

## **Summary People's Health Care Act**

**Excerpted from the Alliance for Healthier Communities (February 26 and February 28, 2019)**

The following summaries incorporate the Minister's announcement and backgrounders, the Ministry technical briefing attended by Alliance staff, and the bill as introduced in the legislature today [February 26, 2019].

### **Summary of Announcement and Technical Briefing**

#### **"Ontario Health" (the super agency):**

- Will incorporate larger agencies including Cancer Care Ontario, eHealth Ontario, HealthForceOntario Marketing and Recruitment Agency, Health Shared Services Ontario, Ontario Health Quality Council, Trillium Gift of Life Network, Local Health Integration Networks, and other prescribed organization that receives funding from the Ministry or the Agency and that provides programs or services that are consistent with the objects of the Agency.
- Must engage prescribed Indigenous and Francophone health planning entities as well as the Minister's Patient and Family Advisory Council, and must respect the French Language Services Act
- Will take on current LHIN and Ministry accountability agreements with health service providers (HSPs)
- Will emphasize digital health and integrated patient and caregiver access to medical records

#### **The "Ontario Health Teams (OHT)" (the integrated care delivery systems - ICDs):**

- Will have a single point of clinical and fiscal accountability (more like an "accountable care organization" model rather than an "accountable care network")
- Will incorporate at least THREE (3) of hospital services, primary care services, mental health or addictions services, home care or community services, long-term care home services, palliative care services, any other prescribed health care service or non-health service that supports the
- provision of health care services. *Note: this is an increase from the two suggested in the draft legislation. It also allows for partnering with social service agencies etc. through mechanisms such as social prescribing.*
- Will serve no more than 300,000 people (can be smaller in rural communities, for example)
- Will eventually, but not initially, serve 100% of Ontario's population, if successful
- Will grow from the lessons of early adopters and include ongoing intake of proposed new teams
- Can include non-HSPs entities or persons that support the delivery of health care.

#### **All HSPs**

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- The Agency and each HSP and ICDS shall separately and in conjunction with each other identify opportunities to integrate the services of the health systems to provide appropriate, co-ordinated, effective and efficient services

### **Integrations**

- The Minister can merge, integrate and stop mergers etc. with 30 days notice. The Agency can only facilitate integrations.
- The Minister requires 90 days notice of HSP or ICDS-proposed integrations

### **Summary of Legislation: The People's Healthcare Act, 2019**

#### **Schedule 1:**

- The corporation that was incorporated under the name Health Program Initiatives is continued under the name Ontario Health (in French, Santé Ontario), called "the Agency" in the legislation.
- The Minister of Health and Long-Term Care may provide funding to the Agency, and the Agency may provide funding to health service providers and integrated care delivery systems.
- The Minister may designate persons or entities, or groups, as integrated care delivery systems.
- The Agency may integrate the health system through funding or through facilitations and negotiations. The Minister may integrate the health system through integration orders to health service providers or integrated care delivery systems that are funded through the Agency. Rules regarding integration decisions are provided for.
- The Minister is given the power to transfer assets, liabilities, rights, obligations and employees of certain organizations to the Agency, a health service provider or an integrated care delivery system. The consequences of such a transfer are provided for. The Minister may also dissolve such organizations.

#### **Schedule 2**

- Amends the Ministry of Health and Long-Term Care Act to provide for an Indigenous health council and a French language health services advisory council to advise the Minister.

#### **Schedule 3**

- Provides for the amendment and repeal of a number of Acts and regulations (mostly references to the LHINs).

### **Regulations**

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Many of the changes will be dealt with in future Regulations (by Cabinet). These include:

- Specifying who can be included or excluded from the definition of HSP or ICDS; Exempting the Agency, HSP, ICDS or others from any provision of the act or regulations; Governing funding, including reconciling and recovering funds; Regarding service agreements; Governing engagement mechanisms; Governing transitional matters; and more.

### **Implementation**

**Expressions of Interest (EOIs):** The Ontario Health Teams will be phased in gradually with a rolling intake of proposals. Criteria for Expressions of Interest are currently under development and Guidance documents will be issued sometime in March. The Ministry will assess "readiness" and then full submissions will be requested.

We are learning that the EOIs will not be prescriptive and will be open to innovations while still setting some clear criteria.

**Community governance:** We have been assured that community governance and mergers will not be on the table for the next few years.

- No changes were made to the Ontario Hospital Act or other legislation or regulations that would enable hospitals to be Accountable Care Organizations (ACOs).
- HOWEVER, it is not status quo. There will be a requirement to have a "single point of fiscal and clinical accountability".
- We need to work with sister CHCs, NPLCs, CFHTs and other primary care providers to meet primary care goals. We need to partner with community support and mental health agencies to ensure seamless, coordinated care.
- This will require us to learn more about collaborative governance and system scorecards.
- We are supporting separate Indigenous lead OHTs as per our resolution: Indigenous health in Indigenous hands

**Role of hospitals:** The Ministry is aware of the power imbalances between smaller community organizations and larger hospitals, and are incorporating lessons learned from the failed hospital-led Rural Health Hubs under the Liberal government. The Ministry says these lessons will be built into the criteria. It will be interesting to see how they position "readiness" of partners to collaborate.

**Population-focused Ontario Health Teams:** Although OHTs may be population-specific and not just geographic, the Ministry has in mind medically-specific populations (such as medically complex children) rather than socially complex populations with inequitable health outcomes (such as Indigenous and black populations). We will continue working with the Ministry to expand their definition of eligible population foci.

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**Role of equity and health promotion:** both are missing from the legislation. The Alliance has been approached by OPHA to resume our successful joint advocacy with Patients First Act. We will also push for a requirement that all EOI include a commitment and mechanism for collecting socio-demographic and race-based data. It is required already in TC LHIN for all HSPs so we are counting on our members to insist it be part of any EOI they are involved with. We are asking that you all do the same.

**What about the LHINs:** The LHIN role will be phased out over time but they will remain employers of the LHIN care coordinators until there is capability in the receiving organizations (i.e. OHTs, existing primary care teams and hospitals). It is unclear when the CHC accountability agreements will be transitioned from the LHIN to the Ontario Health Agency. Do not confuse the role of the LHINs with the 5 regional offices that will be enabling arms of the Ontario Health Agency. The regional offices appear to be separate and distinct

**[Role of E-Health:** Although not specifically mentioned in the Alliance documents (my addition), there seems to be frequent identification in the importance of e-health, the use of an electronic record that is accessible to those along the patient journey including the patient themselves.]

### Alliance Key Messages

- A revitalized health system requires a **strong role for comprehensive primary health care**, including **care coordination** and **systems navigation** rooted in primary care's long term relationship with people across the life course.
- The criteria for Integrated Care Delivery Systems must include a **commitment to a networked, partnered approach** that maintains **community governance** and leverages **local innovation**.
- Both Ontario Health Agency and Ontario Health Teams must have **legislated accountability for both health equity and health promotion** in order to ensure seamless and integrated care for socially and medically complex people at both levels, so no one falls through the cracks.