Published plans and annual reports 2019-2020: Ministry of Health and Long-Term Care

Plans for 2019-2020, and results and outcomes of all provincial programs delivered by the Ministry of Health and Long-Term Care in 2018-2019.

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Part I: 2019-20 Published Plan

Ministry of Health and Long-Term Care overview

Mandate

The Ministry of Health and Long-Term Care's mandate is to:

- establish the strategic direction and provincial priorities for the health care system
- develop legislation, regulations, standards, policies and directives to support strategic directions
- monitor and report on the performance of the health care system and the health of Ontarians
- plan for and establish funding models and funding levels for the health care system
- manage key provincial programs, including hospitals, long-term care, home and community care, the Ontario Health Insurance Program, assistive devices program, drug programs, emergency

services, independent health facilities and laboratory services

Ministry contribution to priorities and results

The Ministry of Health and Long-Term Care is committed to addressing the health care needs of Ontarians while ensuring that sustainability of the health care system is maintained.

Health care spending represents approximately 42 per cent of total Ontario government program spending, and the government continues to invest in strengthening the health care system. The total health sector budget for 2019-20 is $63.5 billion. Health sector expense is projected to increase from $62.2 billion in 2018-19 to $63.5 billion in 2019-20 — representing a growth rate of 2.2 per cent.

Growth in the health care sector will be managed by transforming the way health care is delivered, allowing the focus to be on outcomes and ensuring the health care system is sustainable. Major sector-wide initiatives will allow health care spending to be refocused from the back office and administration to frontline care.

Our health care system is facing significant capacity challenges and unsustainable hospital occupancy levels contributing to hallway health care, or the use of unconventional hospital spaces for patient care. This significantly impedes patient access to timely care. The ministry is taking a pragmatic approach to identify opportunities for smart spending, with a relentless focus on patient experience and better-connected care.

Key performance indicators

The ministry will be developing a balanced approach to monitoring key health system metrics.

This approach allows the ministry to have an integrated view of overall health system performance by focusing on a set of key top-level metrics and goals that the system should be striving towards. The metrics will align with the ministry's quadruple aim, focusing on improvement in: patient and caregiver experience; patient and population health outcomes; value and efficiency; and provider experience. Metrics included within each of these quadrants will be chosen based on their ability to provide insight into how well the system is performing in these areas. Given the complex nature of health care, taking this integrated and balanced view to overall improvement will enable the ministry to take an overarching view of progress on key system priorities over time.

Work is also underway to streamline metrics across the health system and reduce the burden on our frontline providers and to focus attention on the top system priorities.

Ministry programs and activities

Across Ontario, care is too fragmented, with patients, families and caregivers left to navigate their own way through the health care system with limited information. Patients experience frequent gaps in care and are asked to reiterate their health concerns over and over. Digital tools lag and care options have not kept pace with the growing technological sophistication of Ontarians. Care providers are discouraged from working together in teams in support of better patient outcomes.

In February 2019, the Ontario government released its long-term plan to fix and strengthen the public health care system by focusing directly on the needs of Ontario's patients and families. This plan would see changes to health care delivery in Ontario by making the system easier to navigate and shifting health care dollars from the bureaucracy to frontline care. Moving towards an integrated health care delivery model, Ontario Health Teams will be established to improve transitions in care and patient and provider experiences Ontario Health Teams will organize care delivery according to the needs of their local communities, thereby allowing groups of health care providers, such as hospitals, physicians, mental health professionals, and home and community care providers, to coordinate the care requirements in their area working as a single team of providers.

To streamline health care oversight, create administrative efficiencies and reduce siloed health care administration, the government will continue the process of consolidating six (6) existing provincial health agencies and the fourteen (14) Local Health Integration Networks (LHINs) into a new, single agency. The new agency, Ontario Health, will strengthen what's working by bringing resources together to assess ideas and successes that can be used to improve other programs and care for patients.

The ministry will also create a centralized procurement system to better manage the purchasing of products and devices for hospitals, home and community care, and long-term care. Through an integrated health sector supply chain that builds on current, successful models, the current system will become better coordinated and aligned under the oversight of Ontario Health.

The ministry will also implement a digital first for health strategy that will increase the use of virtual care and give the people of Ontario digital tools to access their own personal health information.

In addition to its efforts to modernize Ontario's health care system, the government is making other key investments to end hallway health care and ensure a sustainable health care system.

The Premier's Council on improving healthcare and ending hallway medicine

The Council was created to provide the Premier of Ontario, the Deputy Premier and Minister of Health and Long-Term Care with recommended strategic priorities and actions to improve Ontario's health outcomes and improve patient satisfaction, while making Ontario's health care system more efficient. The Premier's Council is led by Dr. Rueben Devlin, Special Advisor and Chair, and includes 13 additional health system leaders. Council members represent a cross-section of health sector professionals, and provide senior

administrative and frontline perspectives.

Hospitals

The government will invest an additional $384 million in the hospital sector to maintain critical hospital capacity, increase access to highly specialized and innovative treatments, and support volume growth. Ontario's hospitals will receive on average a two per cent increase in funding this year, helping improve patients' access to essential hospital care – including hip and knee replacements, stroke treatments and advanced lung surgeries – while also helping end hallway health care.

The ministry is also supporting infrastructure investments that will ensure patients and their families have access to the health care they need. Ontario will be investing $27 billion over 10 years in new facilities to expand services and ensure existing facilities are maintained in a state of good repair. These investments will ensure that the people of Ontario have access to care when and where they need it.

Home and community care

To further support ending hallway health care and provide those living at home with additional supports and services, the government is investing $267 million in additional funding for home and community care. This will include investments to increase frontline care delivery such as personal support services, nursing, therapy and other professional services at home and in the community. Specifically, this funding will directly support:

- 1.8 million more hours of personal support services
- 499,000 more nursing visits
- 102,000 more therapy visits

These investments will also provide community supports such as meals and transportation, assisted living services in supportive housing, services for people with an acquired brain injury and services for Indigenous peoples and Francophones. Increasing access to support in the community is expected to enable more people to get care when and where they need it and will help seniors stay at home for as long as possible. As the population grows and ages, expanded home and community care is also expected to reduce waitlists for long-term care and decrease pressures on hospitals, thereby alleviating hallway health care.

An important step in addressing critical system capacity issues is building partnerships between hospitals, the community and long-term care sectors to support transitional care. By creating transitional care spaces, patients can move from a hospital bed to a transitional care bed in the community (such as a retirement home) to receive appropriate care until they are ready to return home or move into the right setting. This will ensure care is closely integrated and, at the same time, reduce the pressures on hospitals.

Long-term care

A larger and well-functioning long-term care sector is a crucial part of the ministry's efforts to end hallway health care. The challenge is to provide high-quality care to a growing and aging population while building additional capacity. The ministry is working to address the number of people who are kept in hospital while waiting for space in a long-term care home.

This year, the government is investing an additional $72 million in Ontario's long-term care sector to support more beds, nursing and personal support care, as well as programs and services to improve the quality of life for residents.

The government has also announced it is committed to creating 15,000 new long-term care beds over the next five years as part of its efforts to address hallway health care and move patients to a more comfortable setting. It has also committed to upgrading 15,000 older long-term care beds to modern design standards, which will allow the long-term care sector to provide more appropriate care to those with complex health conditions. These measures represent a total investment of approximately $1.75 billion in additional funding over five years.

The ministry is enabling this by making more licenses available and has to date allocated 7,232 beds or almost 50% of the first 15,000 beds.

Public health

Ontario currently has 35 public health units across the province and a patchwork system of funding agreements. While funding for public health units is the sole responsibility of municipalities, it is shared between the province and municipalities.

The government is proposing to modernize the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system, and more effective staff recruitment and retention to improve public health promotion and prevention.

As part of its vision for organizing Ontario public health, the government will:

- improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services
- be responsive to local circumstances and needs by adjusting provincial–municipal cost-sharing of public health funding beginning 2019-20
- establish 10 regional public health entities and 10 new regional boards of health with strong municipal representation and one common governance model by 2020–21
- better align roles and responsibilities to ensure local public health units have the flexibility to

respond to community issues while the province advances key priorities that impact all Ontarians equally, including promoting healthier eating choices and smoking cessation solutions

- streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities

As the government makes these changes, it will protect smaller, rural and northern public health units from major cost increases.

The ministry has been engaging directly with Ontario's public health units in one-on-one discussions about these changes and is launching technical workings groups to solicit ongoing feedback from municipal partners and support them during the transition to the new public health system.

Mental health and addictions

The mental health and addictions system in Ontario has been challenged by extensive wait times, barriers to access, inconsistent quality, a lack of standardized data and widespread fragmentation. This was confirmed during the government's province-wide consultations with experts, providers, and people with lived experience.

For this reason, the government has committed to invest $3.8 billion for mental health, addictions and housing supports over 10 years to address these issues, beginning with building a mental health and addictions system focused on core services embedded in a stepped-care model, and a robust data and measurement framework.

Annualized investments of $174 million in 2019-20 will support community mental health and addictions services, mental health and justice services, supportive housing, and acute mental health inpatient beds. Critically, the government is investing more than $28 million in child and youth mental health programs this year, with an additional nearly $28 million in mental health supports in Ontario's education system. Services will also target priority populations, such as Indigenous peoples and Francophones.

Ontario drug benefit program

The ministry is continuing its work to examine the Ontario Drug Benefit Program, with the objective of creating a sustainable drug system.

The ministry will continue to look at ways to further improve the Ontario Drug Benefit Program to make its programs more efficient including:

- providing timely access to new clinically proven medicines while continuing efforts to lower drug costs
- modernizing and strengthening oversight of payments to pharmacies

- reducing the administrative burden for clinicians and red tape for the industry wherever possible

In addition, the ministry is proposing changes to pharmacy reimbursement policies to establish a smarter, more efficient and fiscally responsible approach to deliver publicly-funded health benefits and to the way pharmacies are paid by the Ontario Drug Benefit Program.

Scope of practice

To support the government's vision for a health care system that enhances access to services and improve the patient experience, the ministry will enable regulated health professionals to use their education and training more effectively by expanding the scope of practice for certain regulated health professionals, including pharmacists, nurse practitioners, dental specialists and optometrists.

These changes will improve convenience for patients by reducing the time spent travelling between providers for multiple visits for diagnostic tests and routine care and treatment, and help doctors, nurses and other health care professionals provide better, faster health care for patients and their families.

First responders

Demand for ambulance services continues to grow in Ontario, with over 1.1 million patient transports taking place each year. In partnership with the municipal sector, the government continues to support the delivery of critical frontline health services with a combined investment of $1.5 billion in emergency health services.

To support the critical work of emergency health first responders, the government is continuing to invest in supports for mental health and in reducing the time it takes to deliver patients to busy emergency departments. In addition, the government is exploring new models of care and delivery for emergency health services to improve care for patients and reduce duplication.

Some patients who are transported to emergency departments may be more appropriately treated in other health care settings, such as mental health crisis centres. The ministry will be exploring how to support better care for patients in places other than the emergency department and ensure patient safety. The ministry will also look at how to ensure more of the government's investment in emergency health services is going towards direct services for patients.

The ministry will also support the government's commitment to streamline the way land ambulance dispatch services are delivered by better integrating Ontario's 59 emergency health services operators and 22 dispatch centres. In doing so, the government will better coordinate dispatch services with emergency health services and reduce wait times for critical emergency care when patients are most vulnerable.

Ontario Health Insurance Plan (OHIP)

The Auditor General of Ontario has identified historic weakness in the laws, policies and processes that

ensure accountability of OHIP. Greater oversight, transparency and updates are needed to improve how OHIP is managed and to ensure tax dollars are spent responsibly. The government plans to propose changes that will make billing and payments under OHIP more appropriate and transparent. The changes include:

- ensuring OHIP only pays for appropriate, delivered services
- making it easier for the government to recover funds when there are incorrect billings to OHIP
- making it clearer to taxpayers what OHIP is paying for and to whom
- ensuring all remaining “red and white” health cards are converted to more secure photo health cards
- elimination of the Out-of-Country Travellers Program which is an expensive program to administer that does a disservice to Ontarians by creating the illusion that OHIP provides coverage for emergency health care costs when they travel outside of Canada which may result in some people choosing not to purchase private travel insurance

Assistive Devices Program

The Assistive Devices Program (ADP) has been serving Ontarians with long-term disabilities for more than 35 years and will continue to focus on supporting clients’ needs. The demand for the program continues to grow and the government is investing another $45 million dollars in 2019-20 to respond to that demand.

Additionally, the ministry will implement more competitive pricing for home oxygen rates that will result in savings to government and make the home oxygen program more affordable for those who pay a 25 per cent co-payment.

Dental care for low-income seniors

At least two-thirds of low-income seniors do not have access to dental insurance. As a result, untreated oral health issues, such as infection, pain and abscesses can lead to chronic disease and a lower quality of life. As well, the rates of dental decay, gum disease and oral cancer are higher among seniors. The longer oral health care is delayed the more costly and painful treatment will become. Untreated oral health issues represent a significant burden on the health care system and contribute to hospital overcrowding. In 2015, there were almost 61,000 hospital emergency visits for dental problems, at a cost to Ontario’s health care system of approximately $31 million.

The ministry is introducing a new dental program for low-income Ontario seniors with an annual investment of approximately $90 million when fully implemented. By late summer 2019, single seniors age 65 and older with incomes of $19,300 or less (or senior couples with combined incomes of less than $32,300) and without existing dental benefits, will be able to receive dental services in public health units, Community Health Centres and Aboriginal Health Access Centres throughout the province.

By the winter of 2019-20, this program will be expanded by investing in new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in public health units.

Ministry financial information

Ministry planned expenditures 2019-20 ($)

Category	Amount ($)
Operating	61,612,721,787
Capital	1,897,745,000
Total	63,510,466,787

Ministry of Health and Long-Term Care

- Christine Elliott, Minister
  - Robin Martin, Parliamentary Assistant
  - Effie Triantafilopoulos, Parliamentary Assistant
- Helen Angus, Deputy Minister
  - Fredrika Scarth, Director, Secretariat to Premier’s Council on Improving Healthcare and Ending Hallway Medicine
  - Janice Crawford, Director, Legal Services
  - Joel Montesanti, Director, Policy and Delivery
  - (Vacant), Assistant Deputy Minister, Communications and Marketing

- Lorelle Taylor, Associate Deputy Minister, Health System Information Management and CIO
  - Greg Hein, Assistant Deputy Minister, Digital Health Secretariat
  - Health System Information Management
    - Michael Hillmer, Executive Director, Information Management, Data and Analytics
      - (Vacant) Director, Information Management Strategy and Policy
      - Aileen Chan, Director, Health Data
      - Jennifer Bridge, Director, Health Analytics and Insights
      - Kamil Malikov, Director, Health Data Science
  - Health Services I&IT Cluster
    - Karen McKibbin, Executive Lead
      - Hope Knox, Head, Integrated Health Solutions
      - Heather Berios, Head, Technology Management Solutions Integration
      - Karen Hay, Head, Digital Health Solutions and Innovation
      - Jack Groenewegen, Head, Health Solutions Delivery
  - Swetlana Signarowski, Head, Project Solutions
  - Louise Doyon, Head, Business Consulting/Planning Architecture and

- Financial Management
- Liz Hyland, Head

- Peter Kaftarian, Assistant Deputy Minister and Chief Administrative Officer, Corporate Services
  - Cherrie Lethbridge, Director, HR Strategic Business Unit
  - Teresa Buchanan, Director, Fiscal Oversight and Performance
  - Shelley Gibson, Director, Supply Chain and Facilities
  - Jim Yuill, Director, Financial Management
  - (Vacant) Director, Accounting Policy and Financial Reporting
  - John Amodeo, Director, Corporate Management
  - Corinne Berinstein, Director, Health Audit Service Team
- Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning
  - Dr. Michelle Acorn, Provincial Chief Nursing Officer
  - Sean Court, Director, Strategic Policy
  - Kelci Gershon, Director, Policy Coordination and Intergovernmental Relations
  - Anne Hayes, Director, Research, Analysis and Evaluation
  - Joanne Plaxton, Director, Health Equity
  - Allison Henry, Director, Health Workforce Regulatory Oversight

- Suzanne McGurn, Assistant Deputy Minister and Executive Officer, Drugs and Devices
  - Angie Wong, Director, Drug Programs Policy and Strategy
  - David Schachow, Director, Drug Programs Delivery
  - (Vacant), Director, Strategy Execution
  - Eva Roszuk, Director, Assistive Devices Program
- Lynn Guerriero, Assistant Deputy Minister and General Manager, Ontario Health Insurance Plan (OHIP)
  - David Clarke, Director, Negotiations
  - Pauline Ryan, Director, Health Services
  - Bonnie Reib, Director, Laboratories and Genetics
  - Lynn Tisdale, Director, Claims Services
- Dr. David Williams, Chief Medical Officer of Health, Public Health, Office of Chief Medical Officer of Health, Public Health
  - Nina Arron, Director, CMOH Operations
  - Elizabeth Walker, Director, Accountability and Liaison
  - Clint Shingler, Director, Health System Emergency Management
  - Colleen Kiel, Director, Strategy and Planning
  - Nina Arron, Director, Health Protection and Surveillance Policy and Programs
  - Dianne Alexander, Director, Health Promotion and Prevention Policy and

- Programs
- Laura Pisko, Director, Health Improvement Policy and Programs

- Melanie Fraser, Associate Deputy Minister, Health Services
  - Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Capital
    - James Stewart, Director, Health Capital Investment
    - David Lamb, Director, Capacity Planning and Priorities
    - David Lamb, Health Workforce Planning
  - Brian Pollard, Assistant Deputy Minister, Long-Term Care Homes
    - Stacey Colameco, Director, LTC Inspections
    - Michelle-Ann Hylton, Director, Licensing and Policy
    - Kathryn Pilkington, Director, Special Projects
    - Michael Robertson, Director, Long-Term Care Homes Renewal
  - Tim Hadwen, Assistant Deputy Minister, Community, Mental Health and Addictions and French Language Services
    - Phil Graham, Director, Local Health Integration Network Liaison
    - Amy Olmstead, Director, Home and Community Care
    - Nadia Surani, Director, Primary Health Care
    - Phil Graham, Director, Local Health Integration Network Renewal

- Patrick Mitchell, Director, Mental Health and Addictions Policy, Accountability and Provincial Partnership
- Ragaven Sabaratnam, Director, Justice, Forensics and Supportive Housing

- Melissa Farrell, Assistant Deputy Minister, Hospitals and Emergency Services
  - Sherif Kaldas, Director, Health Sector Models
  - Allison Costello, Director, Policy and Innovation
  - Allison Costello, Director, Health Quality Ontario Liaison and Program Development
  - Melanie Kohn, Director, Hospitals
  - Neeta Sarta, Director, Provincial Programs
  - Alison Blair, Executive Director, Emergency Health Services
    - Steven Haddad, Director, Emergency Health Regulatory and Accountability
    - Stuart Mooney, Director, Emergency Health Program Management and Delivery
    - Steven Haddad, Director, Enhancing Emergency Health Services in Ontario
    - Nancy Dickson, Director, Psychiatric Patient Advocate Office
- Karen Glass, Assistant Deputy Minister, Strategic Implementation
  - Simon Trevarthen, Director, Business Innovation Office

Kyle MacIntyre, Director, Strategic Implementation Office

Jovan Matic, Director, Health Innovation and Strategies

Agencies, Boards and Commissions (ABCs)

Agencies, Boards and Commissions	Estimates 2019-20 ($)	Interim Actuals 2018-19 ($)	Expenditure Actuals 2017-18 ($)
Cancer Care Ontario [A] - Operating and Research	1,797,110,400	1,800,744,500	1,643,756,000
Cancer Care Ontario - Cancer Screening Programs	95,331,300	73,030,200	93,171,500
Cancer Care Ontario - Committee to Evaluate Drugs	886,000	540,087	574,726
Cancer Care Ontario - Consent and Capacity Board	9,583,091	8,912,100	9,047,063
eHealth Ontario	248,624,100	236,357,400	249,520,700
eHealth Ontario Capital	26,715,100	13,400,000	21,244,100
eHealth Ontario Capital - French Language Health Services Advisory Council	23,500	7,589	18,769
Health Boards Secretariat	4,585,307	4,827,108	4,484,592
Regulatory Board –	1,581,025	1,772,415	1,565,628

Colleges (26)			
Regulatory Board - Physician Payment Review Board	42,579	47,733	42,164
Regulatory Board - Health Professions Appeal and Review Board	2,390,085	2,679,414	2,366,808
Regulatory Board - Health Services Appeal and Review Board	438,355	491,420	434,086
Regulatory Board - Ontario Hepatitis C Assistance Plan	10,258	11,500	10,158
Regulatory Board - Medical Eligibility Committee	18,208	20,412	18,030
Regulatory Board - Health Professions Regulatory Advisory Council	236,500	32,960	134,227
Regulatory Board - HealthForceOntario Marketing and Recruitment Agency	10,008,050	11,054,100	11,754,100
Regulatory Board - Health Quality Ontario	35,818,100	52,235,100	48,990,922
Central LHIN	2,313,583,700	2,374,725,700	2,227,161,397
Central East LHIN	2,426,741,100	2,471,409,800	2,359,951,456
Central West LHIN	992,535,400	1,031,638,400	972,086,386

Champlain LHIN	2,738,313,400	2,790,844,000	2,675,168,310
Erie St. Clair LHIN	1,199,194,900	1,218,078,100	1,199,274,400
Hamilton Niagara Haldimand Brant LHIN	3,142,353,500	3,241,376,700	3,122,483,084
Mississauga Halton LHIN	1,671,002,300	1,727,610,500	1,612,826,241
North Simcoe Muskoka LHIN	942,855,800	975,175,700	927,772,582
North East LHIN	1,559,933,700	1,586,683,300	1,535,864,985
North West LHIN	692,599,900	724,028,400	707,778,641
South East LHIN	1,180,273,700	1,224,646,200	1,179,921,619
South West LHIN	2,415,289,200	2,455,908,100	2,375,639,714
Toronto Central LHIN	5,094,562,300	5,368,225,300	5,057,684,904
Waterloo Wellington LHIN	1,129,462,700	1,157,953,200	1,130,659,647
Health Shared Services Ontario	38,710,200	49,530,200	48,530,208
Ontario Agency for Health Protection and Promotion	134,474,300	154,747,900	153,617,900
Ontario Mental Health Foundation	N/A	N/A	1,760,300
Ontario Review Board	7,375,400	6,927,900	6,809,995
Trillium Gift of Life Network	60,009,000	67,911,100	52,182,800

Total Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimates 2019-20 $	Change from Estimates 2018-19 $	%
Ministry Administration Program	117,448,400	146,200	0.1
Health Policy and Research Program	793,072,900	(51,696,100)	(6.1)
eHealth and Information Management Program	421,238,700	(70,512,800)	(14.3)
Ontario Health Insurance Program	21,512,860,200	1,155,504,300	5.7
Population and Public Health Program	1,289,059,000	18,564,200	1.5
Local Health Integration Networks and Related Health Service Providers	29,470,708,000	614,900,200	2.1
Provincial Programs and Stewardship	4,374,448,100	77,623,200	1.8
Information Systems	142,931,800	5,439,200	4.0
Total Operating Expense to be Voted	**58,121,767,100**	**1,741,368,400**	**3.1**
Statutory Appropriations	1,084,687	595,327	121.7
Ministry Total Operating Expense	**58,122,851,787**	**1,741,963,727**	**3.1**
Consolidation Adjustment - Cancer Care Ontario	37,726,400	(11,649,700)	(23.6)
Consolidation Adjustment - eHealth Ontario	19,345,600	(10,414,000)	(35.0)
Consolidation Adjustment - Hospitals	3,449,760,200	50,320,700	1.5
Consolidation Adjustment - Local	24,056,200	(2,024,000)	(7.8)

Health Integration Networks			
Consolidation Adjustment - ORNGE	(39,406,900)	(15,939,000)	16.4
Consolidation Adjustment - Funding to Colleges	(2,112,300)	(32,000)	N/A
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	500,800	294,500	142.8
Operating Expense Adjustment - Cap and Trade Wind Down Account Reclassification	N/A	(500,000)	(100.0)
Consolidation Adjustments	**3,489,870,000**	**11,236,400**	**0.3**
Total Including Consolidation & Other Adjustments	**61,612,721,787**	**1,753,200,127**	**2.9**

Operating Assets

Votes/Programs	Estimates 2019-20 $	Change from Estimates 2018-19 $	%
Ministry Administration Program	1,000	N/A	N/A
Health Policy and Research Program	4,500,000	N/A	N/A
Ontario Health Insurance Program	13,000,000	N/A	N/A
Population and Public Health Program	750,000	N/A	N/A
Local Health Integration Networks and Related Health Service Providers	58,537,600	N/A	N/A
Provincial Programs and Stewardship	5,730,400	N/A	N/A

Total Operating Assets to be Voted	**82,519,000**	N/A	N/A
Ministry Total Operating Assets	**82,519,000**	N/A	N/A

Capital Expense

Votes/Programs	Estimates 2019-20 $	Change from Estimates 2018-19 $	%
eHealth and Information Management Program	26,716,100	(10,414,000)	(28.0)
Information Systems	1,000	N/A	N/A
Health Capital Program	1,809,052,400	111,576,800	6.6
Total Capital Expense to be Voted	**1,835,769,500**	**101,162,800**	**5.8**
Statutory Appropriations	14,538,500	(354,700)	(2.4)
Ministry Total Capital Expense	**1,850,308,000**	**100,808,100**	**5.8**
Consolidation Adjustment - Cancer Care Ontario	(30,852,100)	(427,700)	N/A
Consolidation Adjustment - eHealth Ontario	(4,245,300)	1,818,300	N/A
Consolidation Adjustment - Hospitals	86,956,400	57,320,900	193.4
Consolidation Adjustment - Local Health Integration Networks	4,497,100	(198,600)	(4.2)
Consolidation Adjustment - ORNGE	13,821,300	492,100	3.7
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(22,740,400)	(2,088,700)	N/A
Capital Expense Adjustment - Cap and Trade Wind Down Account	N/A	(118,330,600)	(100.0)

Reclassification			
Consolidation Adjustments	**47,437,000**	**(61,414,300)**	**(56.4)**
Total Including Consolidation & Other Adjustments	**1,897,745,000**	**39,393,800**	**2.1**

Capital Assets

Votes/Programs	Estimates 2019-20 $	Change from Estimates 2018-19 $	%
Information Systems	**18,357,400**	**(6,877,900)**	**(27.3)**
Total Capital Assets to be Voted	**18,357,400**	**(6,877,900)**	**(27.3)**
Ministry Total Capital Assets	**18,357,400**	**(6,877,900)**	**(27.3)**

Total Operating and Captial

Votes/Programs	Estimates 2019-20 $	Change from Estimates 2018-19 $	%
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	**63,510,466,787**	**1,792,593,927**	**2.9**

Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimates 2018-19 $	Interim Actuals 2018-19 $	Actuals 2017-18 $
Ministry Administration Program	117,302,200	108,692,600	106,545,421

Health Policy and Research Program	844,769,000	782,791,600	777,027,336
eHealth and Information Management Program	491,751,500	449,280,500	443,519,264
Ontario Health Insurance Program	20,357,355,900	20,697,363,300	20,134,675,473
Population and Public Health Program	1,270,494,800	1,301,593,700	1,240,014,917
Local Health Integration Networks and Related Health Service Providers	28,855,807,800	28,832,882,300	27,531,105,976
Provincial Programs and Stewardship	4,296,824,900	4,474,951,200	4,199,711,665
Information Systems	137,492,600	136,323,100	137,237,094
Health Benefit Program	8,600,000	N/A	N/A
Total Operating Expense to be Voted	**56,380,398,700**	**56,783,878,300**	**54,569,837,146**
Statutory Appropriations	489,360	239,300	18,536,170
Ministry Total Operating Expense	**56,380,888,060**	**56,784,117,600**	**54,588,373,316**
Consolidation Adjustment - Cancer Care Ontario	49,376,100	38,294,800	37,711,275
Consolidation Adjustment - eHealth Ontario	29,759,600	4,514,900	13,293,100
Consolidation Adjustment - Hospitals	3,399,439,500	3,458,517,600	2,830,878,966
Consolidation Adjustment - Local Health Integration Networks	26,080,200	52,609,100	12,393,042
Consolidation Adjustment - ORNGE	(23,467,900)	(33,917,300)	(20,332,565)
Consolidation Adjustment - Funding to Colleges	(3,260,200)	(2,078,800)	(2,522,636)
Consolidation Adjustment - Ontario	206,300	562,000	3,053,323

Agency for Health Protection and Promotion			
Operating Expense Adjustment - Cap and Trade Wind Down Account Reclassification	500,000	N/A	23,453
Consolidation Adjustments	**3,478,633,600**	**3,518,502,300**	**2,874,497,958**
Total Including Consolidation & Other Adjustments	**59,859,521,660**	**60,302,619,900**	**57,462,871,274**

Operating Assets

Votes/Programs	Estimates 2018-19 $ [*]	Interim Actuals 2018-19 $ [*]	Actuals 2017-18 $ [*]
Ministry Administration Program	1,000	N/A	N/A
Health Policy and Research Program	4,500,000	4,500,000	4,500,000
Ontario Health Insurance Program	13,000,000	13,000,000	13,000,000
Population and Public Health Program	750,000	750,000	453,102
Local Health Integration Networks and Related Health Service Providers	58,537,600	58,537,600	58,537,559
Provincial Programs and Stewardship	5,730,400	5,729,400	5,606,068
Total Operating Assets to be Voted	**82,519,000**	**82,517,000**	**82,096,729**
Ministry Total Operating Assets	**82,519,000**	**82,517,000**	**82,096,729**

Capital Expense

Votes/Programs	Estimates 2018-1 $ [*]	Interim Actuals 2018-19 $ [*]	Actuals 2017-18 $ [*]

eHealth and Information Management Program	37,130,100	13,400,000	21,244,100
Information Systems	1,000	6,336,800	N/A
Health Capital Program	1,697,475,600	1,556,777,000	1,389,340,201
Total Capital Expense to be Voted	**1,734,606,700**	**1,576,513,800**	**1,410,584,301**
Statutory Appropriations	14,893,200	14,213,300	14,489,091
Ministry Total Capital Expense	**1,749,499,900**	**1,590,727,100**	**1,425,073,392**
Consolidation Adjustment - Cancer Care Ontario	(30,424,400)	(32,746,700)	(32,902,000)
Consolidation Adjustment - eHealth Ontario	(6,063,600)	11,223,500	(3,188,100)
Consolidation Adjustment - Hospitals	29,635,500	267,798,400	318,220,472
Consolidation Adjustment - Local Health Integration Networks	4,695,700	4,570,200	8,111,505
Consolidation Adjustment - ORNGE	13,329,200	11,328,400	11,339,786
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(20,651,700)	2,395,900	6,951,391
Capital Expense Adjustment - Cap and Trade Wind Down Account Reclassification	118,330,600	N/A	63,564,925
Consolidation Adjustments	**108,851,300**	**264,569,700**	**372,097,979**
Total Including Consolidation & Other Adjustments	**1,858,351,200**	**1,855,296,800**	**1,797,171,371**

Capital Assets

Votes/Programs	Estimates 2018-19 $	Interim Actuals 2018-19 $	Actuals 2017-18 $
Information Systems	25,235,300	10,498,100	14,649,151
Total Capital Assets to be Voted	**25,235,300**	**10,498,100**	**14,649,151**
Ministry Total Capital Assets	**25,235,300**	**10,498,100**	**14,649,151**

Total Operating and Capital

Votes/Programs	Estimates 2018-19 $	Interim Actuals 2018-19 $	Actuals 2017-18 $
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	**61,717,872,860**	**62,157,916,700**	**59,260,042,645**

Appendix: 2018-19 annual report

2018-19 results

Hospitals

Centre for Addiction and Mental Health

Ontario has committed up to $633 million toward the construction of two new treatment, research and education facilities at the Centre for Addiction and Mental Health. The Crisis and Critical Care Building will include emergency mental health care, specialized clinics and 125 inpatient beds. The McCain Complex Care and Recovery Centre will include 110 beds to support patients with more serious mental health challenges, specialized programs and services, and a space for research and education.

Credit Valley Hospital

On November 22, 2018, the newly-expanded Trillium Health Partners' Credit Valley Hospital marked its grand opening. The project included: an expanded emergency department, a renovated and expanded surgical and perioperative department including two new operating rooms, an expanded critical care unit with five new beds, a renovated and expanded diagnostic imaging department with new, state-of-the-art equipment; and a new six-bay ambulance garage. Sustainable design strategies to improve patient, visitor

and staff comfort, create an improved healing environment and reduce annual energy costs, were incorporated as part of the design of the redevelopment project.

Joseph Brant Hospital

December 11, 2018 marked the completion of the expansion of Joseph Brant Hospital. The Michael Lee-Chin and Family Patient Tower involved construction of a new seven-storey tower that added 425,000 square feet to the existing hospital space, creating approximately 800,000 square feet in total space. As a result of the project, the hospital now has 172 in-patient beds, including 36 additional surgical beds and 10 additional critical care beds; a new emergency department; 2 new operating rooms; expanded diagnostic imaging services providing X-rays, CT scans and MRIs; a new and expanded cancer clinic; expanded outpatient care programs; a new post-anesthetic care unit; and a renovated neo-natal intensive care unit.

Hotel Dieu Shaver Health and Rehabilitation Centre

Ontario has committed $500,000 in a planning grant for the proposed expansion of rehabilitation beds at the Hotel Dieu Shaver Health and Rehabilitation Centre. Hotel Dieu Shaver is a specialty health care facility that provides rehabilitation, complex care and geriatric services for families in the Niagara Region. It operates 134 beds (97 complex care and 37 adult high-intensity/short duration rehabilitation) in St. Catharines.

West Lincoln Memorial

The government announced a $500,000 grant to fund early planning for the proposed rebuilding of the West Lincoln Memorial Hospital. The government is also investing $8.5 million to support immediate infrastructure improvements while the early planning work for the proposed redevelopment of the hospital is undertaken. These upgrades involve the hospital's elevator, emergency generator, fire alarm system, nurse call systems, cooling and heating, plumbing and electrical systems and replacement of flooring tiles and selected cabinets and casework.

Additional Spaces for Flu Season

In 2018-19, the government invested an additional $90 million to create over 640 new beds and spaces and to continue funding beds and spaces already operating in the hospital and community sectors across Ontario to help Ontario to help alleviate communities experiencing capacity challenges.

Health Infrastructure Renewal Fund

Ontario announced the investment of $175 million in repairs and upgrades to 128 hospitals for 2018-19 through the Health Infrastructure Renewal Fund. This funding allows hospitals to make critical improvements to their facilities, including upgrades or replacements to roofs, windows, heating and air conditioning systems, fire alarms and back-up generators.

Primary care

Primary care and interprofessional teams

The ministry provides funding to 187 Family Health Teams (FHTs), 25 Nurse Practitioner-Led clinics (NPLCs), 10 Aboriginal Health Access Centres (AHACs) and, through the Local Health Integration Networks (LHINs), to 76 Community Health Centres (CHCs) for the direct provision of front-line primary health care services.

These interprofessional primary care teams provide nearly 4 million Ontarians with access to high-quality and cost-effective health care services. In these teams, social workers, dietitians, nurses, nurse practitioners, traditional healers and other health service providers work alongside family physicians to deliver a range of comprehensive primary care services to patients, with a focus on chronic disease management and health promotion.

As models of primary care service delivery, these programs provide 'upstream care' that helps to prevent inappropriate usage of acute care resources. It is estimated that about 25 per cent of in-patient hospital beds are occupied by patients that have chronic conditions that could be better managed in a community setting. These clinics, with their teams of physician assistants, nurse practitioners, nurses, dietitians, pharmacists and others, can play a role to ensure that chronic conditions are managed such that patients do not require hospital admission or readmission.

Mental health & addictions

Mental health funding

Ontario is investing $1.9 billion over 10 years in mental health and addictions services, matching the federal government’s commitment. This investment will help Ontario create a comprehensive and connected mental health and addictions strategy. As part of this investment, Ontario has announced the creation of more than 50 new mental health beds at 12 hospitals across Ontario. These beds will help lower wait times for those in need of inpatient mental health and addictions treatment.

Consumption and treatment services

As of the first quarter 2019, Ontario is taking the next step in connecting those struggling with opioid and other drug addictions to the treatment and rehabilitation supports they need through the creation and funding of consumption and treatment services. Ontario plans to invest up to $33.1 million in the new program.

Consumption and treatment services will save lives by helping to reverse/treat overdoses, and will also feature an enhanced focus on connecting people who use drugs to primary care, treatment and rehabilitation and other health and social services. They will be located in communities that demonstrate

the greatest need.

Under the new program, each site will have an ongoing monitoring and reporting plan. This will help the ministry review performance, provide measurable outcomes and ensure compliance with provincial funding requirements.

Long-term care

Long-term care beds

In 2018, the government announced the creation of 15,000 new long-term care beds within five years to help cut hospital wait times and end hallway health care. The government is investing more than $300 million to support the addition of 7,200 new long-term care beds as part of the first wave of the overall commitment and is proceeding with plans to roll out the balance of 15,000 beds.

The ministry supports long-term care development projects across the province, including the building of new long-term care bed capacity and upgrading existing, older long-term care beds to meet current design standards. New long-term care bed capacity is needed to support a rapidly growing and aging population, alleviate capacity and waitlist challenges and help end hallway health care. Upgrading the province's older long-term care homes can enable the addition of new beds. It also ensures existing capacity remains a destination of choice for applicants in high pressure areas, which can help alleviate capacity and waitlist challenges and system flow.

Staffing support in long-term care

In 2018-19, the government announced a $50 million investment in staffing capacity. The investment provided one new registered nurse in every long-term care home with the goal of increasing the hours of direct care provided to long-term care home residents.

Sustainability

OHIP+

The government is focusing OHIP+ benefits on children and youth under the age of 25 who do not have a private plan. As of April 1, 2019, children and youth 24 years of age and under who are OHIP-insured, but who do not have a private plan continue to receive eligible prescription medications through OHIP+, while children and youth who have a private plan bill those plans.

This change recognizes the important contribution of private insurers and employers in providing health benefits to Ontarians.

Community care

Hospice beds

Ontario is providing more people across the province with compassionate care when nearing the end of their lives by investing nearly $33.6 million to build 193 new hospice beds across the province. Once these beds are open, the government will provide $20.3 million each year in operational funding for nursing, personal support, and other services.

Public health

Smoke-Free Ontario Act, 2017

On October 17, 2018, the *Smoke-Free Ontario Act, 2017* (SFOA, 2017) came into force. The SFOA, 2017 and its regulation sets out rules for the sale, supply, display and promotion of tobacco products, tobacco product accessories, and vapour products. The SFOA, 2017 prohibits the sale and supply of tobacco and vapour products to any person under 19 years of age.

The SFOA, 2017 also regulates the smoking of tobacco and cannabis (medical and recreational) and the use of electronic cigarettes to vape any substance. The SFOA, 2017 prohibits the smoking of tobacco, the smoking of cannabis and the use of an electronic cigarette (vaping) in enclosed workplaces, enclosed public places, and other specified places. Most of these places were smoke-free under the former *Smoke-Free Ontario Act* that was passed in 2006, but the SFOA 2017 includes new restrictions on smoking tobacco, and applies them to the smoking of cannabis and vaping. These include public areas within 20 meters of school grounds, the outdoor grounds of community recreational facilities and public areas within 20 meters of these grounds, and public areas within 9 meters of restaurant and bar patios. SFOA, 2017 prohibits all methods of consuming cannabis (e.g., smoking, vaping, ingestion) in vehicles and boats that are being driven or under a person's care or control, subject to certain exceptions prescribed by regulation; and prohibits the smoking of tobacco and the use of electronic cigarettes in a motor vehicle when another person who is less than 16 years old is present.

Ministry Interim Actual Expenditures 2018-19($)

Ministry Interim Actual Expenditures 2018-19

	Number ($)
Operating	60,302,619,900
Capital	1,855,296,800
Total	**62,157,916,700**

Staff Strength [**] **(as of March 29, 2019)**	3,481.3

Updated: December 5, 2019
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Footnotes

- [A] ^ Cancer Care Ontario receives funds from various programs within the ministry.
- [*] ^ Estimates, Interim Actuals and Actuals for prior fiscal years are re-stated to reflect any changes in ministry organization and/or program structure. Interim actuals reflect the numbers presented in the 2019 Ontario Budget.
- [**] ^ Ontario Public Service Full-Time Equivalent positions