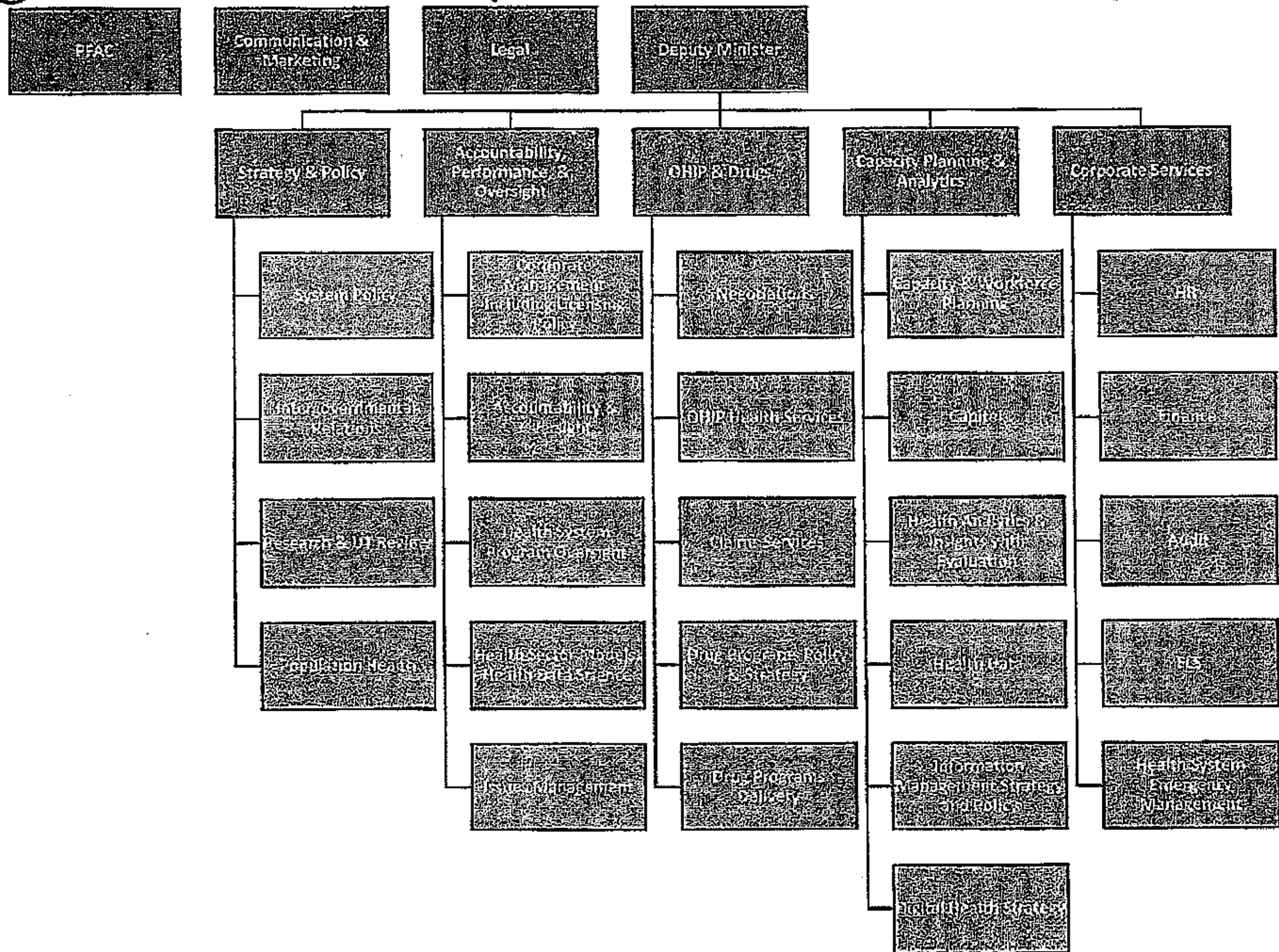
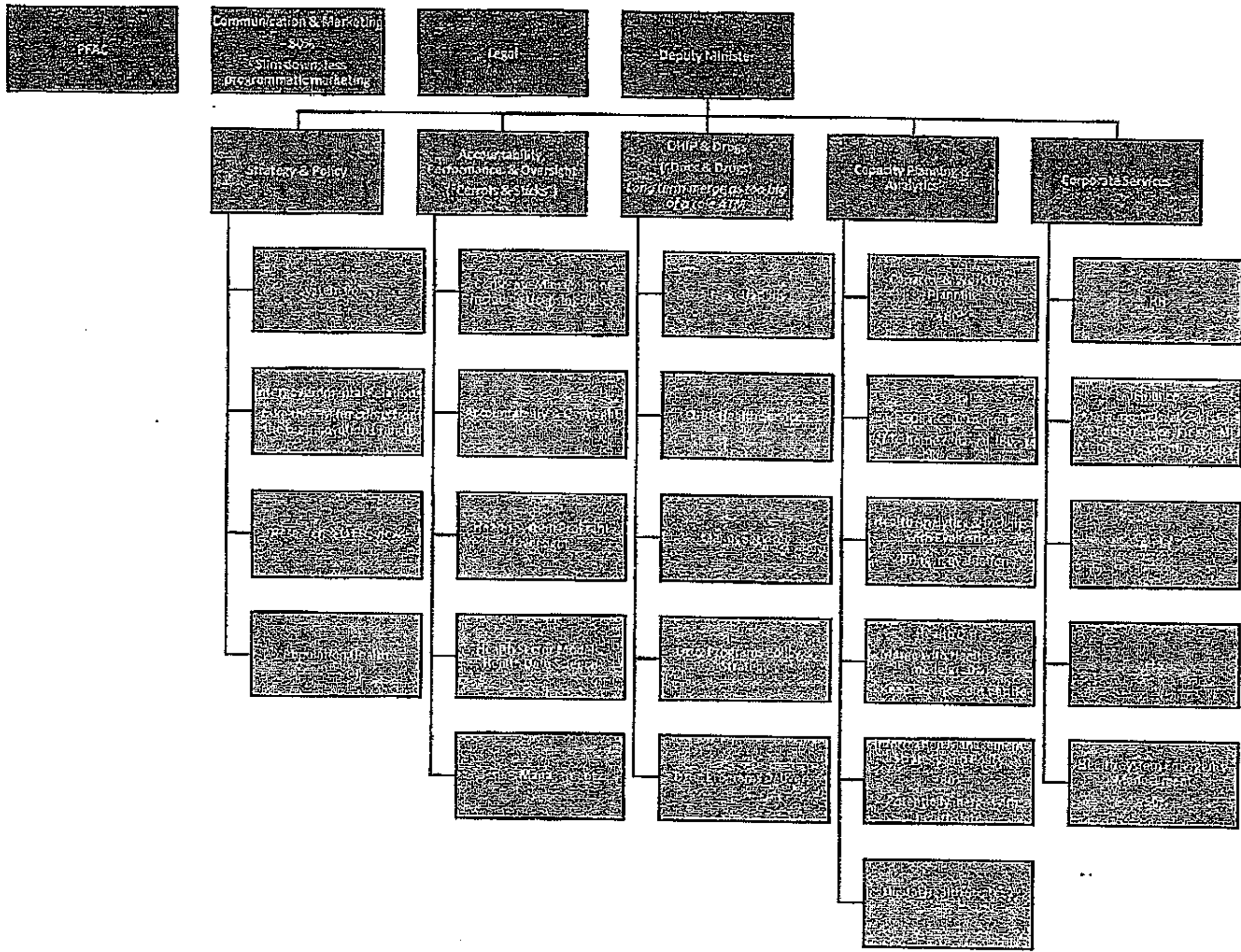
ADM Workshop #2

December 13, 2018

CONFIDENTIAL


Working Draft – Clean (notes on next slide)
PFAC
Communication & Marketing
Legal
Deputy Minister
Strategy & Policy
Accountability, Performance, & Oversight
OHIP & Drugs
Capacity Planning & Analytics
Corporate Services
System Policy
Intergovernmental Relations
Population Health
Issues Management
Negotiations
OHIP Health Services
Claims Services
Drug Programs Delivery
Capacity & Workforce Planning
Capital
Health Analytics & Insights with Evaluation
Information Management Strategy and Policy
HR
Finance
Audit
ELS
Health System Emergency Management

Working Draft – Notes



Downloaded to Agency

- Digital Health Secretariat – 90%
- Health Data – 80%
- Financial Reporting – 80%
- Provincial Chief Nursing Officer (tough optics)
- Genetics
- Assumption of merging:
  - Health Protection & Surveillance Policy & Programs – 80%
  - Health Promotion & Prevention Policy & Programs – 80%
  - Health Improvement Policy & Programs – 80%
- Home & Community Care – 80%
- Primary Health Care – 80%
- Mental Health & Addictions Policy, Accountability and Provincial Partnership – 80%
- Justice, Forensics & Supportive Housing – 80%
- Health Sector Models – 50%
- Merge: Policy & Innovation – 80% and Health Quality Ontario Liaison & Program Development – 80%
- Hospitals – 80%
- Provincial Programs – 80%
- Emergency Health Regulator & Accountability - 80%
- Enhancing Emergency Services in Ontario – 80%

Branches To Phase Out

- Business Innovation Office
- Health Equity (agency will complete through greater quality agenda)
- Health Innovation and Strategies
- Strategy Execution
- Special Projects (there should be nothing that warrants a special projects branch)
- Local Health Integration Network Renewal (consolidated with LHIN Liaison)
- Emergency Health Services

Outsourcing/Transfer to BPS

Outsourcing

- Inspections
- Laboratories
- Licensing
- Devices
- Ornge

Transfer to BPS

- Paramedic Management
- Operational Capital
- CACC

Parking Lot

- CMOH
- Corporate I&IT
  - Most will be centralized, and the rest will go to the Agency
- Regulated Profession

Key factors to consider

- The Agency doesn't do research – as research leads to strategy
- PFACs need to be clear on the differences of scope (TOR) at each tier (i.e. IDS, Agency, Ministry)
- Will need to separate the levels of accountability
- In order to make the case for this new model, will want to show the benefit e.g. illustrate the reduction of touchpoints between the ministry and hospitals
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