JPPC HIGHLIGHTS

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JPPC Role and Future Directions

THE JPPC has recently reviewed and updated its role and mandate. The role, originally set in 1991 and evaluated in 1995, has been validated as relevant and value-added by the Ministry, the OHA and by hospitals across the province.

The role and mandate of the JPPC can be summarized as follows:

"The Ontario Joint Policy and Planning Committee is a partnership between the Ministry of Health and hospitals, through the Ontario Hospital Association. This partnership was established to facilitate hospital reform within the context of health reform; to advise the Ministry and assist hospitals in areas of policy and planning addressing both short term issues and longer term strategies."

For 1997/98, the principle focus of the JPPC has been on funding, including the development of a population needs-based funding methodology and the review of priority program costing. For 1998/99, the JPPC will expand that focus to consider issues related to **funding, information & tools to improve planning and management, and integration.**

Within these 3 categories, there is considerable room for the development of projects and activities, and to remain relevant, the JPPC wishes to ensure that issues of importance to the partners, including hospitals, are considered. To that end, a priority activities questionnaire was introduced at the Fall Regional Sessions with copies circulated to all hospitals, as well as to the Ministry staff in December, 1997. The questionnaire was designed to gauge the sense of priority that specific activities should have in the workplan of the JPPC. While the results are not yet final, initial responses suggest that there is considerable interest in seeing the JPPC continue its work in developing **funding and costing methodologies**; and in seeing the JPPC focus on **comparative data and benchmarking**. This information, along with the final tabulation of questionnaire results will go forward to the JPPC's Senior Committee, to set priority activities for the next fiscal year and beyond.

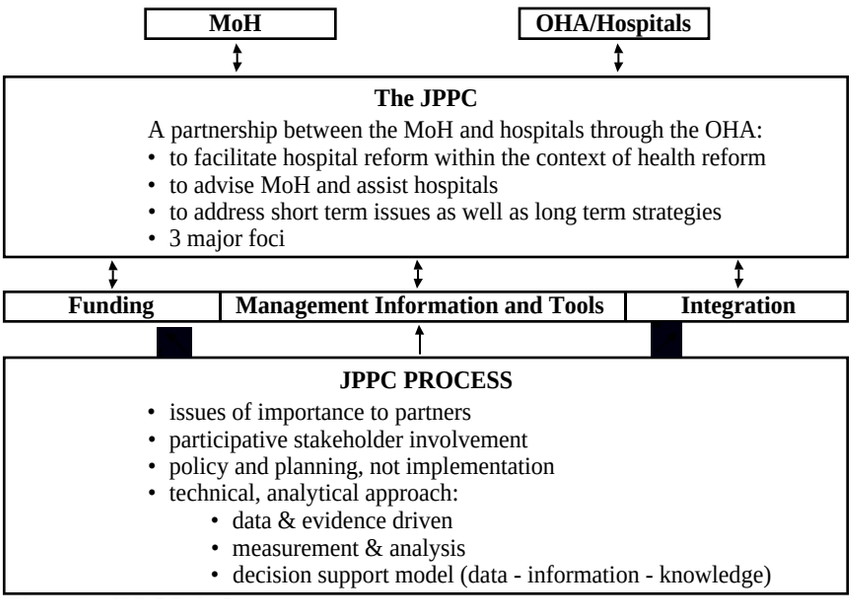
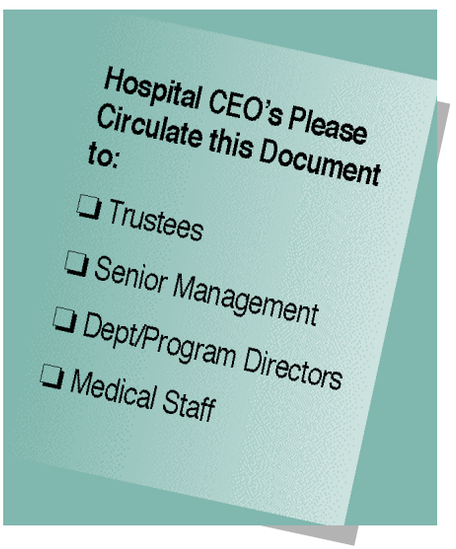


Figure 1: JPPC Role Summary



Funding Ontario Hospitals in the Year 2000

A common concern often expressed about Ontario's existing hospital funding methodology is that it needs to be integrated into one comprehensive formula. Such a formula should consider all patient services provided by a hospital. Further, as hospitals undergo unprecedented change over the next few years, a formula driven approach that standardizes funding to hospitals and encourages benchmark performance will be needed. These issues are priorities for the JPPC's Hospital Funding Committee (HFC).

During their retreat held in February 1997, the committee addressed questions such as: What will Ontario's hospital system look like in the year 2000? What type of funding methodology could be developed now that would remain applicable in the year 2000 and beyond? What hospital funding methodologies are other provinces and jurisdictions using?

In attempting to answer these questions, the JPPC has decided to develop a funding methodology that equitably allocates resources to hospitals by defining a population-sensitive volume of services and an appropriate rate for those services within a comprehensive formula. The discussion paper, *"Funding Ontario Hospitals in the Year 2000"*, was released January 1998 to all hospitals and health care stakeholders for wider consultation and input. The paper outlines the conceptual basis for the directions of JPPC Funding committees. Comments on this discussion paper should be sent via facsimile to **Nizar Ladak**, JPPC Technical Planning Consultant at **(416) 360-1570.** We look forward to your input.

JPPC Fall Regional Sessions

IN the last two weeks of November, the JPPC, with the assistance of the OHA, provided Regional Sessions in 6 locations across the province. The Sessions, which were attended by more than 300 individuals, provided updates on current JPPC activities, including:

- Priority Program Costing Groups
- Population Needs-Based approached to funding
- MIS data and its linkage to funding
- the Psychiatric Working Group's progress on the development of a Resident Assessment Instrument for mental health
- issues in hospital funding for 1998/1999

For further information on any of these topics, please contact the staff of the JPPC.

1998/99 Actual & Expected Cost Per Case

IN a memorandum sent to all Chief Executive Officers of Public Hospitals, the Ministry of Health identified a timeline for the receipt of information regarding 1998/99 Actual and Expected Cost Per Case. The following is a summary of that time line:

DATE	ITEM
January 9, 1998	All 1996/97 hospital trial balance submissions required to pass all stage edits.
January 16	MoH to send Verification report specifications version 3.0 (November 1997). Verification reports (on disks) distributed by the MoH.
January 16-30	Hospitals review 1996/97 verification reports
January 30	Hospital acceptance of all 1996/97 verification reports to be received by the MoH
Early February	OCDM reports generated by the MoH using 1996/97 hospital trial balance data and distributed to hospitals.
Mid-late February	A "data blitz" of 1996/97 OCDM reports by the MoH with the support of the JPPC and the OHA. Hospitals will be contacted during a one week period at the end of February for clarification of issues related to their OCDM reports. **Past data blitz activities have required at least 2 people from each hospital to be available during this period to answer any questions reviewers have regarding the hospital's OCDM reports. These people should be knowledgeable enough to discuss any issues related to these reports.** Specific dates for this data blitz will be communicated to hospitals in early February along with requests for the names of the assigned individuals.
March	Expected Cost per weighted case reports generated and distributed to hospitals by the JPPC. A document describing the calculation of 1998/99 Actual and Expected costs will accompany spreadsheets indicating hospital specific cost per weighted case.