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Published plans and annual reports 2020-2021: Ministry of Health

Plans for 2020-2021, and results and outcomes of all provincial programs delivered by the Ministry of Health in 2019-2020.

Part I: 2020-21 Published Plan

Ministry of Health Overview

Purpose

The Ministry of Health's (the "ministry") 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; and
- Manage key provincial programs, including the Ontario Health Insurance Program, Assistive Devices and Supplies Program, Drug Programs, Emergency Health Services, Independent Health Facilities and Laboratory Services.

Ministry contribution to priorities and results

The Ministry of Health is committed to building a modern, sustainable and integrated health care system focussed on the needs of the patient, while implementing the government's plan to end hallway health care. These efforts have only become more important as the Ministry of Health, in collaboration with the rest of government and

the health system, has responded to the COVID-19 global pandemic.

As the scope of the COVID-19 outbreak increased internationally, Ontario took swift action to ensure the province's readiness to contain and respond to a range of outbreak scenarios.

The Ministry of Health implemented a response structure that formally brought together a wide range of partners to review, strengthen and implement provincial and regional plans and ensure their responsiveness to the specifics of COVID-19.

The structure comprises of the following:

- A Command Table:
  - A single point of oversight providing executive leadership and strategic direction to guide Ontario's response to COVID-19. The Command Table reports to the Minister of Health.
- Health System Response Oversight Table:
  - Leads the operational management and co-ordination response to COVID-19 pandemic and reports to the COVID-19 Command Table. This Table discusses and identifies actions to address issues or challenges encountered by the Ontario Health Regional Steering Committees and/or the provincial tables.
- The Ministry's Emergency Operations Centre (MEOC):
  - To continue to provide situational awareness and perform an overall coordination function among the components of the response structure.
- Technical Advisory Tables:
  - A number of tables that provide technical input, advice and data modelling support to priority response areas such as lab testing.
- An Ethics Table:
  - Provide ethical guidance and representation at both provincial and regional tables to support decision-making throughout the response.
- Sector or Issues Specific Tables:
  - Strategic implementation tables that provide support and coordination on specific issues such as long-term care outbreak management, mental health

and addictions supports, public health measures advice, and clinical supplies and equipment.

- A Collaboration Table:
  - Provide strategic advice to the Command Table based on engagement with key health sector organizations.

This structure built on the definitive steps that Ontario had already taken to address COVID-19, which included:

- Designating novel coronavirus as a disease reportable under Ontario's public health legislation to strengthen the province's ability to detect, monitor and contain potential cases;
- Creating a dedicated web page, with links and resources, to help Ontarians learn how to protect themselves, what to do if they are sick after they travel and how to recognize possible symptoms;
- Providing information to Ontarians, now in English, French, and 29 other languages, on how to protect themselves from COVID-19 and what to do if they think they may have the virus;
- Developing guidance for the health system to inform actions during the initial stages of the containment phase; and
- Investing additional resources to ensure Ontarians will continue to be able to access the health services they need, when they need them.

In addition, Ontario's Action Plan: Responding to COVID-19, the March 2020 Economic and Fiscal Update, represented a critical first step to ensure Ontario’s health care system, communities and economy were positioned to weather the challenges ahead.

The plan included $3.3 billion in additional health care resources to protect the health and well-being of the people of Ontario.

Overall, health care spending represents approximately 39% per cent of total Ontario government program spending, and the government continues to invest in strengthening the health care system. The total Ministry of Health budget for 2020-21 is $63.2 billion.

Health sector expense is projected to increase by a further $0.9 billion in 2019–20 and $3.3 billion in 2020–21 or 5.4 per cent, the largest year-over-year per cent increase in a decade.

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.

Prior to the COVID-19 outbreak, Ontario's health care system has been facing significant capacity challenges and unsustainable hospital occupancy levels contributing to hallway health care, or the use of unconventional hospital spaces for patient care, which significantly impeded patient access to timely care. While hospital occupancy levels reduced considerably during the COVID-19 outbreak, the restart of non-emergency services will undoubtedly begin to increase occupancy levels over the coming weeks and months. As the health system returns to a 'new normal', these occupancy levels must remain safe and sustainable to address potential surges throughout the Fall and Winter.

The ongoing implementation of ministry's transformative initiatives that were launched on February 26, 2019 will be critical enablers to the restart and ramp up of health services across the province. In particular, the ministry will continue to work with Ontario Health to ensure that the planning and implementation of health system recovery is aligned with the long-term objectives of the government's transformation agenda.

Ministry programs and activities

Within the context of the COVID-19 crisis, transforming the public health care system remains a government priority in order to improve patient experience and strengthen local services. This means that patients and families will have access to better and more connected services and there will be shorter wait times for these services. They will not have to stay in beds in hospital hallways or be left to navigate between providers on their own.

Ontario remains committed to ending hallway health care. The government's comprehensive plan to end hallway health care will continue to be focused on making investments and advancing new initiatives across four pillars:

1. **Prevention and health promotion:** keeping patients as healthy as possible in their communities and out of hospitals.
2. **Providing the right care in the right place:** when patients need care, ensure that they receive it in the most appropriate setting, not always the hospital.
3. **Integration and improved patient flow:** better integrate care providers to ensure patients spend less time waiting in hospitals when they are ready to be discharged. Ontario Health and Ontario Health Teams will play critical roles in health system oversight, coordination and in connecting care providers. In doing so, they will help to end hallway health care.
4. **Building capacity:** build new hospital and long-term care beds while increasing community-based services across Ontario.

As the work on restarting and ramping up of health services across the province begins, Ontario's long-term plan to fix and strengthen the public health care system will continue to focus directly on the needs of patients and families. It is a plan that was developed following considerable consultation with patients, families, nurses, doctors and others who provide direct patient care, including the Premier's Council on Improving Healthcare and Ending Hallway Medicine and its working groups, the Minister's Patient and Family Advisory Council, and health system and academic experts.

Highlights of 2019-20 Results

Accomplishments to date on the heath transformation agenda have been critical to the health system response for COVID-19.

Ontario Health

Ontario Health is a new government agency responsible for ensuring Ontarians receive high-quality health care services where and when they need them. The agency is bringing together the expertise of over 20 existing health organizations and programs to create an integrated public health care system, improve clinical guidance and support for health service providers, and enable better quality of care for patients. It serves as a central point of accountability and oversight of the health care system. In 2019-20, the government successfully transferred five provincial health agencies (Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Health Shared Services Ontario, HealthForceOntario Marketing and Recruitment Agency), and select executives from the Local Health Integration Networks (LHINs), into

Ontario Health.

Throughout the COVID-19 crisis, Ontario Health and its regional leadership have been essential partners in the planning, development and implementation of actions to increase system capacity, allocate critical supplies and equipment and respond to the outbreaks in long-term care and retirement homes. The creation of Ontario Health and the bringing together of the 14 LHINs and various agencies significantly enhanced the health system's ability to quickly and effectively respond as the COVID-19 outbreak evolved in Ontario.

Ontario Health will continue to strengthen what's working by continuing to bring resources together to assess ideas and successes that can be used to improve other programs and care for patients.

The ministry will also create an integrated health sector supply chain to better manage the purchasing of products and services for health services providers. The integrated supply chain will be overseen by Ontario Health to ensure patients can be supported in a consistent way as they move through the health system.

Progress has already been made on this front with the proclamation of the *Supply Chain Management Act, 2019* that allowed for the central management of public sector supply chains to ensure that critical supplies, equipment and services, including PPE, could be deployed to where they are needed the most.

Ontario Health Teams

As part of the government's plan to end hallway health care, Ontario Health Teams have been introduced as a new way of organizing and delivering services for patients. Local health care providers will be empowered to work as a connected team, providing a full and coordinated continuum of care and working to ease transitions across sectors for patients. Ontario Health Teams will understand the history and needs of the patients they serve and provide easy access, including virtual access, to the different types of care they need.

With the ministry's support and guidance, these Ontario Health Teams, which include hospitals, physicians, mental health professionals, home and community care providers, and many others will deliver care as a team according to the needs of their local communities.

While the introduction of the first 24 Ontario Health Teams has taken place, this will not be a one-time occurrence. As with all parts of the health care system, Ontario Health Teams have been focused on dealing with the COVID-19 crisis.

Applications to become an Ontario Health Team will continue to be received and assessed until provincial coverage is reached. All teams, regardless of level of readiness, will be supported to implement the model.

Mental Health and Addictions

The mental health and addictions system in Ontario has for too long 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 provincewide 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, building a mental health and addictions system focused on core services embedded in a stepped-care model, and a robust data and measurement framework.

As announced during the launch of the *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*, Ontario will implement the Ontario structured psychotherapy program, a new, first-of-its-kind in Canada program that will provide evidence-based cognitive behavioural therapy to equip Ontarians of all ages with the lifelong skills they need to manage their mental health and overall well-being. The Ontario structured psychotherapy program will be provincially funded with no out-of-pocket costs for clients. It launched in spring 2020 with further expansion planned in the fall.

The government has also announced that it is in the process of finalizing plans for the implementation of One Number To Call (ONTC). As a first step, a single number will provide streamlined access to Telehealth Ontario's nine health information and advice programs.

Hospitals

Ontario will invest approximately $20 billion over the next 10 years in hospital infrastructure projects that will lead to $27 billion in capital assets across Ontario,

including adding 3,000 new hospital beds. The government is supporting infrastructure investments that will ensure patients and their families have access to the health care they need. Ontario will be investing in new facilities to expand services and ensure existing facilities are maintained in a state of good repair and will ensure that the people of Ontario have access to care when and where they need it.

Through Ontario's Action Plan: Responding to COVID-19, the government invested $935 million for the hospital sector, including $594 million to accelerate progress on the government's commitment to address capacity issues, as well as $341 million for an additional 1,000 acute care and 500 critical care beds and additional assessment centres.

Ontario Public Drug Programs

In Budget 2019, the government committed to ensuring that Ontario's publicly funded health care system is sustainable and available to those who need it the most. Improving the value of pharmacy reimbursement is critical to achieving this.

As of January 1st, 2020, Ontario implemented two changes to improve the value of pharmacy payments:

- A time-limited reconciliation process which entails an adjustment made to the biweekly payments to pharmacies.
- Changing the payment model for professional pharmacy services for Long-Term Care (LTC) homes from a fee-for-service model to a fee-per-bed capitation model.

The government will continue to consult with sector stakeholders to identify longer-term solutions to bring greater value and sustainability to pharmacy reimbursement and improve patient care.

Home and Community Care

Ontario has taken steps that would enable integrated and innovative models of home and community care through the introduction of the *Connecting People to Home and Community Care Act.*

If passed, the legislation will allow Ontario Health Teams to integrate home and community care into the full continuum of care to deliver more innovative models of home and community care. Patients will benefit from primary care, hospitals, home

and community care and long-term care providers being able to collaborate directly to provide care that best meets individual care needs.

To ensure the ongoing stability of services while home and community care transitions into Ontario Health Teams, LHINs will be refocused into interim and transitional organizations called Home and Community Care upon the transfer of non-patient care LHIN functions into Ontario Health at a later date, to reflect their singular mandate, as well as long-term care home placement.

The Ministry of Health will continue to work with Ontario Health to plan for the careful disentanglement and transition of LHIN non-patient and patient functions and home and community care services, to Ontario Health and to Ontario Health Teams, respectively, over time.

Public Health & Emergency Health Services

The Ontario government is taking a comprehensive approach to modernize Ontario's health care system, which includes public health and emergency health services that are nimble, resilient, efficient and responsive to the province's evolving health needs and priorities.

In Budget 2019, Ontario announced plans to modernize public health and emergency health services across the province to better coordinate access at the local level. The government heard that the pace of change for public health was of significant concern to municipalities. While the way in which the government is implementing its plan has changed, the need to do so has not.

In November 2019, Ontario launched broad consultations led by Jim Pine, the ministry's advisor on public health and emergency health services. These consultations, as well as key learnings from the province's ongoing response to COVID-19, will inform the best way to deliver critical public health and emergency health services, so that the government can continue to meet the evolving needs and priorities of Ontario's families. Consultations were paused to allow public health and emergency health services respond to COVID-19 pandemic. Once the COVID-19 pandemic is contained, risks are mitigated, and it is operationally feasible, the ministry will move forward and consider the important changes that need to be made to modernize and strengthen our public health and emergency health services.

Digital First for Health

Ontario's Digital First for Health strategy will bring the patient experience into the 21st century by offering more choices and making health care simpler, easier and more convenient for patients. At the same time, this strategy will harness the imagination and capabilities of Ontario's digital health innovators to improve care for all Ontarians.

Digital First for Health is central to the ministry's efforts to deliver on its priorities, including, in particular the ministry's commitments to end hallway health care and deliver a more integrated health system founded in timely and reliable health data.

As the province dealt with COVID-19, Digital First for Health provided the necessary foundation to support the rapid expansion of virtual care options for providers to continue patient care while complying with physical distancing and other public health measures.

By taking a digital first approach, the ministry is putting people first and fundamentally changing Ontarians' experience of health care, giving them more convenience and more choice in accessing health care services.

Ministry financial information

Ministry planned expenditures 2020-21 ($)

Category	Amount ($M)
COVID-19 Approvals	2,061.9
Other Operating	59,215.5
Capital	1,937.9

Category	Amount ($M)
Total	63,215.3

Total Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimates 2020-20 $	Change from Estimates 2019-20 $	%
Ministry Administration Program	106,835,900	(5,805,900)	(5.2)
Health Policy and Research Program	792,248,900	10,584,100	1.4
Digital Health and Information Management	194,601,200	10,586,600	5.8
Ontario Health Insurance Program	22,176,671,900	499,555,000	2.3

Votes/Programs	Estimates 2020-20 $	Change from Estimates 2019-20 $	%
Population and Public Health Program	3,334,233,800	2,034,944,800	156.6
Provincial Programs and Stewardship	2,141,605,100	104,837,300	5.1
Information Systems	145,592,200	(13,832,900)	(8.7)
Health Services and Programs	28,706,441,800	896,758,300	3.2
Total Operating Expense to be Voted	**57,598,230,800**	**3,537,627,300**	**6.5**
Statutory Appropriations	89,392	(729,122)	(89.1)
Ministry Total Operating Expense	**57,598,320,192**	**3,536,898,178**	**6.5**
Consolidation Adjustment - Hospitals	3,663,878,200	216,398,700	6.3

Votes/Programs	Estimates 2020-20 $	Change from Estimates 2019-20 $	%
Consolidation Adjustment - Home and Community Care Support Services	28,419,100	4,362,900	18.1
Consolidation Adjustment - ORNGE	(37,957,700)	1,449,200	N/A
Consolidation Adjustment - Funding to Colleges	(3,988,000)	(1,875,700)	N/A
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(14,735,600)	344,400	N/A
Consolidation Adjustment - Ontario Health	52,231,500	1,116,500	2.2
Consolidation Adjustment - General Real Estate Portfolio	(8,770,400)	22,624,800	N/A

Votes/Programs	Estimates 2020-20 $	Change from Estimates 2019-20 $	%
Consolidation Adjustment - Ontario Infrastructure and Lands Corporation	N/A	N/A	N/A
Consolidation Adjustments	3,679,077,100	244,420,800	7.1
Total Including Consolidation & Other Adjustment	61,277,397,292	3,781,318,978	6.6

Operating Assets

Votes/Programs	Estimates 2020-21 $	Change from Estimates 2019-20 $	%
Ministry Administration Program	2,000	1,000	100.0
Health Policy and	2,500,00	N/A	N/A

Votes/Programs	Estimates 2020-21 $	Change from Estimates 2019-20 $	%
Research Program	0		
Ontario Health Insurance Program	13,000,000	N/A	N/A
Population and Public Health Program	750,000	N/A	N/A
Provincial Programs and Stewardship	5,729,400	N/A	N/A
Health Services and Programs	40,107,600	N/A	N/A
Total Operating Assets to be Voted	**62,089,000**	**1,000**	**0.0**
Ministry Total Operating Assets	**62,089,000**	**1,000**	**0.0**

Capital Expense

Votes/Programs	Estimates	Change from	%

	2020-21 $	Estimates 2019-20 $	
Information Systems	1,000	N/A	N/A
Health Services and Programs	26,716,100	N/A	N/A
Health Capital Program	1,306,070,100	(498,170,300)	(27.6)
Total Capital Expense to be Voted	**1,332,787,200**	**(498,170,300)**	**(27.2)**
Statutory Appropriations	17,400,700	2,862,200	19.7
Ministry Total Capital Expense	**1,350,187,900**	**(495,308,100)**	**(26.8)**
Consolidation Adjustment - Hospitals	643,999,700	557,043,300	640.6
Consolidation Adjustment - Home and Community Care Support Services	4,157,300	(339,800)	(7.6)

Consolidation Adjustment - ORNGE	12,734,900	(1,086,400)	(7.9)
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(13,359,200)	9,381,200	N/A
Consolidation Adjustment - Ontario Health	(38,082,000)	(2,984,600)	N/A
Consolidation Adjustment - General Real Estate Portfolio	(21,694,300)	(3,359,500)	N/A
Consolidation Adjustments	587,756,400	558,654,200	1,919.6
Total Including Consolidation & Other Adjustments	1,937,944,300	63,346,100	3.4

Capital Assets

Votes/Programs	Estimates 2020-21 $	Change from Estimates 2019-20 $	%
Information Systems	29,283,900	10,926,500	59.5
Health Services and Programs	1,000	1,000	N/A
Total Capital Assets to be Voted	**29,284,900**	**10,927,500**	**59.5**
Ministry Total Capital Assets	**29,284,900**	**10,927,500**	**59.5**

Total Operating and Captial

Votes/Programs	Estimates 2020-21 $	Change from Estimates 2019-20 $	%

Votes/Programs	Estimates 2020-21 $	Change from Estimates 2019-20 $	%
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	**63,215,341,592**	**3,844,665,078**	**6.5**

Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Ministry Administration Program	112,641,800	98,822,000	103,933,888
Health Policy and Research Program	781,664,800	762,406,500	750,112,963
Digital Health and	184,014,	207,130,	202,879,

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Information Management	600	900	521
Ontario Health Insurance Program	21,677,116,900	21,712,159,700	20,581,548,909
Population and Public Health Program	1,299,289,000	1,370,669,400	1,287,519,210
Provincial Programs and Stewardship	2,036,767,800	2,234,853,900	2,098,086,726
Information Systems	159,425,100	147,786,200	148,652,868
Health Services and Programs	27,809,683,500	27,714,585,700	27,050,739,935
Total Operating Expense to be Voted	54,060,603,500	54,248,414,300	52,223,474,020
Statutory Appropriations	818,514	817,514	218,561
Ministry Total Operating Expense	**54,061,422,014**	**54,249,231,814**	**52,223,692,581**

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Consolidation Adjustment - Hospitals	3,447,479,500	3,768,218,800	3,596,917,356
Consolidation Adjustment - Home and Community Care Support Services	24,056,200	24,056,200	4,604,325
Consolidation Adjustment - ORNGE	(39,406,900)	(20,967,800)	(38,260,572)
Consolidation Adjustment - Funding to Colleges	(2,112,300)	(4,086,300)	(2,112,784)
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(15,080,000)	(14,737,900)	(21,712,700)
Consolidation Adjustment - Ontario Health	51,115,000	51,115,000	2,296,412

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Consolidation Adjustment - General Real Estate Portfolio	(31,395,200)	(31,395,200)	(32,592,602)
Consolidation Adjustment - Ontario Infrastructure and Lands Corporation	N/A	N/A	(102,710)
Consolidation Adjustments	3,434,656,300	3,772,202,800	3,509,036,725
Total Including Consolidation & Other Adjustment	57,496,078,314	58,021,434,614	55,732,729,306

Operating Assets

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Ministry Administration Program	1,000	N/A	N/A
Health Policy and Research Program	2,500,000	1,000,000	2,500,000
Ontario Health Insurance Program	13,000,000	13,000,000	13,000,000
Population and Public Health Program	750,000	N/A	750,000
Provincial Programs and Stewardship	5,729,400	5,729,400	5,328,400
Health Services and Programs	40,107,600	38,106,600	40,107,600
Total Operating Assets to be Voted	**62,088,000**	**57,836,000**	**61,686,000**
Ministry Total Operating Assets	**62,088,000**	**57,836,000**	**61,686,000**

Capital Expense

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Information Systems	1,000		6,336,800
Health Services and Programs	26,716,100	15,934,600	13,400,000
Health Capital Program	1,804,240,400	1,618,322,200	1,515,736,031
Total Capital Expense to be Voted	**1,830,957,500**	**1,634,256,800**	**1,535,472,831**
Statutory Appropriations	14,538,500	15,046,200	14,079,179
Ministry Total Capital Expense	**1,845,496,000**	**1,649,303,000**	**1,549,552,010**
Consolidation Adjustment - Hospitals	86,956,400	289,627,500	298,548,899
Consolidation Adjustment - Home and	4,497,100	4,497,100	4,859,690

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Community Care Support Services			
Consolidation Adjustment - ORNGE	13,821,300	11,163,800	11,208,502
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(22,740,400)	(12,409,600)	2,413,197
Consolidation Adjustment - Ontario Health	(35,097,400)	(23,902,900)	(21,948,000)
Consolidation Adjustment - General Real Estate Portfolio	(18,334,800)	(18,334,800)	(4,052,150)
Consolidation Adjustments	**29,102,200**	**250,641,100**	**291,030,138**
Total Including Consolidation & Other Adjustments	**1,874,598,200**	**1,899,944,100**	**1,840,582,148**

Capital Assets

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Information Systems	18,357,400	8,373,500	3,393,559
Health Services and Programs	N/A	N/A	N/A
Total Capital Assets to be Voted	**18,357,400**	**8,373,500**	**3,393,559**
Ministry Total Capital Assets	**18,357,400**	**8,373,500**	**3,393,559**

Total Operating and Captial

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Ministry Total Operating and Capital Including Consolidation and Other	**59,370,676,514**	**59,921,378,714**	**57,573,311,454**

Votes/Programs	Estimates 2019-20 $[*]	Interim Actuals 2019-20 $[*]	Actuals 2018-19 $[*]
Adjustments (not including Assets)			

Historic Trend Table

Historic Trend Table

Historic Trend Analysis Data	Actuals 2017-18 [*]	Actuals 2018-19 [*]	Estimates 2019-20 [*]	Estimates 2020-21
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	54,982,128,576	57,573,311,454	59,370,676,514	63,215,341,592
		5%	3%	6%

Agencies, Boards and Commissions (ABCs)

Agencies, Boards and Commissions	Estimates 2020-21 ($)	Interim Actuals 2019-20 ($)	Expenditure Actuals 2018-19 ($)
Committee to Evaluate Drugs	N/A	437,647	540,087
Consent and Capacity Board	10,840,300	8,353,400	8,536,167
French Language Health Services Advisory Council	25,000	N/A	7,472
Health Boards Secretariat	4,728,647	4,885,680	4,789,160
Regulatory Board – Colleges (26)	1,516,527	1,635,440	1,599,620

Agencies, Boards and Commissions	Estimates 2020-21 ($)	Interim Actuals 2019-20 ($)	Expenditure Actuals 2018-19 ($)
Physician Payment Review Board	* 0	62,816	61,440
Health Professions Appeal and Review Board	2,800,000	2,639,091	2,581,289
Health Services Appeal and Review Board	645,000	579,198	566,512
Ontario Hepatitis C Assistance Plan	6,000	5,124	5,012
Medical Eligibility Committee	* 0	54,652	53,455

Agencies, Boards and Commissions	Estimates 2020-21 ($)	Interim Actuals 2019-20 ($)	Expenditure Actuals 2018-19 ($)
Health Professions Regulatory Advisory Council	236,500	4,751	32,960
Ontario Agency for Health Protection and Promotion	142,717,900	154,717,900	154,747,900
Cancer Treatment Services (Cancer Care Ontario) Operating and Research	1,900,849,300	1,891,238,500	1,803,344,381
Cancer Screening Programs	93,448,000	78,492,800	70,430,200

Agencies, Boards and Commissions	Estimates 2020-21 ($)	Interim Actuals 2019-20 ($)	Expenditure Actuals 2018-19 ($)
Digital Health	195,956,100	211,745,900	246,422,356
Digital Health Capital	26,715,100	15,934,600	13,400,000
Health Workforce Programs	9,398,900	10,008,100	11,454,100
Health Quality Programs	31,909,500	35,193,100	48,037,105
Central LHIN	2,025,203,000	2,064,909,700	2,006,034,686
Central East LHIN	1,981,812,800	2,020,508,400	1,984,188,813
Central West LHIN	863,643,500	892,916,500	850,644,057
Champlain	2,426,973,0	2,477,563,4	2,435,216,9

Agencies, Boards and Commissions	Estimates 2020-21 ($)	Interim Actuals 2019-20 ($)	Expenditure Actuals 2018-19 ($)
LHIN	00	00	29
Erie St. Clair LHIN	967,069,800	1,030,527,800	1,014,395,948
Hamilton Niagara Haldimand Brant LHIN	2,703,539,600	2,757,969,600	2,714,001,567
Mississauga Halton LHIN	1,521,164,300	1,566,981,900	1,515,366,265
North Simcoe Muskoka LHIN	814,806,200	841,790,800	818,238,721
North East LHIN	1,362,402,700	1,384,774,700	1,361,936,546
North West LHIN	642,949,400	670,813,500	649,948,547
South East LHIN	1,018,964,100	1,052,803,000	1,023,486,064
South West	2,102,052,1	2,134,167,6	2,096,198,9

Agencies, Boards and Commissions	Estimates 2020-21 ($)	Interim Actuals 2019-20 ($)	Expenditure Actuals 2018-19 ($)
LHIN	00	00	25
Toronto Central LHIN	4,861,439,100	5,073,012,500	4,921,583,572
Waterloo Wellington LHIN	1,005,702,500	995,282,100	964,966,454
Health Shared Services Ontario	33,800,200	38,710,200	49,530,200
Ontario Review Board	7,137,000	6,906,400	6,927,845
Trillium Gift of Life Network	58,741,100	58,489,000	55,111,100

Ministry of Health

Christine Elliott, Minister

Michael Tibollo, Associate Minister, Mental Health and Addictions

- Robin Martin, Parliamentary Assistant

Helen Angus, Deputy Minister

- Fredrika Scarth, Director, Secretariat on Improving Healthcare and Ending Hallway Medicine
- Janice Crawford, Director, Legal Services
- Joel Montesanti, Director, Policy and Delivery
- Karen McKibbin, Chief Information Officer, Health Services I&IT Cluster
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  - Karen Hay, Head, Public Health I&IT Solutions
  - Tanya Bobechko, Head, Payment & Registration I&IT Solutions
  - Louise Doyon, Head, Community, Mental Health and Addictions and Long-Term Care I&IT Solutions
  - Arden Tansey, Head, Drugs & Assistive Devices I&IT Solutions
  - Swetlana Signarowski, Head, Corporate I&IT Solutions & Integration Management
- Peter Kaftarian, Assistant Deputy Minister and Chief Administrative Officer, Corporate Services
  - Marysia Szymczak, Director, Communications
  - Cherrie Lethbridge, Director, HR Strategic Business Unit
  - Jeffrey Graham, Director, Fiscal Oversight and Performance

- Teresa Buchanan, Director, Fiscal Oversight and Performance
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- Jim Yuill, Director, Financial Management
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- Dr. Michelle Acorn, Provincial Chief Nursing Officer
- Robert Francis, Director, Strategic Policy
- Robert Francis, Director, Policy Coordination and Intergovernmental Relations
- Anne Hayes, Director, Research, Analysis and Evaluation
- Joanne Plaxton, Director, Indigenous, French Language and Priority Populations
- Allison Henry, Director, Health Workforce Regulatory Oversight

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- David Schachow, Director, Drug Programs Delivery
- David Schachow, Director, Assistive Devices Program

Patrick Dicerni, Assistant Deputy Minister and General Manager, Ontario Health Insurance Plan (OHIP)

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  - Carrie Ann Szorady, Director, Negotiations

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- Neeta Sarta, Director, Laboratories and Genetics
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- Clint Shingler, Director, Health System Emergency Management
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- Elizabeth Walker, Director, Accountability and Liaison
- Laura Pisko, Director, Health Improvement Policy and Programs
- Colleen Kiel, Director, Strategy and Planning

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- Fredrika Scarth, Director, Testing Strategy Coordination
- Zaynah Jamal, Director, Strategic Health Response Secretariat

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- Stuart Mooney, Director, Emergency Health Program Management and Delivery
- Steven Haddad, Director, Emergency Health Regulatory and Accountability

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- Evan Mills, Director, Digital Health Program
- Christine Sham, Director, Information Management Strategy and Policy

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- Kristin Taylor, Director, Provincial Programs
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    - Allison Costello, Director, Implementation and Supports
  - Sean Court, Assistant Deputy Minister, Health Transformation
    - Shannon Filice, Director, Project Management Office
    - Jovan Matic, Director, Supply Chain Modernization
    - Kyle MacIntyre, Director, Ontario Health Agency Oversight

Appendix

Annual Report

Overview

In 2019-20, the Ministry of Health continued to work toward the government's commitment to end hallway health care, guided by the objectives of improving patient and caregiver experience, improving the health of populations, creating efficiencies, and improving the work life of providers.

To achieve this goal, Ontario has begun to move forward with large scale capacity and health system transformations across the health system.

The ministry has developed an approach to capacity planning that uses demographic, socio-economic and health data, analytics and evidence to understand the current and forecasted future needs of the Ontario population. This approach prioritizes collaboration with ministry sector leaders, local planners and health service providers to translate government priorities into actionable initiatives at the local level while also responding to the broader health system goals of the ministry.

The Ministry of Health is currently working on developing a long-term capacity plan as well as a health workforce plan to ensure Ontario has the right mix of services and health human resources to deliver on the government's priorities for the health system.

This ministry's work was significantly impacted in the final quarter of 2019-2020 by the COVID-19 global pandemic. Ministry resources were re-directed towards managing and containing the spread of COVID-19 in the province. Some modernization priorities saw an acceleration as they were part of ministry plans to respond to COVID-19, most notably Ontario Health taking on a key operational role.

Modernization

Ontario Health

To coordinate health care delivery oversight, reduce health care bureaucracy and regional administration silos, the government transferred five existing provincial health agencies (Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Health Shared Services Ontario, Health Force Ontario Marketing and Recruitment Agency) and select non-home and community care executives from the LHINs into Ontario Health on December 2, 2019.

In addition, the 14 LHINs were clustered into five interim geographic regions and the number of CEO positions reduced from fourteen to five. These five CEOs were also cross-appointed as Transitional Regional Leads to support the transition of select LHIN functions into Ontario Health while ensuring that patient services continue undisrupted. This change had no impact to how Ontarians access health services, including home and community care or long-term care placements. Ontarians will continue to have access to the care they need and the health care providers they have built relationships with. The money saved from this change has and will continue to be redirected into frontline patient care.

On April 1, 2020, the government transferred Ontario Telemedicine Network into Ontario Health and dissolved the five provincial agencies that transferred in December 2019. Non-patient care LHIN functions will transfer into Ontario Health at a later date.

Furthermore, Ontario Health also assumed the funding and oversight responsibilities

of two government transfer payment organizations, the electronic Child Health Network and Ontario MD. These transfers further strengthened Ontario Health's ability to facilitate digital health and virtual care.

Instead of multiple agencies providing different oversight and direction in the health care system, a single agency – Ontario Health – will oversee key areas of the health care system, improve clinical guidance and provide support for providers to ensure better quality care for patients.

Ontario Health Teams

The government introduced Ontario Health Teams, a new model of care that brings together health care providers to work as one team. In the fall of 2019, the first cohort of 24 Ontario Health Teams being established across the province were announced.

These 24 teams are implementing a new model of organizing and delivering health care that better connects patients and providers in their communities to improve patient outcomes. Through an Ontario Health Team, patients will experience easier transitions from one provider to another, including, for example, transitions between hospitals and home care providers, with one patient story, one patient record and one care plan.

The first 24 teams included:

- All Nations Health Partners Ontario Health Team
- Brampton/Etobicoke and Area Ontario Health Team
- Burlington Ontario Health Team
- Cambridge North Dumfries Ontario Health Team
- Chatham-Kent Ontario Health Team
- Connected Care Halton Ontario Health Team
- Couchiching Ontario Health Team
- Durham Ontario Health Team
- East Toronto Ontario Health Team (East Toronto Health Partners)

- Eastern York Region North Durham Ontario Health Team
- Guelph and Area Ontario Health Team
- Hamilton Ontario Health Team (Hamilton Health Team)
- Hills of Headwaters Collaborative Ontario Health Team
- Huron Perth and Area Ontario Health Team
- Mississauga Ontario Health Team (Mississauga Health)
- Muskoka and Area Ontario Health Team
- Near North Health and Wellness Ontario Health Team
- North Toronto Ontario Health Team
- North Western Toronto Ontario Health Team
- North York Ontario Health Team (North York Toronto Health Partners)
- Northumberland Ontario Health Team (Ontario Health Team - Northumberland)
- Ottawa Ontario Health Team (Ottawa Health Team/Équipe Santé Ottawa)
- Peterborough Ontario Health Team
- Southlake Community Ontario Health Team

These teams are being supported by the ministry and by an expanding central program of supports that leverages existing partnerships. Many more teams are working towards becoming an approved Ontario Health Team. Applications to become an approved Ontario Health Team will continue to be received and assessed until provincial coverage is reached. All teams, regardless of level of readiness, will be supported to implement the model.

Digital First For Health Strategy

Ontario launched the Digital First for Health strategy to bring the patient experience into the 21st century and help end hallway health care by offering more choices and making health care simpler, easier and more convenient for patients. At the same time, this new strategy will harness the imagination and capabilities of Ontario's digital health innovators to improve care for all Ontarians.

Once this new strategy is fully implemented, patients can expect:

- More virtual care options: Expanding availability of video visits and enabling other virtual care tools such as secure messaging. Additionally, providers will be able to leverage a variety of virtual care technologies that best meet the needs of their patients.
- Expanded access to online appointment booking: Patients will be able to book appointments that best meet their needs.
- Greater data access for patients: More patients will be able to review their secure health record online and make informed choices about their care.
- Better, more connected tools for frontline providers: More providers will be able to access patient records stored across multiple health service providers to provide better, faster care.
- Data integration and predictive analytics: Providers will face fewer barriers to integrating and using secure health information to manage health resources and improve patient care. This could lead to improvements such as earlier intervention and better management of chronic disease.

The Premier's Council on Improving Health Care and Ending Hallway Medicine

The Council was created to provide the Premier of Ontario, the Deputy Premier and Minister of Health and Minister of 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 is made up of 14 health system leaders. Council members represent a cross-section of health sector professionals, and provide senior administrative and frontline perspectives.

In June 2019, the Council released its second report - A Healthy Ontario: Building a Sustainable Health Care System - providing advice and making key recommendations focused on integration, innovation, efficiency and alignment, and capacity.

Hospitals

Investing in Hospitals

Through Ontario's Action Plan: Responding to COVID-19, the government invested $935 million for the hospital sector, including $594 million to accelerate progress on

the government's commitment to address capacity issues, as well as $341 million for an additional 1,000 acute care and 500 critical care beds and additional assessment centres.

Unity Health Toronto - St. Joseph's Health Centre site

Ontario committed to invest up to $5 million to fund early planning to support the major redevelopment of Unity Health Toronto's St. Joseph's Health Centre site. This proposed project includes a new patient tower and renovations to the existing facility to expand integrated health care services and reduce wait times.

The government also announced the opening of the newly expanded mental health emergency services unit. The government's investment of up to $4 million includes a modernized unit with nine private patient rooms that will increase access to emergency mental health care, helping alleviate pressures put on emergency rooms and hospitals. The renovated mental health emergency services unit will allow for better patient privacy, provide more space for current patient volumes, improve patient and staff safety, and make patient admissions and flow easier.

Juravinski Hospital and Cancer Centre

Ontario committed to invest up to $25 million toward expanding the stem cell transplant unit at the Juravinski Hospital and Cancer Centre of Hamilton Health Sciences that is expected to open in 2021. Patients can expect to benefit from a new 15-bed inpatient unit for patients undergoing stem cell transplants and other complex malignant hematology cancer treatments; expanded oncology day services, including 11 additional treatment bays and a renovated pharmacy to support the growth of the expanded stem cell transplant program; and upgraded electrical and emergency generator systems to handle the increase in power load from the expanded stem cell transplant program.

Brockville General Hospital Expansion

Ontario invested up to $159 million towards the redevelopment of Brockville General Hospital, which includes a new four-storey, 93-bed inpatient tower, as well as renovations to the hospital's existing facilities. This project is to include inpatient services for mental health, palliative and complex continuing care, as well as rehabilitation and restorative care and is expected to be completed by fall 2020.

The Ottawa Hospital

The government committed an additional $9 million to support ongoing planning for The Ottawa Hospital - Civic Campus redevelopment. This investment is in addition to a previous commitment of $3 million for the project, bringing the total investment to $12 million. The Civic Campus provides primary and secondary hospital services for the local community and is the only hospital in the Champlain region providing complex and specialized services such as regional trauma centre, neurosurgery and vascular surgery.

Orléans Health Hub

The government committed up to $75 million for the Orléans Health Hub project. The new one-storey building will bring together bilingual services from three hospitals and four community service providers under one roof to support better coordinated care for patients and families, and ultimately, reduce wait times. It is expected to open in summer 2021.

Markham Stouffville Hospital

Ontario committed to invest up to $500,000 to support Markham Stouffville Hospital with early capital planning for the proposed major redevelopment of its Uxbridge site. The proposed project includes the construction of a new, modern hospital facility on the existing Uxbridge site to replace the current aged building. It may also include expanding specialized outpatient clinics and the creation of a community health hub with long-term care services to support patient-centred, integrated health care programs.

Geraldton District Hospital

The government committed to invest up to $17.8 million to support redeveloping the Geraldton District Hospital's emergency department. The project is expected to be completed in spring 2021. Patients will benefit from a new emergency department with five treatment rooms that supports better accessibility, privacy, and infection prevention and control; a chemotherapy suite with two treatment spaces; a dedicated space for families; and a dedicated space for Indigenous patient navigators to provide culturally appropriate support, care coordination and advocacy for Indigenous patients and families.

West Lincoln Memorial Hospital

Ontario committed up to $2 million to support Hamilton Health Sciences – West Lincoln Memorial Hospital with upgrades and renovations so that all services can return to full capacity as quickly as possible. This investment is in addition to the $8.5 million in provincial funding provided to the hospital in November 2018 and the government's ongoing commitment to support the redevelopment of the hospital. The upgrades are anticipated to be completed by late 2020 and include renovations to the operating room suite and endoscopy cleaning facilities, upgrades to the elevator, emergency generator, fire alarm system, nurse call systems, cooling and heating, plumbing and electrical systems, and the replacement of flooring tiles and cabinets across the hospital.

Scarborough Health Network – Birchmount Hospital

The government has committed to invest up to $500,000 to support Scarborough Health Network with early planning to redevelop and expand its Birchmount Hospital site emergency department. The proposed renovation and expansion project will create more space for emergency care to meet the growing needs of the Scarborough community, modernize the current emergency department and, once complete, is expected to significantly increase the size of the existing space.

Sunnybrook Health Sciences Centre

Ontario is investing up to $60 million to support the construction of the Garry Hurvitz Brain Sciences Centre, a new, state-of-the-art facility dedicated to brain and mental health at Sunnybrook Health Sciences Centre. Expected to be completed by December 2022, the centre will be the largest youth mental health service in the Greater Toronto Area and will include:

- An expanded family navigation project to support youth aged 13 to 26 and their families find and access the care they need;
- 11 new inpatient mental health beds (bringing the total number of beds to 47) that will provide more support for adults, youth and those who need intensive care;
- A centre for youth bipolar disorder and a centre for anxiety disorders;
- Neuromodulation services for those with severe medication and treatment-resistant mental health disorders;

- One of the largest Amyotrophic Lateral Sclerosis (ALS) clinics of its kind in Canada;
- The largest traumatic brain injury clinic of its kind in Ontario; and
- Sleep disorder services and ambulatory clinics.

St. Mary's General Hospital

The government committed to invest up to $7.4 million to redevelop the Heart Rhythm Program at St. Mary's General Hospital in Kitchener. Through this project, the hospital will add new cardiac services (that treat abnormal heart rhythms) to the existing cardiac program to reduce wait times. Construction of the project is expected to begin in the spring of 2020 and will include a new electrophysiology lab, adding 3,500 square feet of patient recovery space and expanded cardiac diagnostic clinic space.

Health Infrastructure Renewal Fund

Ontario invested $175 million in 2019-20 through the Health Infrastructure Renewal Fund to help 131 hospitals across the province maintain their infrastructure and ensure a safe and comfortable environment for patients to receive care.

Investing in Small- and Medium-sized Hospitals

The Ontario government invested an additional $68 million to support small- and medium-sized hospitals across Ontario with their unique situations and funding challenges. This funding includes a province-wide increase in funding of one per cent for 66 small-sized hospitals, 1.5 per cent for 23 medium-sized hospitals, and targeted funding to further assist the most in-need hospitals.

Reactivation Care Centres

The government announced it is investing up to $1.5 million to support early planning to repurpose the North York General Hospital Branson Ambulatory Care Centre to become a reactivation care centre. The proposed project would add up to 130 new transitional care beds to help patients across the Greater Toronto Area access the right care at the right place once hospital services are no longer needed. Upgrades to the Branson site are expected to be completed by winter 2020-2021.

Ontario also announced the opening of two additional inpatient units that will add 39 more beds to the Reactivation Care Centre – Church Site in Toronto, a facility that supports patients in their transition from a hospital to home or alternate care.

In addition to the above, six Greater Toronto Area hospitals are collaboratively working together at the 214-bed Reactivation Care Centre – Church Site, including Humber River Hospital, Sunnybrook Health Sciences Centre, Southlake Regional Health Centre, Unity Health Toronto's St. Joseph's Health Centre site, William Osler Health System, and Trillium Health Partners.

Treatment for Essential Tremors

An additional $1.4 million was invested in funding for 72 more patients to receive a new, non-invasive treatment for essential tremors. This new treatment uses magnetic resonance imaging (MRI) to guide high intensity focused ultrasound (HIFU) waves to a specific area of the brain to remove the cells that cause tremors. This treatment is currently offered at Sunnybrook and University Health Network (UHN) and has shown to be more cost efficient than surgery.

Mental Health and Addictions

Roadmap to Mental Health

Following extensive consultations with experts, grassroots organizations, health care providers on the frontlines and first responders, as well as people with lived experience, their families and caregivers, Ontario launched *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System.*

The new Mental Health and Addictions Centre of Excellence within Ontario Health will serve as the foundation on which Roadmap to Wellness is built and will enable and drive the effective implementation of the plan's four pillars:

- Improving quality;
- Expanding existing spaces;
- Creating innovative solutions; and
- Improving access.

Mental Health Funding

Ontario invested an additional $174 million in funding in mental health and addictions to address the critical gaps in Ontario's system and to support patients and families living with mental health and addictions challenges. To ensure mental health and addiction service providers have stable, long-term funding, the government committed to make this additional funding available every year.

This investment included:

- Nearly $30 million for child and youth community mental health services and programs across Ontario to ensure earlier and faster mental health and addictions support in communities.
- More than $35 million for addictions services, such as opioid addictions treatment, youth residential treatment and withdrawal management, and consumption treatment services sites in communities across the province for those who are struggling with opioid and other drug addictions.
- More than $15 million for more supportive housing for people who are homeless and face mental health and addictions issues, and to strengthen the delivery of existing supportive housing programs.
- More than $22 million to reduce wait times for community mental health programs, and services for priority populations, including Francophones.
- More than $27 million to fund mental health supports in Ontario's education system, which will directly benefit schools, teachers, and students and their parents.
- More than $18 million to support mental health and addictions services in the justice sector, including direct support for corrections staff to address Post Traumatic Stress Disorder and other mental health challenges. Additionally, the government is invested in mobile crisis intervention teams to help police officers and other first responders better assist people experiencing mental health and addictions crises.
- $1 million to support postsecondary institutions in partnering with community-based mental health and addictions services.
- More than $7 million through the Ministry of Health to fund new and expanded Indigenous mental health and addictions services, training for frontline workers, and critical systems supports to improve client journeys and aid in the prevention

of social emergencies for Indigenous communities in Ontario.

- $5 million through the Ministry of Children, Community and Social Services to fund more supports and services for Indigenous communities in Ontario.
- $12 million to help build additional hospital capacity with new inpatient mental health beds.

Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2020

The government passed the *Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2020* to establish a Mental Health and Addictions Centre of Excellence within Ontario Health and support the province's participation in the national class action lawsuit British Columbia launched last year against more than 40 opioid manufacturers and wholesalers.

The Mental Health and Addictions Centre of Excellence will be a central point of accountability and oversight for mental health and addictions service; be responsible for standardizing and monitoring the quality and delivery of services and clinical care across the province to provide a better and more consistent patient experience; and provide support and resources to Ontario Health Teams.

Police-Hospital Transition Framework and Toolkit

Ontario announced a new police-hospital transition framework and toolkit to support development of effective protocols for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care. Developed in collaboration with health care partners and police services, the new framework and toolkit aim to:

- Help people in mental health and addictions crisis access timely care and protect their privacy;
- Decrease transfer of custody wait times so police officers can return to their duties sooner;
- Improve patient transfers so hospital staff can better meet their needs;
- Build stronger relationships and coordination between hospitals and police services;

- Protect the safety and security of vulnerable people, the public and health care workers.

More than 10 police-hospital partnerships in Ontario already have, or are in the process of developing, a transition protocol.

Project Now

Ontario announced it is investing $3 million over three years in a mental health initiative called Project Now, which aims to end child and youth suicide in Mississauga within the next decade by 2029. Project Now is a cross-sector partnership that will improve access to mental health services in schools, hospitals and community-based agencies. This funding is supporting suicide prevention and mental health initiatives led by core partners, including Trillium Health Partners, the Region of Peel, Peel District School Board, Dufferin-Peel Catholic District School Board, Peel Public Health and Peel Children's Centre.

Consumption and Treatment Services

Ontario continues to invest in Consumption and Treatment Services (CTS) and has committed to spend up to $31.3 million annually. CTS save lives by preventing drug overdose-related deaths, and connect people to primary care, treatment and rehabilitation, and other health and social services. Ontario has approved and is funding 16 Consumption and Treatment Services in nine communities across the province: Guelph, Hamilton, Kingston, Kitchener, London, Ottawa, St. Catharines, Thunder Bay and Toronto. Applications continue to be accepted.

OHIP

Providing Insurance to the Uninsured

To ensure that anyone in need of care can receive it, on March 20 Ontario announced it was waiving the three-month waiting period for Ontario Health Insurance Plan (OHIP) coverage. Additionally, the province committed to cover the cost of all medically necessary hospital services and limited community-based services for uninsured people who do not meet the criteria for OHIP coverage. These measures were intended to ensure that no one would be discouraged from seeking screening or treatment for COVID-19 for financial reasons.

Ontario public drug programs

In Budget 2019, the government committed to ensuring that Ontario's publicly funded health care system is sustainable and available to those who need it the most. Improving the value of pharmacy reimbursement is critical to achieving this.

As of January 1, 2020, Ontario implemented two changes to improve the value of pharmacy payments:

- A time-limited reconciliation process which entails an adjustment (reduction) made to the biweekly payments to pharmacies. This initiative is expected to save $180 million by Fiscal Year 2022-23.
- Changing the payment model for professional pharmacy services for Long-Term Care (LTC) homes from a fee-for-service model to a fee-per-bed capitation model.

These changes are an important step in establishing a sustainable pharmacy payment model to ultimately ensure that the publicly funded health care system is sustainable and available to those who need it the most.

The government will continue to consult with sector stakeholders to identify longer-term solutions to bring greater value and sustainability to pharmacy reimbursement and improve patient care.

In addition, to respond to the COVID-19 outbreak in Ontario and its potential impact to drug access and supply, the government:

- Committed to invest new funding through the March 2020 Economic and Fiscal Update to allow the Ministry of Health to source alternative drug supplies in an event of a drug shortage;
- Adapted and modified established funding criteria/algorithms for cancer drugs funded by the Ontario Public Drug Programs to ensure the needs of patients would continue to be met while minimizing patient risk and exposure during the pandemic; and
- On March 20, 2020, recommended pharmacies to dispense no more than a 30-day supply of medication even though a greater supply may be prescribed and payable under the Ontario Drug Benefit (ODB) Program. The intention of this recommendation was to protect the drug supply chain and prevent drug shortages caused by significant stockpiling of medications and demand increases for treatment of patients with COVID-19.

Prevention

Newborn Screening Program

The government expanded Ontario's newborn screening program to include the permanent hearing loss risk test for earlier identification of babies at risk for hearing loss.

Sustainability

Out-of-Country Dialysis Services

Ontario committed to provide $700,000 annually to the Ontario Renal Network to establish and operate a program that will fund out-of-country dialysis services for Ontario patients while travelling outside Canada.

Community Care

Home and Community Care

In 2019-20, the government invested an additional $155 million to expand home and community care services, including $45 million for new transitional care projects in high-need areas, and a $1 million increase for existing transitional care projects that provide temporary care, and in some cases accommodation, in settings outside of hospitals for patients designated Alternate Level of Care (ALC) while they await their discharge destination of choice.

These new investments include $6.4 million for Lakeridge Health's Long-Term Care Bridging Program to support the delivery of 50 transitional care beds in a retirement home setting for patients designated ALC who are waiting for a spot in a long-term care home. Transitional care projects helps ensure patients are cared for in more appropriate settings and that hospital beds are available for those who need them.

Connecting People to Home and Community Care Act, 2020

If passed, this legislation will allow Ontario Health Teams to deliver more innovative models of home and community care. Patients will benefit from primary care, hospitals, home and community care and long-term care providers being able to collaborate directly to provide care that best meets individual care needs. Ontario

Health Teams will work together to understand a patient's full health care history, directly connect them to the different types of care they need and help patients 24/7 in navigating the health care system.

To ensure the ongoing stability of services while home and community care transitions into Ontario Health Teams, LHINs will be refocused into interim and transitional organizations called Home and Community Care Support Services, to reflect their singular mandate of delivering home and community care, as well as long-term care home placement.

The Ministry of Health will continue to work with Ontario Health to plan for the careful transition of LHIN functions, including home and community care services, to Ontario Health and to Ontario Health Teams over time.

Midwifery Services

The government invested an additional $28 million to expand midwifery services in Ontario. With this new investment, Ontario provided $178 million for midwifery services in 2019-20, supporting up to 35,000 families.

Hospice Beds

In 2019-20, the government announced the following investments in hospice care across the province:

- The St. Joseph's Health Care Society received $1.6 million in funding to open a new, eight-bed residential hospice. Once open, the province will provide Elgin Residential Hospice with an additional $840,000 annually in operational funding to support the provision of care for about 123 patients per year. An additional $600,000 in one-time capital funding to support the construction of three additional beds at Oak Ridges Hospice of Durham, bringing the total number of hospice beds to eight. Once open, the province will provide the hospice with $840,000 annually to support end-of-life care for about 123 patients per year.
- $800,000 in additional one-time capital funding to support the construction of four additional beds at Durham Hospice. This funding will bring the total number of hospice beds to nine. Once open, the province will provide $945,000 annually in operational funding to support end-of-life care for about 138 patients per year.

Midland Community Health Hub

Ontario committed to invest up to $9.8 million to support the construction of the new Community Health Hub in Midland. The project includes relocating the Centre de santé communautaire CHIGAMIK Community Health Centre and Waypoint Centre for Mental Health Care's Outpatient Mental Health program and the HERO Centre (Housing, Employment, Rehabilitation and Our Place Social Club programs) to one site.

The renovation of the Community Health Hub building began in July 2019 and completion is anticipated in spring 2020.

Community Infrastructure Renewal Fund

Ontario invested $7.2 million to address ongoing urgent and/or emergent infrastructure renewal needs for community health service providers who met specific criteria on a priority basis, through the Community Infrastructure Renewal Fund.

Public Health and Emergency Health Services

Increasing Public Health Funding

The Ontario government has increased public health funding by $160 million to support COVID-19 monitoring, surveillance, and laboratory and home testing, while also investing in virtual care and Telehealth Ontario. This investment was part of the government’s $3.3 billion investment committed through the March 2020 Economic and Fiscal Update.

Personal Protective Equipment

The Ontario's Action Plan: Responding to COVID-19 included a committed by the government to invest $75 million to supply personal protective equipment and critical medical supplies to front-line staff to tackle COVID-19.

Planning for Future Contingencies

To address potential contingencies that might arise as a result of the COVID-19 outbreak in Ontario, the March 2020 Economic and Fiscal Update committed the government to dedicate a $1.0 billion COVID-19 contingency fund for emerging needs

related to the COVID-19 outbreak.

Public Health and Emergency Health Services Modernization

Ontario is modernizing public health and emergency health services across the province to better coordinate access at the local level. In November 2019, the government launched broad consultations led by Jim Pine, the ministry's advisor on public health and emergency health services.

As of April 2020 the ministry has received over 500 submissions from organizations and individuals providing their feedback and advice in response to the emergency health services and public health modernization discussion papers; met with over 300 participants in seven regional in-person consultations; and, planned an additional 7 regional, and several sector-specific, consultations across the province.

Consultations were paused to allow public health and emergency health services respond to the COVID-19 pandemic. Once the COVID-19 pandemic is contained, risks are mitigated, and it is operationally feasible, the ministry will move forward and consider the important changes that need to be made to modernize and strengthen our public health and emergency health services.

Ontario Seniors Dental Care Program

The government announced it is investing approximately $90 million annually for the new Ontario Seniors Dental Care Program, which will provide free routine dental care for eligible low-income seniors across the province. In doing so, the government expects to reduce the number of dental-related emergency department visits, helping to end hallway health care.

New Models of Care for Select 9-1-1 Medical Emergency Patients

Ontario is improving patient access to the right care in the right place by implementing new patient care models beginning with pilots in London-Middlesex and Ottawa. These new models of care will give paramedics more options to provide safe and appropriate treatment for patients.

- A model in the London region targeting the needs of select mental health and/or addictions patients was implemented on March 2, 2020. These patients now have the option of being transferred to the Canadian Mental Health Association

(CMHA) as an alternative destination to the hospital.

- On February 10, 2020, the Minister of Health announced that eligible palliative care patients who call 9-1-1 in the Ottawa region will soon have the option to be treated on-scene for pain and symptom management by trained paramedics. Paramedics will then send a referral back to the patient's primary palliative care team for follow-up instead of taking them to an emergency department.

Vaping

Following extensive consultation, Ontario took further action to protect children and youth from the health risks of vaping, while maintaining adults' access to smoking cessation options. The Ontario government has taken a number of steps, including:

- Effective January 1, 2020, the promotion of vapour products in retail stores is allowed only in specialty vape stores and cannabis retail stores, which are only open to people aged 19 and over. There are limited exceptions that allow other retailers such as convenience stores, grocery stores and gas stations to provide information about vapour products and their price through the use of informational signs and documents.
- Effective July 1, 2020, the retail sale of flavoured vapour products will be restricted to specialty vape stores and cannabis retail stores, which are open to people aged 19 and over, except for menthol, mint, and tobacco flavours.
- Effective July 1, 2020, the retail sale of high nicotine vapour products (more than 20mg/ml) will be restricted to specialty vape stores.
- Effective July 1, 2020, proposed regulatory changes that, if approved, would require specialty vape stores will be required to ensure that indoor vapour product displays and promotions are not visible from outside of their stores.

Transportation for Critically-Ill Newborns

The government invested $6.8 million in highly specialized emergency medical service teams to provide transportation for critically-ill newborns at four sites: Children’s Hospital of Eastern Ontario, Children’s Hospital of London Health Sciences Centre, McMaster Children’s Hospital and The Hospital for Sick Children.

The four hospitals also jointly received nearly $5.8 million this year to support highly-specialized teams and ensure they are available 24 hours a day, seven days a week.

These teams can include specially-trained registered nurses, respiratory therapists and neonatologists.

Smoking Cessation Services

Ontario transitioned telephone-based smoking cessation services in Ontario from Smokers' Helpline to the Telehealth Ontario platform. As of October 1, 2019, Ontarians now have easy access to registered nurses and smoking cessation support through Telehealth Ontario, in combination with other services and health information already offered, including professional medical advice, nutrition counselling and referrals to mental health and addictions support.

Reducing Unnecessary Regulatory Burdens

The Ontario government has taken a number of steps to reduce unnecessary regulatory burdens on Ontarians, including:

- Changes to remove unnecessary barriers for food banks, not-for-profit organizations and charities involved in food donation and community meal programs to make it easier to help people in need; and
- Permitting restaurants to allow dogs on patios and indoors in areas where low-risk foods like pre-packaged foods, fresh fruit and most snacks are sold alongside beer, wine and spirits.
- Changes to reduce administrative burden and modernize existing processes for drug manufacturers and pharmacies.

Ministry Interim Actual Expenditures 2019-20($)

Ministry Interim Actual Expenditures 2019-20	
	Number ($M)

	Number ($M)
COVID-19 Approvals	20.6
Operating	58,000.8
Capital	1,899.9
Total	**59,921.4**
Staff Strength[**] (as of March 31, 2020)	**2,988.4**

Updated: September 23, 2021
Published: December 14, 2020

Footnotes

- [*] ^ 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 March 2020 Economic and Fiscal Update.
- [**] ^ Ontario Public Service Full-Time Equivalent positions