

The *Patients First Act, 2016* is part of the government's Patients First: Action Plan for Health Care to create a more patient-centered health care system in Ontario.

Ontario's 14 Local Health Integration Networks (LHINs) are currently responsible for planning and funding of hospitals, long-term care homes, community services and mental health and addiction services. Under the *Patients First Act, 2016*, the LHINs will be responsible for home care (currently the function of Ontario's 14 Community Care Access Centres) and primary care planning to ensure that patients are getting better coordinated care, and that the health system is more integrated and responsive to local needs.

Integrating home care under the LHINs will also reduce administrative costs so that savings can be reinvested into patient care. Current CCAC staff will continue to provide care to patients, which will help ensure a seamless transition.

These changes will help make it easier for Ontarians to find a primary care provider when they need one, and get the appropriate care they need closer to home.

Once fully implemented, the changes will support the Patients First: Action Plan for Health Care by:

- Improving access to primary care for people in Ontario, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
- Improving local connections between primary care providers, inter-professional health care teams, hospitals, public health and home and community care to ensure a smoother patient experience and transitions.
- Streamlining and reducing administration of the health care system and direct savings into patient care.
- Enhancing accountability to better ensure people in Ontario have access to care when they need it.
- Formally connecting LHINs and local boards of health to leverage their community expertise and ensure local public health units are involved in community health planning.
- Strengthening the voices of patients and families in their own health care planning.
- Increasing the focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

The Patients First Act **Background**

The legislation will also:

- Give LHINs an expanded mandate to include primary care planning, which will support more same-day, next-day, after-hours and weekend care being available. This will improve access to family doctors and nurse practitioners and support the province's commitment that all Ontarians who want a primary care provider will have one.
- Establish smaller geographic planning regions within each LHIN to help LHINs to better understand and address patient needs at the local level. By looking at care patterns through a smaller lens, LHIN staff will be able to better identify and respond to community needs and work with local health system leaders, including family doctors, nurse practitioners, home care coordinators and home and community care service providers, to build more seamless local health care service delivery. The LHIN will be able to ensure that patients across the entire LHIN will be able to access the care they need, when and where they need it.
- Reduce by 50% the health agencies operating within the LHIN regions with the elimination of the CCACs and their boards, as LHINs and CCACs are currently agencies operating in the same regions.
- Add the promotion of health equity and development and implementation of health promotion strategies to the LHINs' mandate.
- Ensure patients have a voice in local planning by establishing a patient and family advisory committee in each LHIN.
- Enhance accountability by giving LHINs powers to investigate or supervise health service providers and negotiate service accountability agreements with the providers.
- Ensure patient medical information continues to be confidential and secure, including in the case of an investigation, in which case investigators would have to obtain patient consent to access personal health information and patient information would be de-identified.
- Ensure high-quality patient care is provided consistently across the province by having Health Quality Ontario, Ontario's health quality advisor, work with experts to recommend clinical care standards.
- Emphasize the LHINs' responsibility to comply with the *French Language Services Act* in the planning, design, delivery and evaluation of services.

The province consulted with over 6,000 patients, health care providers, patients, caregivers, stakeholder groups, Indigenous peoples, Francophone groups and other partners in the health care system, including the Ontario Medical Association, on the legislation.

The Patients First Act **Background**

Ontario will continue working with French language health leaders, First Nations, Métis, Inuit and urban Indigenous partners, health providers, patients, families and caregivers to ensure their voices are heard, in particular with respect to equitable access to services that meet their unique needs. Ontario will honour its commitment to meaningfully engage Indigenous partners through a parallel process that will collaboratively identify the requirements necessary to achieve responsive and transformative change.

Implementation

With the passage of the *Patients First Act, 2016*, implementation can begin. Partners across the health care system will be working together to support the Patients First: Action Plan for Health Care. The Plan puts patients at the centre of the health care system by providing them with timely access to the right care, improved home and community care, and a health care system that's sustainable for generations to come.

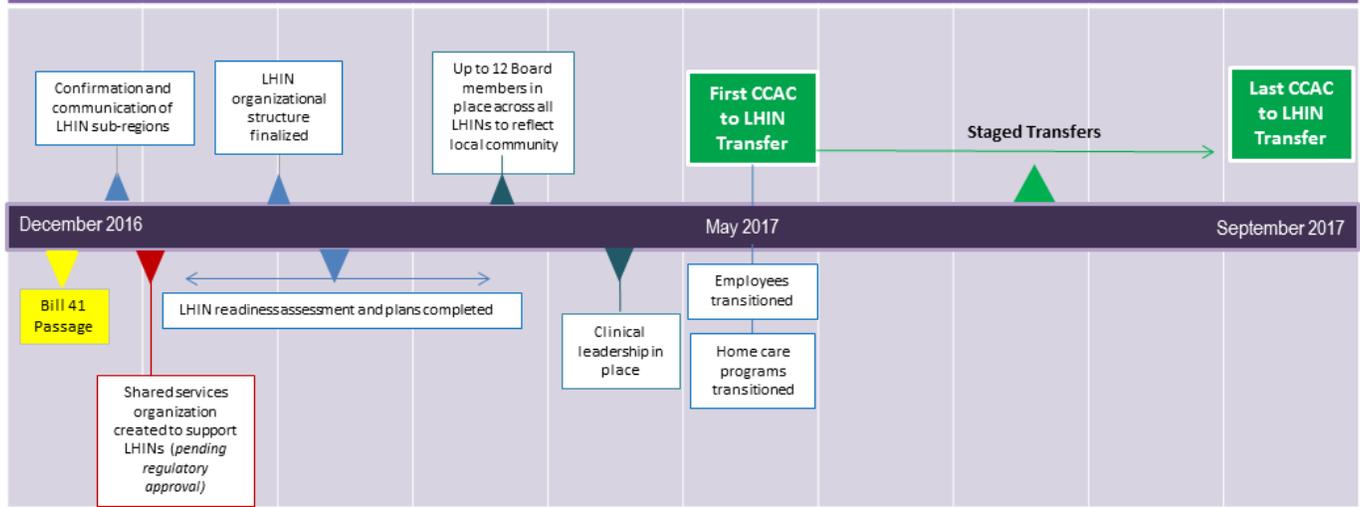
To oversee implementation planning, a joint Steering Committee has been set up with Ministry of Health and Long-Term Care (ministry) and LHIN executive leadership. The ministry is also regularly meeting with LHIN Board Chairs, CCAC CEOs, CCAC Board Chairs and external advisors to obtain their valued input. The ministry, LHINs and CCACs will be communicating regularly and collaborating with all health care partners.

Implementation planning is focused on ensuring a smooth transition of home and community care service delivery and management from CCACs to the LHINs through collaborative project planning, focus on continuity of care, and increasing partnership.

LHINs will be supported to build their capacity to successfully undertake their enhanced role in the health care system. This includes embedding clinical leads in the LHINs to support better planning and integration of patient care locally and working to successfully transition home and community care services and staff from CCACs to the LHINs. The ministry, LHINs, CCACs and health care partners are working together on capacity and readiness planning and activities to prepare for a smooth and seamless transition. A third party is being engaged to conduct readiness assessments at each LHIN in advance of transition and to support capacity building within the LHINs. Readiness assessments will inform a staged transition to the new LHIN model in Spring/Summer 2017.

The Patients First Act Background

Patients First Act, 2016: Implementation Milestones



Myths and Facts

Myth: Access to my doctor will be decided by government employees.

Fact: No part of the *Patients First Act, 2016* would change the control that patients currently have over all aspects of their healthcare. Patient choice remains paramount and health care will not be disrupted. Patient care and treatment will, as always, be decided by doctors and other front-line health care professionals together with patients.

Myth: My confidential patient health records can be accessed by bureaucrats.

Fact: The *Patients First Act, 2006* will continue to protect privacy of personal health information. All existing privacy legislation remains in place and continues to ensure that medical information is kept private and secure. Patients' health records will not be accessible to government staff or LHIN.

The Patients First Act **Background**

In the event an investigator is brought in to review a health service provider, no personal health information will be accessed without the patient's consent.

With the passage of the *Health Information Protection Act, 2016* (HIPA), confidential health records have never been more secure. The Act increased fines and penalties for those guilty of breaching individuals' health records and also removed the six-month limitation for the prosecution of those accused of breaching health records.

Myth: Funding will be taken away from hospitals and the frontline care provided by doctors and nurses to instead hire more government bureaucrats.

Fact: The *Patient First Act, 2016* will expand the LHIN mandate to include the delivery of home and community care services, as well as additional responsibility for primary care planning and performance management. This expanded mandate will increase the responsibilities of the LHINs and their role in the health care system. To support the LHINs in undertaking these additional roles and responsibilities, the *Patients First Act, 2016* enables the LHIN Board to be expanded from a maximum of 9 members to a maximum of 12 (with the possible increase to 14 per direction from the Lieutenant Governor in Council). Enlarging the Boards will help ensure that the LHINs have the leadership and governance capacity required to carry out their existing and new responsibilities.

With the transfer of home and community care services from the CCACs to the LHINs, the CCAC boards will be dissolved. Any costs associated with expanding the LHIN Boards will be absorbed within the existing LHIN budget.

Myth: The *Patients First Act, 2016* provides sweeping powers for the Minister of Health and LHIN CEOs to impose decisions on local patient care.

Fact: Given the expanded mandate proposed for LHINs in the *Patients First Act, 2016* for integrated patient care, the ministry is proposing that LHINs be provided with directive powers, audit/review powers, investigator powers and supervisory powers.

In addition to the existing power to arrange integrations, the LHINs will have the ability to issue directives, investigate and supervise health service providers (excluding long term care homes, and hospitals for directive and supervisory powers), an expanded ability to do operational audits and an additional oversight of their health service providers.

The Patients First Act **Background**

These powers will ensure LHINs can act effectively to ensure improvements in the delivery of patient care, including where providers are not meeting expectations.

The ministry works closely with LHINs to discuss and address issues in their local areas (including performance and compliance with legislation, regulation and policies). This collaboration will be ongoing, and the ministry will offer support and assistance to the LHINs with issues requiring attention.

Myth: Doctors are health service providers and therefore will be paid and directed by the LHIN.

Fact: Health service provider is a technical term used to describe agencies and provider groups paid by the LHIN. With the exception of the small number of doctors working in Community Health Centers, no doctors in Ontario are paid for their clinical work by the LHIN. They are paid directly by the ministry and the ministry negotiates physician compensation with the Ontario Medical Association. Nothing in this Act will allow LHINs to direct physicians or to alter their clinical compensation in any way. LHINs will work with local clinical leaders to understand the resources available to Ontarians in primary care at the local level.

Myth: The government is continuing to marginalize the medical profession and ignore doctor expertise, knowledge and advice.

Fact: The *Patients First Act, 2016* is the result of extensive consultation. Since December 2015, the province engaged and consulted with over 6,000 patients, caregivers, Indigenous peoples, health care partners, staff, clinicians, municipal and other community and government partners to inform the *Patients First Act, 2016*. The ministry regularly engaged with physicians and the Ontario Medical Association in the development of the *Patients First Act, 2016* and will continue to do so.

Myth: Provincial medical standards will be decided by bureaucrats and politicians instead of by medical experts.

Fact: Bill 41 expands the mandate of Health Quality Ontario (HQP) to include making recommendations regarding clinical care standards to the Minister of Health and Long-Term Care as well as to health care organizations.

The Patients First Act **Background**

This will provide consistency and quality in standards development and avoid potential duplication efforts of many parties creating similar products.

HQO is a crown agency whose primary responsibility is to monitor and report to Ontarians on the quality of the province's health system, to encourage continuous quality improvement, and to promote health care that is supported by the best available scientific evidence.

HQO will deliver this expanded mandate through the creation of an Integrated Clinical Care Council (ICCC) whose members will include health care professionals and clinicians as well as patients, caregivers and others with lived experience.

Standards will express what high quality care should look like, will be based on best evidence and will be developed by groups which have topic-specific expertise and perspectives. The ICCC will support the development and implementation of standards and make recommendations to the Minister on how to support and enable implementation of standards.

Myth: A sub-regional approach will result in added bureaucracy.

Fact: A sub-region is a smaller geographic planning region within each LHIN to help LHINs to better understand and address patient needs at the local level. By looking at care patterns through a smaller lens, LHIN staff will be able to better identify and respond to community needs and the LHIN will be able to ensure that patients across the entire LHIN will be able to access the care they need, when and where they need it. This approach will not restrict Ontarians as they make their health care decisions.

LHIN sub-regions will:

- Enable a more focused approach to assessing the distinct health needs and service capacity of local communities.
- Help to better identify health disparities across the province as well as determining whether health care services are meeting the needs of the population.
- Help identify local factors that prevent our health system from improving.
- Allow the community and providers to engage in a way that is focused on local circumstances and issues.

The Patients First Act **Background**

LHIN sub-regions will not:

- Result in more bureaucracy; sub-regions were established to enable better planning, and will not add any new layers of bureaucracy to the health care system. In fact, no new organizations or administration will be created; they are part of LHINs.
- Result in barriers to access. Patient choice will remain paramount in Ontario.
- Be exclusionary. The sub-regions are not intended to be restrictive and, as such, flexibility will be applied for communities or agencies whose populations or jurisdictions extend beyond a sub-region geography.
- Disrupt or infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services.