

Feb. 4, 2019

Backgrounder: Ford health care system privatizes some services, throws open the door to more
New documents reveal Ford health care scheme is a done deal

The Official Opposition is releasing three government documents it has obtained:

- ADM workshop #2 (Dec. 13, 2018)
- Agency Review Work Stream Updates (Jan. 17, 2019)
- Towards Integrated Health care in Ontario (Jan. 22, 2019)

Timeline

2018	<i>The Health System Efficiency Act</i> was drafted
Dec. 13, 2018	Decisions are confirmed about the new structure of the Ministry of Health and Long Term Care (MOHLTC) and the new Super Agency, including lists of ministry functions downloaded to the Super Agency, phased out, transferred to the broader public sector, or “outsourced” (ADM Workshop #2 p.3-5)
Jan. 10	The government received its final report on analysis of agency review models from a vendor (Agency Review Work Stream Updates p.3) <ul style="list-style-type: none">• “No slack in schedule to allow for unexpected delays” (Agency Review Work Stream Updates p.3)
Jan. 10 to 11	The powers and “Executive Structure and Team” of the Super Agency are decided (Agency Review Work Stream Updates p.9)
Jan. 9 to 16	OICs for three directors of the Super Agency’s board finalized (Agency Review Work Stream Updates p.7) <ul style="list-style-type: none">• Approval timelines detailed in Agency Review Work Stream Updates p.2-11
Jan. 14	OICs are complete for the Super Agency’s interim board, remuneration for board members is set (Agency Review Work Stream Updates p.10)
Jan. 16	Cabinet approved the Super Agency Model, appointment of three board members and the creation of MyCare Groups (Agency Review Work Stream Updates p.1)
Jan. 17	The government is warned it can expect “service disruptions” during the transition period and “potential labour disruptions” with front-line health care workers, specifically nurses (Agency Review Work Stream Updates p.8)

- By Jan. 22 The government Transformation Office was well on its way towards implementing MyCare Groups (Towards Integrated Health in Ontario)
- Jan. 22 to 25 The government completes focus group testing on Super Agency “narrative/message” and communication materials (Agency Review Work Stream Updates p.6)
- February 2019 Treasury Board/Management Board of Cabinet and the Legislation and Regulations Committee approve “full integrated health care proposal” (Towards Integrated Health in Ontario p.13)
- February 2019 Minister launches transformation plan (Towards Integrated Health in Ontario p.13)
- February 2019 Government to introduce legislation (Towards Integrated Health in Ontario p.13)
- March 2019 Expression of Interest bids for MyCare Groups are to be launched (Towards Integrated Health in Ontario p.13)
- July 1 Enabling legislation is to be proclaimed (Towards Integrated Health in Ontario p.13)

For-profit delivery

- Critical services already slated to be outsourced to the private sector include (ADM Workshop # 2 p.5):
 - Inspections
 - Laboratories
 - Licensing
 - Devices
 - Ornge
- The Super Agency’s guiding principles include a commitment to “effectively partner with public and private sector entities” (Towards Integrated Health in Ontario p. 6)
- Subject to Cabinet approval, the Super Agency has the power of “selling any of its services, including any analyses it has prepared of any information it has collected” (*Health System Efficiency Act* s.8 (3)(5), p.12)
- The *Health System Efficiency Act* enables the expansion of private, for-profit, health service delivery. The Super Agency allows MyCare Groups to deliver the following health services (*Health System Efficiency Act* s.9 (1)(2)):
 - Hospital services
 - Primary care services
 - Mental health or addiction services
 - Home care or community services
 - Long-term care home services
 - Palliative care services

- Any other prescribed health care service
- The *Health System Efficiency Act* does not place restrictions on the types of organizations that can bid to become MyCare groups and receive public health dollars to deliver the above health services
- Currently LHINs are Crown agencies. Under the new *Health System Efficiency Act*, MyCare Groups are not Crown agencies and are free to contract for-profit service providers to deliver health care services
- The *Health System Efficiency Act* repeals the commitment to public, not-for-profit care. The *Local Health System Integration Act* (LHSIA) is repealed and replaced with the *Health System Efficiency Act* (*Health System Efficiency Act* p. 77). LHSIA contains the requirement for the “promotion of the delivery of public health services by not-for-profit organization.” The *Health System Efficiency Act* removes that requirement.

Definitions

Business Innovation Office

- The Business Innovation Office supports dynamic program design and transformation, including: Strategic Foresight; Design Thinking and Program Lean Improvements.

Health Equity

- The branch has two units, one that is focused on Indigenous health needs and planning; and another that is called the Health Equity Policy Unit that aims to address health equity issues across the Ministry of Health and Long-Term Care.

Health Innovation and Strategies

- The Health Innovation and Strategies Branch drives collaboration across the health care system- among innovators, entrepreneurs, patients and health care providers to bring new innovative health technologies to market in Ontario and globally.

Strategy Execution

- The Strategy Execution Branch of the Ontario Public Drug Programs is responsible for the development and implementation of various strategic initiatives, including the OHIP+: Children and Youth Pharmacare Program. It includes the Pharmaceutical Strategy Unit.

Local Health Integration Network Renewal:

- The Local Health Integration Network Renewal Branch strategically supports the spread and scale of local and regional best practices based on evidence to improve the integration of the health care system.

Special Projects:

- *(No description available)*

Emergency Health Services

- The branch is responsible for Land and Air Ambulance services, the Psychiatric Patient Advocate Office, and individual eligibility programs which include OHIP, assistive devices and home oxygen.

Descriptions of MOHLTC health care services being outsourced

Inspections

- The MOHLTC manages provincial inspections of long-term care homes operated by for-profit or non-profit organizations to enforce compliance with the *Long-Term Care Homes Act*
- The MOHLTC inspectors manage inspections of all x-ray machines in Ontario to ensure compliance with the *Healing Arts Radiation Protection Act*
- The MOHLTC is responsible for inspecting ambulance service operations to enforce compliance with the *Ambulance Act*

Laboratories

- The MOHLTC gives public funding for laboratory tests insured under OHIP via community laboratories, hospital laboratories, authorized health-care professionals and Public Health Ontario laboratories

Licensing

- The MOHLTC licenses long-term care home beds under the *Long-Term Care Homes Act*
- The MOHLTC licenses X-ray machine operators under *Healing Arts Radiation Protection Act*
- The MOHLTC licenses independent health facilities under the *Independent Health Facilities Act*

Devices

- The MOHLTC manages the Assistive Devices Program, which provides financial assistance to Ontarians with long-term physical disabilities to purchase basic assistive devices

Ornge

- Ornge is a not-for-profit charitable organization authorized under the *Ambulance Act* to deliver all air ambulance operations in Ontario, Critical Care Land Ambulance services, and to transport transplant organs and surgical teams.

Descriptions of MOHLTC health care services being transferred to the broader public sector

Paramedic Management

- Paramedics are legislated through the *Ambulance Act* and the *Regulated Health Professions Act*
- While municipalities deliver paramedic services, the MOHLTC manages the paramedic system through seven base hospitals and Ornge
- The MOHLTC also oversees the paramedic exams

Operational Capital

- The MOHLTC oversees various capital programs such as hospital development projects or managing capital services for the purchasing of equipment like CT scanners, MRI machines, or x-ray machines

CACC (Central Ambulance Communications Centre)

- Ontario has 22 CACCs, which are ambulance dispatch centres that respond to 911 calls:
 - 11 are operated by the MOHLTC
 - Five are operated by hospitals
 - Four are operated by municipalities
 - Two are locally based ambulance communications services

List of Acronyms

Acronym	Name
ADM	Assistant Deputy Minister
BPS	Broader Public Service
CACC	Central Ambulance Communications Centre
CMD	Communications and Marketing Division (within MOHLTC)
CMOH	Chief Medical Officer of Health
DM	Deputy Minister
ECFAA	Excellent Care for All Act
eHO	eHealth Ontario
FTE	Full-time employee
HPI	Health Program Initiatives (the Super Agency)
HSP	Health service provider
HSSO	Health Shared Services Ontario
ICDS	Integrated Care Delivery System (branded as MyCare Groups)
IO	Infrastructure Ontario
LGIC	Lieutenant Governor in Council
LHIN	Local Health Integration Network

LHSIA	Local Health System Integration Act
LRC	Legislation and Regulations Committee
LTCHA	Long-Term Care Homes Act
MAG	Ministry of Attorney General
MCG	MyCare Groups (suggested brand name for Integrated Dare Delivery Systems)
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
NDA	Non-disclosure agreement
OIC	Order in Council
ONA	Ontario Nurses Association
PFAC	Patient & Family Advisory Council
PHA	Public Hospitals Act
RFS	Request for services
TB/MBC	Treasury Board/Management Board of Cabinet
TGLN	Trillium Gift of Life Network
TOR	Terms of Reference