

# PATIENTS FIRST

REPORTING BACK ON THE PROPOSAL  
TO STRENGTHEN PATIENT-CENTRED  
HEALTH CARE IN ONTARIO

JUNE 2016

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**BETTER CARE FOR PATIENTS MEANS WE NEED TO MAKE SOME CHANGES TO ENABLE THE NEXT STEPS OF OUR PATIENTS FIRST: ACTION PLAN FOR HEALTH CARE. WE'VE MADE GREAT PROGRESS IN IMPROVING THE PATIENT EXPERIENCE, AND WILL CONTINUE TO PUT PATIENTS FIRST. WE HAVE CONSULTED AND ENGAGED WITH THOUSANDS OF OUR PROVINCIAL HEALTH CARE PARTNERS, PATIENTS AND ONTARIANS, AND I AM PLEASED TO REPORT BACK ON WHAT WE HEARD, AND SHOW YOU HOW THAT ADVICE HAS HELPED TO SHAPE OUR PROPOSED NEXT STEPS IN THE PATIENT'S FIRST: ACTION PLAN FOR HEALTH CARE. TOGETHER, WE WILL TRANSFORM OUR SYSTEM INTO ONE THAT PROVIDES FASTER ACCESS TO CARE TODAY, AND ONE THAT WILL BE THERE FOR PATIENTS IN THE YEARS TO COME.**

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*– Dr. Eric Hoskins, Minister of Health and Long-Term Care*

# PATIENTS FIRST

## A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO

The Patients First discussion paper presented four key proposals and committed to an engagement plan with our Indigenous partners:

### 1. EFFECTIVE INTEGRATION OF SERVICES AND GREATER EQUITY THROUGH SUB-REGIONS

- LHINs would be responsible for health service planning and performance management all the way through a patient's journey
- Sub-regions would be the focal point for integrated service planning and delivery to improve care coordination and patient transitions

### 2. TIMELY ACCESS TO, AND BETTER INTEGRATION OF, PRIMARY CARE

- LHINs would take on responsibility for primary care planning and performance improvement, in partnership with local clinical leaders

### 3. MORE CONSISTENT AND ACCESSIBLE HOME & COMMUNITY CARE

- Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs
- LHINs would drive the implementation of our 10 point plan outlined in *Patients First: A Roadmap to Strengthen Home and Community Care*

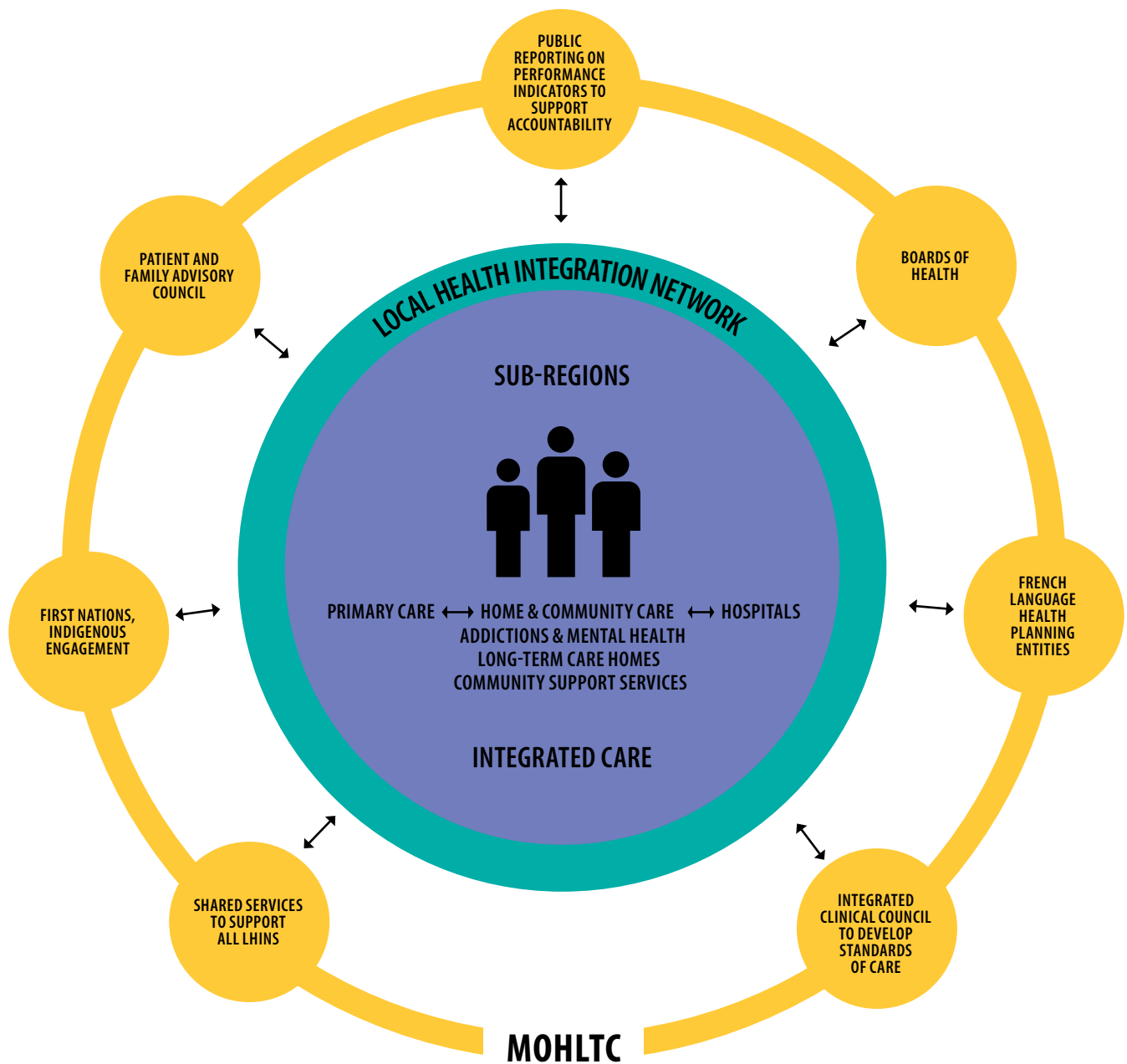
### 4. STRONGER LINKS TO POPULATION & PUBLIC HEALTH

- Linkages between LHINs and Boards of Health would be formalized
- Boards of Health would augment, at the LHIN and sub-region level, the commitment to health equity for our most vulnerable populations

### SERVICES THAT ADDRESS NEEDS OF INDIGENOUS PEOPLE ACROSS ONTARIO

- Indigenous partners would be engaged in a meaningful way to address their unique health care needs
- Changes needed to health care delivery for Indigenous people would be identified

# GOAL: PATIENTS RECEIVE INTEGRATED, ACCESSIBLE CARE OF CONSISTENTLY HIGH QUALITY



# HOW WE LISTENED TO ONTARIANS

## WHO WE HEARD FROM



**6,000**

ONTARIANS ENGAGED IN  
FACE-TO-FACE MEETINGS



**6**

MINISTRY-LED ROUNDTABLES  
HELD ACROSS THE PROVINCE



**247**

LHIN-LED CONSULTATIONS  
AND PUBLIC TOWN  
HALL MEETINGS

**15**

CONSULTATIONS LED BY  
HEALTH STAKEHOLDERS WITH  
MINISTRY PARTICIPATION



**187**

FORMAL SUBMISSIONS  
RECEIVED



**1,160**

EMAILS

Following the release of the Patients First discussion paper in December 2015, Ontarians were invited to provide feedback in a variety of ways including in-person meetings, email, web surveys and webinars. There were a number of ways that people could provide anonymous feedback, if desired.

Most of the feedback was supportive of the objectives outlined in the Patients First discussion paper, and the strategies proposed to address them. People also shared important new ideas on how, collectively, we can do better.

Additional priorities were also identified including:

- Improved technological integration
- Patient empowerment
- Performance measurement
- Increased LHIN leadership capacity
- The need to include hospitals, long-term care, and mental health and addictions services in the integrated approach.

This feedback will inform the next steps of the Patients First: Action Plan for Health Care.

## PATIENTS FIRST ACT, 2016

The ministry has reviewed this feedback and has enhanced the plan outlined in *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. This updated plan includes:

- Proposed legislative changes as embodied in the bill, the *Patients First Act, 2016*
- Some proposed future regulatory changes
- Operational changes to how care is planned, delivered and monitored on a daily basis.

The *Patients First Act, 2016*, would, if passed by the Ontario Legislature, amend the *Local Health System Integration Act, 2006* (LHSIA) and the *Home Care and Community Services Act, 1994* (HCCSA), among other statutes.

If passed, proposed amendments to other legislation would align with the proposed changes to LHSIA.

# INCORPORATING WHAT WE HEARD TO PUT PATIENTS FIRST

1

## EFFECTIVE INTEGRATION OF SERVICES AND GREATER EQUITY THROUGH SUB-REGIONS

### WHAT WE HEARD

#### Support for:

- Integrating home care and primary care, and the inclusion of public health
- Grounding health services in patient needs, with better transitions between different types of care
- All Ontarians benefiting from any changes, including Francophones, Indigenous populations, seniors, youth, and people living with mental health and addictions.

#### Opportunities:

- Increase capacity, authority and accountability of LHINs
- Reduce bureaucracy and costs
- Better support local French-speaking and Indigenous populations
- Improve the sharing of health information for patients, caregivers and care providers
- Integrate public health into population health planning.

### WHAT WE PROPOSE TO DO

If the bill is passed by the Ontario Legislature, the ministry would:

- Strengthen the capacity of LHIN boards so they better reflect the local community and provide the right expertise to support LHINs' expanded responsibilities
- Enhance the minister's oversight of LHINs to ensure accountability
- Expand LHIN oversight to other health service providers
- Give LHINs additional responsibility for health care equity and health care service delivery
- Enable a committee within Health Quality Ontario that could develop recommendations on clinical care standards, among other things, and make recommendations on standards to the minister
- Support greater efficiency in all LHINs through shared services.

We will continue working with our Indigenous partners on strengthening Indigenous voices in system planning and services.

## WHAT WE WILL DO

The ministry would work with LHINs to:

- Establish sub-regions in local health systems to plan performance improvement and service integration at a community level
- Create a standard LHIN organizational structure to support LHINs in their new role
- Enable improved planning and delivery of health care to improve health outcomes and better manage health system costs over time
- Work with French Language Health Planning Entities to ensure the system is better able to respond to linguistic needs and provide culturally appropriate care
- Improve information sharing through the expansion of existing technology infrastructures
- Measure success by monitoring performance results, including system, health and equity outcomes, through a sub-region dashboard and public reporting.

## HOW THIS WOULD HELP PATIENTS

- Care delivered based on community needs
- Enhanced appropriate care options to ensure that community needs are met
- More funding directed to patient care
- Easier transitions between acute, primary, home and community and long-term care
- Increased effective, evidence-based care across the province
- Stronger provincial planning, supported by robust data management and performance measurement

## 2

## TIMELY ACCESS TO, AND BETTER INTEGRATION OF, PRIMARY CARE

### WHAT WE HEARD

#### Support for:

- Further integration of primary care with home and community care
- Improving local access to care and service co-ordination.

#### Opportunities:

- Improve ability of patients to find and access primary care when needed
- Strengthen the roles of patients and caregivers in planning care
- Increase communication among providers, patients and caregivers.

### WHAT WE PROPOSE TO DO

If the bill is passed by the Ontario Legislature, the ministry would:

- Add some primary care models to the list of Health Service Providers (HSPs) that can be funded by LHINs, such as Family Health Teams, and require LHINs to monitor primary care performance
- Require each LHIN to have at least one Patient and Family Advisory Committee
- Give LHINs additional responsibility for health system planning of physician resources, though physicians would continue to be funded through the ministry.

### WHAT WE WILL DO

The ministry and LHINs would:

- Establish new integrated and primary care leads who would be responsible for:
  - Improving access to primary care
  - Establishing sub-regional priorities and areas for improvement
  - Facilitating local discussions to improve the patient experience
  - Supporting the implementation of clinical care standards
- Improve communication among providers, and between providers and LHINs, through improved reporting and information sharing
- Promote communication between patients, families, caregivers and providers, and ensure that the voices of patients and caregivers would be embedded in health care planning.

### HOW THIS WOULD HELP PATIENTS

- Improved access to a primary care provider when needed, including on evenings and weekends
- Better communication between patients, families and health care providers
- Easier access for patients to a range of health care services
- Reduced emergency department use and hospital readmissions through greater care coordination and collaboration between providers
- Higher patient satisfaction





## MORE CONSISTENT AND ACCESSIBLE HOME & COMMUNITY CARE

### WHAT WE HEARD

#### Support for:

- The integration of home and community care with LHINs
- The integration of home and community care with other health care services.

#### Opportunities:

- Maintain high-quality health care services for patients during transitions
- Improve the quality and consistency of home and community care
- Reassure home and community care workers about their continued employment
- Better integrate the community support services sector and mental health and addiction services into home and community care planning and delivery.

### WHAT WE PROPOSE TO DO

If the bill is passed by the Ontario Legislature, the ministry would:

- Enable the transfer of assets, employees and service provider contracts from CCACs to LHINs
- Enable LHINs to provide the home and community care services currently provided by CCACs
- Ensure the continuity of home and community care models and service provider contracts through the proposed transition.

### WHAT WE WILL DO

The ministry and LHINs would:

- Continue to implement *Patients First: A Roadmap to Strengthen Home and Community Care* under LHIN leadership, including the development of a levels of care framework that aims to ensure clients with similar needs receive similar levels of service
- Modernize contract service delivery over time
- Ensure that care provided at home and in the community, through sub-regions, is better integrated, including services provided by community support services and mental health and addictions.

## HOW THIS WOULD HELP PATIENTS

- Clear standards for home and community care
- Improved integration of home and community care with primary care and other community services
- Greater consistency and transparency in home and community care delivery across the province
- A better patient and caregiver experience

# 4

## STRONGER LINKS TO POPULATION & PUBLIC HEALTH

### WHAT WE HEARD

#### Support for:

- Including a needs-based approach to health service planning and care delivery that would be better informed by public health expertise
- Streamlining health services

#### Opportunities:

- Increase focus on population health and health equity
- Address the differences in governance, geographic boundaries and funding structures between public health and the LHINs
- Ensure dedicated funding for the delivery of public health services, based on renewed Ontario Public Health Standards

### WHAT WE PROPOSE TO DO

If the bill is passed by the Ontario Legislature, the ministry would:

- Establish formal linkages between Boards of Health and LHINs
- Ensure that public health expertise better informs health system planning and decision making.

### WHAT WE WILL DO

The ministry would:

- Maintain the current mechanisms and processes for funding public health, and for negotiating accountability agreements with Boards of Health
- Establish an expert panel on public health and integration to advise on:
  - Integrating population and public health into the health system
  - Deepening the partnerships between LHINs and local Boards of Health
  - Improving public health capacity and delivery.

## HOW THIS WOULD HELP PATIENTS

- Better reflection of population needs in health service planning and delivery
- Health planning and service delivery to be better informed by public health expertise
- Stronger linkages between disease prevention, health promotion and care

# SERVICES THAT ADDRESS NEEDS OF INDIGENOUS PEOPLE ACROSS ONTARIO

## WHAT WE HEARD

### Support for:

- Improving access, co-ordination and relationships between Indigenous communities and health service providers
- Building trust between Indigenous communities and health practitioners
- Increasing cultural competency training among health practitioners and health system executives, incorporating traditional approaches to healing and wellness
- Addressing the social determinants of health unique to Indigenous populations.

### Opportunities:

- Strengthen Indigenous voices in system planning and service delivery
- Improve health outcomes for Indigenous peoples.

## WHAT WE PROPOSE TO DO

If the bill is passed by the Ontario Legislature, the ministry would:

- Designate Aboriginal Health Access Centres as health service providers that can be funded by LHINs.

We will continue the dialogue on how to strengthen Indigenous voices in system planning and services delivery by working with our:

- First Nations partners, including the Political Confederacy and Chiefs Committee on Health (We have an opportunity to configure transformative change for First Nations health in Ontario in partnership with First Nations. The recent Political Accord between First Nations and the Government of Ontario provides important guidance for our work going forward.)
- Urban Aboriginal Health Table partners including Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres and Ontario Native Women's Association
- Indigenous health system partners, including, for example, Tungasuvvingat Inuit.

## WHAT WE WILL DO

Ontario will continue working with First Nations, Métis, Inuit and urban Indigenous partners on strengthening their voices in system planning and services, in particular with respect to equitable access to services that meet their unique needs. Ontario will follow through with our commitment to meaningfully engage Indigenous partners through parallel processes that, through collaboration, will identify additional changes needed and work with them to ensure that the changes proposed today do not negatively affect their access to care.

## HOW THIS WOULD HELP PATIENTS

- Indigenous inclusion in health system design and delivery for Indigenous peoples, families and communities
- Improved access to services for Indigenous communities

# MOVING FORWARD TOGETHER

Taken together, the bill and the proposed supporting initiatives represent important steps in transforming our health care system into one that truly puts patients and their families at the centre of everything we do.

The anticipated outcomes of these proposed changes and the bill, if passed by the Ontario Legislature, would be visible to patients, providers and their communities. Health care services would be better integrated and, over time, patients would experience more efficient and effective care, resulting in a better experience for both patients and those who care for them.

Any changes would be undertaken carefully and thoughtfully, and in close partnership with our health care partners, to ensure that patients have uninterrupted access to the health care services they depend on.

As we proceed, we will continue to rely on the important advice of our health service providers and organizations, as well as patients, their caregivers and their advocates. Our government will continue to build on the positive and collaborative relationships we have built and sustained with these groups, which have enabled us to achieve the successes of which we are already so proud.

We look forward to continuing to work together to put patients first, and to providing better care for all Ontarians.

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**WE LOOK FORWARD  
TO CONTINUING TO WORK  
TOGETHER TO PUT PATIENTS FIRST,  
AND PROVIDE BETTER CARE FOR  
ONTARIANS AND THEIR FAMILIES.**

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