LHIN Renewal: Patients First

Ministry of Health and Long-Term Care

Technical Briefing Deck on Bill 210: the *Patients First Act, 2016*

June 2016

Purpose

- In December 2015, the Ministry of Health and Long-Term Care (Ministry) released *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario.*

- The proposal highlighted the need to address structural issues in Ontario's health care system to improve the accessibility, integration, and consistency of patient care.

- To achieve these structural changes, a number of legislative changes would be required, aligned with four main categories:
  1. Local Health Integration Network (LHIN) Governance and Mandate
  2. Primary Care
  3. Home and Community Care
  4. Public Health

- On June 2, 2016, the government introduced Bill 210, containing the *Patients First Act, 2016,* to advance the plan to evolve locally integrated patient-centred health care delivery.

- The purpose of this presentation is to:
  1. Provide an overview of the key components of *Patients First: A Proposal to Strengthen Patient-Centred Health in Ontario*, as they relate to the proposed legislative changes in Bill 210; and
  2. Review amendments to the *Local Health System Integration Act, 2006 (LHSIA),* the *Home Care and Community Services Act, 1994 (HCCSA),* and complementary and consequential amendments to other Acts and regulations, that are proposed in the bill.

LHIN Renewal Objectives

- The vision for the health care system in Ontario is a higher-performing, better connected, more integrated and patient-centred system for patients and care providers.
- The *Patients First* proposal has four key components:

Effective Integration of Services and Greater Equity

1. Identify LHIN sub-regions as the focal point for integrated service planning and delivery. LHINs would take on accountability for sub-region health service planning, integration and quality improvements.

Timely Access to, and Better Integration of, Primary Care

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

More Consistent and Accessible Home & Community Care

3. Transfer responsibility for service management and delivery of home and community care from Community Care Access Centres (CCACs) to the LHINs.

Stronger Links to Population & Public Health

4. Linkages between LHINs and boards of health would be formalized to integrate a population health approach into local planning and service delivery across the continuum of health care.

Ontario's Health System at Transition: Anticipated Spring 2017 (if Bill is passed)

Goal: Patients Receive Integrated, Accessible Care of Consistently High Quality

Standards of Care

Integrated Care

Integrated Clinical Council to develop standards

Sub-Regions
Primary Care ←→ Home & Community Care ←→ Hospitals
Addictions & Mental Health
Long-term Care Homes
Community Support Services

Local Health Integration Networks

LHIN Shared Services Organization to Support All LHINs

Health Quality Ontario

Ministry of Health and Long-Term Care

Boards of Health

French Language Health Planning Entities

First Nations & Indigenous Engagement

Patient and Family Advisory Council

The Local Health System Integration Act, 2006 (LHSIA)

- The LHINs are currently mandated under the *Local Health System Integration Act, 2006* (LHSIA) to plan, fund and integrate health services for defined geographic areas.
- LHINs, as non-profit corporations and Crown agents, can only carry out or do what is described in the objects set out in LHSIA, which include:
  - Promoting the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services;
  - Engaging the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;
  - Allocating and providing funding to health service providers, in accordance with provincial priorities; and
  - Entering into agreements to establish performance standards and to ensure the achievement of performance standards by health service providers that receive funding from the network.
- As identified in the *Patients First* proposal, health system improvements would result from better integrated care. Legislative amendments would be required to provide LHINs with the authority to plan and implement better integration of primary care, home and community care services and to better incorporate population and public health into local health planning.
- To achieve these structural changes, a number of legislative changes have been proposed of the bill containing the *Patients First Act, 2016*.

Acts Amended by the Patients First Act

- The bill containing the *Patients First Act, 2016* proposes amendments to LHSIA and the *Home Care and Community Services Act*, 1994 (HCCSA) to expand the mandate and role for the LHINs. If the bill were passed by the Ontario Legislature:
  - The *Community Care Access Corporations Act* (CCAC Act) would be repealed once the transfer of functions from the CCACs to the LHINs is complete.
  - Complementary and consequential amendments to the following Acts would be required:
    Health Protection and Promotion Act (HPPA)
    Health Insurance Act, (HIA)
    Excellent Care for All Act, 2010 (ECFAA)
    Ombudsman Act, (OA)
    Commitment to the Future of Medicare Act (CFMA)
    Personal Health Information Protection Act, 2004 (PHIPA)
    Public Hospitals Act, (PHA)
    Private Hospitals Act
  - Other statutes would be amended, as necessary, to remove references to CCACs.

Key Potential Legislative Changes

LHSIA	HCCSA	CCAC Act	HPPA	ECFAA
Expand the LHIN mandate and oversight powers and establish sub-regions	Allow the Minister to approve LHINs to provide home and community services (directly or through contracts with service providers)	Repeal the Act to reflect the wind down of the CCACs	Establish engagement requirements for LHINs and local boards of health	Support the establishment of an integrated clinical care council

Summary of Proposed Amendments (1)

Part 1: LHIN Governance and Mandate

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. LHIN Objects

- Amend LHIN objects to reflect LHINs' expanded mandate, including authority to deliver home care services currently provided by the CCACs and to coordinate community services, as well as to promote health equity and reduce health disparities and inequities in planning, design, delivery and evaluation of health services.

2. Additional Health Service Providers

- Allow LHINs to fund and have accountability relationships with additional Health Service Providers (HSPs), including Family Health Teams (non-physician funding), Aboriginal Health Access Centres, hospices, and nurse-practitioner-led clinics.

3. LHIN Sub-Regions

- Require LHINs to establish sub-regions as the focal point for local planning and performance monitoring and management.

4. LHIN Governance

- Expand LHIN board membership from 9 to 12 members to reflect the expanded mandate.
- Change the total length of time a person may be Board Chair (e.g., may exceed a maximum of six years when a person is appointed as a Board Chair after having served at least three years as a member).

5. Shared Services Entity

- Allow for the establishment, by regulation, of a shared services entity to support LHINs with the necessary shared services (e.g., payroll, financial, IT services and supports).

6. Patient and Family Advisory Committees

- Require each LHIN to have one or more Patient and Family Advisory Committees to support community engagement.

Summary of Proposed Amendments (2)

Part 2: Primary Care

If the bill is passed by the Ontario Legislature, the proposed amendments would:

- Add primary care models (not physicians) as HSPs funded by LHINs.
- Add "physician resources" to planning objects of LHINs.
- Give LHINs the ability to act on behalf of the Minister to monitor and manage (but not negotiate) contracts with physicians.
- Add regulation-making authority to require physicians to notify LHINs of practice changes (e.g., upcoming retirement).

Part 3: Home and Community Care

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. LHINs to Provide Home and Community Services

- Give the Minister the authority to order the transfer of CCAC staff and assets to LHINs.
- Following a Minister's order, LHINs would assume responsibility for the management and delivery of home and community care (directly or through contracts with service providers), including the placement of patients into long-term care homes.

2. Labour Considerations

- LHINs would become successor employers under collective agreements.
- LHINs would establish an integrated management structure.

3. Wind Down CCACs

- Dissolve CCACs by Minister's order after CCAC staff and assets have been transferred to the LHINs.

Summary of Proposed Amendments (3)

Part 4: Public Health

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. Population and Public Health Planning

- Establish a formal relationship between LHINs and local boards of health to support joint health services planning.

Part 5: Enhanced Oversight and Accountability

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. Enhanced LHIN Oversight

- Give LHINs the ability to issue directives, investigate and supervise health service providers, as necessary, with the exception of hospitals (only ability to issue directives and investigate) and long-term care homes.

2. Enhanced Minister Oversight

- Give the Minister the ability to issue directives, investigate, or supervise LHINs, as well as enhanced power to issue directives to public and private hospitals. The Minister would also have the authority to set standards for LHINs and health service providers.

Part 6: Complementary Legislative Changes

If the bill is passed by the Ontario Legislature, the proposed amendments would:

1. Integrated Clinical Care Council

- Allow for an integrated clinical care council to be established within Health Quality Ontario to develop and make recommendations to the Minister on clinical standards in priority areas (e.g. home care, primary care).

2. Patient Ombudsman

- Give the Patient Ombudsman oversight of complaints regarding home and community care and related health service functions provided or arranged by the LHINs. The Provincial Ombudsman would retain oversight over LHINs in their services planning and other functions not related to health services delivery.

3. Provincial Patient and Family Advisory Council

- Allow for the establishment of a provincial Patient and Family Advisory Council (PFAC).

Implications for Francophone and Indigenous Communities

Francophone Patients and Communities

- LHINs are subject to the *French Language Services Act* (FLSA), which means that the rights of CCAC clients to reasonable access to service in French would be preserved.

Indigenous Engagement Strategy

- At the release of the *Patients First* proposal, Indigenous partners stressed the need for respectful engagement to address the complex relationships between Indigenous peoples and the health care system that has contributed to poor health outcomes, and to address lack of effective Indigenous engagement when the LHINs were created in 2007.
- The Ministry is proposing distinct processes for First Nations, Métis and Urban Aboriginal partners to ensure effective engagement processes that are respectful. This will take place in parallel to the proposed legislative changes.
    - The Ministry is working on a longer-term collaborative process with First Nations partners to achieve transformative change that respects a government-to-government relationship with First Nations.

Next Steps

- Recognizing consultation to date has been crucial to the development of the proposed *Patients First Act*, the Ministry and LHINs will continue to consult with the health sector.

- Technical briefings are available to support understanding of the proposed legislative amendments in the bill.

- The legislative process would also provide for opportunities to consult on the proposed legislative amendments.

- Legislation is only one part of the ongoing evolution of the Ontario health care system to support the *Patients First*: Action Plan for Health Care.