
Sent via e-mail: ehoskins.mpp.co@liberal.ola.org
Health.feedback@ontario.ca

April 7, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

RE: AMO Response to Patients First Strategy Consultations

Dear Minister Hoskins:

It is with great interest we read the Ministry's discussion paper, "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario". This letter contains our input to the current consultation.

There is much to consider from a municipal perspective. As you know, municipal governments are funding partners in the funding and delivery of several provincial health programs – long-term care, public health, and land ambulance. We, therefore, have a significant stake in the considerations and outcomes of this transformative exercise. This is especially true in regards to public health given the major structural proposals under consideration.

The significant municipal interest in this cannot be understated. Residents are increasingly looking to their local municipal councils to represent their community interests concerning health care to the institutions, providers, and the Province. Municipal governments, through AMO and individually, need to have a considered voice throughout this exercise. As noted above and previously, the municipal sector is not simply a stakeholder or service provider in this discussion.

Through provincial legislative, regulatory and policy requirements, municipal governments have had to invest in the health care system. We have often stepped up to fill in the gaps when needed to serve our communities, especially providing services for the most vulnerable in our communities. Many municipal governments fund above their required cost share arrangements to address community needs such as public health and land ambulance activities. Significant investments have also been made in ancillary support services including supportive housing and seniors' wellness programs.

In addition to direct services, municipal governments are also expected to fund a portion of capital expenses ranging from hospitals to land ambulance to long-term care to public health. Municipal governments will continue to involve themselves in planning and advocating how health care services are delivered to meet the needs of residents in their local communities in a fiscally sustainable manner. This is important as often provincial programs have an immediate fiscal impact on municipal governments which place an additional pressure on the municipal property tax base of municipalities that are already stretched to cover our core responsibilities within the current fiscal environment.

AMO and our member municipalities have a keen interest in the outcome of evolving provincial strategies that seek to shift resources into the community and reforming funding models to follow the patient and to support patient outcomes. At a strategic level, municipal governments need to consider their role and participation in both planning and health care provision as it becomes more patient-centric and community driven.

Ontario, like the rest of Canada, faces challenges as many physicians and other health care professionals are not willing or available to work in all areas of the province. As a result, many communities struggle with local health care human resources capacity. This is a major concern in rural and northern communities but is also evident in some urban communities. A long lasting solution is needed to address this problem.

The proposed Patients First Strategy is looking to ensure that all Ontarians have access to physicians and other primary/community health care services by broadening the scope of the Local Health Integration Networks' (LHINs) planning authorities. This will require significant structural changes in the way the system currently operates and its accountability. Attention will also need to be given to physician recruitment strategies. Ensuring a patient-centred health care system requires systems planning to make sure that the right mix of health care professionals is in the right place at the right time.

Given this municipal interest, AMO has analyzed and deliberated on the Patients First proposals given the information we had to date. The AMO Board of Directors approved a set of principles to guide our policy response and we ask that they are considered as the Province moves ahead with a decision on this piece of healthcare transformation. The principles are as follows:

1. **Strengthen patient-centred care** – Support a shift in approach to coordinated, integrated care in order to meet the currently unfilled needs of patients and communities.
2. **Improve access to high quality health services** – Promote faster access to the right care in the community, closer to home, while maintaining client choice of health and community care professionals and services as much as possible. This will require more options and resources in communities including supportive housing, enhanced home care services, increased telemedicine/medical technology networks, and fully funded health

transportation services to move patients respectfully between specialists, tests, and their homes.

3. **Equity in health outcomes** – System improvements for primary, community, and home care should benefit all individuals and regions of the province in an equitable manner.
4. **Flexible/One Size Doesn't Fit All** – System changes will acknowledge the diversity of Ontario including areas of the province (north-south, east-west, and rural-urban), and the diverse health needs in different regions.
5. **Sustainability** – To shift currently expended and new resources to provide adequate funding needed to implement the new vision and sustain services in communities over the long-term.
6. **Good public and fiscal policy** – New service delivery approaches must be driven by a clear public policy purpose and backed by evidence that new arrangements will better suit that purpose.
7. **Good governance and funding relationships** – The Province must include municipal governments in this transformational exercise as an order of government, not as a stakeholder or service provider (e.g. Long-Term Care, Land Ambulance, Public Health).
8. **Good planning** – To deliver the patient care that is needed, population and health planning should drive/inform priorities for primary/community/home care to deliver care where people need it.
9. **Accountable** – To establish clear responsibility for coordination at the local level and well understood roles and responsibilities between orders of government, Local Health Integration Networks, and health care service providers.
10. **Transparent** – Any new structure or transactional activities should be clear and transparent, with well-articulated goals to build public confidence that new arrangements will better achieve that purpose with sufficient health human resources, infrastructure, and funding.

With these principles in mind, AMO can be supportive of a transformation that strengthens patient-centred care, but under the right conditions to succeed. We believe that all decisions should be strongly backed by evidence that clearly demonstrates that the measures taken will be effective and cost-efficient. These are our recommendations as approved by the AMO Board of Directors:

A. More effective integration of services and greater equity

1. Prior to making Local Health Integration Networks responsible and accountable for all health service planning and performance, the Ministry should conduct a cost-benefit analysis so that it can make an evidence-based decision on whether transferring more authority to the Local Health Integration Networks will serve to increase efficiency of services and costs of the healthcare system.
2. The Ministry should encourage stronger linkages between Local Health Integration Networks with other local health care, municipal, and community social services to ensure they are working across the care continuum to improve access to high quality and consistent care and make the system easier to navigate.
3. The Ministry should pursue the creation of Local Health Integration Networks sub-regions to improve local planning, service management and delivery, and facilitate the integration of primary, home, and community care.
4. The Ministry should redraw boundaries of Local Health Integration Networks to align with municipal, local public health, education, and social services boundaries.

B. Timely access to primary care, and seamless links between primary care and other services

1. The Ministry should bring the planning for and monitoring of primary care closer to the communities by having Local Health Integration Networks take on greater responsibility for primary care planning and delivery and performance management.
2. The Ministry should continue to directly negotiate physician compensation and primary care contracts.
3. The Ministry should develop a strategy and incentives to support physician and other health care professional recruitment to underserved areas of the province that does not rely on or require municipal contributions.
4. The Ministry should revisit the policy regarding municipal contributions to new hospital development. Municipal governments, on behalf of their local communities, should not be expected to fund hospital capital and medical equipment.
5. The Ministry should facilitate the enhancement and creation of more Family Health Teams in the Province, especially in rural and northern areas.

6. The Ministry should enhance and expand the Northern Medical Travel Allowance to ensure equitable access to specialized health services for northern residents.

C. More consistent and accessible home and community care

1. Prior to making LHINs responsible for Community Care Access Centres, there should be evidence and analysis available to the public and the health care sector that clearly shows that such a transfer will have a positive impact on improving local patient care and their outcomes.
2. The Ministry should direct LHINs to continue to play a strong role to facilitate the creation of community hubs with health and other ancillary social services.
3. The Ministry should undertake a system capacity planning exercise to determine the need for new long-term care beds and supportive housing in the province as seniors transition from aging at home to other forms of care.
4. To avert pressure on acute care, the Ministry should work to develop a strategy to reduce wait times in Long-Term Care Homes and consider other options including increasing access to supportive housing.
5. Further, the Ministry should undertake a review of the adequacy of the current funding model for Long-Term Care Homes.
6. The Ministry should consider the role of land ambulance community paramedicine in providing primary care in the community and that the Province fully fund its implementation in areas of Ontario where feasible and desirable.

D. Stronger links between population health and other health services

1. Provincial public health funding and the accountability agreements must continue to be between the local boards of health and the Ministry.
2. The direct 'government to government' relationship should continue between Public Health Units and the Ministry rather than transfer funding and accountability agreements to the LHINs.
3. There should be strengthened linkages between Public Health and Local Health Integration Networks to better inform the network's health planning, funding, and delivery through the provision of population health data. Public health units and their staff should not be expected to provide the technical support to integrate this data into the LHINs' health planning, funding, and delivery

decision processes – without additional resources to adequately support such work.

4. Strengthen the ability of public health units to deliver on their legislated responsibilities by ensuring annual growth funding to all public health units (i.e. an inflationary increase to all units with additional resources allocated to historically underfunded health units) and/or streamline the Ontario Public Health Standards and other provincially mandated requirements so that boards of health are not expected to provide additional municipal funding above the 25% cost-sharing funding requirement.
5. Revise the *Health Protection and Promotion Act* so that municipal governments do not continue to be exposed to fiscal risk of being required to pay more than the current 25% share for all public health mandatory programs and services.

If the Ministry or Minister's Office staff has any questions about the content of this letter, they can contact Monika Turner, Director of Policy, by e-mail at MTurner@amo.on.ca or by telephone at 416-971-9856 ext. 318.

AMO and our members are ready to engage with you and your officials on this vitally important initiative to support successful outcomes from both a patient and municipal perspective. We look forward to meeting with you soon to have a 'government to government' dialogue on the future directions. We have formed a Municipal Official group for this purpose. We would ask again to meet with you soon.

Yours truly,



Gary McNamara
AMO President

cc: The Honourable Ted McMeekin, Minister of Municipal Affairs and Housing
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care, Policy and Transformation
Nancy Naylor, Associate Deputy Minister, Health and Long-Term Care, Delivery and Implementation
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Policy and Transformation
Tim Hadwen, Assistant Deputy Minister, Health and Long-Term Care, Delivery and Implementation