



Health System Transformation

Ontario is on the cusp of significant health system transformation. If done right, there is great potential to improve access, safety and effectiveness of health service delivery; while maximizing the best use of health system resources. Will you support health system transformation that includes:

- 1) Dissolving Community Care Access Centres (CCAC) by realigning their functions to existing areas of the health system?**
- 2) Locating care co-ordinators within primary care?**
- 3) Enabling LHINs to plan, integrate, fund, monitor and be ultimately accountable for local health system performance (inclusive of public health) while refraining from service delivery and management**

In December 2015, Health Minister Dr. Eric Hoskins released a discussion paper to provide a blueprint to reform home and community care and achieve greater health system integration.^{1,2} Much of the paper was informed by RNAO's *Enhancing Community Care for Ontarians* (ECCO) model,³ which was referenced in the document. RNAO engaged in a comprehensive analysis of the paper and issued a series of recommendations.⁴ In June 2016, the Health Minister introduced legislative changes, through Bill 210 *Patients First Act*.⁵ For example, it enabled the elimination of CCACs as structural entities. The proposed legislation also provided a framework, upon which other policy interventions can be built (e.g. re-aligning CCAC functions). On September 12, 2016 the Legislature was prorogued, meaning Bill 210 was taken off the order paper. However, the *Patients First Act* reappeared as Bill 41, on October 6, 2016,⁶ and RNAO provided 13 recommendations in its response to the bill.⁷ Bill 41 received Royal Assent on December 8, 2016.

Please see Appendix A for an abbreviated timeline of events leading up to the introduction of Bill 210.

Realigning CCAC Functions

RNAO supports the elimination of CCACs and a realignment of their planning, funding, contracting and monitoring functions to the LHINs. RNAO urges the government to proceed with true realignment that does not simply re-position CCACs to exist within LHINs. Meaningful change is needed to reduce duplication, avoid fragmentation and enhance efficacy, and improve the integration of services.

The Auditor General of Ontario has identified that while CCACs reported that 92 per cent of their \$2.4B budget went to direct patient care, only 61 per cent was spent on face-to-face treatment of patients.⁸ Implementation of the Minister's plan to eliminate CCACs will produce administrative savings that can

be reinvested into other areas of the health system. RNAO expects that up to \$200M annually could be reallocated and recommends that these funds be used in service provision, including increasing hours of home health-care and support services, and improving the capacity of primary care providers to deliver mental health services and palliative care.

Locating Care Co-ordination in Primary Care

The Ontario Primary Care Council (OPCC), of which RNAO is a founding member, asserts that care co-ordination is a core function of primary care.⁹ Moreover, anchoring the health system in primary care is a hallmark of a high performing health system. As RNAO has previously urged, current CCAC care co-ordinators, of which approximately 3,000 are RNs, should be located within primary care with their salary and benefits intact. RNs possess a comprehensive understanding of the health system and a persons' holistic health status, including physical, mental, social, emotional and spiritual needs. Their competencies, knowledge and clinical skills make them uniquely suited to function as leaders in the co-ordination of care and navigation of the system. As profiled in RNAO's *Primary Solutions to Primary Care*¹⁰ and in ECCO, RN-led and primary care-based co-ordination align hand-in-glove to produce positive patient and health system outcomes

Increasing the workforce capacity of primary care will significantly improve primary care's ability to deliver comprehensive health services. We respect the collective agreements that have been struck and encourage the ministry, unions, and primary care to work together to develop a transition strategy that is fair to workers and in the best interest of Ontarians. RNAO calls for a matrix reporting structure: while the collective agreement and funds would be held by the LHIN, we encourage the government to ensure that primary care organizations are enabled to serve as the operational employer, which involves recruitment and performance management. This can be best accomplished through a secondment model.

Expanding the LHIN Mandate

To effectively plan and manage performance in a way that will produce meaningful integration across the system, LHINs must be enabled to enter into service agreements with providers across sectors. Without this component, LHINs will lack the capacity to reallocate resources as services shift from one sector to another. Moreover, the most effective role of the LHIN is to plan, integrate, fund, monitor and be ultimately accountable for local health system performance. It would be ineffective for LHINs to engage in direct service provision. It is challenging to "row" and "steer" at the same time. RNAO urges the government not to perpetuate the existing limitations of CCACs by acting as a case management brokerage that allocates hours of service to Ontarians based on a command and control approach. Rather, service provision and the management of service, including service allocation at the patient level, should be the focus of provider organizations that have the best understanding of patient need.

Public health units must assume a leading role in advancing health equity. They are experts in upstream health promotion and disease prevention, as well as analyzing population health needs and delivering community engagement. This alignment will benefit the LHINs' system planning efforts. Positioning public health units within the LHIN mandate will better align public health with the rest of the system, and can stimulate a broader reach of health promotion principles in other sectors. Bill 41 was a missed opportunity to fully realize the impact and influence that the public health sector can have on the system as a whole.

Appendix A

Abbreviated Timeline Leading Up To Bill 210

Date	Milestone
June 2012	RNAO's Primary Solutions for Primary Care
October 2012	RNAO's ECCO 1.0
December 2012	Health Links Launched
April 2014	RNAO's ECCO 2.0
October 2014	OPCC Position Statement on Care Coordination
March 2015	Home and Community Care Report
May 2015	Minister Accepts Panel Recommendations
September 2015	Auditor General's 1 st Report
December 2015	Auditor General's 2 nd Report
December 2015	Patients First Discussion Paper
May 2016	RNAO's Mind the Safety Gap in Health System Transformation
June 2016	Bill 210, <i>Patients First Act</i> Introduced
September 2016	Bill 210 dies on Order Paper
October 2016	Bill 41, <i>Patients First Act</i> Introduced
December 2016	Bill 41 receives Royal Assent

References:

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- ¹ Ministry of Health and Long-Term Care (2015). Patients First, A Proposal to Strengthen Patient-Centred Health Care in Ontario. Discussion Paper. http://health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf
- ² Registered Nurses' Association of Ontario (2015). RNAO praises Ontario's blueprint to reform home and community care and achieve greater health system integration. <http://rnao.ca/news/mediareleases/2015/12/17/rnao-praises-ontarios-blueprint-reform-home-and-community-care-and-ac>
- ³ Registered Nurses' Association of Ontario (2014). Enhancing Community Care for Ontarians (ECCO) v. 2.0 and (2012) Enhancing Community Care for Ontarians (ECCO) v. 1.0. <http://www.rnao.ca/ecco>.
- ⁴ Registered Nurses' Association of Ontario (2016). Transforming Ontario's Health System: A Recipe For Success. http://rnao.ca/sites/rnao-ca/files/RNAO_Submission_to_MOHLTC_Patients_First_Discussion_Paper_re_Health_System_Transformation_-_March_2016.pdf
- ⁵ Minister of Health and Long-Term Care (2016). *Bill 210, Patients First Act, 2016*. http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4054
- ⁶ Legislative Assembly of Ontario. (2016). *Bill 41, Patients First Act, 2016*. http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=4215.
- ⁷ Registered Nurses' Association of Ontario. (2016). *RNAO's Response to Bill 41: Patients First Act, 2016*. November 23. http://rnao.ca/sites/rnao-ca/files/RNAO_Response_to_Bill_41_-_Patients_First.pdf.
- ⁸ Office of the Auditor General of Ontario (2015). News release. Hard look needed to improve CCAC service delivery model, Auditor General says. http://www.auditor.on.ca/en/news_en/newsrelease_ccac.pdf
- ⁹ Ontario Primary Care Council (2015). Position Statement: Care Co-ordination In Primary Care. <http://www.afhto.ca/wp-content/uploads/2014-07-16-OPCC-Statement-on-Care-Coordination.pdf>
- ¹⁰ Registered Nurses' Association of Ontario (2012). Primary Solutions for Primary Care. http://rnao.ca/sites/rnao-ca/files/Primary_Care_Report_2012_0.pdf