal, by the end of 2003-2004, is to have 80 per cent of eligible family doctors voluntarily practicing in more than 600 Family Health Networks (FHNs). This will enhance the effectiveness and accessibility of primary care and enable the collaboration of physician and other provider services. To this end, the 2000 Ontario budget provided \$100 million for doctors and \$150 million for information technology to support these networks.

#### **We will improve access to health services throughout Ontario.**

By the end of 2001, Ontario's Telehealth toll-free telephone advisory service will be available province-wide to give callers timely access to experienced registered nurses for health advice, information and referrals, 24 hours a day, seven days a week.

## **Key Commitments and Strategies** (continued)

### **We will enhance the use of information technology to improve health services.**

Smart Systems for Health will create a “digital nerve system” to connect health care providers to one another. Through a secure information network, health care providers will be able to quickly access health information where authorized and necessary for patient care. This will contribute to better service and ultimately better health care for Ontarians. For example, the Ontario Laboratory Information System will give physicians timely access to their patients’ laboratory test results.

## **Services Closer to Home**

### **We will continue to develop services to meet the needs of a growing and ageing population.**

We will continue with our development of long-term care beds to ensure that there is community care for the elderly and improved quality of life in nursing homes and homes for the aged. We are committed to working toward completing our commitment of building 20,000 new beds by 2004 and redeveloping 16,000 old beds by 2006.

### **We will improve the way we distribute resources to meet changing needs.**

We are working to implement the government’s response to the Expert Panel on Health Professional Human Resources to increase the supply of Ontario physicians. We are committed to a northern medical school with a main site at Laurentian University in Sudbury and a clinical education campus at Lakehead University in Thunder Bay. Medical school enrolment will be expanded by up to 120 positions over the next two years across the province, and post-graduate training positions will increase by up to 25 in northern and rural communities, beginning in 2002. We will also ask our partners in the health care system – doctors, nurses, patients and administrators – to help us identify the best ways to continue to provide quality health care.

### **We will expand and strengthen community services.**

The 2001 Ontario Budget invests an additional \$26.4 million over three years to improve facilities for community mental health organizations. It provides \$20 million annually to support Children’s Treatment Centres and commits \$15 million a year government-wide to break the cycle of youth prostitution.

## **Keeping People Healthy**

### **We will continue to focus on public health promotion.**

Building upon our success last year, we will again offer free flu shots to Ontario residents. We will continue to work towards reducing pressures on hospital emergency rooms, especially during periods of peak use in fall and winter. We have renewed our efforts to promote healthier life-styles with the Ontario Tobacco Strategy, which has focussed on public education, cessation and youth smoking prevention.

# Key Performance Measures

Accountability and performance measurement are at the forefront of government concerns. The Ministry of Health and Long-Term Care continually monitors its goals for an improved health system. By linking the effectiveness of services to performance measures, the ministry can see how its reforms are working. Performance measures also help the ministry plan for the future sustainability of the health system.

Ministry of Health and Long-Term Care      Core Business : Public Health, Health Promotion and Wellness		
To protect, promote and enhance health; preserve independence; prevent or delay illness, injury and premature death of people in Ontario at all stages of life.		
Measures from the program areas in this Core Business focus on the promotion of health, and on disease prevention.		
Measures	Standard / Target	2001-2002 Commitments
Increased access to supports and services for families with children prenatal to six years of age.	<p>100% of live births screened in the postpartum period for risk factors related to child development.</p> <p>100% of families referred to Healthy Babies, Healthy Children (HBHC) program and those who need more supports referred to community-based services by 2003.</p> <p>100% of high-risk families offered HBHC home visiting services.</p>	<p>100% of live births will be screened in the postpartum period for risk factors related to child development.</p> <p>75% of families, referred to HBHC and those who need more supports will be referred to community-based services.</p> <p>100% of high-risk families will receive HBHC home visiting services.</p>
Prevention of infectious diseases as indicated by: <ul style="list-style-type: none"> <li>- immunization rates in school-age children for diphtheria, pertussis, polio, tetanus, measles, mumps, and rubella;</li> <li>- influenza immunization rates among residents and staff in long-term care facilities and among staff in hospitals.</li> </ul>	<p>Immunization rates in school-age children for diphtheria, pertussis, polio, tetanus, measles, mumps, and rubella increased to 95% by the year 2005.</p> <p>Influenza immunization rates in long-term care facilities increased to 95% by the year 2005.</p>	<p>85% immunization rate in school-age children for diphtheria, pertussis, polio, tetanus, measles, mumps, and rubella.</p> <p>95% influenza immunization rate among residents and 90% for staff of long-term care facilities.</p> <p>70% influenza immunization rate among hospital staff.</p>

## Key Performance Measures (continued)

Measures	Standard / Target	2001-2002 Commitments
Reduced tobacco use in adults as indicated by the % of adults using tobacco.	% of adults using tobacco decreased by 4% by 2010 - from 21% to 17%.	Ontario Tobacco Strategy will provide four provincial tobacco cessation initiatives aimed at adults: <ul style="list-style-type: none"> <li>- mass media campaign</li> <li>- 1-800 Quit support line</li> <li>- clinical tobacco intervention for health care professionals</li> <li>- quit and win contest.</li> </ul>

<b>Ministry of Health and Long-Term Care</b>	<b>Core Business: Ontario Health Insurance</b>
To improve the health status of people in Ontario by ensuring access to high quality and sustainable health services.	
One of the key areas this Core Business focuses on is the implementation of Ontario Family Health Networks. Measures on the establishment of Ontario Family Health Networks provide some indication of the extent to which this Core Business is achieving its long-term goal.	

Measures	Standard/Target	2001-2002 Commitments
Establishment of Ontario Family Health Networks.  % of family health providers funded on capitation basis and not fee for service basis.	Expansion of Ontario Family Health Networks to provide for voluntary participation of 80% of eligible family doctors by end of 2003-2004 according to the 2000 agreement between the OMA and the government.  Up to 640 family health networks by end of 2003-04.  Up to 9.6 million enrolled patients by end of 2003-2004.	Voluntary participation of up to 12.5% of eligible family doctors in family health networks.  Establish 100 family health networks.

## Key Performance Measures (continued)

<b>Ministry of Health and Long-Term Care</b>	<b>Core Business: Integrated Health Care Programs</b>
<p>To regulate and fund acute care hospitals, provincial psychiatric hospitals, long-term care facilities, Community Care Access Centres (CCACs) and community services so that the needs of Ontario's changing population are anticipated and appropriate services and technology are available throughout people's lives, close to their homes in their chosen communities.</p>	
<p>Measures from the program areas in this Core Business focus on Community Care Access Centres, the homelessness initiative, cancer care, the long-term care redevelopment project, long-term care facilities and the implementation of the Nursing Task Force recommendations.</p>	

Measures	Standard / Target	2001-2002 Commitments
<p>Children referred to CCACs for school-based services: % of children with some medical problems or physical disabilities who are able to attend school because of services provided in public, private and home-based school systems.</p>	<p>100% of children who meet eligibility criteria receive services in public, private and home-based school systems.</p>	<p>100% of eligible applicants.</p>
<p>Increasing the number of housing units for people with serious mental illness who are homeless or at risk of becoming homeless as indicated by providing a total of 3,600 housing units.</p>	<p>100% (3,600 housing units) acquired by 2003.</p>	<p>A cumulative total of 2,280 units will be acquired.</p>
<p>Survivor rates for cancer for people in Ontario are equivalent to the national and US averages as indicated by: - interval survivor rates at five year intervals - % of people in Ontario receiving services outside the province compared to within Ontario.</p>	<p>No change expected.  10% yearly decrease in the number of people in Ontario receiving services outside Ontario (expect total number of patients treated outside Ontario to decline by 500 patients over five years).</p>	<p>No change expected.  10% decrease (100 patients).</p>

## Key Performance Measures (continued)

Measures	Standard / Target	2001-2002 Commitments
<p>LTC Facility Beds: Residents of LTC facilities receiving quality care, programs and services in a safe and home-like environment in accordance with provincial legislation, standards and policies, as shown by:</p> <ul style="list-style-type: none"> <li>- results of annual compliance reviews</li> <li>- redevelopment of existing, non-compliant LTC beds ("D" beds) so that they meet or exceed current design standards</li> </ul> <p>Sufficient number of LTC beds to allow people in Ontario to enter a facility of their first choice as shown by:</p> <ul style="list-style-type: none"> <li>- total number of beds</li> <li>- number of beds per 1,000 population +75</li> </ul>	<p>100% of facilities inspected annually.</p> <p>Less than 1% of facilities in enforcement within a fiscal year.</p> <p>100% of "D" beds redeveloped by 2006 (i.e. 15,858 beds).</p> <p>35% increase in total number of beds by the year 2004 (i.e. 20,000 new beds).</p> <p>Bed ratio to peak in 2004-2005 and then decline as the +75 age group increases.</p>	<p>100% of LTC facilities will be inspected.</p> <p>Less than 1% of LTC facilities will be in enforcement.</p> <p>A cumulative total of 2,148 "D" beds will be redeveloped (i.e. 13.5% of total "D" beds).</p> <p>A cumulative total of 6,127 new LTC beds will be constructed (i.e. 30.6% of total new beds).</p> <p>Present data for 2001-2002 and trend toward target.</p>
<p>Number of Nursing Task Force recommendations implemented.</p>	<p>Progress made in all eight recommendations.</p>	<p>Will continue to work on all eight recommendations in collaboration with stakeholders.</p>

## Key Performance Measures (continued)

<b>Ministry of Health and Long-Term Care</b>	<b>Core Business: Health Policy and Research</b>
<p>To meet the needs of a growing, changing and ageing population; ensure the seamless delivery of health services across the province; renew accountability; improve efficiency and effectiveness, and ensure the sustainability of the health system; improve regional access to appropriate professional services in communities across the province and promote the development of professional standards and improvement of patient safety.</p>	
<p>Measures from the program areas in this Core Business focus on creating policies to meet the needs of a growing, changing and ageing population. Ongoing planning activities, such as the Clinical Education program work to improve the supply and distribution of health care professionals in order to enhance regional access to appropriate professional services in communities across the province. Together these measures provide some indication of the extent to which this Core Business is achieving its long-term goal.</p>	

<b>Measures</b>	<b>Standard/Target</b>	<b>2001-2002 Commitments</b>
Rating by people in Ontario of quality, availability and accessibility of health services received.	Ontario's ratings better than corresponding national averages.	Will meet or exceed national averages for ratings.
Number of general practice and specialist doctors province-wide and in under-serviced areas.	<p>Increase/maintain the approximately 20,000 general practice and specialist doctors province-wide and in areas with fewer doctors per population than the provincial average.</p> <p>Increase the number of months of rural and northern medical education taken by doctors in training.</p>	<p>575 doctors with new billing numbers will be practising in Ontario.</p> <p>50 trainees will be in medical training positions that are targeted to areas and specialties in need to meet short-term physician services requirements.</p> <p>320 medical students and residents will receive training in rural or northern locations to encourage future practice in under-supplied areas.</p>

# 2000-2001 Ministry Spending by Core Business – Interim Actuals \*

<b>Ministry of Health and Long-Term Care</b>	
Operating**	\$22,277 million
Capital	\$211 million
One-time Capital	\$140 million
One-time Major Operating	\$486 million
	6,610 staff

<b>Public Health, Health Promotion &amp; Wellness</b>	
Operating	\$1,375 million
Capital	\$8 million
	620 staff

Health Promotion and Illness Prevention  
Integrated Services for Children  
Community Health Services  
Public Health  
Emergency Health Services

<b>Integrated Health Care Programs</b>	
Operating **	\$12,587 million
Capital	\$343 million
	3,205 staff

Integrated Health Care Programs  
Mental Health Facilities  
Hospital Restructuring

<b>Ontario Health Insurance</b>	
Operating	\$7,865 million
	1,820 staff

Ontario Health Insurance  
Drug Programs  
Laboratory Services  
Assistive Devices Program

<b>Health Policy and Research</b>	
Operating	\$309 million
	180 staff

Health Policy and Research

<b>Internal Administration</b>	
Operating	\$141 million
	785 staff

Ministry Administration  
Ontario Review Board  
Smart Systems and Knowledge Management

Note: Staff numbers are shown as full-time equivalents as of March 31, 2001

\* PSAB-based (Public Sector Accounting Board)

\*\* Excludes health care restructuring and major one-time costs

# 2001-2002 Ministry Approved Allocations\* by Core Business - Plan

<b>Ministry of Health and Long-Term Care</b>	
Operating**	\$23,486 million
Capital	\$200 million
One-time Major Operating	\$190 million
	4,460 staff ***

## Public Health, Health Promotion & Wellness

Operating	\$1,408 million
Capital	\$9 million
	560 staff

Health Promotion and Illness Prevention  
 Integrated Services for Children  
 Community Health Services  
 Public Health  
 Emergency Health Services

## Integrated Health Care Programs

Operating **	\$13,175 million
Capital	\$191 million
	1,110 staff

Integrated Health Care Programs  
 Mental Health Facilities  
 Hospital Restructuring

## Ontario Health Insurance

Operating	\$8,430 million
	1,825 staff

Ontario Health Insurance  
 Drug Programs  
 Laboratory Services  
 Assistive Devices Program

## Health Policy and Research

Operating	\$344 million
	175 staff

Health Policy and Research

## Internal Administration

Operating	\$129 million
	790 staff

Ministry Administration  
 Ontario Review Board  
 Smart Systems and Knowledge Management

\* PSAB-based (Public Sector Accounting Board)

\*\* Excludes health care restructuring and major one-time costs

\*\*\* Reflective of the implementation timetable of the Health Services Restructuring Commission's divestment decisions regarding provincial psychiatric hospitals.

# **Who to Call**

We welcome questions or comments about the ministry's business plan. Please send them to:

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Client Services Unit  
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Queen's Park  
Toronto ON M7A 1N3

Fax: (416) 327-8791

INFOline: 1-800-268-1153  
In Toronto: (416) 314-5518  
TTY: 1-800-387-5559  
Web site/e-mail: <http://www.gov.on.ca/health>

You can also contact:

## **For Community Services and Hospitals**

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