The *Patients First Act, 2016*: Strengthening Patient-Centred Care in Ontario

December 2016

Ontario

Purpose

- This presentation provides an update on the Patients First Strategy in light of the recent passage of Bill 41: the *Patients First Act, 2016* and outlines next steps as we move into implementation.

Patients First Strategy

Achievements of Ontario's Health System

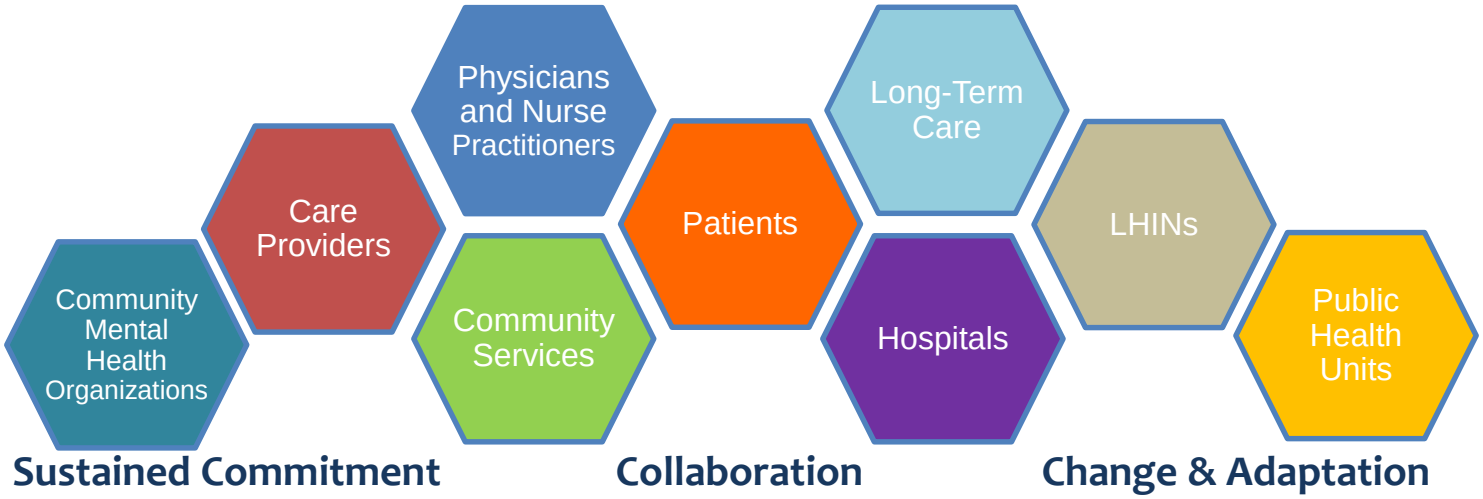
- Over the past decade, Ontario's health care system has improved in a number of important ways:

Established in 2006, LHINs have demonstrated success in integrating local health care systems.

94% of Ontarians now have a regular family health care provider.

92% of home and community care clients say their care experience has been good, very good or excellent.

36 public health units in Ontario delivering its programs and services using a population health approach.



The Need for Continued Improvement

- Despite the progress we have made over the past ten years, we still need to do more to ensure that the health care system is meeting the needs of Ontarians.

1. Some Ontarians are not always well-served by the health care system.
2. Many Ontarians have difficulty seeing their primary care provider when they need to, especially during evenings or weekends.
3. Some families find home and community care services inconsistent and hard to navigate; family caregivers can experience high levels of stress.
4. Public health services are disconnected from parts of the health care system; population health not a consistent part of system planning.
5. Health services are fragmented in the way they are planned and delivered; fragmentation can affect the patient experience and can result in poorer health outcomes.

The Patients First Proposal

- The proposal has **five** 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

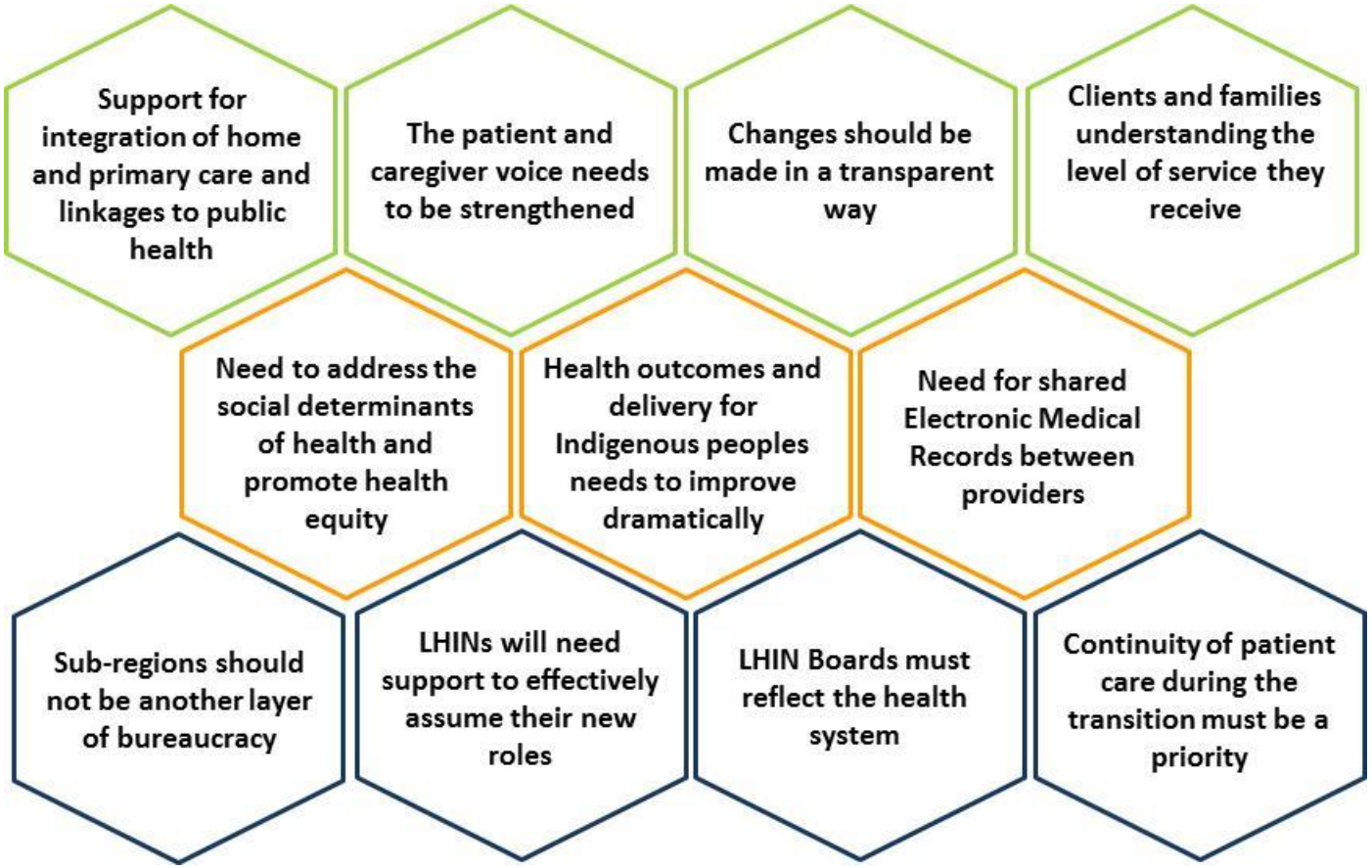
4. **Linkages between LHINs and boards of health** would be formalized to integrate a population health approach into local planning and service delivery across the continuum of health care.

Inclusion of Indigenous Voices in Health Care Planning

5. The LHIN system will be more inclusive of Indigenous voices through **a stronger role in system planning** and service delivery that will enable culturally appropriate care and incorporating traditional approaches to healing and wellness.

Consultation and Engagement: Key Themes

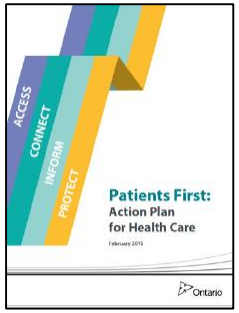
- Ministry and LHINs held engagement sessions with stakeholders, and gathered feedback and ideas on the proposal. In response to the Patients First proposal, the Ministry received over 1,100 emails and 187 formal written submissions from stakeholder organizations.
- Over **6,000** individuals and organizations were consulted by the ministry in **6** regional sessions, as well as nearly **250 LHIN-led regional sessions**.



The Patients First Journey

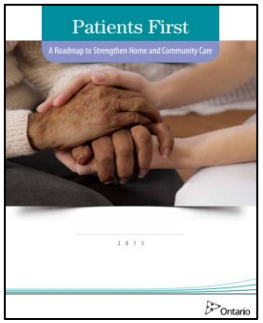
Patients First: Action Plan for Health Care

February 2015



Patients First: Roadmap to Strengthen Home and Community Care

May 2015



Patients First: Discussion Paper

December 2015

Patients First: Reporting Back on the Proposal to Strengthen Patient-Centred Health Care in Ontario

June 2016

Patients First Act, 2016

Introduction

June 2016

Mandate Letters Released

September 2016

Patients First Act, 2016

Reintroduction

October 6, 2016

Patients First Act, 2016

Passage

December 7, 2016

What Ontarians Can Expect from Patients First

- The Patients First strategy is about putting the structure in place that will facilitate a better patient experience – based on the input of thousands of patients, caregivers, and clinicians.
- Patients First will make it easier for people to find a family doctor or nurse practitioner when they need one, to obtain care quickly when they are sick, and to find needed care, closer to home.
- Patient health records will remain confidential.
- No funding will be removed from frontline health care workers or hospitals.
- Integrated planning, better coordination, and improved quality of care at the community level will better reflect the unique needs of local communities, without added bureaucracy.
- Patients and their care teams will be at the centre of health care. The government will not be involved in patient treatments, tests, diagnosis or care.
- Health care will be of the highest quality as decided by clinical experts, regardless of where it is provided in the province.
- Making careful, well-informed adjustments to the structure and administration of the system will improve health outcomes.

The Patients First Act, 2016

Summary of *Patients First Act, 2016*

Part 1: LHIN Governance and Mandate

1. LHIN Objects

- Amend LHIN objects to enable LHINs' expanded mandate, including authority to deliver home care services currently provided by the CCACs, as well as to promote health equity, including equitable health outcomes, reduce or eliminate health disparities and inequities, recognize the impact of social determinants of health and respect the requirements of the *French Language Services Act* in the planning, design, delivery and evaluation of health services. Add LHIN object: to participate in the development and implementation of health promotion strategies.

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 a Board member (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 *Patients First Act, 2016*

Part 2: Primary Care

- Add primary care models (not physicians) as health service providers 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 or amend) contracts with physicians. This will come into effect only on proclamation.
- Add regulation-making authority regarding the provision of information about practice changes (e.g., transitions in practice, such as retirements) and practice and service capacity from primary care providers, including physicians, to the LHINs. This will come into effect only on proclamation.

Part 3: Home and Community Care

1. LHINs to Provide Home and Community Services

- Give the Minister the authority to order the transfer of CCAC staff and assets to LHINs.
- Enable the LHINs to 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 will become successor employers under collective agreements.
- To implement new functions, LHINs will establish an integrated management structure.

3. Wind Down CCACs

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

Summary of *Patients First Act, 2016*

Part 4: Public Health

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

1. Enhanced LHIN Oversight

- Give LHINs the ability to issue directives, investigate and supervise health service providers (on notice to the Minister and health service provider), as necessary, with the exception of public hospitals (no directive or supervision authorities) and long-term care homes (no new authorities due to existing powers in the *Long-Term Care Homes Act, 2007*). Investigators will not be able to access personal health information without patient consent.

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 that are not patient-facing.

3. Provincial Patient and Family Advisory Council

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

Summary of Key Amendments Since Introduction

At Reintroduction of *Patients First Act*
More procedural protections for deemed service accountability agreements (SAAs)
Enhanced procedural protections for LHIN investigators
More procedural protections around voluntary integrations
Explicit protection in certain instances for denominational organizations
Clarification that LHIN directives would not apply to public hospitals and that policy and operational directives to public hospitals are only at the Minister's discretion
Timeline adjustment: provisions regarding information and reports to LHINs for the purposes of coordinating primary care will come into effect on proclamation
Clarification that the purpose of the above reports is to support collaboration between the LHINs and primary care providers, including physicians
Timeline adjustment: the appointment of LHINs as agents of the ministry for physician contract management to come into effect on proclamation
Highlight the importance of FLS in health equity object

Standing Committee
Clarification that LHINs cannot amend physician contracts
Limit investigator access to personal health information (PHI) except where patient has consented or by regulation
Add further limitations on access, use of, and reporting of PHI for cases where information is accessed
Clarification that PHI cannot be reported to LHINs as part of physician reporting of practice transitions and capacity
Add requirement of notice to Minister when a supervisor is appointed
Addition of health promotion to LHIN objects and revision of health equity object
Addition of requirement that LHINs include priorities and directions that foster health services according to the *French Language Services Act*
Provide authority for shared services organization to receive information from LHINs for Access to Information Requests

Key Issue: Personal Health Information and Investigators

- Patient health records will remain confidential under the *Patients First Act, 2016*. Personal health information is being protected according to the same high standards set out in existing privacy legislation.
- Nothing in the Act will permit a LHIN to appoint an investigator for a physician practice.
- LHINs would be able to appoint an investigator for a "Health Service Provider".
- As managers and integrators of the local health systems, LHINs need appropriate oversight powers to address issues in the system and with Health Service Providers. The Act lays out a system of graduated remedies, one of which is an investigator.
- **Investigators will only be permitted to access personal health information with a patient's consent or as permitted by regulation.**
- Where personal health information is accessed with patient consent, the Act lays out a number of additional procedural safeguards to protect the information.
- All provisions of the Act related to personal health information were reviewed by the Information and Privacy Commissioner and their input was incorporated.

Key Issue: LHIN Sub-Regions

- Under *The Patients First Act, 2016*, LHINs will be asked to identify smaller geographic areas within their regions – or sub-regions – that reflect community-level care and patient referral patterns, such as those currently used by Health Links.
- **Sub-regions will be the focal point for population-based planning, performance improvement and service integration.**
- By organizing LHINs into sub-regions, the health system is organized into more manageable and rational units that coincide with patient needs and referral patterns.
- Health care is most effective when services are tailored to the specific needs of a community. Each LHIN encompasses approximately 1-2 million Ontarians and the regions are very diverse.
- The establishment of sub-regions has been characterized in some public comments as an "added layer of bureaucracy" but a sub-region is not an organization or administration in and of itself; it is a planning area for the LHINs. Sub-regions are part of the LHIN; they will not be separate organizations and will not have their own board.
- A sub-region is a geographical unit within a LHIN; **it is not a boundary that will restrict patients in their care.** Patient care and treatment will, as always, be decided by the appropriate front-line health care professionals together with patients.
- The LHINs will work with new local clinical leads to improve primary care with home and community care at the sub-region level.

Key Issue: Appointment of Supervisors

- The *Patients First Act, 2016* gives the LHINs the ability to appoint a supervisor to a health service provider to which it provides funding when it considers it to be appropriate to do so in the public interest.
- The appointment of a supervisor would be an unusual and carefully considered step taken in the public interest and must be approved by the LHIN board. The appointment could only occur after notice to the Ministry and to the health service provider.
- **The ability for LHINs to appoint a supervisor will allow them to make improvements in the delivery of patient care where providers are not meeting expectations.**
- Several stakeholder groups expressed concern about this provision as some health service providers may only receive a portion of their funding from LHINs. The Act is applicable regardless of the specific level of funding received by the health service provider.
- LHIN authority to appoint an investigator or a supervisor is constrained by criteria set out in a definition of 'public interest' under LHSIA, rather than a threshold of LHIN funding to a health service provider.
- The ministry intends to provide guidelines to the LHINs and health service providers to clarify expectations in cases where a LHIN supervisor is appointed to a health service provider that receives funding from multiple sources.

Key Issue: Role of Not-For-Profits and For-Profits

- A number of stakeholders have expressed concern that the bill could "open the door" to LHIN's contracting with for-profit organizations to provide service delivery.
- *The Patients First Act, 2016* does not change the ability of an "approved agency" (e.g. a CCAC today or a LHIN in the future) to purchase services from either a for-profit or a not-for-profit organization.
- The existing framework for home care and community services will be transferred to LHINs, and includes services from both not-for-profit and for-profit service providers.
- CCACs will transfer their contracts and employees to LHINs and ensure continuity of patient care.
- Both not-for-profit and for-profit organizations provide important health care services.
- **The priority is to ensure that patients have access to the best possible care.**
- It is not intended to expand the use of for profit entities for community support services, and this will be addressed by the Ministry.

Key Issue: Building Capacity at LHINs

- LHINs have been in operation for ten years and have developed knowledge about the health and health care needs of our local communities; under the Act they will expand their authority over key areas of the health system.
- LHINs will be supported to build their capacity to successfully execute their enhanced role in the health care system.
- **Partners from across the ministry and the LHINs are working together on capacity and readiness planning and activities to address LHIN readiness and building capacity to enable a smooth and seamless transition.**
- A third party is being engaged to conduct readiness assessments at each LHIN in advance of transition day and to support readiness for transition to the new LHIN roles.
- Readiness assessments will inform a staged transition of CCACs into LHINs in Spring/Summer 2017. Individual transitions will occur following a public order from the Minister.

Key Issue: French Language Services

- The *Patients First Act, 2016* builds on previous legislation and practice, highlighting the importance of providing health services in French and of considering French language services in planning.
- The Act reinforces the expectation that LHINs comply with the *French Language Services Act* in the planning, design, delivery and evaluation of services.
- To recognize the importance of French Language Services to Ontarians within all LHINs, the legislation emphasizes LHINs' responsibility of promoting health equity and diversity, including respect for the diversity of French-speaking communities.
- The legislation also ensures that the LHINs' planning and community engagement responsibilities are guided by the Minister's provincial strategic plan and include priorities and directions that foster health services according to the *French Language Services Act.*
- Ontario will continue working with French language health leaders to ensure their voices are heard, in particular with respect to equitable access to services that meet their unique needs.

Ontario's Health System at Transition: Spring/Summer 2017

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

Boards of Health

French Language Health Planning Entities

First Nations & Indigenous Engagement

Patient and Family Advisory Council

Health Quality Ontario

Ministry of Health and Long-Term Care

Implementation Planning

Realizing the Objectives of *Patients First*

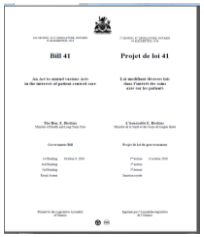
- The Patients First Strategy illustrates the structural changes that are necessary to achieve an improved, integrated, and efficient health care system in Ontario.
- A number of milestones are time specific enablers that are required to facilitate the larger Patients First Strategy, for example:
    - The passage of Bill 41, *Patients First Act*
    - The transfer of all CCAC functions and staff to LHINs
    - The establishment of the Corporate Services Entity
- Other milestones are more long-term and will require collaboration, relationship building, and integration over time to leverage expertise, align processes, and define a new culture.
    - For instance, to ensure the population health approach is integrated into local planning and service delivery across the continuum of health care a formal linkage is required to enable effective collaboration over-time.
- Together, these systematic changes during this transition period is critical to ensure that over time, transformation will be fully realized.
- Implementation planning for the Patients First Strategy takes into considerations those time specific enablers and long-term goals required to move from transition to transformation.
- Project planning for Winter 2016-Summer 2017 is focused on transition activities: i.e. the structural changes.
- Ongoing planning will be focused on systematic transformation.

Through Transition Towards Transformation

We are here… …planning for here …..to get to here

December 2016 | January 2017 | Summer | 2018

Legislation (Bill 41) passed



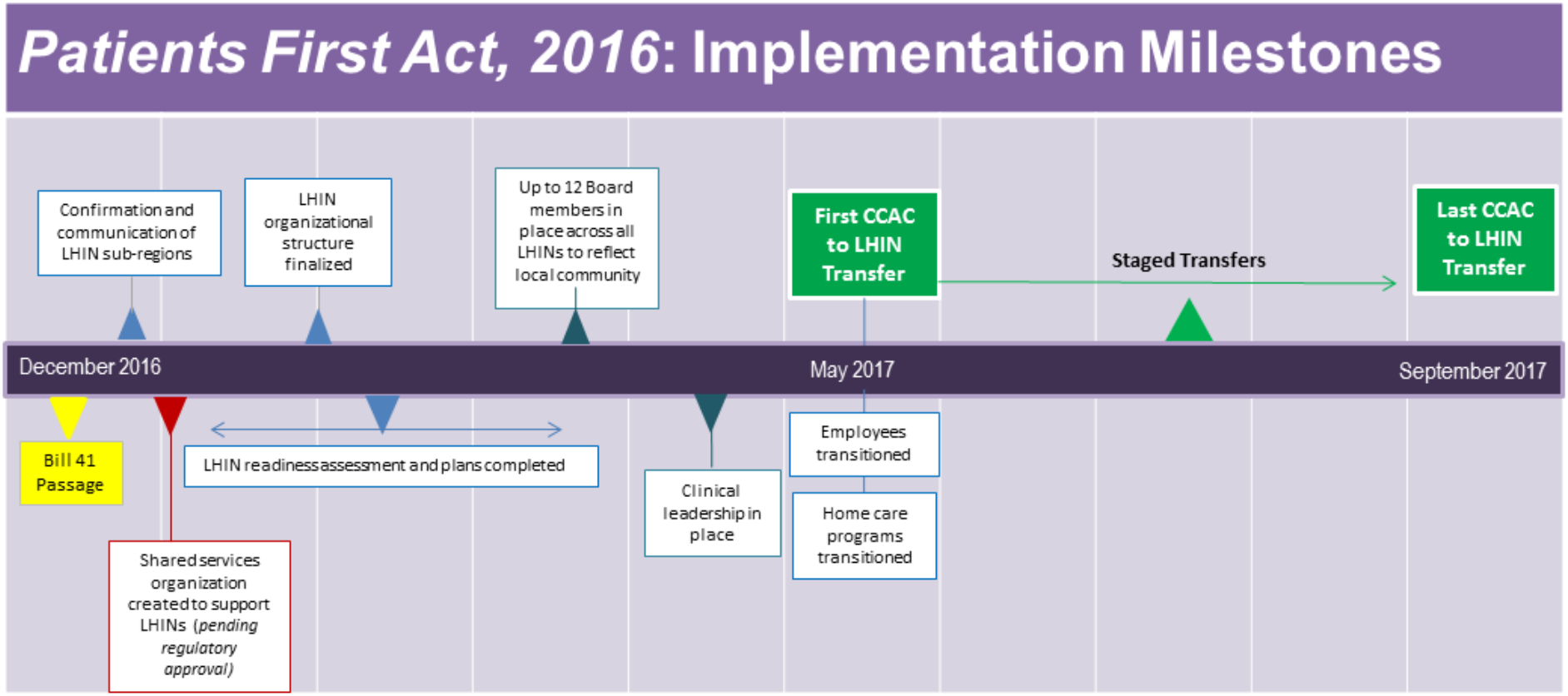
Transition

- LHIN governance expanded
- Combined management
- CCAC staff transitioned into LHINs
- Positive common patient-focused culture
- Clinical leadership in place
- Corporate services entity established
- Sub-regions defined and used for planning

Transformation

- Sub-regional coordination of home care
- Home and Community Care Roadmap progresses including Levels of Care
- Increased access to physicians, to care when it is needed, to specialists and to community mental health services in sub-regions
- Improved transitions between hospital and home, including reduced hospital readmissions
- Population health approach integrated into local planning and service delivery across the continuum of health care
- Indigenous partners have a stronger role in system planning and service delivery and access to culturally appropriate care and wellness approaches
- Public reporting of improvement, including patient experience and equity
- LHIN- and sub-regional-specific priorities

Implementation Milestones: December 2016 - Fall 2017



Patients First – Implementation Planning

- Implementation planning is underway to ensure that implementation of the *Patients First Act, 2016* can proceed in a timely and seamless fashion. The foremost priority will always be to ensure that **patient care is maintained without interruption.**
- To oversee this implementation planning, a joint **Ministry-LHIN Steering Committee** has been set up with ministry and LHIN executive leadership. The Ministry is also regularly meeting with LHIN Board Chairs, CCAC CEOs, CCAC Board Chairs and other external advisors to obtain their valued input.
- As part of this implementation planning, **sixteen work streams have been established**, involving a project team with cross-sector representation:
    - Ministry and LHIN CEO leads have been identified for each of the work streams, and preliminary meetings have been taking place this summer to begin planning work.
    - These work streams are tasked with a range of planning deliverables to support implementation of the Act. These deliverables will also be informed by active engagement with stakeholders and key informants.
    - As part of the early work, each work stream has been asked to identify key informants who can respond to and comment on plans as they are developed.
    - The work streams have been engaging in discussion and review of issues as is appropriate to do when working to understand issues.
- Ontario will honour its commitment to meaningfully engage Indigenous partners through a parallel process that will collaboratively identify the requirements necessary to achieve responsive and transformative change.

Work Streams

The ministry and LHINs are currently engaged in active planning for the successful implementation of Patients First through **16 work streams** that address **priority areas of implementation:**

1. Governance: Develop a common governance model that reflects the proposed expanded role of LHINs	**9. Home and Community Care:** Develop a plan and supports to enable LHINs to take on the delivery of home and community care
2. Management: Develop a common management structure to ensure the right management capacity is in place	**10. Work force:** Develop a plan to successfully transition to an integrated LHIN-CCAC workforce
3. Shared Services: Develop an approach to shared services for the LHINs that streamlines back-office functions, reduces duplication and leverages other administrative efficiencies	**11. Performance and Data:** Develop the systems and data needed to publicly report on and improve system-wide and local performance
4. Capacity-building and Readiness: Support the LHINs in assessing their readiness for, and building capacity to enable a smooth and seamless transition	**12. Public Health:** Support a stronger population health focus in health system planning
5. Sub-Regions: Formalize LHIN sub-region geographies as a focal point for integrated service planning and delivery	**13. French Language Services:** Support access to culturally and linguistically appropriate services in the LHIN and sub-regions
6. Clinical Leadership: Develop a clinical leadership model for the LHINs and their sub-regions to enable integration	**14. Indigenous Engagement:** Support LHIN indigenous engagement locally, aligned with provincial strategies
7. Integrated Clinical Care: Create a mechanism to develop and spread clinical standards and set performance targets for key areas of the health system	**15. Patient and Family Engagement:** Support the creation of a standard mechanism for meaningful patient and family engagement at the local level
8. Primary Care: Develop LHIN and sub-region primary care programs and supports to enable the LHINs to plan for and better integrate primary care in the local health system	**16. Change Management and Communications:** Support change management and communication activities to ensure a smooth transition into the new LHIN roles.

Next Steps

- We are excited to embark with you on this transformative journey towards our common goal to improve access to health care for patients and their families in Ontario, and we look forward to continued dialogue with our partners across the health system at every step along the way.

- Should you have any questions about Patients First, please contact the Ministry of Health and Long-Term Care by emailing patientsfirst@ontario.ca