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Results-based Plan Briefing Book 2011-12

Ministry of Health and Long-Term Care

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Part I: Results-based Plan 2011-12

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MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

INTRODUCTION

The health care landscape has changed dramatically over the past several decades. New technology, drugs and procedures have increased life expectancy and greatly improved patient care. Our aging and growing population has increasingly put pressures on the system. Correspondingly, expectations of the health care system have increased almost as fast as the budget.

All these pressures are significant “drivers” of health care costs to the point where the untenable escalation in health care costs is the biggest threat to ensuring that the system will be there for future generations.

In 2011-12, about 42 cents of every dollar of Ontario’s program budget will go to health care. Twenty years ago, it was 32 cents. If left unchecked, it would jump to 70 cents by 2020.

As important as health care is to everyone in Ontario, there are other priorities that the government must also fund. The real challenge is not allowing health care funding to crowd out all the other priorities that Ontarians also value and share as a community: investing in our schools, helping our vulnerable, protecting our environment and infrastructure.

A long-term, flexible and adaptable plan for health care was crafted by the government to meet and build on Ontarians’ expectations of the health care system – and to ensure that it will be there to serve the needs of future generations of Ontarians.

As the squeeze on health care dollars tightened, hospitals – the biggest and most expensive component of health care – were the first to be put under the efficiency microscope. Emergency Room (ER) and surgical wait times were identified as key and targeted for improvement with a combination of dedicated funding (tied to performance and results) and significant sharing of best practices. New hospitals continued to be built and existing hospitals received capital funding to expand and modernize.

A key component of keeping people healthier and out of hospital are primary care providers. Improved access to family health care for all Ontarians will ensure that they have more appropriate alternatives to hospital ERs for non-emergency health care.

Yet Ontarians reported that they did not have adequate access to providers and that services were not meeting patients’ needs. A number of initiatives addressed these concerns including the growth of Family Health Teams, the expansion of Nurse Practitioner-Led Clinics and increased medical/nursing school positions.

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The efficiency and effectiveness of hospitals underwent a dramatic improvement. But they highlighted another issue in the system: the large number of people receiving in-patient hospital care who didn't need that level of care but who had nowhere else to go because there wasn't enough support for them to return home - known as Alternate Level of Care (ALC) patients.

Local Health Integration Networks (LHINs), created by the government to plan, fund and integrate local health services, now provide the insight, planning capability and integration power to address these issues. Support to community services has increased dramatically in the past few years.

The system had to change. A key element that signalled this sea change was the passage of the *Excellent Care for All Act 2010* (ECFAA) - the first step in a broad-based Excellent Care for All (ECFA) strategy that puts patients first by improving the quality and value of their experience and by delivering evidence-based health care.

EXCELLENT CARE FOR ALL

Evidence shows that waste, inefficiency and poor quality are what are costly to the health system. Quality care delivers value for investment in terms of positive patient outcomes and satisfaction.

The government decided that in future, investments in health care must produce evidence-based results and improve patient care and outcomes. They must be centred on the needs and choices of the patient and they must produce value. Building a culture of quality improvement in health care will support a more resilient sector, ensure that it will be there for future generations and produce better value for limited health care dollars.

The Excellent Care for All (ECFA) Strategy is a key driver of the government's health agenda. It will help to ensure that the health care system will be financially sustainable but that it will also deliver better care – both in terms of quality and accessibility.

Ontario's Excellent Care for All Strategy means that:

- The patient is at the centre of the health care system.
- Decisions about patient care are based on the best evidence and standards.
- The health care system is focused on the quality of care and the best use of resources.

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The Excellent Care for All Strategy continues as the core of the ministry's 2011-12 RbP strategy, aimed at improving the delivery and quality of health care and promoting evidence-based care.

Excellent Care for All Strategy

System transformation is being achieved through a quality strategy focused on evidence-based care. Patient-centered care is an important global health system trend that places focus on the patient's "care needs" instead of just the "cure needs".

Health care organizations, beginning with hospitals, are now required to:

- Establish quality committees of the board
- Develop and make publicly available annual quality improvement plans that report on key quality indicators (e.g., patient safety)
- Ensure that executive compensation is tied to the success of quality improvement plans
- Carry out regular employee and care provider surveys and publicly report findings

Evidence-Based Care

Evidence-Based Care is a treatment philosophy focused on using the very best current evidence to support decision-making about the care of individual patients. Evidence-Based Care also supports better use of health care resources by focusing resources on delivery of care that is known to be effective.

The ECFA strategy reflects the government's commitment to ensure that both quality and value are entrenched in the health care system. Evidence-based health care is an essential part of this approach. This means ensuring consistent standards - doing things because they have been proven to work and not doing things that are not supported by clinical evidence.

The ministry is focusing on reducing expenditures on specific testing and interventions shown to have little to no known clinical benefit to patients. For example:

1. For patients at low risk for osteoporosis the province has reduced the frequency with which it will cover Bone Mineral Density testing (BMD).
2. Recent studies have shown that routine electrocardiograms (ECGs) and chest x-rays before cataract surgery do not improve how well the surgery turns out for

most patients. In some cases, these tests may be harmful for patients. As a result, ECGs and chest x-rays to prepare a patient for cataract surgery are only eligible for payment with prior approval from the ministry.

3. After consulting with the Ontario Medical Association and other key partners, as of July 1, 2010 the ministry is limiting the number of diagnostic sleep studies that an individual is eligible for to one every 12- month period and therapeutic sleep studies are limited to one every 24 months.

These changes are expected to result in savings of $9.4 million in 2010-11, growing to $19.8 million in 2013-14.

4. There is no evidence that routine testing of Vitamin D levels is beneficial. Faced with that evidence, and the extraordinary rising cost of the tests, the province is no longer funding tests for people who simply don't need them.

This change is resulting in a savings of $106.6M per year

Patient-Based Payment (PbP)

The ministry is working with the hospital sector to achieve the goals of improved quality, value and patient-centered care. The Patient-Based Payment (PbP) strategy will shift Ontario hospital funding to a system that creates the right financial environment for providers to deliver high quality, evidence-based care.

Currently, Ontario's hospitals receive most of their funding through fixed global budgets that are largely determined by historical factors. In many cases, this funding does not reflect the populations that hospitals now serve nor the types of patients that receive care. Global budget incentives can often work against hospitals improving the quality and efficiency of services they deliver.

PbP builds on Ontario's successful 'money follows the patient' Wait Time Strategy funding approach by clearly linking hospitals' funding with the level of services and quality of care that they deliver. It will ensure that fast growing areas of the province receive an appropriate share of funding to meet their needs and that funding reflects the best clinical evidence.

The PbP method will fund hospitals in a way that better reflects the volumes and types of patients treated and the quality of care delivered. The model develops a cost profile for every patient based on their clinical diagnosis, type of treatment received and the characteristics of the hospital where they received their care.

Hospitals will transition towards funding that reflects the expected rate, volume and quality of patient care delivered.

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Health Quality Ontario (HQO)

Ontario's move toward Evidence-Based Care is being supported through an expanded role for the Ontario Health Quality Council, called Health Quality Ontario as of April 1, 2011.

Under HQO, the government is amalgamating five existing organizations and programs with similar mandates – the Medical Advisory Secretariat of the Ministry of Health and Long-Term Care, the Ontario Health Technology Advisory Committee, the Ontario Health Technology Evaluation Fund, the Centre for Healthcare Quality Improvement and the Quality Improvement and Innovation Partnership.

As a consolidated organization, HQO will lead provincial efforts to improve safety, effectiveness and the patient experience across all health care settings. HQO will help support the health system in focusing on evidence-based clinical practices that will improve quality. The agency will be actively involved in making recommendations to support improvements. It will help to inform the kinds of clinical services for which the government pays. Increasingly, spending will be tied to improvements in quality.

Community Supports

Without a strong and co-ordinated local system of home support, long-term care, mental health and addiction services and supportive housing, further economic and efficiency gains in the hospital sector could not be realized.

The government decided that a fundamental shift in philosophy would ensure that people received care where they wanted it – in the community. The Aging at Home initiative was instituted in 2007 to find local solutions to both ALC and home support. The plan built local capacity and focused significant funding and resources to these areas.

Through a wide range of community services such as increased home care, personal support and homemaking services provided by Community Care Access Centres, increased capacity across the system continuum, meals and transportation, and health and wellness programs, the strategy continued to improve seniors' quality of life, and helped to ensure that care is received at the right time and right place.

One of the key strategies for the coming fiscal year is to focus investments on shifting care from the more expensive acute sector to the community sector. As a result, funding for community support services, Community Care Access Centres and community mental health and addictions services will be increased across the board by 3 per cent.

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Drug System Reform

In 2010 the government introduced reforms to Ontario's drug system that are resulting in annualized savings of $500 million. Those savings are being reinvested in the health care system.

eHealth

eHealth is a vital tool and key enabler that will support health care innovation across Ontario's health care system. eHealth will bring about the shift from paper-based record keeping to fast, efficient and secure electronic sharing among authorized health care providers, while safeguarding an individual's privacy.

The government's eHealth strategy is guided by a clear goal – to modernize the health care system, leading to better quality in patient care and efficient health service delivery.

Major projects well underway include the Emergency Neurosurgery Image Transfer System (ENITS) which enables the remote viewing of patients' neurological exam images across the province. With this tool, neurosurgeons can provide critical recommendations related to patient treatment and required transfers. ENITS has avoided nearly 1,600 patient transfers resulting in savings of more than $50M since its inception in January 2009. As well, the Diagnostic Imaging/Picture Archiving and Communications Systems (DI/PACS) project improves the ability of physicians to deliver care by providing them with a more complete picture of a patient's diagnostic history, improve the patient experience by shortening wait times for diagnostic results, and lower health care costs by reducing duplicate testing. All of the province's hospitals now capture and store diagnostic images in digital format.

CONCLUSION

Ontarians want and deserve quality health care when and where they need it. They want options and choices. They want a health care system that is accountable and one that will be there for themselves, their children and their children's children.

While recovery has begun in Ontario, there are still significant risks to the global economy that impact government finances.

As the government operates within a fiscally restrained environment, the needs of the health sector continue to grow. An aging population will only exacerbate this tension. Evidence shows us that a poor quality system is a wasteful system. Quality care is tied to the viability and future resilience of the health system.

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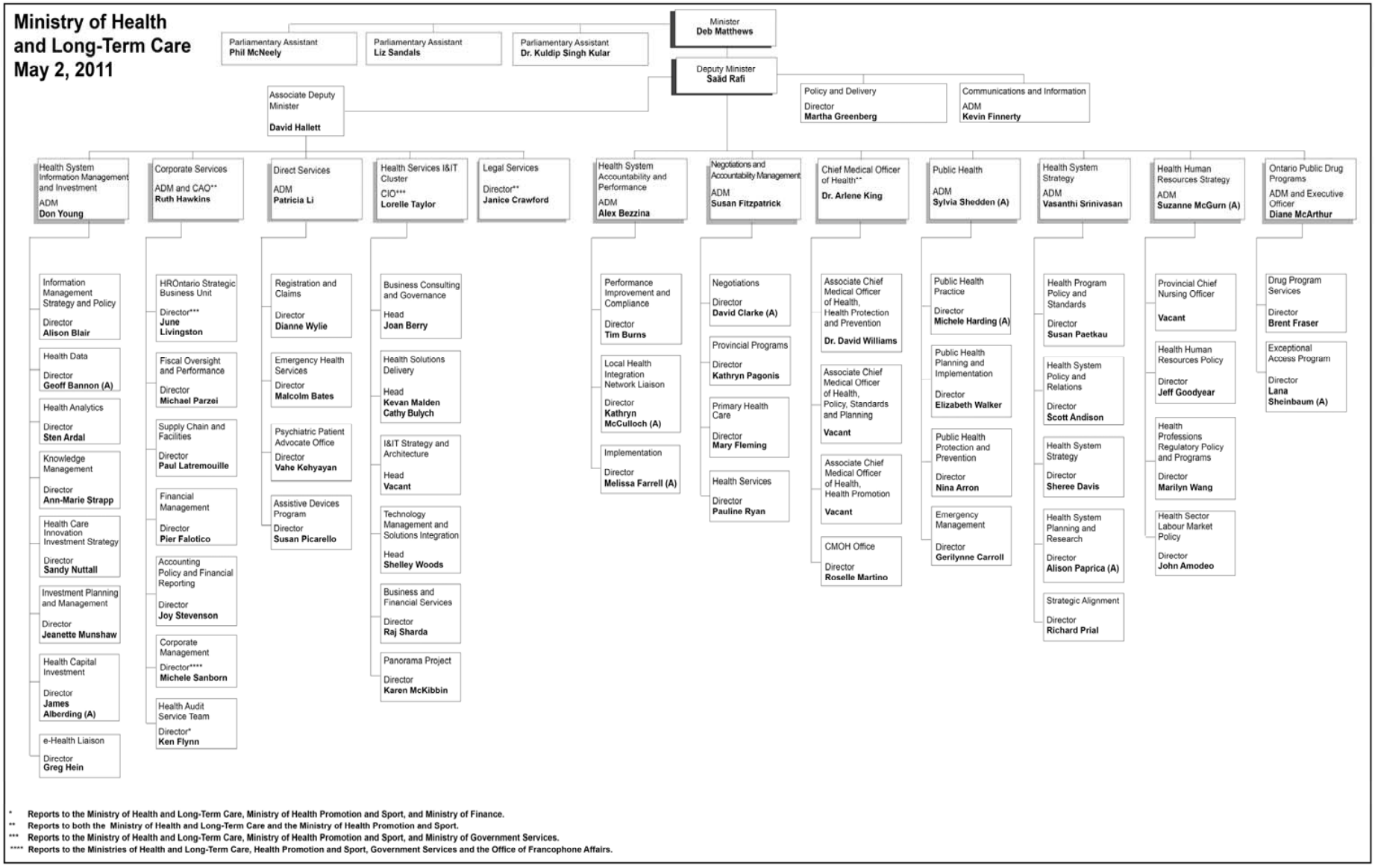
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May 2, 2011
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**** Reports to the Ministries of Health and Long-Term Care, Health Promotion and Sport, Government Services and the Office of Francophone Affairs.

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Legislation

Acts administered by the Ministry of Health and Long-Term Care

Legislation	Description
Alcoholism and Drug Addiction Research Foundation Act	Established the Alcoholism and Drug Addiction Research Foundation with a mandate to conduct and promote programs for the treatment of persons with alcohol and drug addictions. The Foundation amalgamated with the Clarke Institute and the Donwood Institute to form what is now the Centre for Addiction and Mental Health.
Ambulance Act	Purpose is to ensure the existence of a balanced and integrated system of land and air ambulance services, communication (dispatch) services and base hospital programs (quality control for paramedics) in Ontario.
Brain Tumour Awareness Month Act, 2001	Designates October as Brain Tumour Awareness Month.
Cancer Act	Continues the Ontario Cancer Treatment and Research Foundation (now known as Cancer Care Ontario) and sets out its objects and powers.
Chase McEachern Act (Heart Defibrillator Civil Liability), 2007	Provides limited liability protection to certain persons who use defibrillators in emergencies, and to owners and occupiers of premises where defibrillators are made available.
Commitment to the Future of Medicare Act, 2004	Establishes the Ontario Health Quality Council, contains prohibitions against two-tier medicine, extra billing and user fees, and provides a framework for accountability agreements and the issuance of compliance directives.
Community Care Access Corporations Act, 2001	Governs the designation, objects, powers and duties of community care access corporations, and sets out the powers of the Minister of Health and Long-term Care with respect to these corporations.

Legislation	Description
Developmental Services Act (Long-Term Care Programs and Services only)	Provides for the funding of group homes, institutional facilities and community support services for developmentally handicapped children and adults.
Drug and Pharmacies Regulation Act	Governs the licensing and operation of pharmacies.
Drug Interchangeability and Dispensing Fee Act	Sets out a scheme for the declaration of drugs as interchangeable with one another (for example where generic drugs may be declared to be interchangeable with brand name products).
Drugless Practitioners Act	Regulates naturopaths and drugless practitioners.
Elderly Persons' Centres Act	Governs the establishment and funding of elderly persons centres.
Excellent Care For All Act, 2010	Requires health care organizations (defined as public hospitals and other organizations that may be provided for in the regulations) to: establish quality committees; develop a quality improvement plan; conduct surveys to collect information concerning satisfaction with the services they provide; and have a patient relations process and a patient declaration of values. The Ontario Health Quality Council, established under the *Commitment to the Future of Medicare Act, 2004*, is continued under the Act.
Fluoridation Act	Provides a legislative framework for municipalities or local boards to establish, maintain and operate, or discontinue a fluoridation system through by-laws or by submitting a questions to their electors for a vote.
Healing Arts Radiation Protection Act	Promotes the safe use of x-rays in the healing arts and establishes the HARP Commission that advises the Minister on matters relating to the health and safety of x-rays.

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Legislation	Description
Health Care Consent Act, 1996	Governs determinations of incapacity to make decisions about treatment, admission to care facilities and personal assistance services.
Health Facilities Special Orders Act	Permits the Minister to suspend and revoke the licence of, and take over the operation of, ambulance services, nursing homes, private hospitals, laboratories and specimen collection centres where the Minister has significant health and safety concerns.
Health Insurance Act	Establishes a scheme for the payment, of publicly funded health care services (the Ontario Health Insurance Plan - "OHIP") for all Ontario residents, most of which are required to be covered under the *Canada Health Act*. Also sets out a system for the review and recovery of payments made under the Act.
Health Protection and Promotion Act	Provides a framework for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario. Establishes and sets out the powers and duties of local boards of health and medical officers of health, and the Chief Medical Officer of Health.
Home Care and Community Services Act, 1994	Governs the provision of community services (professional services, personal support services, homemaking services and community support services) by approved agencies, including community care access centres. This Act was previously named the *Long-Term Care Act, 1994*.
Homemakers and Nurses Services Act	Authorizes the establishment of a homemaking and nursing service program which includes a provincial cost-sharing arrangement with municipalities and Indian bands.

Legislation	Description
Homes for Special Care Act	Provides a framework for the Minister to approve a licence and fund an operator of a home that provides residential care to seriously mentally ill persons.
Immunization of School Pupils Act	Requires parents to ensure that school-aged children receive certain immunizations, subject to medical and religious/ethical exceptions, and permits medical officers of health to order suspensions for students who do not receive immunizations.
Independent Health Facilities Act	Establishes a system for licensing facilities to provide quality services that support insured services in areas of need at a fair price to the Ministry (e.g. diagnostic testing).
Katelyn Bedard Bone Marrow Awareness Month Act, 2010	Designates the month of November in each year Bone Marrow Awareness Month.
Laboratory and Specimen Collection Centre Licensing Act	Governs the licensing, inspection and operation of hospital laboratories and specimen collection centres in Ontario
Local Health System Integration Act, 2006	Purpose of the Act is to improve access to health care services, coordinated health care and effective management of the health system at the local level. The Act establishes 14 local health integration networks, whose objects include planning, funding and integrating the local health system through health service providers.
Long-Term Care Homes Act, 2007	This Act came into force on July 1, 2010 and governs all long-term care homes, not just municipal and First Nations homes. The *Charitable Institutions Act*, *Homes for the Aged and Rest Homes Act* and *Nursing Homes Act* were repealed when this Act came into force.

Legislation	Description
Mental Health Act	Primarily deals with the involuntary examination, assessment and admission of mentally disordered persons in psychiatric facilities.
Ministry of Community and Social Services Act (Sections 11.1 and 12 re: Long Term Care Programs and Services only)	Relevant provisions in this Act enable the Minister of Health and Long-Term Care to provide direct funding to persons sixteen years of age and older who have a disability, so that they may purchase goods and services, and to enter into agreements respecting the provision of social and community services.
Ministry of Health and Long-Term Care Act	Sets out the duties, functions and powers of the Minister of Health and Long-Term Care.
Ministry of Health and Long-Term Care Appeal & Review Boards Act, 1998	Establishes both the Health Professions Appeal and Review Board and the Health Services Appeal and Review board, each of which hear matters under various MOHLTC statutes.
Narcotics Safety and Awareness Act, 2010	Permits the Minister and/or the executive officer under the *Ontario Drug Benefit Act* to monitor, analyze, collect and disclose information, including personal information, related to the prescribing and dispensing of monitored drugs. The majority of the Act's provisions have yet to be proclaimed.
Ontario Agency for Health Protection and Promotion Act, 2007	Establishes the Ontario Agency for Health Protection and Promotion, and sets out its objects and powers.
Ontario Drug Benefit Act	Provides rules for the amounts the Minister must pay to pharmacists when providing drug benefits to eligible persons, rules for listing drugs and drug products on the Ontario Drug Benefit Formulary, and for pricing those drugs, and rules for defining eligible persons and eligible drug products.

Legislation	Description
Ontario Medical Association Dues Act, 1991	Requires physicians who are Ontario Medical Association (OMA) members to pay dues to the OMA, and requires physicians who are not OMA members to pay amounts equal to OMA dues to the OMA.
Ontario Mental Health Foundation Act	Creates the Ontario Mental Health Foundation and sets out its objects. This Act also establishes the former Clarke Institute of Psychiatry (now part of the Centre for Addiction and Mental Health).
Patient Restraints Minimization Act, 2001	Prohibits hospitals and other prescribed institutions from retraining patients except where it is necessary to prevent serious bodily harm and the prescribed requirements are met.
Personal Health Information Protection Act, 2004 (Schedule A to the Health Information Protection Act, 2004)	Establishes rules governing the collection, use and disclosure of personal health information by health information custodians and certain other persons.
Physician Services Delivery Management Act, 1996	Permits the Lieutenant Governor in Council, by regulation, to suspend designated rights and obligations under certain agreements listed in the Act.
Private Hospitals Act	Governs the operation of private hospitals in Ontario and provides that no person may use a house or other premises as a private hospital except under the authority of a licence issued under the Act prior to October 29, 1973.
Public Hospitals Act	Governs and regulates matters related to the operation and corporate governance of public hospitals.
Quality of Care Information Protection Act, 2004 (Schedule B to the Health Information Protection Act, 2004)	Protects the confidentiality of information discussed by a duly appointed quality of care committee.

Legislation	Description
Regulated Health Professions Act, 1991 Audiology and Speech Language Pathology Act, 1991 Chiropody Act, 1991 Chiropractic Act, 1991 Dental Hygiene Act, 1991 Dental Technology Act, 1991 Dentistry Act, 1991 Denturism Act, 1991 Dietetics Act, 1991 Homeopathy Act, 2007 Kinesiology Act, 2007 Massage Therapy Act, 1991 Medical Laboratory Technology Act, 1991 Medical Radiation Technology Act, 1991 Medicine Act, 1991 Midwifery Act, 1991 Naturopathy Act, 2007 Nursing Act, 1991 Occupational Therapy Act, 1991 Opticianry Act, 1991 Optometry Act, 1991 Pharmacy Act, 1991 Physiotherapy Act, 1991 Psychology Act, 1991	Deals with matters relating to the regulation of health professionals. Each health profession is regulated by a college that is established by one of the profession-specific Acts listed below.

Legislation	Description
Psychotherapy Act, 2007 Respiratory Therapy Act, 1991 Traditional Chinese Medicine Act, 2006	
Trillium Gift of Life Network Act	Governs the donation of human tissue for transplant and for educational or research purposes. The Act establishes the Trillium Gift of Life Network to coordinate activities relating to tissue donation.
University Health Network Act, 1997	Continues The Toronto Hospital (TTH) as a corporation without share capital under the name of University Health Network (UHN) and provides for the handling of TTH's assets and liabilities. The Act also sets out UHN's objects.
University of Ottawa Heart Institute Act, 1999	Provides the University of Ottawa Heart Institute with authority to provide cardiac services to the patients of the Ottawa Hospital, and governs the Minister's funding of the Institute.

All laws can be accessed by browsing http://www.e-laws.gov.on.ca

Agencies Boards and Commissions	Expenses & Revenue		
	Estimates 2011-12	Interim Actuals 2010-11	Expenditure Actuals 2009-10
Cancer Care Ontario [1]			
Operating	463,127,500	499,782,800	424,314,192
Research	3,226,290	3,200,000	3,215,749
Committee to Evaluate Drugs	730,000	760,000	759,272
Consent and Capacity Board	4,800,700	5,247,600	5,515,009
eHealth Ontario			
eHealth Ontario	384,802,200	322,291,100	317,946,920
eHealth Ontario Capital	90,000,000	26,788,200	33,702,000
Information Technology Programs	55,492,000	39,419,000	69,938,161
French Language Health Services Advisory Council	50,000	33,200	48,767
Health Boards Secretariat			
Regulatory Boards (28)	1,125,700	1,852,321	1,497,998
Health Professions Appeal and Review Board	1,803,900	2,968,431	2,728,364
Health Services Appeal and Review Board	518,000	852,428	876,899
Ontario Hepatitis C Assistance Plan	8,300	13,730	29,689
Transitional Physician Audit Panel	7,300	12,005	12,438
Health Professions Regulatory Advisory Council	330,200	453,600	916,368
Health Quality Ontario [2]	36,522,500	-	-
Joint Committee on the Schedule of Benefits	5,000	5,000	1,270
Local Health Integration Networks (LHINs)			
Central LHIN	1,698,769,300	1,765,196,400	1,668,958,827
Central East LHIN	1,967,253,300	2,035,565,600	1,924,928,889
Central West LHIN	747,171,100	765,328,000	730,947,800
Champlain LHIN	2,285,537,100	2,365,013,400	2,238,015,871
Erie St. Clair LHIN	975,275,400	1,005,831,400	954,319,937
Hamilton Niagara Haldimand Brant LHIN	2,540,943,200	2,596,052,400	2,498,626,842
Mississauga Halton LHIN	1,176,605,700	1,218,199,600	1,144,292,915
North Simcoe Muskoka LHIN	718,237,300	741,547,400	697,903,607
North East LHIN	1,253,684,700	1,330,460,600	1,236,020,140
North West LHIN	572,905,000	588,389,200	567,666,144
South East LHIN	974,216,800	1,015,338,100	963,078,607
South West LHIN	2,022,662,800	2,093,823,600	1,990,075,613
Toronto Central LHIN	4,226,030,900	4,420,026,400	4,188,516,902
Waterloo Wellington LHIN	891,312,000	921,326,500	874,496,856
Medical Eligibility Committee	5,000	2,523	5,203
Ontario Agency for Health Protection and Promotion	140,186,600	132,816,100	122,185,518
Ontario Health Quality Council [2]	-	6,292,275	4,558,186
Ontario Mental Health Foundation			
Operating[3]	-	432,200	423,700
Research	3,104,868	2,681,168	2,964,923
Ontario Review Board	3,975,400	7,187,600	6,576,531
Physician Payment Review Board	671,995	374,651	-
Practitioner Review Committees			
Chiropody Review Committee	10,000	10,000	6,407
Optometry Review Committee	10,000	10,000	9,940
Trillium Gift of Life Network	23,694,300	19,866,100	19,147,200

Note 1: Cancer Care Ontario also receives funds from various programs within the ministry.
Note 2: In 2011-12, Ontario Health Quality Council (OHQC) has ceased to operate as an entity and has become part of the newly created legal entity - Health Quality Ontario (HQO).
Note 3: Ontario Mental Health Foundation operating funding is included in the research funding for fiscal year 2011-12.

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MINISTRY FINANCIAL INFORMATION

Table 1: Ministry Planned Expenditures 2011-12 ($)	
Operating	45,949,240,260
Capital	1,190,350,000
Total Ministry	**47,139,590,260**

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Ministry of Health and Long-Term Care
Table 2: Operating and Capital Summary by Vote

Votes/Programs	Estimates 2011-12 $	Change from Estimates 2010-11 $	Change %	Estimates* 2010-11 $	Interim Actuals* 2010-11 $	Actuals* 2009-10 $
OPERATING AND CAPITAL EXPENSE						
Ministry Administration Program	82,232,800	(273,300)	(0.3)	82,506,100	94,354,713	91,946,035
Health Policy and Research Program	891,325,700	133,888,000	17.7	757,437,700	770,582,700	694,450,694
eHealth and Information Management Program	583,755,200	(161,460,900)	(21.7)	745,216,100	500,524,400	450,058,590
Ontario Health Insurance Program	17,037,878,300	757,696,500	4.7	16,280,181,800	16,227,072,600	15,697,384,191
Public Health Program	702,254,600	(22,012,900)	(3.0)	724,267,500	653,916,200	718,032,649
Local Health Integration Networks and Related Health Service Providers	22,050,604,600	(21,797,500)	(0.1)	22,072,402,100	22,856,511,300	21,677,848,950
Provincial Programs and Stewardship	4,984,178,800	1,142,214,000	29.7	3,841,964,800	2,967,131,700	2,644,867,545
Information Systems	83,248,600	1,794,400	2.2	81,454,200	90,705,000	89,131,303
Health Capital Program	1,318,915,300	(272,359,900)	(17.1)	1,591,275,200	1,586,024,200	1,452,118,800
TOTAL OPERATING and CAPITAL EXPENSE TO BE VOTED	**47,734,393,900**	**1,557,688,400**	**3.4**	**46,176,705,500**	**45,746,822,813**	**43,515,838,757**
Statutory Appropriations	1,932,560	702,973	57.2	1,229,587	1,131,187	182,629
Ministry Total Operating and Capital Expense	**47,736,326,460**	**1,558,391,373**	**3.4**	**46,177,935,087**	**45,747,954,000**	**43,516,021,386**
Net Consolidation Adjustment - Cancer Care Ontario	17,119,900	8,350,700	95.2	8,769,200	11,055,900	39,552,167
Net Consolidation Adjustment - eHealth Ontario	(48,583,800)	61,574,100	55.9	(110,157,900)	(14,812,800)	(19,883,494)
Net Consolidation and Other Adjustments - Hospitals	(572,225,800)	156,732,200	21.5	(728,958,000)	(815,410,900)	(809,234,459)
Net Consolidation and Other Adjustments - LHINs	2,766,400	2,021,300	271.3	745,100	(777,200)	(4,515,700)
Net Consolidation and Other Adjustments - ORNGE	5,959,100	(3,881,000)	(39.4)	9,840,100	20,107,700	12,871,125
Net Consolidation and Other Adjustments - Funding to Colleges	-	1,319,700	100.0	(1,319,700)	(1,589,600)	(2,279,485)
Net Consolidation and Other Adjustments - Ontario Agency for Health Protection and Promotion	(1,772,000)	7,696,300	81.3	(9,468,300)	2,964,900	(7,362,500)
Total Including Consolidations and Other Adjustments	**47,139,590,260**	**1,792,204,673**	**4.0**	**45,347,385,587**	**44,949,492,000**	**42,725,169,040**
OPERATING AND CAPITAL ASSETS						
Health Policy and Research Program	9,400,000	200,000	2.2	9,200,000	8,500,000	4,633,500
eHealth and Information Management Program	-	(1,000)	(100.0)	1,000	1,000	3,583,155
Ontario Health Insurance Program	1,800,000	250,000	16.1	1,550,000	1,550,000	2,339,103
Public Health Program	1,000,000	-	-	1,000,000	1,000,000	1,000,000
Local Health Integration Networks and Related Health Service Providers	58,537,600	(5,610,000)	(8.7)	64,147,600	64,147,600	69,523,263
Provincial Programs and Stewardship	6,457,400	371,000	6.1	6,086,400	5,972,700	4,731,228
Information Systems	31,847,600	30,083,600	1,705.4	1,764,000	5,405,200	829,142
TOTAL OPERATING and CAPITAL ASSETS TO BE VOTED	**109,042,600**	**25,293,600**	**30.2**	**83,749,000**	**86,576,500**	**86,639,391**

* 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.

Ontario

Appendix I: Annual Report 2010-11

Ministry of Health and Long-Term Care

Ontario

Ministry of Health and Long-Term Care Overview

In 2010-11, the Ontario government advanced its commitment to quality health care for all Ontarians while ensuring the sustainability of the system today and in years to come. It strengthened the health care system by increasing accessibility and delivering positive patient outcomes. The government fostered patient-centred care that supports patient choice and promotes patient satisfaction.

The government continued to pursue a transformational course to build on the foundation of a results-driven and integrated system that puts patients front and centre across the continuum of care. At the same time, the government introduced policies and initiatives that deliver increased value on the investment of the province's precious health care dollars – value for patients, families and taxpayers.

The collective steps taken by the government ultimately will support improvements to the overall sustainability and the future resilience of the health care system.

Better value and service were achieved by focusing on the following areas:

- Patients
- Innovation
- Performance
- Quality
- Transparency
- Return on investment
- Accountability to the taxpayer

Providing appropriate care and services that meet the needs of patients when and where they need it most were guiding principles. By supporting evidence-based, innovative quality care that yields positive patient outcomes, the government strived to maximize the return on every health care dollar invested. As well, the government took steps to increase the transparency within the health sector and introduced stricter measures to maintain accountability to taxpayers. The government continued to build a health system which Ontarians can trust and depend on today and well into the future.

Health care is an important component of the Open Ontario Plan, which the government launched in 2010 to strengthen the province's economy and create jobs by being flexible, adaptable and open to opportunities. Investing in frontline health care, improving the quality of care and increasing accountability to patients are all part of Open Ontario Plan.

Ontarians have long articulated two overarching priorities for the province's health system:

- Improving access to family health care for all
- Reducing wait times in emergency rooms.

Achieving these important priorities requires a broad range of stakeholders working together to foster a well integrated system that delivers appropriate services in appropriate settings – whether at home, in the community or in an acute care facility. Continued progress in the crucial areas of increasing access and reducing wait times in emergency rooms are linked to ensuring the future sustainability of Ontario's health care system. The government has developed and supported a framework that allows for local solutions, flexible options and innovative services to thrive, in order to strengthen the resilience of the system.

IMPROVING ACCESS TO FAMILY HEALTH CARE FOR ALL

The government continues to implement a number of innovative initiatives – including Family Health Teams (FHTs), Community Health Centres (CHCs) and Nurse Practitioner-Led Clinics (NPLCs) to enhance access and patient experience. These are key elements in achieving the government's commitment to providing family health care for all Ontarians.

Family Health Teams

Family Health Teams are a unique and flexible model of care delivery that brings together teams of doctors, nurses, dieticians, pharmacists and other health care professions working in concert to provide comprehensive care to more patients. They are an important building block in the province's commitment to accessible community health services. FHTs are providing care to over 2.6 million Ontarians, including about 516,000 who previously did not have a family doctor. FHTs will serve three million Ontarians when they are fully operational.

The government has fulfilled its commitment to create 50 new FHTs by 2011-12. Twenty FHTs were announced in 2009, which became operational by early 2011. An additional 30 new FHTs were announced in August 2010 and they are expected to become operational by August 2011.

Since 2003-04, the government has created 200 FHTs – including 42 in Northern Ontario – that provide better access to care for patients closer to home. About 2,000 doctors and 1,400 other health care professionals work in the province's FHTs. FHTs offer an adaptable model that can be customized in size, structure and scope to best meet local health and community needs. They deliver health services effectively in both

urban and rural settings. FHTs focus on chronic disease management, disease prevention and health promotion and help to better integrate local health care services. They offer a very holistic approach to care because of the range of services and programs they can provide. FHTs also play an important role in reaching out to patients who previously did not have a regular family health care provider.

The evolution of FHTs has greatly contributed to over one million more Ontarians having a family doctor since 2003. By improving access and helping to keep patients healthier, FHTs reduce the reliance on emergency departments for care that is best delivered within the community. This eases the strain on hospital emergency rooms, so FHTS also support the government key priority of reducing ER wait times. Most importantly, FHTs provide quality care to Ontarian families, when and where they need it.

Community Health Centres

The government also increased access to family health care through the continued expansion of Community Health Centres (CHCs). Since 2003-04, the government has embarked on the largest expansion of CHCs in Ontario's history. The creation and development of an additional 49 CHCs and satellites have almost doubled to 101, the number of these health facilities in the province.

In 2010-11, funding to CHCs increased by $30.8 million or 12 per cent over the previous fiscal year. Since 2003-04 the government has increased spending on CHCs from $140.9 to $284.6 million, an increase of 102 per cent.

CHCs and their sister Aboriginal Health Access Centres (AHACs) are a unique primary care model that focuses on the social determinants of health. These centres design and deliver a broad range of primary care as well as health promotion and community development services under one roof. Healthy eating, active living and community gardens are among the programs that can be found in CHCs around the province. These centres often serve Ontarians who face social and economic barriers to accessing programs and services. A recent report released by the Association of Community Health Centres, concluded that Ontario's expansion of CHCs is improving the health and health outcomes of individuals and families and is addressing health inequities within communities.

About 490,000 Ontarians will be served by CHCs when all the new centres and satellites are operating at full capacity. This includes Aboriginal Health Access Centres. The expansion will have increased access to about 175,000 more Ontarians to the services and programs provided by CHCs.

Ontario

Health Care Connect

In February 2009, the government announced Health Care Connect, a new referral program to help people who do not have a family doctor or nurse practitioner, find one. Ontarians can call 1-800-445-1822 to register with the program, and those who need care most are referred first. A website allowing patients to register online for the program was launched in July 2009 (www.ontario.ca/healthcareconnect).

To date, 55,798 patients (55 per cent of those registered) have been referred to a family physician. Of the 7,165 complex-vulnerable patients registered with the program, 5,384 (75 per cent) have been referred to a family health care provider.

Dental Care

As part of Ontario's Poverty Reduction Strategy, the government committed $45 million a year to provide access to dental care for low-income children and youth. Phase 1 of the commitment was the expansion of the Children in Need of Treatment Program (CINOT) in January 2010. CINOT is administered by the Ministry of Health Promotion and Sport. The government launched Phase 2 of the strategy, the Healthy Smiles Ontario Program, on October 1, 2010. Healthy Smiles Ontario is a new, no-cost, basic dental care program which provides preventive and early dental treatment services for children and youth age 17 and under from low-income families. The Healthy Smiles Ontario Program is administered by the Ministry of Health and Long-Term Care

Physicians

Government action to increase the number of doctors working in the province has also contributed to over one million more Ontarians having a family physician compared with 2003. In 2009, there were 2,886 more doctors practicing in Ontario than six years earlier. During this period, the rise in the number of doctors working in the province outpaced population growth – increasing from 175 per 100,000 Ontarians in 2003, to 186 doctors per 100,000 Ontarians in 2009.

The government committed to providing access to a family doctor to 500,000 more Ontarians by 2011-12. The government surpassed this goal, according to the Primary Care Access Survey, which indicated that approximately 600,000, more Ontarians had a regular family physician by September 2010, compared with October 2007.

Training More Doctors

The government continued to invest in increasing the number of physicians in the province by adding 100 more first-year medical school spaces by 2011-12. This builds on the 23 per cent expansion of medical school capacity that was completed in 2008-09 - a 38 per cent increase overall since 2004-05.

Three new medical education campuses were opened in St. Catharines, Kitchener-Waterloo and Windsor. A fourth medical school campus is scheduled to open in Mississauga in September 2011. The Northern Ontario School of Medicine (NOSM), which opened its doors in 2005, graduated 55 students in the spring of 2010. It added eight new first year medical spaces in 2010-11 to its existing 56 spaces, increasing the capacity of undergraduate medical students in each year to 64. With campuses in Sudbury and Thunder Bay, NOSM is currently training 224 medical students in the north. NOSM has a unique focus on the health status patterns of northern and rural communities and the challenges and rewards for heath care providers working in these environments.

The government has also increased the overall number of post-graduate positions in family medicine by 160 per cent by creating 326 new training positions. Phase one of the expansion raised the number of family medicine residency positions by 75 per cent between 2004-05 and 2007-08. The second phase of the expansion is currently underway and will see an additional 175 family medicine positions by 2013-14.

The expansion of specialty residency positions is being implemented between 2011-12 and 2016-17. This will involve the addition of 75 new specialty training positions, which represents an 83 per cent increase in this area since 2003-04.

A total of 4,093 government-funded residents were in training in 2010-11, compared to 2,269 in 2003-04.

International Medical Graduates (IMGs)

The government also improved access to quality health care for Ontarians by expanding opportunities for International Medical Gradates (IMGs) to practice in the province. Ontario currently offers more training positions and assessments for IMGs than all other provinces combined. In 2010-11 the government surpassed its own target and offered 219 training positions and assessments to IMGs. Since 2004, the province has doubled the number of spaces available for IMGs from 90 to 200 each year.

As of 2009, there were more than 6,050 IMGs practicing in Ontario and this represented nearly 25 per cent of Ontario's physician workforce. The government's efforts have resulted in IMGs being successfully integrated into the physician workforce through increased opportunities for training and assessment. As of November 1, 2010 there were 794 IMGs in training positions and assessments, with Return of Service (ROS) commitments. ROS requires IMGs to agree to work for a designated time in a particular community.

Investment in programs that support IMGs have increased by more than 500 per cent from $16 million in 2003-04 to about $83 million in 2010-11.

Ontario

Doctors Working in Teams

An increasing number of the province's doctors are working in teams to deliver family health care to Ontarians. From 2003-04 to 2009-10, the number of physicians working in teams increased from 2,370 to 7,080. Some 9.2 million Ontarians were receiving care from doctors in a group setting in March 2010 – 7.9 million more patients or a 600 per cent increase over March 2004.

Nurses

Recognizing the important role that nurses play across the continuum of care in Ontario's health system, the government has launched many nursing initiatives since 2003. The highlights include:

- The Nursing Graduate Guarantee Initiative, which makes Ontario one of the few jurisdictions in the world to guarantee a full-time job opportunity to every new nursing graduate. Since 2007, more than 9,800 new nursing graduates have participated in this initiative**.**

- Funding for 1,200 Registered Practical Nurses in long-term care homes, with at least one new RPN in each home.

- Funding for 1,202 new full-time nursing positions in Ontario hospitals.

- Funding to provide education to nurses new to critical care in the province's hospitals. Over 1,100 nurses have been awarded funding to assist with their training costs in this area. The 2010-11 investment supported the training of an additional 395 nurses.

- The development of evidence-based nursing best practice guidelines, to provide education grants and fellowships and to develop recruitment and retention strategies through the Nursing Education Initiative.

- Support for tuition costs for nurses wishing to return to rural, remote or underserviced communities. The program has provided tuition reimbursement to more than 270 nursing graduates.

- Funding the creation of over 5,000 nursing positions in Ontario hospitals.

The government has funded the creation of more than 10,000 nursing positions in Ontario since 2003. More than 1,000 nursing positions were created in 2010-11. Since 2005, there has been an upward trend to more new nursing graduates in Ontario obtaining full-time employment, compared to their national counterparts.

The percentage of nurses working full time in Ontario increased by 14.4 per cent since 2003, to 63.9 per cent of nurses reported full-time employment in 2009-10. The government has been engaging Local Health Integration Networks (LHINs) to develop nursing health human resource planning strategies and implement existing nursing health human resources tools and best practices, with the aim of having moved closer towards 70 per cent full-time nursing employment.

Nurse Practitioner-Led Clinics (NPLCs)

In 2007, the government announced a new care delivery model involving Nurse Practitioners leading an interprofessional team – Registered Nurses, family physicians and a host of other health care professionals – working collaboratively to deliver a range of services to help keep patients healthy. NPLCs offer an additional option in delivering high quality accessible care to communities. NPLCs focus on health promotion, disease prevention and support integrated care – often for individuals previously without access to a primary care provider.

After opening a Nurse Practitioner-Led Clinic demonstration project in Sudbury, 25 new NPLCs clinics have been announced – including eight located in communities in Northern Ontario. As of March 2011, six NPLCs have opened and are receiving patients in the following communities:

- Belle River Township of Lakeshore
- Belleville
- Thunder Bay
- Barrie
- Glengarry
- Essex County

The target is for all of the remaining NPLCs, located in communities across the province, to be fully operational by the end of 2012.

To support this new care delivery model, the government has simultaneously increased the number of Primary Health Care Nurse Practitioner spaces. The government is investing over $6 million annually to train primary care nurse practitioners – doubling the number of education spaces from 75 to 176 spaces – with an investment of over $6 million annually. This expansion supports an adequate supply of Primary Health Care Nurse Practitioners in Ontario.

Enhancing the Experience of Nursing

Since 2004, the government has provided more than 15,000 nurses with the opportunity to spend more time in less physically demanding roles through the Late Career Nurse

Initiative. The $80 million investment over seven years, supports experienced nurses to remain working in the field longer, contributing their expertise.

The government has funded 19,000 new bed lifts and safety equipment in hospitals and long-term care homes to improve the working conditions of nurses.

The government has supported the mentoring of new nursing graduates through the Nursing Graduate Guarantee and has created new opportunities to help experienced nurses apply their knowledge and skill through exciting transition into new nursing roles.

Ontario became the first province to fund clinical simulation equipment to better prepare nursing students for entering clinical practice. The government invested in specialized education for 395 nurses new to critical care, so they will be better able to provide care for seriously injured and critically ill patients.

Other Health Care Professionals

Midwives

The government continued to expand access to midwives for thousands of women in Ontario. In 2010-11, the province funded the services of up to 59 more midwives. The government's investment in the Ontario Midwifery Program has increased by over 276 per cent since its inception, from $23.7 million in 2002-03 to $89 million 2010-11. Ontario has also expanded training opportunities through the Midwifery Education Program by increasing the number of available spaces from 60 to 90 beginning in 2008-09.

There were 526 registered midwives in the province as of the end of February 2011, making Ontario the leading province for midwifery with over half of Canada's midwives. Ontario's midwives currently provide services to about 15,500 women and newborns annually.

Physician Assistants (PAs)

The government launched the Physician Assistant (PAs) Initiative in 2006. PAs, working with a supervising doctor, can take medical histories and examine patients, provide counseling on preventative health care, and perform certain diagnostic and therapeutic interventions as delegated by the doctor. As of January 4, 2011, there were 80 PAs working in over 60 sites across Ontario through either demonstration projects or as new graduates. These PAs are working in hospitals, long-term care facilities, Diabetes Care Centres, Community Health Centres and Family Health Teams.

In addition, a program for PAs with an International Medical Graduate (IMG) background was launched in January 2010. Fourteen participants from this program

began working as PAs in the spring 2010. Fifty-three PAs with an IMG background have completed this integration program since 2007.

The majority of the PAs in the initiative had contracts ending in March 2011 and beyond. Evaluation results from the PA demonstration sites will inform future decisions on the role of PAs within the health care system.

In 2008, McMaster University started the first PA education program in Ontario. The first 21 students completed the two-year Bachelor of Health Sciences (Physician Assistant) degree in August 2010. In July 2010, the government launched a grant initiative to support job opportunities for these new PA graduates in high priority areas, such as hospital emergency rooms and primary care.

Another PA education program was created in January 2010 through the collaboration of the University of Toronto, the Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences.

Clinical Specialist Radiation Therapists (CSRTs)

In 2007, the province initiated the Clinical Specialist Radiation Therapist (CSRT) demonstration project with the implementation of five positions at the Ontario Regional Cancer Centres in Sunnybrook and Princess Margaret hospitals. CSRTs are medical radiation technologists with additional training to provide more specialized care. The new role is helping to reduce wait times and ensure optimal operation of radiation treatment machines by fully trained professionals.

As of January 4, 2011, there were eight CSRTs working in Ontario's cancer centres. Evaluation results from the demonstration project will inform future decisions on the role of CSRTs.

Health Human Resources Strategy

HealthForceOntario (HFO) is the province's health human resources strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, today and well into the future. The strategy has supported the creation and expansion of new health provider roles, including PAs and CSRTs. HealthForceOntario has also created a range of new roles for nurses including:

- Registered Nurse Performed Flexible Sigmoidoscopy;
- Registered Nurse - Surgical First Assist;
- Nurse Practitioners with specialty education in Anaesthesia.

The HealthForceOntario Marketing and Recruitment Agency is a key pillar of the ministry's HealthForceOntario strategy.

The core mandate of the Agency is to:

- Recruit, internationally, nationally and provincially, health care professionals to practice in Ontario;
- Attract persons to the practice of health care in Ontario;
- Assist health care professionals and other interested persons in identifying requirements that must be met to practice health care in Ontario and determining ways they can meet the requirements;
- Encourage health care professionals who currently practice in Ontario to continue working in Ontario;
- Work with communities in Ontario to enhance their recruitment and retention of health care professionals to help meet communities' health needs; and
- Make Ontarians aware of the services and initiatives of the ministry that are designed to enhance the supply and distribution of health care practitioners in the province.

Hospitals

The government has significantly increased its investment in Ontario's hospitals. Hospital funding has increased from $10.9 billion in 2003-04 to $16.3 billion in 2010-11. Funding increased by 4.7 per cent in fiscal 2010-11, compared with the previous year. This includes a 1.5 per cent increase in base funding for the hospital sector.

LHINs are responsible for coordinating the delivery of health services within their geographic regions. LHINs successfully negotiated Hospital-Service Accountability Agreements (HSAAs), which initially covered a two-year period ending in 2009-10 were extended through to 2010-11.

Renewing Hospital Infrastructure

Renew Ontario, a five-year $30 billion investment plan, includes $5 billion in health care projects. In 2010-11, 40 major hospital infrastructure projects were under construction with 12 completed during the fiscal year.

By increasing the government's share of eligible construction costs to 90 per cent and eligible planning costs to 100 per cent, the province is providing more than $1 billion in additional support to renew Ontario's hospital infrastructure.

The government has also supported the redevelopment and expansion of cancer centres in Ontario.

Ontario

Critical Care Strategy

Ontario's Critical Care Strategy includes several core initiatives aimed at increasing access to care, improving the quality of care and enhancing health system integration. It involves quantifying existing critical care resources in the province and how they are used. This crucial data is now being collected through the Critical Care Information System. The data represents the most comprehensive source of information on access to critical care, quality care and outcomes of critically ill patients in Ontario.

The province's critical care strategy has led to a more integrated, coordinated, critical care system that is easier to access, better understood and supported by engaged clinicians, administrators and planners working to improve the system.

Accomplishments in the critical care sector include:

- A $45 million investment to increase critical care capacity – including 86 new intensive care unit (ICU) beds opened across 35 hospitals in Ontario.

- Critical response teams, operating in 27 hospitals and four pediatric academic health sciences centres, have brought critical care outside of the ICU, to any area of the facility. This has avoided admissions to ICUs, or resulted in a decreasing length of stay.

- Over the last four years, more than 100 critical care coaching teams have been deployed in nearly 70 hospitals in the province. These teams support the institutions in key performance areas, including patient flow and ICU management.

- The government has created a Surge Capacity Management Program and supported the development of tools and resources for hospitals to activate surge capacity plans with their LHIN partners.

REDUCING WAIT TIMES

The government continued to build on its comprehensive plan to ensure Ontarians in need of acute care can access it in a timely manner at hospital emergency rooms (ERs). It has made major investments in a number of coordinated initiatives to provide Ontarians with appropriate health care options in a range of settings, so that ERs are not used as a default entry point into the health care system. The government also continues to improve the delivery of care in ERs to reduce wait times, facilitate timely discharge from hospital and foster appropriate care within the community.

Ontarians have repeatedly articulated that reducing ER wait times is a key priority for them. The government has listened and taken important steps to improve ER performance. A coordinated strategy to tackle ER wait times was launched in 2008-09, which included Pay-for-Results incentives targeting 46 Ontario hospitals that faced the most serious challenges. In 2010-11, the government invested $100 million to expand the Pay-for-Results program to a total of 71 hospitals.

Other actions to support hospitals in reducing ER wait times include:

- In 2010-11, the government provided $9.3 million to 16 municipalities for the Dedicated Nurses to Receive Ambulance Patients initiative.

- An ER process improvement program that includes coaching teams and tools to help select hospitals improve processes and patient flow in ERs.

- Funding for Physician Assistants to work in ERs.

- A one-of-a-kind North American initiative was launched February 2009; setting clear targets for reducing the total amount of time patients spend in ERs. Hospitals report their ER wait times and the data is posted on a public website. Ontarians continue to have access to information about their local ER at www.ontariowaittimes.com.

Supporting Alternatives to ERs

Reducing ER wait times is a complex issue that needs to be supported by available health care options across the continuum of care. The government continued to invest in helping Ontarians identify health care options in their communities – such as walk-in clinics, Family Health Teams or Urgent Care Centres – as appropriate alternatives to ERs. The Your Health Care Options website provides an online one-stop access point where Ontarians can search for the appropriate health care service they require by typing in their postal codes. The website, www.ontario.ca/healthcareoptions, provides information for Ontarians on how to access appropriate services close to home in their communities.

The government continued to invest in a number of strategic initiatives aimed at relieving the burden on ERs by:

- Funding LHINs to develop local solutions to address Alternative Level of Care (ALC) pressures by providing appropriate community options that allow individuals no longer in need of acute care to be readily discharged from hospital. About 20 per cent of acute care beds in Ontario's hospitals are occupied by patients waiting for community supports; so they can go home or to another setting, such as a long-term care home.

- Investing an additional $3.5 million in 2010-11 – similar to the previous fiscal year – on nurse-led outreach teams to provide timely and quality care to residents in long-term care homes to reduce avoidable ER visits and hospital readmissions.

- Continuing to fund targeted community projects to support Ontarians with chronic or palliative conditions receiving care in their communities and reduce ER visits.

Aging at Home / Home Care

Ultimately, providing timely emergency care requires broad-based improvements across the health care system. Ontario's groundbreaking Aging at Home Strategy provides a continuum of community-based services for seniors and their caregivers aligning with the priority to reduce emergency room wait times. If seniors can stay healthy and live independently and with dignity in their homes, it will reduce the pressure on the acute care sector. Aging at Home is a four year, $1.1 billion strategy, which includes substantial investments in home care services. In 2010-11, the government invested $330.6 million on Aging at Home programs – an increase of $143.4 million over the previous fiscal year.

Funding to Community Care Access Centres (CCACs), which provide home care, personal support and homemaking services, was increased by $115.9 million in 2010-11. Since 2003-04, the government's funding for CCACs has increased from $1.2 billion to $2 billion in 2010-11. This represents an increase of $781 million or 64.2 per cent. The substantial increase in home care investments has led to expanding services to about 182,000 additional Ontarians since 2003.

Community Support Services (including Acquired Brain Injury and Assisted Living in Supportive Housing)

The government invested $870.8 million in 2010-11 in the province's overall community support services.

This amount was $452.1 million more than in 2003-04, or an increase of more than 100 per cent. Community Support Services assist seniors and individuals with disabilities to live independent lives and stay in their own homes longer. Services include meals on wheels, transportation services, caregiver respite and home maintenance and repair. Currently, approximately 767,000 Ontarians are being served.

Funding of services that specifically support Ontarians with acquired brain injuries increased to $63.9 million in 2010-11, a 69.1 per cent increase over 2003-04. The government investment to help Ontarians living in supportive housing increased to $348.8 million during the fiscal year – which represented a 164 per cent increase from 2003-04.

Ontario

Chronic Disease Management/ Diabetes Care

In Ontario, as is the case in developed countries throughout the world, chronic diseases are the leading cause of death and disability. Left untreated or managed improperly, chronic conditions can deteriorate and predispose individuals to other chronic conditions.

With the right treatment and support, people diagnosed with a chronic disease can improve their health and quality of life.

Investing in chronic disease management is also crucial to the sustainability of the health system, especially as the population ages. In 2010-11, the government continued to invest in programs and services that assisted Ontarians in preventing and managing chronic diseases. Diabetes has been the government's primary focus through the Ontario Diabetes Strategy (ODS). It is estimated that 1.169 million Ontarians have been diagnosed with diabetes.

In 2010-11, the ODS implemented 50 new Diabetes Education Teams (DETs), bringing the total number of these teams to 321. DETs consist primarily of registered nurses and registered dietitians, who support people newly diagnosed or living with diabetes by providing guidance on healthy eating, weight management, exercise, and blood glucose monitoring. The teams work in a range of settings, including FHTs, CHCs and hospitals. During 2009-10, 51 new DETs were implemented, including 10 in Aboriginal communities, a population known to be at high risk of developing diabetes.

The province has committed $741 million over four years to build on existing diabetes programs and improve health and health care for Ontarians living with diabetes and at risk of developing the disease. The funding commitment includes:

- $290 million for prevention initiatives involving specific population based programs; coordinating best practices, improving the management of diabetes, leveraging information to improve health outcomes, expanding existing programs and medical interventions.

- $98.1 million investment in a Diabetes Registry, with a preliminary release to a limited number of sites planned for 2011. The Diabetes Registry will identify Ontarians living with diabetes and is designed to support health care providers in offering best practices in diabetes care.

- $220 million to expand Ontario's Chronic Kidney Disease (CKD) Program to $464 million in 2010.

- $75 million to increase access to bariatric surgery. By 2011-12, the province will fund a minimum of 2,085 surgeries a year, performed at four centres of excellence.

- $6 million in additional funding for prevention programs, including education programs for high-risk populations, such as in Aboriginal communities.

Ontario became the first province to fully fund the cost of insulin pumps for children and youth with type 1 diabetes. Three years ago, similar coverage was extended to adults with type 1 diabetes.

End-of-Life Care

Ontario has become a leader in end-of-life care over the past four years by providing care options for nursing and personal support services for people in the last stages of life in their homes or a residential hospice. Ontario was the first province in Canada to make a significant multi-year investment in end-of-life care by investing in a $115.5 million strategy from 2005 to 2008.

Funding expanded in-home end-of-life services to 6,000 more Ontarians. The province has also committed nursing and personal support services in the home-like environment of more than 30 residential hospices across Ontario.

Mental Health and Addictions

In 2010, the government received two comprehensive reports outlining a vision for an Ontario mental health and addictions system. In August 2010, the Select Committee on Mental Health and Addictions released its final report to the legislature. In December 2010, the Minister's Advisory Group on Mental Health and Addictions released its report: *Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy.* Both reports included input from Ontarians who have faced mental health and addictions challenges. The reports will help to guide the government's work as it continues the development of a comprehensive 10-year mental health and addictions strategy for Ontario.

The government is committed to strengthen and building on the mental health and addictions supports for all Ontarians and to continue the work that is already underway to enhance and improve mental health and addictions services and collaboration to better meet the needs of children, youth, families, adults and communities.

Community Mental Health and Addiction Services

Ontarians living with mental health and addiction issues are experiencing difficulty in accessing appropriate community services and programs. This leads to them becoming frequent visitors to hospital ERs. The government continued to progress in implementing community-based solutions that better respond to the diverse needs of people challenged by mental health issues and help to relieve the burden on emergency services.

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Funding for community mental health services increased to $723.1 million in 2010-11 - an 80.9 per cent increase from 2003-04. Funding for addiction programs increased to $172.5 million in 2010-11, a 49.7 increase over 2003-04

About 500,000 Ontarians were served in 2009-10 by the provinces mental health and addiction programs and services, which include:

- Early Intervention programs for adolescents and young adults – ensure support and treatment for individuals at the early stages of mental illness.
- Residential Safe Beds
- Mental Health Assertive Community Treatment Teams – multi-disciplinary teams providing intensive clinical support for people with serious mental illness in their home environment.
- Intensive Case Management – provide on-going support to promote independence and recovery goals.
- Crisis Response Programs – provide 24/7 services for individuals experiencing a mental health crisis, to reduce the need for hospitalization.
- 2,250 mental health supportive housing units

Role of LHINS

Ontario's 14 LHINs continued to help give Ontario communities a voice in local health care decision-making. Through LHINs, local communities have a say in how half of Ontario's health care budget is invested. LHINs continually engage residents within their geographic region along with a range of local health care providers, on how to improve access and integration of local health services.

The role of LHINs includes:

- Making decisions focused on the needs of people it impacts;
- Enhancing local accountability;
- Providing more opportunities for community partners to have meaningful input; and
- Supporting locally sustainable solutions appropriate to each community.

LHINs are responsible for over 2,000 service accountability agreements with health service providers, including:

- Public and Private Hospitals;
- Community Care Access Centres;
- Long-term Care Homes;
- Community Health Centres;
- Community Mental Health and Addiction Agencies; and
- Community Support Services.

Through their mandate and responsibility, LHINs are integrating and funding local services in a better way. They are creating greater value and access for Ontarians within the health care system.

ENABLING SUPPORTS

Excellent Care For All Act

The government took action to create a greater focus on improving quality that will drive better patient care by enacting the Excellent Care For All Act, 2010 (ECFAA), which received Royal Assent on June 8, 2010. ECFAA reflects the government's commitment to ensure both quality and value are enhanced in the health system. The Act is part of a broad based strategy that puts patients first by improving the quality and value of their experience. Supporting and promoting evidence-based health care is an essential part of this approach.

The changes under ECFAA centre on the hospital sector as a starting point, but the government's aim is to eventually apply similar principles to drive quality improvement throughout the health system. The Act will help to strengthen and support a culture of quality improvement starting with hospitals. Under ECFAA, all hospitals in Ontario must set up a committee dedicated to quality of care, which will report directly to the board. Each hospital must develop an annual quality improvement plan that will be made public. Compensation of hospital executives will be linked to achieving the stated improvement targets in the yearly quality improvement plan. The new Act will strengthen Ontarians ability to count on consistent, evidence-based, high quality care, every time they have an encounter with the health care system.

Broader Public Sector Accountability Act

Ontarians deserve and expect accountability and transparency from organizations and agencies entrusted with taxpayer dollars. On December 8, 2010, the Broader Public Sector Accountability Act 2010 (BPSAA) received Royal Assent. The act creates new

rules and higher accountability standards for hospitals, Local Health Integration Networks, Community Care Access Centres and other designated broader public sector organizations.

The BPSAA bans the hiring of lobbyists using public funds and sets out strict and consistent rules for expense claims and the procurement of goods and services.

Within the health sector, the changes will require every LHIN and hospital to submit a report on its use of consultants. The head of each hospital and LHIN will also have to prepare an attestation confirming their organization's ongoing compliance with the terms of the act. The BPSAA also expands Freedom of Information legislation to cover hospitals.

Increasing transparency and accountability is a key component of the government's Open Ontario Plan and the new act will support health system partners and other broader public sector organizations in achieving this goal.

eHealth

It will continue to be essential for Ontario to maximize the potential of eHealth to support the optimal operation and integration of the province's health system today and into the future. eHealth Ontario was launched on September 29, 2008 as an operational service agency to lead the implementation of a coordinated eHealth strategy, culminating in the creation of an electronic health record for Ontarians by 2015. A planned investment of approximately $1.7 billion from 2011-12 to 2013-14 will be made to advance eHealth initiatives, further modernizing the province's health care infrastructure.

Electronic Health Records (EHR) will enable better sharing of health information, improve patient care and create a more effective and cost-efficient health care system.

Ontario has decided to focus its efforts in the process of establishing an EHR, on two specific initiatives:

- A Diabetes Registry will help people with diabetes and their health care providers to monitor and manage the disease more effectively, thus reducing associated complications and costs.

- A Medication Management System will allow for online management of prescription medications to minimize preventable adverse drug reactions.

Ontario's eHealth achievements to-date include:

- Doctors representing more than five million Ontarians have enrolled in the electronic medical record program, which is run in partnership by the province and the Ontario Medical Association.

- Over 100,000 remote medical consultations took place through telemedicine in 2010-11.

- Since 2008, 80,000 Ontarians have been participating in a pilot project for e-prescribing, which will help save lives.

- All Ontario hospitals have gone filmless and are now using digital diagnostic equipment, while half of hospitals are presently connected to regional repositories allowing for the sharing of images with other connected hospitals.

- The Drug Profile Viewer (DPV) gives authorized health care providers at 245 Ontario Hospital Sites with the medication histories of the 2.5 million recipients of the Ontario Drug Benefit (ODB), 24 hours a day, seven days a week.

- Emergency Neurosurgery Image Transfer System (ENITS), which enables neurosurgeons to view images remotely for the purpose of urgent consultations and better decision-making, has resulted in the avoidance of more than 1,500 patient transfers.

OTHER ACHIEVEMENTS

Cancer Screening and Prevention

The government has introduced a range of cancer screening initiatives in the last six years that have helped to protect and save the lives of Ontarians. These achievements include:

- Launch of Canada's first organized province-wide colorectal cancer screening program, to combat the second deadliest form of cancer in the country. The $193.5 million, five-year screening program began in 2007-08. It has processed more than 1.3 million fecal occult blood tests. It has funded about 115,000 more colonoscopies in Ontario over five years.

- Introductions of a free vaccine in September 2007 to protect young females against the human papilloma virus (HPV), the major cause of cervical cancer.

- Expansion of the provincial breast cancer-screening program by funding an additional 332,600 screens and adding 53 new breast cancer-screening sites in Ontario since 2003-04, for a total of 153 screening sites as of September 2010.

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Drug System Reform

On April 7, 2010, the government announced that it was taking action to further reform the prescription drug system to provide better access to lower-cost generic drugs for patients. The changes also increase funding to pharmacists to directly compensate them for the clinical services they provide to Ontarians. New funding has also been provided for pharmacies in rural and underserviced areas of the province. The regulation changes, which fall under the Ontario Drug Benefit Act and the Drug Interchangeability and Dispensing Fee Act, came into effect on July 1, 2010.

The changes will lead to lower drug prices for Ontarians over the next two years. Every dollar the government saves from lower cost generic drugs will be invested to increase access to new drug products and towards improvements to the health care system.

Ontario has also achieved a range of other key drug reforms since enacting the Transparent Drug System for Patients Act, 2006. These include:

- New processes that allow Ontario to conduct rapid funding review of breakthrough medications.

- Adding 171 new drugs as of January 6, 2011, representing 1,097 individual products, strengthens the formulary (including new drugs funded under the Exceptional Access Program) since 2006.

- Enhanced transparency in the drug system through website posting of drug funding recommendations and the addition of a public component to drug funding reviews and dialogue on complex drug policy questions.

- Creating a funding framework for Drugs for Rare Diseases.

- Reducing and preventing the inappropriate use, abuse and diversion of prescription narcotics and controlled substances, through the implementation of a comprehensive Ontario Narcotics Strategy.

- Launching MedsCheck in April 1, 2007 – the first service of its kind in Canada - allowing all Ontarians with chronic conditions who take three or more medications to spend additional time with their pharmacist. MedsCheck was recently expanded to assist people with diabetes, for residents of long-term care homes, and for people who have difficulty travelling to their local pharmacy.

The government has also invested $1.5 billion in new drug funding since 2003.

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Public Health

Over the past six years, the government has invested substantially in renewing and strengthening the province's public health system for the benefit of Ontarians. These achievements include:

- More than tripling financial support for public health in the province since 2003 to $784 million in 2010-11 to increase health promotion, illness prevention including immunization and screening, and to help Ontario be better prepared for health threats like SARS or H1N1.

- Launching Operation Health Protection, with some of the most comprehensive changes to Ontario's public health system since the 1980s.

- Increasing the independence of the Chief Medical Officer of Health including the ability to report directly to the public.

- Creating Ontario's first stand-alone public health agency – the Ontario Agency for Health Protection and Promotion (OAHPP) – to provide scientific and technical advice and support to the health system and the government to protect and promote the health of Ontarians.

- Launching the Integrated Public Health Information System (iPHIS) in 2005, a web-based information system that is used by public health units and the province for infectious disease case and contact management, outbreak management, and reporting. This is the first step towards an integrated pan-Canadian surveillance and outbreak management system.

- Accepting oversight for Small Drinking Water Systems from the Ministry of the Environment effective December 1, 2008. Public health inspectors at the local health units are responsible for conducting individual site-specific risk assessments of the approximately 18,000 small drinking water systems in the province to fully implement the program. It is anticipated that full implementation will be completed by December 2011.

- Collaboration with the public health field to develop and release the Ontario Public Health Standards (OPHS), 2008. The OPHS were developed in close and ongoing consultation with the public health field. They reflect the current evidence and best practices in public health and set out expectations of Ontario's boards of health for the delivery of specific public health programs and services.

- Coordinating the provincial response to the H1N1 pandemic. A 'lessons learned' report was released in December 2010, which identifies 42 recommendations based on the information gathered through an H1N1 review in addition to the Chief Medical Officer of Health's report to the public. The report's recommendations will be

addressed through continued pandemic planning and will form an essential part of the provincial pandemic plan (*Ontario Health Plan for an Influenza Pandemic*) renewal strategy.

Long-Term Care

The *Long-Term Care Homes Act, 2007* (LTCHA) and the Ontario Regulation, 79/10 (Regulation) was proclaimed into force on July 1, 2010 and is now the single legislative authority for safeguarding resident rights, improving the quality of care and improving the accountability of LTC homes for the care, treatment and well-being of over 75,000 residents.

The LTCHA and Regulation also increases the accountability of LTC homes for the care, treatment and well-being of their residents. The Act sets out:

- Improvements to the assessment and admission process.
- An enhanced and more clearly enforceable Residents' Bill of Rights.
- Strengthened requirements related to the development of an integrated, interdisciplinary plan of care for every resident.
- A policy to promote a zero-tolerance approach to prevent abuse and neglect of residents.
- Detailed and comprehensive 'least restraint policy' to limit the use of restraints.
- Strengthened and consistent reporting requirements.
- A substantively reformed and stronger compliance inspection and enforcement system, which introduces new sanctions that are appropriate for the sector.

Other long-term care highlights since 2003:

- Funding for long-term care has increased from $2.1 billion in 2003-04 to $3.5 billion in 2010-11, representing an increase of 67.7 per cent.
- A new public website is being set up in 2011 that provides information for seniors and their families about individual long-term care homes and their records of care, including annual inspection reports.
- A 1-800 Action Line was introduced in January 2004 as a province-wide toll free information and complaint line for LTC residents and their families.

- Providing funding to create more than 600 new nursing positions to support the introduction of a 'Common Assessment' tool was introduced to the sector, which improves caregivers' ability to respond to residents' needs and provides specific data for decision-makers to better monitor the quality of resident care.

- Increased the comfort allowance for the first time in 20 years (over 14 per cent), to put more discretionary income in the hands of residents of LTC homes.

- Invested $107 million over three years to hire 1,400 personal support workers moving towards the commitment of creating hiring 2,500 more personal support workers by 2011-12,

- Provided $2.4 million to train over 6,000 front-line staff in how to better care for residents with dementia and related conditions.

- Increased funding for raw food six times since 2003 and by 39 per cent overall.

- The number of LTC home inspections has increased by almost 49 per cent since 2003.

Redeveloping Older Beds/ New LTC Beds

The government continued to implement the Long-Term Care Home Renewal Strategy to redevelop 35,000 older long-term care beds over the next 10 year. Currently, 35 LTC operators are proceeding under Phase 1 of the strategy – approved in December 2009 – to redevelop approximately 4,000 beds.

Some 9,000 new long-term care beds have been opened in Ontario since 2003.

Repatriated Services

The government has increased or created capacity inside Ontario for a number of services that have been funded through the Out of Country (OOC) Prior Approval Program in the past. With few exceptions, services are significantly less costly to provide in Ontario than they are to obtain OOC. Among these are:

- Bariatric Surgery

  A $75 million three year initiative to increase in-province capacity for Bariatric Services commenced in 2009-10. Surgeries in Ontario have increased from 244 in 2007-08 to over 900 in 2009-10. Expenditures for OOC bariatric surgery in 2010-11 are expected to be around $15 million, down form $55.4 million in 2009-10.

- Emergency Neurosurgery

  A new funding strategy, the Emergency Neurosurgery Access Program (ENAP) became effective in early 2010. Under ENAP, $400,000 was provided to each of Ontario's 11 adult neurosurgical centres (Hamilton Health Sciences Corporation, Hospital regional de Sudbury Regional Hospital, Windsor Hotel-Dieu Grace Hospital, Kingston General Hospital, London Health Sciences Centre, Toronto St. Michael's Hospital, Sunnybrook Health Sciences Centre, The Ottawa Hospital Corporation, Thunder Bay Regional Health Sciences Centre, Mississauga Trillium Health Centre, and University Health Network).

  Ontario has also just announced the completion of ENITS (Emergency Neurosurgery Image Transfer System) which allows on-call neurosurgeons to view images generated in any hospital with appropriate CT capability and to provide consultative services that in the past often required OOC transfer.

  Only 27 patients were referred OOC for emergency neurosurgery in the first half of 2010-11 compared to 88 patients in the first half of 2009-10. Expenditures for OOC emergency neurosurgery in 2010-11 are expected to be below $7.5 million, down from $10.1 million in 2008-09 and $15.1 million in 2009-10.

- Maternal/Newborn Care

  In September 2008, the government announced $7 million for the Maternal Newborn Access to Care Strategy to provide 28 new Neo-natal Intensive Care Units (NICU) beds over two years.

  In 2008-09 expenditures related to OOC maternal/newborn care were $5.5 million. In 2009-10, expenditures decreased to $3.3 million. In 2010-11, OOC transfers for maternal/newborn care have continued to decrease.

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Table 1: Ministry Interim Actual Expenditures 2010-11 ($)	
Operating Expense	43,815,649,300
Capital Expense	1,133,842,700
Total Ministry	**44,949,492,000**
Staff Strength (as of March 31, 2011)	**3,677.3**