



CITY OF HAMILTON

PUBLIC HEALTH SERVICES
Healthy Living Division

and

HAMILTON EMERGENCY SERVICES
Emergency Medical Services

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: October 17, 2012	
SUBJECT/REPORT NO: Ontario's Action Plan For Health Care Report (BOH12032/HES12018) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department Brent Browett, Director-Chief Emergency Medical Services Hamilton Emergency Services	PREPARED BY: Beatrice McDonough (905) 546 2424 Ext 3766 Ninh Tran (905) 546 2424 Ext 7113 Ann Stanziani (905) 546 2424 Ext 2778 Brent Browett (905) 546-2424 Ext 7741
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health support the resolution submitted to Peel Regional Council (Resolution # 2012-585) and that Hamilton Board of Health write a letter to the Minister of Health and Long-Term Care requesting that the Ministry of Health and Long-term Care take steps to recognize the role paramedics currently perform in Ontario's health system;

- (b) That the City of Hamilton support the partnership between Emergency Medical Services (EMS) & Public Health Services (PHS) to provide health promotion and prevention services and the right care where people live and work to address the priorities in Ontario's Action Plan For Health Care report (Appendix A);
- (c) That PHS continue to seek opportunities to collaborate with internal City of Hamilton departments and external community partners to provide prevention of chronic diseases through modifiable risk factor mitigation and reduction of health inequities as identified as priorities in Ontario's Action Plan for Health Care.

EXECUTIVE SUMMARY

In response to direction from City Council, (June 13, 2012) regarding the need to recognize the role paramedics currently perform in the implementation of Ontario's Action Plan For Health Care, consultations with EMS, PHS and the City Manager were conducted to clarify the need for a potential response. Results of the consultations include the recommendation to endorse the Regional Municipality of Peel's resolution: "That the Regional Chair write to the Minister of Health and Long-Term Care, on behalf of Regional Council, to request that the Ministry of Health and Long-Term Care take steps to recognize the role paramedics currently perform in Ontario's health system, and a vision for paramedic's role in the implementation of the Ontario Action Plan for Health Care; and further, that a copy of the report of the Commissioner of Health Services dated April 3, 2012, titled "Provincial Action Plan for Health Care" and its corresponding resolution be sent to the designated delivery agents for land ambulance in Ontario, the Association of Municipalities of Ontario, the Board of Directors of the Local Health Integration Networks, Hospitals and Community Care Access Centres serving Peel, for their information and endorsement." (Resolution No. 2012-585)

Council, together with PHS and City staff, are making progress in meeting the prevention priorities identified in Ontario's Action Plan For Health Care that promote the health of individuals and our community as a whole. The priorities identified in the plan fall under four broad categories:

- Keeping Ontario Healthy with a focus on prevention;
- Faster Access and a Stronger Link to Family Health Care including system navigation;
- The Right Care, at the Right Time, in the Right Place. This refers to the application of evidence based action to support services provided by expanded roles of health professionals;
- Development of a Seniors Strategy to help seniors stay healthy.

Recent examples of our progress toward meeting these priorities include the Smoke-Free Parks and Recreation Properties By-law, Nurse-Family Partnership project, the proposed mental health and addictions plan, the Age Friendly Collaborative, as well as the Community Paramedicine pilot project with EMS, City Housing Hamilton and PHS. Ongoing work in the Healthy Living Division based on the Ontario Public Health Standards, which focuses on chronic disease prevention and risk mitigation, provides further support for the first priority of keeping Ontario healthy.

Locally using the initial Community Referral and Emergency Medical Services (CREMS) project as a spring board, EMS has leveraged capacity to provide health promotion and prevention services to a vulnerable population of seniors in subsidized seniors buildings in Hamilton. Through this recent project and the original CREMS project (which is now being implemented throughout the Hamilton, Niagara, Haldimand, Brant (HNHB) LHIN), Hamilton is providing the right care, in the right place at the right time by extending the role of paramedics into community preventive programs. The innovative use of the skills in the CREMS project highlights a successful intensification of the role of paramedics and identifies a gap in the Ontario Action Plan For Health Care document. This expanded role of paramedics in health promotion and disease prevention further adds to the continuum of health care, enhances access, and needs to be explicitly recognized in the Ontario Action Plan For Health Care report through the support of the proposed resolution.

Alternatives for Consideration – See Page 8

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: No additional funding is required at this time.

Staffing: The City of Hamilton EMS department is currently leveraging EMS capacity to address issues in Ontario's Action Plan For Health Care. EMS plans their staffing to allow for unexpected surges in demand so at times, they are not operating at full capacity. This available capacity is used to provide the successful CREMS project. The project is expanding in partnership with PHS to include health promotion and prevention services for vulnerable seniors through blood pressure and Glycated haemoglobin test (HgA1C) screening, system navigation and risk mitigation.

Legal: N/A

HISTORICAL BACKGROUND (Chronology of events)

- **2009-2010: Keeping Ontario Healthy:** Dr. Arlene King, the Chief Medical Officer of Health of Ontario (CMOH) in her 2009¹ and 2010² annual reports to the Legislative Assembly of Ontario suggests that it is time to shift our focus from health care to prevention. Dr. King indicates that municipalities, including local Boards of Health, have a critical role to play in preventing illness and disease, particularly through the development of prevention initiatives.
- **January 2012:** Release of *Ontario's Action Plan For Health Care*³ which highlights the key message that we need a **shift in focus from sickness care to prevention through the adoption of an "all of government" and intersectoral approach to improve the health of Ontarians.** An economic case for prevention is also made, noting that in Ontario, health care expenditures already make up 46% of total program spending. The Action Plan will ensure the following four main priorities are addressed:
 - Provide evidenced based measures to prevent illness in the first place and to help Ontarians stay healthy;
 - Faster Access and a stronger link to Family Health;
 - Provide the right care, at the right time in the right place - that will save Ontarians time, keep them healthier, and help them avoid trips to hospital;
 - Develop a Seniors Strategy to support Ontario's seniors.
- **May 2012, Faster Access and Right Care, Right Place, Right Time:** City Council received the Regional Municipality of Peel request for endorsement of their resolution for the Ministry of Health and Long term Care to recognize the role that paramedics play in Ontario's health system and in the implementation of Ontario's Action Plan For Health Care. City Council, at its June 13, 2012 meeting recommended that a report be developed to present to the General Issues Committee (communication item 5.10) regarding a response to Regional Municipality of Peel's Resolution No 2012-585, as well as consultation with the City Manager, Medical Officer of Health and Director of Medical Services.

POLICY IMPLICATIONS

N/A

RELEVANT CONSULTATION

Brent Browett, Director of EMS was consulted about his view of the resolution with any further suggestions. Recommendations were suggested and included in this report.

Glenda MacArthur, Director of Clinical & Preventive Services was consulted regarding the right care and the right time in the right place as it relates to the mental health and addictions services coordination strategy in the City strategic plan. PHS (along with other City of Hamilton departments, such as Community Services, EMS and Police Services), hospitals and community agencies currently work on community collaborative networks to facilitate appropriate care for people with mental health and addictions.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Global Perspective:

The World Health Organization (WHO) estimates that “80% of premature heart disease, stroke and type 2 diabetes and 40% of cancer could be prevented through modifiable risk factors such as healthy diet, regular physical activity, and avoidance of tobacco products.”^{4,5,6} Measured data reveals that Canadians of all ages are heavier, weaker, and less fit than they were a generation ago.^{7,8}

In addition, Social Determinants of Health (SDOH), the conditions in which people live, can increase the risk of chronic disease. The SDOH, including income and educational attainment, contribute to health inequities and underlie the prevalence and distribution of risk factors and chronic diseases.⁹

Provincial Perspective:

The burden of chronic disease is growing, with chronic diseases accounting for 79% of deaths in Ontario and they are the leading cause of death in the province.⁹ About half of Ontarians 12 years and older, are inactive during their leisure time and more than half do not consume enough fruits and vegetables.¹⁰

Changing the “environment” in which the population makes lifestyle choices can help to reduce exposure to these risks.⁹

Local Perspective:

A wide variety of factors impact the health and level of chronic disease among individuals, families, and neighbourhoods in Hamilton. In 2010, approximately 19% of Hamilton residents 12 years of age and older, reported that they smoke cigarettes either daily or occasionally.¹¹ According to surveys, 22% of Ontario adult respondents exceeded Low Risk Drinking Guidelines¹² with 35% of Hamilton residents reporting

binge drinking in the past 12 months.¹³ Measured height and weight data indicates that about 59% of Canadian adults and 74% of adults from Hamilton and surrounding region are overweight or obese.¹⁴ Hamilton's population is also aging. A recent Social Planning and Research Council Report indicates that Hamilton has a higher than average proportion of seniors (15.4% of residents), compared to Ontario (14.6% of residents).¹⁵

There is a significant opportunity to prevent chronic diseases in Hamilton through collaborative effort and encouraging health professionals such as paramedics to use their full potential.

The resolution from the Regional Municipality of Peel is intended to promote the inclusion of community paramedicine into Ontario's Action Plan For Health Care through expanding the scope of health professionals to include paramedics who have the capacity and skills to provide Ontarians with greater access to the right care at the right time. Paramedics are highly trained professionals and can serve as a valuable community resource in health promotion and prevention services as well as providing care in place.

Municipal Linkages to the Ontario Action Plan for Health Care:

The 2012-2015 Corporate Strategic Plan approved by City Council on April 25th, 2012 aligns with aspects of Ontario's Action Plan For Health Care in terms of helping people to stay healthy through:

- Expanded use of health professionals' skills as shown with the Community Paramedicine/CREMS collaborative project. (Strategic Objective 1.5, Strategic Action iv).
- Development of an Age Friendly seniors framework with Community Services, Seniors Advisory Committee, Hamilton Council on Aging (HCoA), Public Health Services and other community partners. (Strategic Objective 1.5, Strategic Action viii).
- Proposed development of a mental health and addiction services strategy. (Strategic Objective 1.5, Strategic Action iv).
- Development of a plan (with cost impacts) to prevent childhood obesity (Strategic Objective 1.5, Strategic Action ix).
- Development of an integrated multimodal transportation plan will promote physical activity (Strategic Objective 1.4, Strategic Action iii).
- Development of a land use strategy, urban design guidelines and implementation plans for the lands surrounding the James St Go station (Strategic Objective 1.4, Strategic Action iv).

- Completing the development of neighbourhood plans (Strategic Objective 1.5, Strategic Action 1).
- Developing a strategy to acquire land as a result of school closures to address existing parkland shortages (Strategic Objective 1.5, Strategic Action ii).
- Improve access to children and family services in collaboration with community partners (Strategic Objective 1.5, Strategic actions v and vi).
- In support of Hamilton Roundtable on Poverty Reduction's action plan develop a program to improve access to healthy food (Strategic Objective 1.5, Strategic Action vii).
- Implement a ten-year Housing and Homelessness plan with strategies (Strategic Objective 1.5, Strategic action xii).

These actions provide the right care in the right place at the right time providing value, equity and cost consciousness.

The recently approved Public Health Services 2012 Strategic Business Plan (June 18, 2012 BOH11016(b)) informed by the 2012-2015 City Strategic Plan also aligns with many of the identified Ontario Health Care Action Plan's recommended actions. The specific related PHS actions that relate to the Ontario Action Plan For Health Care priorities such as keeping Ontarians healthy, and providing the right care, at the right time and in the right place are:

- Focusing on childhood obesity
- Community Paramedicine CREMS project
- Maternal health strategy targeting nutrition and tobacco use
- Improving access to children and family services in collaboration with community partners
- Reducing exposure to second hand smoke
- Improving City's transportation system
- Supporting development and implementation of neighbourhood and City wide strategies to improve health

A number of initiatives are currently in place to promote collaboration within PHS, between City departments, and with a variety of community organizations. Hamilton's current activities and opportunities (Appendix B) build on these successes focusing on prevention within PHS and other City departments to both promote and protect the health of Hamilton residents. It is important to continue building on these existing initiatives such as the CREMS project, the SDOH committee, the Smoke-free Bylaw, the Age Friendly partnership to develop a seniors strategy, Creating Access to Screening and Training in the Living Environment (CASTLE) Project and the Food Stakeholders

Roundtable, to further support collaboration across a variety of sectors including business, to enhance comprehensive health promotion initiatives and to work towards meeting the needs of persons across the health care continuum.

Setting targets within each of these will help to further strengthen these policy approaches, for example a reduction of childhood obesity by 20% over the next 5 years.

Upcoming Board of Health Reports:

In the upcoming months the following Board of Health reports that relate to Ontario's Action Plan For Health Care priorities will be presented to Council:

- CASTLE project grant - October 15, 2012
- Nutritious Food Basket - October 15, 2012
- Active Friendly Communities position paper - December 3, 2012
- Food Strategy and Healthy Food systems position paper - December 3, 2012

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

Pro: Leveraging existing resources and capacity to meet MOHLTC priorities

Con: None

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Skilled, Innovative & Respectful Organization

- ◆ A culture of excellence
- ◆ A skilled, adaptive and diverse workforce, i.e. more flexible staff
- ◆ More innovation, greater teamwork, better client focus
- ◆ Opportunity for employee input in management decision making

Intergovernmental Relationships

- ◆ Influence federal and provincial policy development to benefit Hamilton
- ◆ Maintain effective relationships with other public agencies

Growing Our Economy

- ◆ A skilled and creative labour pool that supports new employees

Social Development

- ◆ Residents in need have access to adequate support services

Healthy Community

- ◆ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

Appendix A - Current PHS Activities Related to Ontario Action Plan for Health Care

Appendix B - Ontario's Action Plan For Health Care Report

References:

¹. King A.(2010), *Public Health- Everyone's Business- 2009 annual report of the Chief Medical Officer of Health of Ontario to the legislative assembly of Ontario*, Toronto, ON: Queen's Printer for Ontario

². King, A. (2011). *Health, not health care – changing the conversation. 2010 annual report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario*. Toronto, ON: Queen's Printer for Ontario.

³. Ministry of Health & Long Term Care (2012). *Ontario's Action Plan For Health Care*. Retrieved from http://health.gov.on.ca/en/ms/ecfa/healthy_change/

⁴.Public Health Agency of Canada, 'Risk factor atlas" Retrieved from www.phac-aspc.gc.ca/cd-mc/atlas/index-eng.php

⁵. World Health Organization, *Preventing Chronic Disease: A Vital Investment* (2005) retrieved from http://www.who.int/chp/chronic_disease_report/contents/en/index.html

⁶."Facing the Facts: the Impact of Chronic Disease in Canada" Retrieved from www.who.int/chp/chronic_disease_report/media/CANADA.pdf

⁷. Shields, M., Tremblay, M., Laviolette, M., Craig, C., Janssen, I., & Connor-Gorber, S. (2010). *Fitness of Canadians adults: Results from the 2007-2009 Canadian Healthy Measures Survey*. Health Reports (Statistics Canada Catalogue 82-003XPE), (21)1. Retrieved on September 4, 2012 from <http://www.statcan.gc.ca/pub/82-003-x/2010001/article/11064-eng.pdf>

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- ¹¹. Ontario Tobacco Research Unit (2011). Smoke-free Ontario strategy evaluation report. Retrieved from <http://www.otru.org/pdf/mr2011/Strategy%20Evaluation%20Report%202011.pdf>
- Public Health Agency of Canada, *Intergrated Strategy on Healthy Living and Chronic Disease*, (2005). Retrieved from http://www.phac-aspc.gc.ca/media/nr-rp/2005/2005_37bk1-eng.php
- ¹². Ialomiteanu, A. R., Adlaf, E. M., Mann, R. E., & Rehm, J. (2011). *CAMH Monitor eReport: Addiction and mental health indicators among Ontario adults, 1977 – 2009*. Toronto, ON: Centre for Addiction and Mental Health.
- ¹³. Shubair, M., & Edgar, K. (2007). *Epidemiological needs assessment report for the tier one – service delivery model within the Healthy Living Division's SAVIP and School Programs*. Hamilton, ON: Applied Research and Evaluation Branch, City of Hamilton.
- ¹⁴. Healthy Eating, Healthy Weight and Physical Activity in Hamilton: Age Group Differences , Vol 4(11) Jan 2012
file:///N:/Applied%20Research%20&%20Evaluation/PHact%20bulletins/PHACTS11%20HEHWPA_Age_Differences_Jan%202012_%20FI%20NAL.pdf
- ¹⁵. SPRC, *Children and Seniors Bulletin*, May 2012
- ¹⁶. Canadian Society for Exercise Physiology (CSEP). (2011). *Canadian Physical Activity Guidelines for Adults 18 – 64 years and 65 years & older*. Retrieved on September 4, 2012, from <http://www.csep.ca/CMFiles/Guidelines/CSEP-InfoSheets-adults-ENG.pdf> and <http://www.csep.ca/CMFiles/Guidelines/CSEP-InfoSheets-older%20adults-ENG.pdf>
- ¹⁷. World Health Organization (1988). *Adelaide recommendations on healthy public policy*. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index1.html>
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- ¹⁹. Health Council of Canada, *Stepping it Up: Moving the focus from health care in Canada to a Healthier Canada* (2010) Retrieved from <http://www.healthcouncilcanada.ca/tree/2.40-HCCpromoDec2010.pdf>

Internal Board Reports referenced:

- Smoke-Free Ontario Strategy Evaluation (BOH12012) (City Wide) June 18, 2012
2012 – 2015 Strategic Plan (CM12001) (City Wide) April 18, 2012
Public Health Services 2012 Strategic Business Plan BOH11016(b) (City Wide) June 18, 2012

Ontario's Action Plan For Health Care

Better patient care through better value from our health care dollars

LET'S MAKE
**HEALTHY
CHANGE**
HAPPEN

ontario.ca/health



Ontario's Action Plan For Health Care

Better patient care through better value from our health care dollars

Taking Stock – Ontario's Health Care System Today

Since 2003, we've built a stronger foundation by providing better access to care, higher quality care and better value for money.

Our goal is to make Ontario the healthiest place in North America to grow up and grow old. And this is our plan to get us there.

Our parents and grandparents had the vision and compassion to create our uniquely Canadian universal health care system. And now, it's our turn to protect and strengthen health care, so it's there for our children and grandchildren, just as it is there for us.

Better Access

The first step we took towards rebuilding Ontarians' health care system was to improve access to family health care and reduce wait times across the province. Together, we've:

- ✓ Ensured over 2.1 million more Ontarians have a family doctor¹
- ✓ Created and expanded new primary care models, including Family Health Teams, Community Health Centres, and Nurse Practitioner-Led Clinics
- ✓ Opened 200 Family Health Teams providing care to over 2.7 million Ontarians
- ✓ Cut wait times for key procedures in half – Ontario now has the shortest wait times in Canada
- ✓ Introduced public reporting of wait times by hospital
- ✓ Expanded the roles of nurses, physician assistants and other practitioners
- ✓ Added over 3,400 more doctors since 2003
- ✓ Reversed the brain drain on physician supply

Better Quality

The next step in rebuilding Ontario's health care system was to focus on the quality of care people receive. We're ensuring care is patient-centred, driven by outcomes and based on evidence. Together, we've:

- ✓ Passed new legislation – the Excellent Care for All Act (ECFAA) – to help focus our efforts on quality patient care
- ✓ Introduced annual public quality improvement plans for every hospital
- ✓ Linked hospital executive compensation to achievement of quality improvement targets
- ✓ Required all hospitals to publicly report on nine key patient safety indicators
- ✓ Required patient and employee satisfaction surveys and a patient complaints process in all hospitals
- ✓ Created Health Quality Ontario (HOO) - an agency responsible for promoting evidence-based standards of care, recommending best practices, and monitoring, publicly reporting on and supporting quality of care.

LET'S MAKE
**HEALTHY
CHANGE**
HAPPEN

¹ According to figures from the Ontario Medical Association

Better Value

We improved the value Ontarians gain from our investments in health care. We owe it to Ontarians to get the most health care for each hard-earned tax dollar. Together, we've:

- ✓ Cut the cost of generic drugs in half, saving Ontarians \$500 million annually
- ✓ Introduced evidence-based changes to the fee schedule, reallocating \$125 million this year towards more effective patient care
- ✓ Reduced the number of unnecessary vitamin D tests
- ✓ Increased screening rates for cervical, breast and colorectal cancer through comprehensive screening programs
- ✓ Decreased smoking rates from 24.5 per cent in 2000 to 19.3 per cent in 2010, reducing the number smoking-related illnesses
- ✓ Introduced accountability agreements with hospitals to tie funding to achieving reduced wait times and better patient care
- ✓ Ensured that, through accountability to Local Health Integration Networks (LHINs), hospitals are balancing their budgets
- ✓ Ensured that all Ontarians with diabetes who wish to have a primary care provider now have one
- ✓ Reduced the need for Ontario residents to go out-of-country for bariatric surgery by 99 per cent

But there is so much more we need to accomplish...

We have made great progress since 2003, and our health care system is undeniably better as a result. Despite this progress, there is more to do.

We're not as healthy as we could be...

Twenty five per cent of health care costs are due to preventable illnesses. Nearly half of all cancer deaths are related to tobacco use, diet and lack of physical activity. Obesity has a direct effect on the rate of type 2 diabetes and diabetes costs Ontario \$4.9 billion a year. Currently, over 50 per cent of adults in Ontario, and about 20 per cent of youth, are overweight.

In 2010/11, over 271,000 emergency room visits were made to Ontario hospitals that could have been treated in alternative primary care settings.

We're taking avoidable trips to the emergency room (ER) instead of receiving care closer to home...

In 2010/11, over 271,000 emergency room visits were made to Ontario hospitals that could have been treated in alternative primary care settings. These trips to the ER are avoidable and these patients could have received optimal care at a lower cost outside of the hospital.

We're returning to the hospital for follow-up care when we could be receiving it at home...

When patients leave hospital and don't receive the right care at home, they may end up being re-admitted to hospital. For example, in 2009 there were 140,000 instances of patients re-admitted to hospital in Ontario within 30 days of their original discharge.

We're having difficulty navigating the system and we're falling through the cracks...

There are still too many instances where patients don't know how to access the care they need, don't know what services are available or are waiting in hospital until home care or long-term care are available. Better integration through our local health networks will put the right care in the right place for the benefit of patients and the system.

We can do better. We need a patient-centred system that has better integrated health providers — such as family health care, community care, hospitals and long-term care — that moves patients more seamlessly from one care setting to another.

Demographic and Fiscal Challenges

The health care system is facing unprecedented challenges. Most prominent among them are the demographic and fiscal challenges.

Indeed, if we didn't change anything, kept the age-specific costs what they are today and applied them to the 2030 population, our health costs would increase by \$24 billion – 50 per cent more than today from changing demographics alone.

Our population age structure is changing. We're living longer and baby boomers are reaching the age where they'll need more health care. Just as our education system responded decades ago to the baby boom, today's health care system must now prepare for the demographic shift that will double the number of seniors living in Ontario over the next 20 years. Of course the older we are, the more we depend on our health care system. The cost of care for a senior is three times higher than for the average person.

Indeed, if we didn't change anything, kept the age-specific costs what they are today and applied them to the 2030 population, our health costs would increase by \$24 billion – 50 per cent more than today from changing demographics alone.

Even if the province wasn't facing serious economic pressures, the health care system would still need to transform to address the coming demographic shift.

Today, health care consumes 42 cents of every dollar spent on provincial programs. Without a change of course, health spending would eat up 70 per cent of the provincial budget within 12 years, crowding out our ability to pay for many other important priorities.

These demographic changes are happening concurrently with the province's need to reduce the historical growth of health spending as we continue to cope with the global economic downturn, and eliminate the provincial deficit.

Limited resources will require us to choose carefully between health priorities so that we can best serve patients as we transform our system to improve quality of care. Health care dollars must be shared between hospitals, doctors, long-term care, palliative care, drugs, home care and other services. Money spent in one area simply means that there is less funding available to pay for the needs in another area. We're going to have to make tough trade-offs and shift spending to where we get the best value for the dollar. For example, a one per cent increase in compensation to physicians is equivalent to the funds needed to pay for home care for 30,000 seniors. A one per cent increase in funding for hospitals is equivalent to the funds needed to pay for over five million hours of home care.

While the demographic shift compels us to reform health care, today's fiscal reality requires that we act now to make Ontario's health care system sustainable.

But sweeping cuts to health care aren't the answer — this has been tried before, and would not serve Ontarians well. What is needed is an action plan to create a system that delivers care in a better way — a smarter way. One that improves quality for patients as it delivers increased value for taxpayers.

To do this requires that we take decisive steps. Together, we will take those steps to transform the system.

A system ready for change: From administrators through to frontline nurses, from doctors to patients, there is an eagerness to re-tool the system for the challenges of tomorrow. With all hands on deck, our shared commitment will achieve the goal of a sustainable health care system that is there for generations to come.

The Opportunity

While the challenge before us is significant, we have many reasons to be optimistic that we can meet our goal of improving patient care by gaining better value from our health care system. Some of those opportunities are:

A system ready for change: From administrators through to frontline nurses, from doctors to patients, there is an eagerness to re-tool the system for the challenges of tomorrow. With all hands on deck, our shared commitment will achieve the goal of a sustainable health care system that is there for generations to come.

Technology: Technological advances have resulted in productivity gains and effectiveness of care. New advances have resulted in reduced wait times, better diagnostic tools that are saving lives, virtual health initiatives that are eliminating the barrier of distance, and electronic health records that are enabling a more patient-centred system.

Evidence: Scientific research and a focus on patient outcomes have produced more evidence on the effectiveness of treatments, diagnostics, and medications. This evidence helps answer the question of how finite health care dollars should be allocated to best serve patients.

Our Action Plan

Our plan is obsessively patient-centred. As a result, our priorities are based on what you, the patient, should be able to expect from your health care system.

Ontarians should have:

1. Support to become healthier
2. Faster access and a stronger link to family health care
3. The right care, at the right time, in the right place

Our plan is obsessively patient-centred.

We have a plan to transform Ontario's health care system to meet these goals for patients and ensure our system is sustainable for our children and grandchildren. We will achieve our objectives in the same way we have achieved our progress to date — by working together with all our partners across Ontario's health care system. Change will not always be easy, and will not happen overnight. However, by working together, this plan will become reality.

#1) Keeping Ontario Healthy

Helping people stay healthy must be our primary goal and it requires partnership. As a government, we're increasingly putting our efforts into promoting healthy habits and behaviours, supporting lifestyle changes and better management of chronic conditions. But to succeed, we need everyone to play an active role in their health care by participating in healthy living and wellness, while also taking advantage of recommended screening and vaccination programs. Here are some key next steps we will take, in partnership with Ontarians, to promote better health.

Childhood Obesity Strategy

We will aggressively take on the challenge to reduce childhood obesity by 20 per cent over five years.

Obesity in childhood contributes to the rise in life-long chronic diseases, such as diabetes, cancer and heart disease. Some experts suggest that this generation of children could live shorter lives than their parents, so we must take action today. We will aggressively take on the challenge to reduce childhood obesity by 20 per cent over five years. Success on this front will require partnership, so we will bring together a panel of advocates, health care leaders, non-profit organizations, and industry to develop the strategy to meet our target. This panel will report back to us by Fall 2012.

A Smoke-Free Ontario

We are determined to have the lowest smoking rates in Canada, and we will continue expanding our efforts to reach this goal. To help more Ontarians quit smoking, we have recently listed smoking cessation drugs on the Ontario Drug Benefit formulary, and expanded access to nicotine replacement therapies for those undergoing addiction treatment. We will increase fines on those who sell tobacco to children and we will continue to build on our contraband strategy by doubling enforcement efforts.

Online Cancer Risk Profile and Expanded Screening

Ontario ranks among the best in the world with our cancer survival rates. However, we must be relentless in maintaining our efforts to save lives and early detection is fundamental to this effort. Success in this area requires a shared determination between government and Ontarians. We all must be cancer fighters.

All Ontarians will have access to an online Personalized Cancer Risk Profile that will use medical and family history to measure the risk of cancer and then link people at higher risk to screening programs, prevention supports or genetic testing. We will also expand our comprehensive screening programs for cervical, breast and colorectal cancer to notify and remind participants when they are due for their next screening.

#2) Faster Access and a Stronger Link to Family Health Care

When patients have faster access to family health care that serves as the hub of our health care system, they stay healthier, get connected to the right care and are less likely to require treatment in hospital. This is especially true for our seniors, who need a coordinated plan in place to receive the care they need, with help navigating the various parts of our system.

A recent study reports that 75 per cent of seniors with complex needs who are discharged from hospital receive care from six or more physicians and 30 per cent get their drugs from three or more pharmacies.

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There are a number of steps we will take, in collaboration with all our family health care providers, to best serve patients.

Family Health Care at the Centre of the System

Family care providers are a natural anchor for patients in our health care system. They are well positioned to help patients navigate the system, particularly patients with multiple complex conditions. When one of their patients is discharged from hospital, they need to be made aware and able to access information quickly for appropriate follow-up. They need to be spending less time on the phone searching for a specialist to see their patient and more time with their patients. We will work with our doctors and all our health providers to strengthen the role of family health care in our system, because it's better for patients, supports a

better quality of practice for our doctors and reduces the likelihood that patients will be admitted, or readmitted, to hospital.

If we are successful, fewer patients will be readmitted to hospital within 30 days of discharge. Through the LHINs, we will hold the entire health system accountable for substantial progress towards fewer hospital readmissions.

Faster Access

Our goal is to have a family health care provider for every Ontarian who wants one and to provide more patients with faster and more convenient access to this care. Together, with our doctors and nurse practitioners, we have made great progress in this area. But we have more to do. Under our plan, even more patients will have access to same-day and next-day appointments and after-hours care.

This means better care for our patients and less strain on other areas of our health care system, such as hospital emergency rooms.

House Calls

For frail seniors, getting to their family care provider can be a challenge. Too often, those patients who need family health care the most cannot access that care and only enter the system once their condition becomes acute and they find themselves in an emergency room. That is why we will be expanding access to house calls from health care professionals, like doctors, nurses and occupational therapists. We will also be improving access to online and phone consultations.

Local Integration of Family Health Care

If family health care providers are to have an even stronger role in our health care system, they must be well integrated at a local level with all the other providers involved in the patient journey.

That is why we will integrate family health care into the LHINs. Together, we will identify a model that brings planning and accountability for the full patient journey under the LHINs.

That is why we will integrate family health care into the LHINs. Together, we will identify a model that brings planning and accountability for the full patient journey under the LHINs. However, the Ministry

of Health and Long-Term Care will continue to have a funding role with Ontario's doctors. Patient-centred integration is the right thing to do for patients, and for our health care system.

A Focus on Quality in Family Health Care

Our drive to ensure quality in health care is relentless and we have made great strides in improving quality and accountability in our hospitals with the implementation of the Excellent Care for All Strategy. In consultation with doctors, nurses, and other health care providers, we will expand our focus on quality improvement to family health care, and ensure that all family health care providers are equipped to integrate the latest evidence-based care into their practice.

#3) Right Care, Right Time, Right Place

At the heart of our action plan is a commitment to ensure that patients receive timely access to the most appropriate care in the most appropriate place. It's about getting the greatest value for patients from the system, allowing evidence to inform how our scarce health care dollars are best invested and ensuring seniors receive the care they need as close to home as possible.

The Right Care . . .

High Quality Care

Higher quality care is better for patients and is also less expensive. It means getting it right the first time. It means allowing the best evidence and clinical guidelines to determine when an MRI or CT scan is required,

so that these resources are accessible to patients who need them most. It means that funding and prescribing drugs is based on the best evidence, avoiding overmedication.

. . .we will continue to find ways to fully maximize the potential of our range of health care professionals.

Evidence will drive our decisions and it will drive our funding. If there is evidence to support a new procedure or test, we will fund it. If the evidence is not there, funding will not be available. Of course, as it is today, if a patient wishes to purchase an uninsured service they may make that choice.

Health Quality Ontario (HQP) then helps to translate the evidence into concrete tools and guidelines that providers across the health system, including family health providers, can put into practice for the benefit of patients. As the mandate of HQO continues to expand, we will ensure that it has the tools and expertise required to fulfill this crucial function.

The right care also means care that is provided by the appropriate health care professional. We have taken steps to expand the scope of practice of a number of health care professionals, such as nurse practitioners and pharmacists, so that they are contributing their full potential to the benefit of patients. As we move forward, we will continue to find ways to fully maximize the potential of our range of health care professionals.

...At the Right Time...

Timely, Proactive Care

Timely access to care is critical.

It means patients having faster access to the care they need. We can achieve this by continuing to harness technological advances that allow patients to receive care more quickly, especially in rural and northern communities. For example, strengthening Ontario's Telemedicine Network means more patients are able to benefit from faster care in their community, while accessing the most highly skilled specialists that our province has to offer. We will continue to drive our wait time strategy, so that more patients receive medically appropriate waits for their procedures.

Timely care also means getting patients the care they need before more acute and costly care is required. The Healthy Homes Renovation Tax Credit, for instance, helps seniors stay at home longer by giving them the supports they need to prevent falls and injuries. By providing support at the right time, we can reduce the number of broken hips, improving the quality of life of our seniors and freeing up resources in our hospitals.

Timely preventative care is also critical to management of chronic diseases, like diabetes. By acting sooner to manage chronic conditions, we can reduce the number of unnecessary hospital visits and improve the quality of life for patients.

Nowhere is early intervention more important than in mental health. Seventy per cent of mental health problems first appear in childhood and adolescence. That's why we will implement our mental health strategy starting with children and youth, including getting mental health nurses into our schools, supporting people with eating disorders, and smoothing the transitions of people between mental health care providers.

...And in the Right Place...

Care as Close to Home as Possible

The most significant part of our plan focuses on ensuring patients are receiving care in the most appropriate setting, wherever possible at home instead of in hospital or long-term care. It means structuring the system to meet the needs of today's population, with more focus on seniors and chronic disease management.

One of the greatest challenges we have in the health care system is patients (known as Alternative Level of Care or ALC) who are in hospital beds who could be better cared for at home or in the community if the right supports were in place. Better serving these patients benefits the entire system, because it frees up hospital beds for those who need them, reduces pressure on emergency rooms and saves money. Our plan will aggressively move to make progress on this issue by building capacity in the community.

Seniors Strategy

We will launch a Seniors Strategy with an intense focus on supporting seniors to stay healthy and stay at home longer, reducing strain on hospitals and long-term care homes.

We will launch a Seniors Strategy with an intense focus on supporting seniors to stay healthy and stay at home longer, reducing strain on hospitals and long-term care homes. Success of this strategy will be measured by fewer seniors admitted and readmitted to hospital who could otherwise be cared for at home or in the community, and providers will be held accountable for progress on this.

Our Seniors Strategy will include:

- An expansion of house calls
- More access to home care through an additional 3 million Personal Support Worker hours for seniors in need
- Care Co-ordinators that will work closely with health care providers to make sure the right care is in place for seniors recovering after hospital stays to reduce readmissions
- The Healthy Homes Renovation Tax Credit, which will support seniors in adapting their home to meet their needs as they age, so they can live independently at home, longer
- Empower LHINs with greater flexibility to shift resources where the need is greatest, such as home or community care.

Local Integration Reform

The creation of our Local Health Integration Networks (LHINs) has improved the integration of our health care system at the local level. Care is more cohesive, and providers are working together more. In short, the system is beginning to operate more like a system. This is the beginning of an evolution towards better integration, and system accountability for improved patient outcomes.

However, if we are to meet the needs of a growing population with multiple, complex and chronic conditions, our health care system must be even better coordinated, with seamless levels of care. In addition to integrating family health care into LHINs, we will introduce further reforms to promote more seamless local integration, with fewer layers of administration, to ensure we have a system truly structured around the complex needs of an aging population.

This integration will be particularly crucial in our effort to better serve the one per cent of the population that accounts for 34 per cent and the ten per cent of the population that accounts for nearly 80 per cent of our health care spending. With greater patient-centred integration across all facets of the patient journey, these patients will have a better coordinated plan of care, while gaining greater value from the system.

Moving Procedures into the Community

We will shift more procedures out of hospital and into non-profit community-based clinics if it will mean offering patients faster access to high-quality care at less cost.

There are routine procedures currently conducted in hospital that could be performed in the community at the same high quality standard (if not better) and at less cost. We will shift more procedures out of hospital and into non-profit community-based clinics if it will mean offering patients faster access to high-quality care at less cost. We will not compromise on quality, oversight, or accountability.

The Kensington Eye Institute has already put this model into action. The Institute is renowned for providing high-quality cataract procedures through OHIP. By focusing on a select few procedures, the Institute serves more patients and has excellent patient outcomes.

Funding Reform

Funding must follow the patient.

Our entire patient care transformation will be successful only if our funding models reflect our priorities. As we transition towards a patient-centred system and away from a provider-centred system, the way in which we fund our providers must also change. Care providers should be rewarded for ensuring better patient outcomes. Funding must follow the patient. That is why we will accelerate the move to patient-based payment, as patients move through our health care system. Funding of small, rural hospitals will continue to be treated uniquely, given their lower patient volumes.

Call to Action

From patients to doctors, front-line nurses to hospital administrators, personal support workers to LHINs — everyone has a role to play in this health care transformation.

The simple truth is that we can't keep increasing health care spending at the rate we have to date. This, coupled with the current state of our provincial deficit and Ontario's aging population, means that we need to make immediate reforms to our health care system. We must make changes today to protect our universal health care system.

workers to LHINs — everyone has a role to play in this health care transformation.

This action plan will get us there, but to achieve our goals we are going to need the support of the entire system. From patients to doctors, front-line nurses to hospital administrators, personal support

This is a call to action. We all must share the common goal of a health care system that will provide even better care for patients at less cost — for our loved ones who are aging and for the generations that will follow us.

In tomorrow's health care system there is no room for self-interest, only the best interest of patients.

In tomorrow's health care system there is no room for self-interest, only the best interest of patients. There is more work to be done, but we are building on the progress we've made together and willingness from across the sector to embrace a patient-centred system. We are fortunate to have examples to look to from across the province where these changes are already taking shape and improving the quality of life for Ontarians.

Change will not happen overnight, and it will not be easy. The reality is that we can't afford to wait and we must be relentless in our pursuit to meet this challenge. Patients are counting on us. But we know we will get there, together.

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Current PHS activities related to Ontario Action Plan For Health Care

