

THE THREAT TO HEALTH CARE

The government's plans
February 7, 2019

Premier's Commission on Health Care First Report

- First report describes some of the problems in the health care system.
- A second report (to be released this spring) will make recommendations.
- Make some fairly clear hints about the direction they are taking.
- Too many patients in hospitals and LTC, who should not be there.
- There is insufficient capacity in community care systems – like home care and mental health and addictions care – to divert people from hospitals

Premier's Commission

- There is duplication in the system – e.g. home care coordination.
- There are too many agencies.
- The system needs technological innovation and new digital tools.
- System lacks integration.
- Ontario could shift the focus of health care spending to high-value, instead of high-cost.

Implicit policy direction

- Reduce reliance on hospitals and LTC.
- Increase reliance on community and home care.
- Same idea as has been adopted by Ontario government for decades. Same idea that created crisis of hallway health care and put 30,000 people on the wait list for LTC.
- What was new in the report was the suggestion of eliminating health care agencies, and that integration should take place not just within health care “siloes” (e.g. hospital restructuring), but across siloes (e.g. LTC and hospitals).
- The report also suggests case management by the LHINs is redundant.

Leaked documents

- Leaked documents confirm this is exactly the direction the government is going in.
- Leaked legislation indicates their specific plans are quite developed.

The specifics

- Create one “Super Agency” to replace, [1] the funding and integration roles of the LHINs, [2] many ministry of health functions, and [3] a variety of other provincial health care agencies.
- Many Ontario Public Service employees may be moved to Super Agency and some LHIN employees.
- They *appear* to be contemplating some continuing role for the LHINs but this is left unclear.

Massive Restructuring Powers

- The draft legislation requires little public accountability or transparency of the Super Agency.
- The Agency and (especially) the Minister are given sweeping powers to restructure health care services, close hospitals, and privatize health care services, with little public consultation required.
- The Minister would be given powers to require the Agency and health service providers to implement specific operational or policy directives (s. 19 of the draft).
- The Minister may require health service providers to use the procurement or supply chain services provided by the Agency. As drafted, this would include the power to order the privatization of services currently provided by CUPE hospital and health care workers.
- The Agency could displace existing hospital, LTC, LHIN, and other supply chain and procurement providers.
- This threatens existing contracts with small and medium sized businesses that are unable to provide services at the scale demanded by the provincial Super Agency. It also threatens existing CUPE bargaining units involved in procurement and supply chain management (laundry locals for example).

Massive Restructuring

- The Agency will designate thirty to fifty “integrated care delivery systems” (ICDSs, sometimes also referred to as My Care Groups or MCGs).
- These will unite hospitals, LTC, palliative care, primary care, home care, mental health and addiction services, and other services that may be added later.
- The ICDSs will receive one single stream of funding via an accountability agreement with the Agency. The idea is to encourage the ICDSs to move work to the lowest cost provider.
- It is not clear that the ICDSs will necessarily alter existing bargaining unit structure, but it does sound likely that the new structure will encourage mergers (to avoid constant fighting among organizations over their share of the ICDS’s funding stream, to help the ICDSs respond nimbly to changing circumstances, and because the organizations will necessarily have to work closely together).
- The ICDSs are supposed to provide “seamless” coordinated care for a very wide range of health care services for a defined geographic area or “patient segment”. The ICDSs will provide a single point of clinical and fiscal accountability – for the government.

Other fallout

- It is not clear how ambulance services will be affected (although the documents indicate they are considering privatizing Ornge, the air ambulance system, despite the scandal that arose when Ornge set up private corporations to obstruct public accountability).
- Leaked documents suggest that some or all of Emergency Health Services (the portion of MOHLTC that oversees ambulance services) will be transferred to the Agency. Will Agency fund ambulance services?
- The Agency could operate as a flak catcher for the minister – although the Agency is *perhaps* less suited to do that than the LHINs, as there will be only one Agency and Agency CEO, not 14.

Fallout (continued)

- It is not clear how the doctors will fit with the new structure – primary care can form part of a ICDSs, but *presumably* the doctors (outside of those employed by Community Health Centres) will maintain their direct funding relationship with the minister.
- The leaked documents also indicate that the plan is to start building the ICDSs within the next month (or so) and pass the legislation by July 1. So, they are trying to rush this reform – despite a lack of expertise within the ministry with restructuring of this scale.
- Finally – the short title of this act is the *Health System Efficiency Act*. Likely they want to sell this as a way of cutting costs and getting rid on unnecessary bureaucracy (along with the idea of seamless care and one point of entry).

Conclusion

- If implemented, this reform will bring about major change to health care.
- Mass privatization, restructuring, and representation votes may follow.
- CUPE LHIN members may be the first to experience change.