Revisiting the past to improve the future

ON FEB. 26, ONTARIO HEALTH Minister Christine Elliott announced her plan for health system transformation. It includes the creation of Ontario Health (OH) with five regional offices, the formation of local Ontario Health Teams (OHT), and the consolidation of 35 public health units into 10 regional public health entities. Let’s review this major health system reform.

OH is a central agency that brings together talent from the 14 Local Health Integration Networks (LHIN), Cancer Care Ontario, eHealth Ontario, Trillium Gift of Life Network, Health Shared Services, Health Quality Ontario, and Health-ForceOntario Marketing and Recruitment Agency. OH is being charged with overseeing all aspects of the health system.

A second layer is the formation of five regional agencies of OH, likely each with two large public health entities – a change that aligns with the 2017 expert panel report on public health.

The third layer is the formation of local OHTs. These are integrated teams of, at minimum, primary care agencies, hospitals, home care and other community agencies that jointly provide wrap-around services for a defined population.

RNAO has been calling for changes to Ontario’s fractured health system for years. In particular, we have urged for a system that is person-centred, timely, and with the first point of contact in primary care. Overall, the government’s vision for our health system is welcome news as health sectors – albeit improving – continue to work in silos. OHTs will overcome these silos and provide the public with a more responsive, effective and seamless experience.

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While some bet the sky will fall with these changes, RNAO knows it will not.

Let’s look back seven years to the release of our 2012 landmark report, Enhancing Community Care for Ontarians (ECCO), which recommended some of the same changes the government has recently proposed. The question – which was also top-of-mind when we released ECCO – is whether primary care will be the anchoring feature of OHTs. This is critical in order to build a system that better promotes health, prevents illness, including chronic disease, and delivers timely mental health services. The result is a healthier population, which saves people from unnecessary suffering, and also saves health-care expenses.

ECCO presents a comprehensive model for health system transformation that sees all sectors connected, with primary care as the anchoring feature. ECCO called for the dissolution of community care access centres (CCAC) and for the transitioning of then 3,500 RN care co-ordinators from CCACs into interprofessional primary care teams, retaining their compensation and benefits.

While the previous government did away with CCACs, the RNs are in homes – will strengthen this foundational sector.

RNAO will continue to work with government to get it right. We will continue to insist that halfway health care can and must be eliminated, and for this to happen, we must improve access to care in all sectors. We need to act quickly by: strengthening primary care so fewer people end up in emergency departments; strengthening access and flow in hospital care by ensuring hospitals immediately fill the more than 10,000 RN vacancies they have hidden; designating NPs as most responsible providers more often; reducing hospital readmissions by mandating that RNs conduct all first home care assessments; strengthening the front and back ends of the health system by ensuring the new public health entities are fully funded by the province to deliver all of the services expected of public health; and enhancing access and care in long-term care by improving staffing and changing the funding formula to account for complexity and quality outcomes.

As we revisit ECCO to reflect upon our views in light of the government’s plans, we will consult with members and release an updated report, along with a call to action and timelines. We will do so with just as much fanfare as we did in 2012.

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