Healthcare officials are unclear on how reform will impact Ontarians

By **Warren Schlote** - March 6, 2019

ONTARIO—Healthcare will soon look vastly different in Ontario as several existing levels of administration are shuffled and consolidated into one group that some are calling a "super agency."

"Too much time and attention is spent on maintaining a siloed and fragmented system," said Ontario Minister of Health and Long-Term Care Christine Elliott at a press conference last Tuesday.

"I'm proud to announce that our plan starts right at home, in our communities," she said.

If the bill is passed through the Ontario legislature, the 20 existing provincial healthcare agencies in Ontario will be folded into what's being called Ontario Health, a new agency under the ministry that will oversee all healthcare services in the province.

The current agencies that will be dissolved and reincorporated into Ontario Health include the province's 14 Local Health Integration Networks (LHINs), the Trillium Gift of Life Network, Health Share Services Ontario, HealthForce Ontario Marketing and Recruitment Agency,

eHealth Ontario, Health Quality Ontario and Cancer Care Ontario. Considering the wide scope of the reforms, especially the large amount of work the current LHINs perform, the consolidation process is expected to take a considerable amount of time.

Instead of the LHINs, there will be an estimated 30 to 50 Ontario Health Teams (OHTs) made up of service providers who either cater to a geographic area or a specific type of treatment. They will serve a maximum of 300,000 patients per team.

For example, there could be an OHT for the Manitoulin-Sudbury district and there may also be an Alzheimer's-focused OHT for a wider geographic range that supports many aspects of Alzheimer's treatments, including home care and health specialists.

Currently, LHINs sit immediately below the Ministry of Health and Long-Term Care (MOHLTC). Below the LHINs are resources such as hospitals, long-term care services and community health services. This restructuring would add an extra layer to that administration: Ontario Health will sit directly below the ministry, followed by OHTs and then the individual agencies.

Despite the extra layer, Minister Elliott said this move was aimed at addressing inefficiencies within the current system and making healthcare more accessible through all steps of the process.

According to Minister Elliott, Ontario's administrative healthcare costs are 30 percent higher than the Canadian average and wait times have increased by 300 percent since 2003, from 36 days to 146 days.

Healthcare is an expensive budget item. It currently accounts for 42 percent of all provincial spending, despite the poor, as Minister Elliott describes, "wait times, quality of care and system integration compared to our provincial counterparts."

The hope going forward is to have OHTs improve co-ordination between hospitals and other services such as long-term care. This would let patients who are taking up valuable hospital space for non-emergency conditions be moved to seek treatment at more suitable facilities.

"I think it'll be quite some time until the shape and form of those health teams is clear and hospitals and other agencies will apply to form a health team," said Dr. Bob Hamilton of the Gore Bay Medical Clinic.

"I don't think there's any—in the short run—any big changes in care delivery at the front-line level," he added.

The healthcare announcement has been met with mixed reviews from a number of groups and individuals across the province.

"Nurses have been calling out our system's failings for years. It needs to be more attentive to people, better connected, easier to navigate and more cost effective," said Registered Nurses Association of Ontario (RNAO) president Dr. Angela Cooper Brathwaite.

"Today's announcement marks the beginning of important changes that are needed in the health system," added RNAO CEO Dr. Doris Grinspun.

The CEO of the Ontario Hospitals Association and the Ontario Medical Association have also stated that the new structure may provide unique opportunities moving forward.

Dr. Stephen Cooper, Manitoulin Health Centre (MHC)'s chief of staff, said he could summarize his feelings about the proposed reforms with one word: nervousness.

"There's certainly lots of work that needed to be done, there are a lot of gaps and inefficiencies now. I'm not sure if this is the right answer, but it's good to see new ideas," said Dr. Cooper.

He added that the government has several years to phase in the plan, which has provided him with some comfort that it won't happen too fast.

"It doesn't change our contracts or the ways we deliver care. Where it will have an effect is our access to programs, such as helping people access addiction medicine and people leaving the hospital back into the community," Dr. Cooper said. "Will it be a more seamless transition for patients accessing primary care? That's the goal. Will it be successful? We don't know yet."

MHC president Lynn Foster said the CEOs of all Ontario hospitals were having a conference call this week and that she would learn more about the process going forward after that point.

Under the new system, each OHT will be given a certain amount of funding that they will distribute to their subsidiary agencies, which could include long-term care, community health services and hospitals. The Ontario government said it hoped that more funding could be

directed towards improving cheaper services outside of hospitals, such as long-term care, to reduce backlogs of inappropriate hospital stays.

Patients are expected to have better online integration with their health information, such as having access to digital health services including virtual appointments with specialists, online appointment bookings and accessing their own health records.

According to Minister Elliott, the shuffle of the health system was not designed to reduce jobs; however, job losses in administrative roles seem likely to occur. The minister had no estimates as to how many jobs may be at risk.

She also said that the new structure is not intended to weaken the strength of Ontario's public healthcare and invite more privatization going forward. Roughly 30 percent of Ontario's healthcare is already privately operated.

The risk of privatization has drawn the ire of health worker unions and the Ontario NDP.

"The changes the PCs are considering are meant to facilitate the privatization of clinical and support services, the concentration of services from small towns to large urban centres, mega hospitals and add another level of unnecessary bureaucracy to Ontario's health care system," stated the Canadian Union of Public Employees (CUPE) and the Ontario Council of Hospital Unions (OCHU) in a joint press release.

On Tuesday, OCHU and CUPE said they would increase their protest actions toward the bill, claiming that these changes could leave rural communities without the services they need. NDP MPP for Algoma-Manitoulin Mike Mantha said the bill's wording could lead to providing healthcare for a profit in Ontario, with those profits being taken away from front-line workers.

"There was no consultation with healthcare providers, hospitals and front-line workers. Many of our concerns are that this opens the door to privatization. They say it's not, but it's obvious based on the language in the text that it does open the door," Mr. Mantha said.

"We're bringing those issues forward each and every day in the legislature, approaching various ministries and engaging with groups and organizations," he said. "This government is a majority—they'll do as they want to do. Unfortunately, this means (the opposition) will have to do a lot of repairs and there will be lots of hardship felt by many across the province."

Mr. Mantha added that other provinces who have tried restructuring their healthcare in a similar way have had negative outcomes, and he said this government has not been considering past failures in other parts of Canada.

Although the bill includes the establishment of an Indigenous Health Council, Ontario Regional Chief RoseAnne Archibald expressed concerns that First Nations were not consulted in the bill's development.

"The bill does not contain recognition of First Nations jurisdiction in the health area and specifically Articles 18 and 23 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), have not been recognized," reads a press release from the Chiefs of Ontario, an advocacy group representing the 133 First Nations in the province.

"We hope for a continued collaboration between First Nations and the Government of Ontario, so First Nations can provide a recommended approach that will lead to overall healthcare improvement and address the gap within First Nations healthcare," she stated.

Manitoulin-Sudbury District Services Board CAO Fern Dominelli said the main health program his organization provides is paramedics services.

"As far as direct impact, we don't see anything in the bill dealing directly with paramedic services. We're very interested in mental health and addictions services, but those are not things we actually deliver," Mr. Dominelli said.

Ontario Health will have an appointed board and CEO which will negate the role of the executives representing the current LHINs. A similar healthcare reform took place in Alberta about a decade ago to mixed reviews.