

VIEW FROM QUEEN'S PARK: A proposal to strengthen health care in Ontario

By Chris Ballard, MPP
Newmarket-Aurora

Over the past decade, Ontario's health care system has improved significantly.

Together, with public medical community input, we have reduced wait times for surgery, increased the number of Ontarians who have a primary health care provider to 94 per cent, reduced emergency room wait times despite substantial increases in volumes and expanded services for Ontarians at home and in their communities.

There are, however, a number of areas where we need to do more.

Too often, health care services can be fragmented, uncoordinated and unevenly distributed across the province. For patients, that means they may have difficulty navigating the system or that not all Ontarians have equitable access to services. Too often our system is not delivering the right kind of care to patients who need it most.

The next phase of our plan to put patients first is to address issues that create inequities. We propose to truly integrate the health care system so it provides the care patients need, no matter where they live. Our proposal would improve access to primary care, standardize and strengthen home and community care, and strengthen population and public health.

With the recent release of the Ministry of Health's discussion paper "Patients First: A proposal to strengthen patient-centred health care in Ontario," we are seeking your input on our proposal, and your advice about how to integrate other improvements including community mental health and addictions services.

As the Member of Provincial Parliament for Newmarket-Aurora, I hope you will join us, and contribute your expertise and perspective. We can't succeed without it. To participate in the consultation, visit the Ministry's website for background material and submit your comments online or via an email to me (address at the end of this column).

To reduce gaps and strengthen patient-centred care, the Ministry of Health and Long-Term Care is proposing to expand the role of the Local Health Integration Networks (LHINs). There are four components:

1. More effective integration of services and greater equity. To make care more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance. Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery. In their expanded role, LHINs would be responsible for working with providers across the care continuum to improve access to high-quality and consistent care, and to make the system easier to navigate. The LHIN sub-regions would take the lead in integrating primary care with home and community care.

2. Timely access to primary care, and seamless links between primary care and other services. Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management. The LHINs would work closely with primary care providers to plan services, undertake health human resources planning, improve access to inter-professional teams for those who need it most and link patients with primary care services. The Ministry would continue to negotiate physician compensation and primary care contracts.

3. More consistent and accessible home and community care. Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs. With this change, LHINs would govern and manage the delivery of home and community care, and the CCAC Boards would cease to exist. CCAC employees providing support to clients would be employed by the LHINs, and home care services would be provided by current service providers. This shift would create an opportunity to integrate home and community care into other services.

4. Stronger links between population and public health and other health services. Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units. The Medical Officer of Health for each public health unit would work closely with the LHINs to plan population health services. LHINs would be responsible for accountability agreements with public health units, and ministry funding for public health units would be transferred to the LHINs for allocation to public health units. Local Boards of Health would continue to set budgets, and public health services would be managed at the municipal level.

With the above four changes the ministry would continue to play a strong role in setting standards and performance targets, which

would help ensure consistency across the province.

I look forward to learning what you think of our proposal to ensure Ontario residents continue to receive top quality health care.

I invite you to contact me on any issue. Please call my community office at 905-750-0019, or visit my website at www.ChrisBallardMPP.ca. My email is: cballard.mpp.co@liberal.ola.org. I look forward to hearing from you.